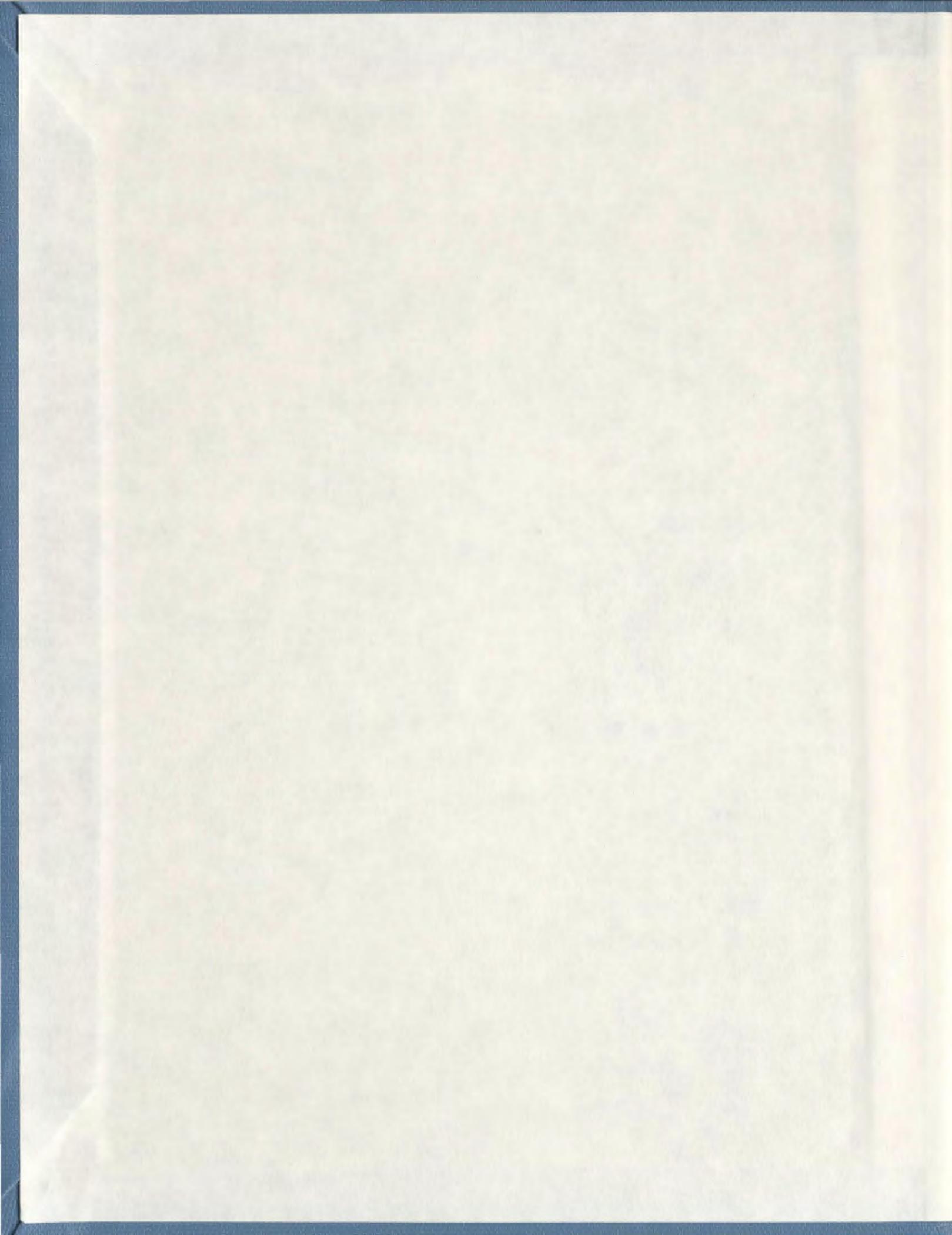


NUTRITION, HEALTH EDUCATION, AND DIETARY REFORM:
GENDERING THE 'NEW SCIENCE' IN NORTHERN
NEWFOUNDLAND AND LABRADOR, 1893-1928

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**Nutrition, Health Education, and Dietary Reform:
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A thesis submitted to the School of Graduate Studies
in partial fulfilment of the requirements for
the degree of Master of Arts

Department of History
Memorial University of Newfoundland
May 2008

St. John's, Newfoundland and Labrador

ABSTRACT

In the early 1900s medical personnel at the Grenfell Mission decided that something should be done to prevent the local fishers of northern Newfoundland and coastal Labrador from developing nutritional deficiencies. Many Mission doctors felt that the local dietary, known for its reliance on fish and starchy foods, caused disabling physical conditions, such as beriberi, night blindness, rickets, and scurvy. Deficiency diseases destroyed the fishers' health, and kept them from participation in the all important seal and cod fisheries. Doctor Wilfred Grenfell, Superintendent and founder of the benevolent organization, urged a staff of teachers, nurses, and doctors to teach prevention by encouraging the local people to obtain a greater variety of food. After a two-decade public education campaign to promote the use of more fruits, vegetables and milk, Mission staff had little success in changing local dietary habits.

By the 1910s Grenfell observed with great interest new developments in nutrition science and in 1920 learned of two American women who were pioneering career paths in childhood nutrition. Over the following eight years, his interest in their teachings in preventative health and "right living" enticed more than twenty-five nutrition workers to travel to the north-east coast for voluntary service. Nutrition workers, trained in home economics, worked with physicians, dentists, nurses, and educators to improve children's level of health. They conducted social surveys of children's diets and home conditions and tried to advise mothers how to maintain the health of their families. Within three summers, the women nutrition workers acquired a large degree of professional

independence in nutrition education and coordinated nutrition clinics and classes for women and their children under the auspices of the Child Welfare Department, an agency which they created.

Yet shifting professional goals between nutrition workers on the one hand, and nurses and doctors on the other, encouraged the directors of the Mission to dissolve the Child Welfare Department and appoint physicians in charge of child welfare and nutrition work. Elizabeth Criswell, director of the Child Welfare Department, was partially responsible for the demise of the Grenfell nutrition worker. She replaced the nutrition worker with the public health nurse as part of her larger, professional strategy to gain cooperation from the established medical community. The aim of this thesis is to explain the goals of women pioneering careers in nutrition work, and the professionalizing strategies they used to slip into the Grenfell Mission medical hierarchy. An examination of professional tensions between them and their medical colleagues will demonstrate how these women fought hard to maintain control of their own Child Welfare Department.

ACKNOWLEDGEMENTS

For helping me complete my education, I would like to thank my parents, John and Trudy Lush. Now that I have a child of my own, a beautiful boy full of discovery and promise, I can only hope to provide him the same unconditional love and support.

I have several mentors in the Department of History to thank for helping me develop ideas for this thesis: my co-supervisors Drs. Linda Kealey and James Hiller, Chris Youé, Terry Bishop-Stirling, Shannon Ryan, and the late Stuart Pierson. I would also like to acknowledge Dr. Ronald Rompkey from the English Department whose important work on Sir Wilfred Grenfell helped make this thesis possible.

No thesis has ever been completed without input from good friends both in and out of academia. These include my best friends (Katherine LeFeuvre and Craig Stowe), Lori Collins (Eddy), Lisa Dwyer, Eileen Brosnen, Aarin MacKay, and all of my colleagues both at the Women's Health Network, Newfoundland and Labrador, and the National Network on Environments and Women's Health, York University. I am indeed privileged to have rewarding work in women's health thanks to the nurturing environment I found through friends and colleagues.

Last, but most important, this thesis is respectfully dedicated to my academic supervisor, Dr. Linda Kealey. No words can ever express my gratitude for having the privilege of being mentored by Linda. Her knowledge of and dedication to women's history was inspiring. Her commitment to me as her student - simply put - went above and beyond the call of duty. For helping me find financial support, for providing both personal and academic encouragement, and for my thesis being in her life longer than she could imagine, I am forever grateful to Linda.

Finally, I would like to thank and acknowledge the following institutions for financial support: Memorial University School of Graduate Studies, Fellowship (September 1999- August 2000); Associated Medical Services Incorporated, Hannah Institute Master's Scholarship (September 2000- August 2001); Memorial University of Newfoundland, J.R. Smallwood Foundation for Newfoundland and Labrador Studies, Research Grant (December 2000); and Memorial University of Newfoundland, Dean of Arts Grant to Dr. Linda Kealey (December 2003)

I would also like to thank the archivists at the Provincial Archives of Newfoundland and Labrador, and Yale University Archives, Sterling Memorial Library for their invaluable help. Last, but not least, I would like to thank Jill Perry for personally mailing copies of the Elizabeth Page Harris archives which she obtained from Yale University. Her work on the history of nursing at the Grenfell Mission helped provide an important foundation for my research on nutrition workers.

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Chapter One

Introduction

When the Scottish physician D.P. Cuthbertson wrote a survey of Newfoundland dietary conditions for the Commission of Government in 1947, he provided a summary history of local nutrition work. In his introduction, he acknowledged Grenfell physicians J.M. Little, V.B. Appleton, and W. R. Akyroyd as the first men to identify dietary deficiencies in the British Dominion, and recounted the etiology of the diseases which they discovered in the Grenfell Mission territory. The Grenfell physicians, who provided medical services to fishers and settlers along the Northern Peninsula and southeastern coast of Labrador, had witnessed between 1893 and 1920 a growing number of patients afflicted with deficiency diseases, such as rickets and scurvy.¹ Cuthbertson's understanding of the history of nutrition work was meant to help the government develop a dietary health programme. However, by relying on medical journals, he overlooked the value of the women who were at the forefront of the Mission's dietary reform campaign. In fact, V.B. Appleton, a pioneer researcher on the northern diet,² was a woman pediatrician, whose gender identity has been mistaken by scholars who have referred to her work at the Grenfell Mission.

¹See D.P. Cuthbertson, Report on Nutrition in Newfoundland (London: Dominions No.4 Office, 1947) 2-5.

²Vivia B. Appleton, M.D., "Observations on Diet in Labrador," Journal of Home Economics 13.5 (1921): 193-201.

This is not to say that male physicians did not make exceptional breakthroughs for western medicine's understanding of the cause, magnitude, and consequences of deficiencies. Dr. John Mason Little, one of the early medical superintendents of the Grenfell Mission, was the first physician to identify beriberi in the North Atlantic, and to determine that it was caused by a vitamin deficiency in a local diet that was heavily dependent on refined white flour.³ In 1912, soon after Dr. Little published his breakthrough research on beriberi, his Mission colleagues started a concerted effort to eliminate the disease in the Grenfell territory. Although Cuthbertson's report touched on Dr. Little's findings and those of other physicians, it obscured the history of women's work in understanding and preventing dietary diseases.

From 1893 to 1919 men and women working for the Grenfell Mission used what training and experience they had in public health to teach local people how to prevent the occurrence of dietary deficiency diseases. From 1920 to 1927 American women such as Marion Moseley, Beulah Clap, and Elizabeth Fuller, who specialized in the study of nutrition, traveled north during the summer months to examine the local resource

³John M. Little, "Beriberi Caused by Fine White Flour," Journal of the American Medical Association 58.6 (1912): 2029. J.M. Little was a graduate of Harvard Medical School when he came to work with Dr. Grenfell on the "Strathcona" in the summer of 1907. He was in charge of the St. Anthony hospital between 1908 and 1917 while Grenfell traveled extensively on fund-raising campaigns. In 1915 the American College of Surgeons made him an Honorary Fellow for his published work on the causes of beriberi and other unknown diseases in Newfoundland and Labrador. See "Little, John Mason (1875-1926)," in Encyclopedia of Newfoundland Vol.3. Joseph R. Smallwood, ed. (St. John's: Cuff, 1984) 344; and Gordon Thomas, "Grenfell, Little, Curtis and Paddon," Newfoundland Medical Association Newsletter 16.4 (1974): 16-20.

economy and the availability of health-promoting food. Their perception of the local diet, high in starch, encouraged them to set up a comprehensive health programme where they gave nutrition classes to children, and cooking demonstrations to local women about the benefit of incorporating cod liver oil, whole wheat baked goods, and garden vegetables into the family diet.

It is important to note that most doctors were only vaguely familiar with new developments in nutrition science in the 1910s. After the First World War, Dr. Grenfell and a few Mission medical officers were willing to relegate dietary reform to a new group of female specialists, partly because Grenfell physicians were preoccupied with acute illness, and staff shortages, and partly because they did not have success persuading the local people to consume "protective foods," such as whole wheat flour, cod liver oil, and green vegetables. Frustrated by public apathy, physicians viewed deficiency disease as a preventable occurrence that might be solved better by the teachings of women educated in home economics. Since the planning of the family meal was a socially circumscribed female activity, physicians felt that the Mission needed educated women skilled in nutrition and cooking to instruct the local people to eat better. Two important factors facilitated this gendered perception - the expanding field of home economics and the development of 'scientific motherhood,' a new ideology in America.⁴

From the turn of the century, home economics, the study of social and municipal

⁴Rima Apple, "Science Gendered: Nutrition in the United States, 1840-1940," CLIO MEDICA 32 (1995): 130.

housekeeping, began to offer women teaching opportunities in “female subjects” both in academia and the elementary schools. According to Lynn Nyhart, “much of the early history of home economics is closely allied with the history of women’s education.”⁵ Some recent women’s historians, though, are beginning to realize that American home economists did much to create alternative careers for women, particularly in the area of hospital dietetics and nutrition education. Kathleen Babbitt and Nyhart suggest that home economics leaders worried whether all of their graduates would find jobs as teachers. To overcome the possibility of graduates flooding this job market, leaders devised new programmes, based on original core subjects, to allow students to find new careers. During the 1910s and 1920s students sought occupations as factory inspectors, social workers, managers of orphanages and schools, while others studied human nutrition, first taking advantage of the American government’s interest in food administration during World War I.⁶

From this period onwards, nutrition specialists worked hard to gain public acceptance of their knowledge and training. They adopted and espoused a dominant feminine ideology known as ‘scientific motherhood’ to bolster their careers. According to

⁵Lynn K. Nyhart, “Home Economics in the Hospital, 1900-1930,” in Rethinking Home Economics: Women and the History of a Profession, Sarah Stage and Virginia B. Vincenti, eds. (Ithaca: Cornell University Press, 1997) 125.

⁶Nyhart, “Home Economics in the Hospital,” 135. See also Kathleen R. Babbitt, “Legitimizing Nutrition Education: The Impact of the Great Depression,” in Rethinking Home Economics: Women and the History of a Profession, Sarah Stage and Virginia B. Vincenti, eds. (Ithaca: Cornell University Press, 1997).

Rima Apple, “[s]cientific motherhood is the insistence that women require expert scientific and medical advice to raise their children healthfully.” It emerged in the late-nineteenth century, as several interested parties, “including educators, social commentators, physicians, health reformers and mothers themselves, promoted the idea that mothers needed to learn about science and medicine.”⁷ Initially, mothers sought and evaluated health information for themselves to make decisions about the health of their families. When the idea of successful child-rearing gained prominence, however, the doctrine shifted and encouraged women to closely follow the advice of experts. By the 1920s scientific motherhood presented a contradictory message, telling women that they possessed both “positive and negative attributes” as caregivers. While it implied that they had strength and independence in their domestic role, it also put their experience and skills into question by pressing them to follow the advice of scientific authority.⁸ Home economics-trained nutrition workers, as advocates of “scientific motherhood” in the 1920s, held women responsible for the care of their families, particularly the rearing of children. When they traveled to the Grenfell Mission in northern Newfoundland and coastal Labrador, they encouraged local women to follow their instructions about how to feed and care for their children.

⁷Rima D. Apple, “Constructing Mothers: Scientific Motherhood in the Nineteenth and Twentieth Centuries,” Journal of the Society for the Social History of Medicine 8.2 (1995): 161.

⁸Apple, “They Need it Now’ Science, Advertising and Vitamins, 1925-1940,” Journal of Popular Culture Winter (1988): 71.

Nutrition workers' ambition to improve child health at the Grenfell Mission was fueled by both professional aspiration and the doctrine of scientific motherhood. After the First World War leaders made it their mandate to demonstrate to laywomen and the medical community how their education in home economics qualified them to have a unique place in public health. After all, assertions of expertise and prestige were commonplace among North American men working in the professional occupations of medicine and science. Women in feminized fields such as teaching and nursing were also gaining honour and respect for their work. When nutrition workers arrived at the Grenfell Mission, they hoped to demonstrate how their specialized training in nutrition, child psychology, and food economics made them the most qualified to oversee women's care of the family diet. As we shall see, nutrition workers challenged physicians' pre-existing authority over all things to do with diet, by attempting to exert social authority over local women and creating their own sphere of workplace autonomy.

Scholars studying women's work are wary of examining the development of careers through the paradigm of professionalization. Some assert that the term requires substantial scholarly debate, because it implies that all aspiring professionals go through similar development stages, from professional school to full-time employment, and attain similar status and rewards. Pat Armstrong and Hugh Armstrong suggest that definitions of professionalism have to be closely examined because gender identities, and not just qualifications, determine the prominence one can reach in an occupation.⁹ Kathryn

⁹Pat Armstrong and Hugh Armstrong, "Sex and the Professions in Canada."

McPherson noted that numerous authors have labelled nursing a 'semi-profession' or a 'dependent profession,' "recognizing that nursing never achieved completely the self-regulation and workplace autonomy that characterized other professions such as medicine."¹⁰ Professionalization, therefore, was not a complete process for nurses. Most women, in fact, faced obstacles in their attempt to acquire professional status. They were often denied posts for permanent, full-time careers, certification of competence by well-established organizations, and publication in renowned medical and science journals. Indeed, few nutrition workers at the Grenfell Mission had permanent, paid positions and publications in reputable journals. Critical of the definition of a profession, this thesis opts to examine the strategies by which women attempted to build a profession.

Nutrition work at the Grenfell Mission was a contested field, because so little had been known about human nutrition. For this reason it is necessary to examine the nutritional knowledge of physicians who first diagnosed and treated dietary deficiencies. Scholars Joan Jacobs Brumberg and Nancy Tomes argue that historians writing about 'women's work' in the development of modern professions must include explanations of women's entry into service jobs such as teaching, nursing, and social work. They advocate new research based on comparative studies of women's occupations, and their relationship to male-dominated fields. They believe that women's professional

Journal of Canadian Studies 27.1 (Spring 1992): 119.

¹⁰Kathryn McPherson, Bedside Matters: The Transformation of Canadian Nursing, 1900-1990 (Toronto: Oxford University Press, 1996) 7.

opportunities developed "as part of a larger occupational hierarchy shaped by interprofessional competition and accommodation."¹¹ An investigation of doctors' role in nutritional health is necessary to understand why there was a gender shift in opportunities for nutrition work at the Mission.

Through a gender-based analysis of the development of a local dietary problem and subsequent prevention campaign this thesis explains how women came to lead dietary reform. It offers an understanding of their professional status within a health-care hierarchy, based on an examination of their occupational strategies, interprofessional associations with other Mission staff, and client relationships. The sexual division of labour at the Grenfell Mission fostered unequal relationships between physicians who were largely men, and nutritionists and nurses who were entirely women. Doctors could and did exercise authority over nutritional reform programmes, deeming dietetic consultation a medical matter, when it posed a threat to their authority and control within the Mission.

Grenfell nurses might have challenged the specialized role of nutrition workers, a role which included the privilege of evaluating mothers' child care practices, offering nutrition and health consultations, and recruiting specialized child welfare doctors. Jill Perry indicated that these women had worked their way to a position of autonomy in the health-care hierarchy since the Mission was founded in the 1890s. Grenfell nurses

¹¹Joan Jacobs Brumberg and Nancy Tomes, "Women in the Professions: A Research Agenda for American Historians," *Reviews in American History* 10 (1982): 88.

"assumed a range of responsibilities which greatly exceeded their profession's usual sharp boundaries,"¹² long before nutrition workers arrived in the 1920s. Nurses were often left in charge of hospitals and nursing stations which were generally a hundred miles apart from one another and cut off from telegraph lines and roads. A nurse might serve several communities by foot, boat, or dogsled and be called upon by the local people to act as their doctor, dentist, preacher, teacher, or bookkeeper. Articles from *Among the Deep-Sea Fishers*, the Grenfell Mission's official magazine, indicate that nurses were instrumental in promoting nutritional health in the 1910s. But if they promoted greater consumption of fruits and vegetables, and gave cooking classes to young women, why were they willing to let nutrition workers lead nutritional reform in the 1920s?

Building on the work of feminist historians who describe women as "resourceful agents of change," my thesis shows how nutrition workers gained control of a reform programme which had not been tightly organized by any single profession at the Mission. Through hard work and professional persistence, nutrition workers organized the Mission's first Child Welfare Department, despite the fact that their presence was novel and their status was inferior to that of doctors. In addition to illustrating tense exchanges between women nutritionists and medical doctors, this thesis demonstrates that nutrition workers did not experience interprofessional conflict with nurses, a situation that

¹²Jill Perry, "Nursing for the Grenfell Mission: Maternalism and Moral Reform in Northern Newfoundland and Labrador, 1894-1938," MA Thesis (Memorial University of Newfoundland, Department of History, 1997) 15.

historians of white-collar work often point out. Grenfell nutrition workers aimed to build professional ties with doctors, teachers, and nurses. They were able to claim a large degree of control over the dietary reform campaign, because they sought and gained professional approval from doctors, and arrived at the Mission several years before the public health nurse became a major professional competitor.

The overall gendered nature of health-care delivery at the Mission raises the following questions. To what extent did physicians assert their professional authority over nutrition workers? What tactics did nutrition workers use to prove that they had a specialized knowledge of dietary deficiencies, food economics, and cookery that was best disseminated by them? Finally, how did nutrition workers view the culture and dietary habits of the northern Newfoundland and coastal Labrador people, given the fact that they were from urban areas of America? Were they condescending in their efforts to "improve" the household economy and dietary culture?

Our understanding of nutrition work at the Grenfell Mission raises an important cultural question because the practitioners were raised and schooled in America. Naturally, their methods of tackling dietary diseases were completely foreign to the fisher women -- their main clientele. Most nutrition workers had never seen a seal basking in the sun on an ice pan, much less tasted a flipper pie. Why then would Mission physicians, also foreign to the territory, have faith in American nutrition workers' capacity to reform the dietary customs of northern women? An examination of the historiography of home economics and the Grenfell Mission, as well as a brief recount of

the political and socio-economic history of Newfoundland and of Labrador, will show why Grenfell doctors looked to American borders for women diet specialists.

First, nutrition workers' early interaction with clients and health professionals is only beginning to be understood. Few historians have examined their work, partly because no one knew, until recently, that nutritionists were trained in the field of home economics. Sarah Stage argues that well-intentioned feminists of the 1970s deterred scholars from studying women home economists. Women such as Robin Morgan and Betty Friedan, charged them with sustaining "the creation of 'the happy housewife heroine' of the 1950s."¹³ In 1972 Morgan gave a speech before the American Home Economics Association (AHEA) addressing her audience as the "enemy." Feminist attacks on the AHEA came as a shock to home economists, who felt that their field gave women the dual option of having a career or becoming a homemaker. Present-day home economists, according to Stage, are trying to gain public support for their work by searching for "a common core identity and a name that will reflect more accurately the range of their concerns."¹⁴

The publication of *Rethinking Home Economics: Women and the History of a Profession* (1997), a collection of essays, was a strategic move to include home

¹³Sarah Stage, "Home Economics: What's in a Name," in Rethinking Home Economics: Women and the History of a Profession, eds. Sarah Stage and Virginia B. Vincenti (Ithaca: Cornell University Press, 1997) 1.

¹⁴Stage, "Home Economics: What's in a Name," 13.

economists in the historiography of women's white-collar work. By explaining how home economists have been historically "ignored, misunderstood, and even maligned" editors Stage and Virginia Vincenti hope to attract scholars to the potential of the field as a rich source for gender studies.¹⁵ One contributor, Lynn K. Nyhart, emphasized an important theme by explaining how dietitians slipped into the American hospital hierarchy before professional roles were firmly established. The same occurred at the Grenfell Mission. Nutrition workers fortunately sought professional recognition in childhood nutrition, before doctors and nurses claimed this public health speciality as a field of their own.

In "Home Economics in the Hospital, 1900-1930," Nyhart also pointed out how dietitians faced heated confrontations with nurses and doctors, particularly when they prescribed "therapeutic" diets for invalids. Dietitians were usually in control of the purchase, preparation, and delivery of foods, even the dietetic training of student nurses, but went beyond the bounds of these accepted roles when they moved from the diet kitchen to the wards to see how patients were responding to their menus. Nurses saw this as an encroachment upon their workplace domain, and made formal complaints to physicians and hospital administrators.¹⁶

For their part, doctors did not express anxiety about the work of dietitians until the

¹⁵"Preface," in *Rethinking Home Economics*, eds. Sarah Stage and Virginia V. Vincenti (Ithaca: Cornell University Press, 1997) ix.

¹⁶Nyhart, "Home Economics in the Hospital," 133-34.

1920s. The discovery of vitamins just before the war had finally gained public attention, but was barely understood by physicians. Doctors began to feel embarrassed by this lack of nutritional knowledge, especially as it applied to the treatment of diabetes, tuberculosis, anemia and other diseases. As physicians' interest in dietary therapy increased, they warned dietitians that they were to see themselves as assistants "carrying out the physician's orders and should in no way be recognized as an expert capable of diagnosis."¹⁷ Throughout the 1920s, doctors worried that they would lose control over this legitimate field of knowledge, especially if they ignored the interest and ambitions of "laywomen" in nutrition science developments.¹⁸

Nyhart explained the gender dynamics of this power struggle by pointing out that physicians had a dominant position over dietitians by the fact that the majority of them were male. "Nurses and dietitians as members of the same sex, had to work out their social relations on other grounds, without gender-based assumptions about which profession was higher."¹⁹ The relationship between occupational groups within a social order is a prominent theme in this thesis. Grenfell nutrition workers adopted professional strategies to expand their sphere of influence, strategies they learned from the American Home Economics Association and the American Dietetics Association.

¹⁷Nyhart, "Home Economics in the Hospital," 141.

¹⁸Nyhart, "Home Economics in the Hospital," 140.

¹⁹Nyhart, "Home Economics in the Hospital," 142.

Clearly, dietitians played an important role in hospital administration and acute care. Yet the American historiography of women in healthcare has overlooked home economists' entrance into the field of medicine and public health, devoting only a few pages or articles to early published homemakers. A large compilation titled *Women, Health, and Medicine in America: A Historical Handbook* (1990), for example, contains over twenty articles on alternative medicine, mental illness, nursing, and the institutionalization of women's health, but devotes only a few pages to early American home economists' role in health. This section contains a brief historiographical survey of the published recipes and popular self-help books written by women in the eighteenth and nineteenth centuries.²⁰

Nyhart wishes to mend historical gaps in the history of women's work in nutrition by pointing out that home economists worked hard to create new roles for themselves, not just in healthcare but also working in the food and consumer goods industries, in the public sector of food testing and regulation, and in the educational system.²¹ Kathleen R. Babbitt demonstrates how a career in nutrition education was created almost overnight through the introduction of the Smith-Lever Act in 1914. Under this bill, home economists were trained as home demonstration agents at agricultural colleges to provide farmers, particularly women, with information on sanitation, nutrition, and public

²⁰Rima D. Apple, ed. *Women, Health, and Medicine in America: A Historical Handbook* (New York: Garland, 1990) 316-317.

²¹Nyhart, "Home Economics in the Hospital," 125.

health.²² They experienced professional problems that were very similar to those of nutrition workers who traveled to the Grenfell Mission.

According to Babbitt, demonstration agents were vulnerable as educators in the 1920s because “a significant gap existed between what they knew about nutrition and their ability to deliver that information to the public in an effective and convincing manner.” Key causes for this failure included “lack of financial resources and personnel, competition among professionals for status as experts in nutrition, and public apathy about the need to change eating habits.”²³ By examining demonstration agents' career in the Great Depression, a period beyond the scope of this thesis, Babbitt believed that they were able to recover from public assaults because they were supported by a new state-level system of public welfare known as the Temporary Emergency Relief Administration (TERA).²⁴

The most comprehensive history of Canadian home economics to date is Edith Rowles' 1964 monograph, *Home Economics in Canada: The Early History of Six College Programs: Prologue to Change*. Her study examines the evolution of home economics in higher education, and notes that students had few opportunities to become prominent nutrition researchers and educators, partly because colleges failed to offer home

²²Babbitt, “Legitimizing Nutrition Education,” 146.

²³Babbitt, “Legitimizing Nutrition Education,” 151.

²⁴Babbitt, “Legitimizing Nutrition Education,” 153.

economists advanced degrees and permanent faculty positions. Degree programs were not possible when Canadian universities did not give home economics departments financial support or adequate laboratory facilities. She also argues that home economics had a poor retention rate of students for graduate studies, because students often left the field to marry.²⁵ This trend was part and parcel with the field's goal to train young women in home management and motherhood, an option for women that remained within the home economics philosophy up to the 1960s and an ideal that incensed representatives of the women's movement.

Most publications about Canadian home economics have been documented by historians of education. These historians have brought the subject to light through institutional histories of higher education, biographical works of leaders, such as Adelaide Hoodless, and more recently the development of domestic science as a practical education for young girls.²⁶ Canadian historian Terry Crowley pointed out that feminists have paid little attention to Adelaide Hoodless as a representative of the women's

²⁵Edith Child Rowles, Home Economics in Canada: The Early History of Six College Programs: Prologue to Change (Saskatoon: Modern Press, 1964)100.

²⁶See Diana Pedersen, "The Scientific Training of Mothers: The Campaign for Domestic Science in Ontario Schools, 1890-1913," in Critical Issues in the History of Canadian Science, Technology and Medicine, Richard A. Jarrell and Arnold E. Roos, eds., (Ottawa: HSTC Publications, 1981), Cherly MacDonald, Adelaide Hoodless: Domestic Crusader (Toronto: Dundurn Press, 1986), and Norma Bannerman and others, We Are Tomorrow's Past: History of the Canadian Home Economics Association (Ottawa: Canadian Home Economics Association, 1989).

movement, because they have been apprehensive about her conservative goals.²⁷

According to Diana Pederson, Hoodless never intended that domestic science education for girls should train a generation of women for careers.²⁸ Although Rowles' work attempts to look at home economists' careers in higher education, we still know very little about their professional strategies or their work in universities, hospitals, and social service agencies.

To date, we know a lot less about the work and career aspirations of twentieth century home economists in Newfoundland. In fact, until the establishment of Memorial University College (MUC) in 1925, local opportunities for post-secondary studies were rare.²⁹ Malcolm MacLeod's *A Bridge Built Halfway: A History of Memorial University College, 1925-1950* is the first comprehensive monograph to examine student-centred social history within the development of higher education in Newfoundland. Discussing men and women's roles in relation to the programs they enrolled in, the courses they taught, and their experiences as students and professors, this institutional history offers some discussion about women in home economics. MacLeod notes that MUC established a Household Science Department in 1933, though the program never had a high enrollment. Vice-president Alfred Hunter noted in 1948 that few women took the

²⁷Terry Crowley, "Madonnas before Magdalenes: Adelaide Hoodless and the Making of the Canadian Gibson Girl," The Canadian Historical Review 67.4 (1986): 522.

²⁸Pedersen, "The Scientific Training of Mothers," 187.

²⁹Malcolm MacLeod, A Bridge Built Halfway: A History of Memorial University College, 1925-1950 (Montreal: McGill-Queen's University Press, 1990) 4.

program because "it is hard to equate in intrinsic value as those in the seven departments." Opting to recognize the value of the Department's work, MacLeod argues that "the government's approval of household science...dovetailed well with some other public health initiatives taken in the depression-wracked mid-1930s, such as the addition of a traveling nutrition expert to the adult education staff and a "brown flour" campaign against beri-beri."³⁰ What is helpful about this institutional history is that it demonstrates that there were no local educational opportunities in dietetics when Mission physicians were seeking qualified nutrition specialists. Although MacLeod acknowledges local home economists' contribution to the development of a public health programme in the 1930s, their role in nutrition education is not well understood.

James Overton, on the other hand, has specifically examined a nutrition education campaign in the first half of the twentieth century in Newfoundland. While he discusses the extension of public health activities at the Grenfell Mission to treat cases of beriberi, he failed to appreciate the specific contribution women made. His seminal article, "Brown Flour and Beriberi: The Politics of Dietary and Health Reform in Newfoundland in the First Half of the Twentieth Century" (1994), was simply one-sided. His tendency to obfuscate actors meant that such a notable female pediatrician as V.B. Appleton becomes a "he," when Overton provided an analysis of "her" work on the deficiency disease of night blindness.³¹ He also acknowledged trained volunteers from the United

³⁰MacLeod, A History of Memorial University College, 70.

³¹James Overton, "Brown Flour and Beriberi: The Politics of Dietary and Health

States, who conducted nutrition classes to over two-hundred and fifty children in 1921,³² but failed to point out important gender roles and assumptions within that campaign. It is perhaps no surprise that there is a gap in historical knowledge about women's roles as health care providers and consumers, when there is no comprehensive medical history about the development of health care delivery in twentieth century Labrador and Newfoundland. Women's historians studying Newfoundland medical history must rely on "herstories," published journals, government documents, less than a handful of dissertations and articles, and biographies and autobiographies that chronicle a nurse's experience or a doctor's life.

Fortunately, much has been written about the doctor who founded a vast northern mission that delivered social, educational, and medical services -- Sir Wilfred Grenfell. Works such as J. Lennox Kerr's *Wilfred Grenfell: His Life and Work* (1959) and R.G. Martin's *Knight of the Snows: The Story of Wilfred Grenfell* (1974) seek to depict a heroic image of Grenfell as a medical adventurer and a Christ-like savior. This tradition originated from Grenfell himself through "the barrage of books accompanying his fundraising campaign,"³³ a point Jill Perry noted.

Ronald Rompkey's *Grenfell of Labrador* (1991) is perhaps the most authoritative

Reform in Newfoundland and Labrador in the First Half of the Twentieth Century," *Newfoundland Studies* 14.1 (1998): 8.

³²Overton, "Brown Flour and Beriberi," 7.

³³Perry, "Nursing for the Grenfell Mission." 8.

biography of the life and work of the Mission's founder. Though he did not propose to examine in length the social and medical services of the Mission, he acknowledges the contribution of nutritionists and doctors, such as Helen Mitchell, J. M. Little, Charles Curtis, and Harry L. Paddon, in the dietary reform campaign of the early twentieth century. Rompkey, in fact, draws upon some of these letters and memoirs to point out what those close to Grenfell thought of his motives and philosophy. He noted that Mission workers were often overwhelmed by Grenfell's relentless impulse to serve, but also admired this energy. Many nutrition workers, eager to prove their own professional worth in the mission field, shared Grenfell's social improvement ideals. *Grenfell of Labrador* is a valuable biographical resource, because it offers an understanding of the founder's motives, his influence on those around him, and important changes in the Mission's operations.³⁴

Rompkey has also edited the memoirs of two other notable Mission workers, Dr. Harry Paddon and Jessie Luther, both deeply affected by Grenfell's commitment to mission work. *The Labrador Memoir of Dr. Harry Paddon, 1912-1938* is an extensive account of the social and cultural life of pre-confederation Labrador through the eyes of a medical doctor who pursued the mission field with uncommon devotion.³⁵ Rompkey aptly points out in his introduction that a memoir is not an autobiography of one's

³⁴See Ronald Rompkey, *Grenfell of Labrador: A Biography* (Toronto: University of Toronto Press, 1992).

³⁵Rompkey, ed. *The Labrador Memoir of Dr. Harry Paddon, 1912-1928* (Montreal: McGill-Queen's University Press, 2003) xiii.

personal life, but rather a moral account of “events and circumstances the author considers extraordinary or important for his or her own purposes.”³⁶ For the purpose of this thesis, Dr. Harry Paddon's memoir provides insight into a chief doctor's perception of the cause and treatment of tuberculosis and deficiency diseases - the two principal threats to Labrador and Newfoundland public health.

Jessie Luther at the Grenfell Mission is a travel account of the mission experience from the rare perspective of an early-twentieth century female artist. Luther, influenced by an arts and crafts movement in the United States, introduced basket weaving, pottery, metal work and most notably hooked mats to the local people in 1906. After leaving the Mission in 1914 Luther made several attempts to publish her memoir, but failed. Rompkey states that he “became aware of the manuscript's qualities as a representation of northern life from a woman's perspective,” while writing a biography of Grenfell. As the editor of this first edition, he acknowledged the task of correcting “technical faults as far as possible without disturbing Miss Luther's characteristic tone and style,” but added annotated notes when necessary to explain local expressions or references to individuals.³⁷ This memoir of northern life offers insight to those seeking a woman's perspective of the founder of the Mission, as well as her impression of visitors, and the local people.

³⁶Rompkey, ed. The Labrador Memoir of Dr. Harry Paddon, xiii

³⁷Rompkey, ed. Jessie Luther at the Grenfell Mission (Montreal: McGill-Queen's University Press, 2001) xiii-xiv.

Jill Perry's MA thesis "Nursing for the Grenfell Mission: Maternalism and Moral Reform in Northern Newfoundland and Labrador, 1894-1938" (1997) examines emerging gaps between the Mission's maternalist perspective of nurses' importance and the realities of their daily work. While nurses "were strategically central to the Mission's objectives of 'improving' the local people," they also "performed a wide range of duties, both medical and non-medical, which kept the Mission running smoothly."³⁸ She points out that nursing for the Mission was an exceptional female work experience - adventurous and exhausting - realities often obscured in the medical reports, journals, and the Mission's official portrayal of nurses.

Perry's focus on foreign nurses' relationships and experiences with local women and Mission physicians, while insightful, tends to omit a third tier within the Mission hierarchy, namely the status and position of "borderline" or "quasi" professionals -- the nutritionists. Perry's work overlooks these numerous nutrition workers, who were involved in the Mission's medical and social improvement work.³⁹ In the 1920s, they were not a small and insignificant group. Yet doctors treated nutrition workers differently than nurses, because nursing was a profession, while nutrition work was not recognized as such. The position of women vis-à-vis men and among women remains to be studied

³⁸Perry, "Nursing for the Grenfell Mission," i.

³⁹See Perry, "Nursing for the Grenfell Mission." 85. Perry credited specialized workers for lessening the workload of nurses, but stated that "their numbers were too small and their presence so erratic...to affect the general work experience of Grenfell nurses."

and detailed further. Drawing upon the work of Rompkey, Overton, and Perry and moving beyond it, the study of another occupational group at the Mission significantly adds to our understanding of an earlier period in medical history.⁴⁰

The development of the Grenfell Mission began in 1892 when Sir Wilfred Thomas Grenfell, the young medical superintendent of the British Mission to Deep Sea Fishermen (MDSF), traveled to Newfoundland and coastal Labrador to investigate a series of reports that the fishing people in the North Atlantic were in desperate need of medical and religious services.⁴¹ When he arrived along the shores of Labrador in mid-summer he noted that chronic poverty was “far from being universally prevalent in the northern district,” but believed there were “too many instances in which families [existed] well within the danger-line of poverty, ignorance, and starvation.”⁴² Two of the most common diseases were dietary deficiencies and tuberculosis. Treating over 900 patients

⁴⁰Iona Bulgin has examined the published memoirs of four Grenfell nurses, arguing for a broadening of canonical boundaries to include their voices in the history of the Mission and the literary culture in Newfoundland and Labrador. While Bulgin's critical autobiography seeks to penetrate the voices and experience behind a romanticized image of the Mission, the collective memoirs of these women are well beyond the period of this thesis. See Iona Bulgin, “Mapping the Self in the ‘Utmost Purple Rim’: Published Labrador Memoirs of Four Grenfell Nurses,” PhD thesis (Department of English, Memorial University of Newfoundland, 2001).

⁴¹Vincent Porter, “Dr. Wilfred Grenfell and the Founding of the Grenfell Mission, 1892-1914,” BA Honours thesis (St. John's: Memorial University of Newfoundland, 1975), 10.

⁴²Wilfred Grenfell, A Labrador Doctor: The Autobiography of Wilfred Thomason Grenfell (Boston: Houghton Mifflin Company, 1919) 142.

within a two-month period, he quickly realized that there was no medical personnel or facilities serving the fishers in the north.⁴³

Amid this depiction of geographic isolation Grenfell encountered not only fishers, but three distinct groups of people. One group was the permanent settlers or “the livyers.” They were originally descendants of British, Irish, Scottish or Newfoundland servants and sailors. Many had intermarried with the indigenous people. The livyers led a transhumant lifestyle, depending entirely upon seasonal resources by hunting and trapping in the winter and fishing and sealing in the spring. While John C. Kennedy noted historical references to these people keeping livestock, and gardens of greens and root vegetables,⁴⁴ one contemporary observed that they “lived mainly on meat and on ‘flummy’ or ‘river bread,’ a bannock made of flour, salt and the all-important baking powder.”⁴⁵ Most of the historical records suggested to Kennedy that Labrador’s agricultural potential was not realized, “by reason of the region’s economy, transhumant settlement pattern, and the absence of some ‘development force.’”⁴⁶ Overall, he believed that acidic soil and short growing seasons constrained early agricultural ventures in Labrador, and made the local

⁴³Porter, “Dr. Wilfred Grenfell,” 15.

⁴⁴John C. Kennedy, “The Impact of the Grenfell Mission on Southeastern Labrador Communities,” Polar Record 24.150 (1988): 200.

⁴⁵W.A. Paddon, Labrador Doctor: My Life with the Grenfell Mission (Toronto: James Lorimer & Company, 1989) 11.

⁴⁶Kennedy, “The Impact of the Grenfell Mission,” 200.

people dependent upon game and sea resources for their nutrients.⁴⁷

Another group encountered by Grenfell was migratory fishers of Anglo-Saxon and Irish descent, who had settled along the northern coast of Newfoundland. They traveled north to Labrador every spring and summer for the annual 'Labrador fishery.' These people could be distinguished further between the 'floaters,' who lived aboard their vessels throughout the fishing season, and the 'stationers,' who brought their families to temporary Labrador huts and stages to prepare and dry the catch for market.⁴⁸ Vivian B. Appleton, as we shall see in Chapter Two, observed that women and children tended to gardens and picked berries, but felt that successive summer frosts spoiled good harvests. By spring, some families relied on imported food, consisting of white flour, tea, and a little condensed milk and molasses.

Grenfell also encountered one more group, the Inuit of Labrador, when he traveled as far north as Hopedale. Moravian missionaries of German origin had been providing these coastal people with religious and social services since the eighteenth century. While the Moravians encouraged the Inuit to preserve their native culture, they also introduced agriculture, music, and other European amenities,⁴⁹ and provided basic medical services. While Grenfell did not have any planned contact with the Inuit, he did not hesitate to offer them medical care when they made their way to Grenfell nursing

⁴⁷Kennedy, "The impact of the Grenfell Mission," 200.

⁴⁸Rompkey, Grenfell of Labrador, 49.

⁴⁹Rompkey, Grenfell of Labrador, 49.

stations and hospitals at Harrington (Quebec) or North West River in Labrador. In the early years, Grenfell's staff also occasionally treated Innu patients, who spent a great deal of time hunting in the Labrador interior, though contact with them was more limited than with the Inuit.⁵⁰ Grenfell essentially concentrated his missionary efforts on settlers and migratory fishers - the focus of the Mission's dietary reform programme.

Grenfell hoped to persuade the Mission Council to allow him to extend its service to northern Newfoundland and coastal Labrador. Making a visit to St. John's in 1892 before he returned to Britain he observed that the basic needs of the permanent Labrador settlers and migratory fishermen had never been a part of the greater national agenda. The colonial government sent an occasional physician along the eastern coast for periodic visits, but was mainly concerned with an elite business class and its interests.⁵¹ Malcolm Brown states that "Newfoundland's development outside St. John's militated not only against service industries in general but against a health care industry in particular." Private practice doctors and dentists were less willing to practice along the coast of northern Newfoundland and Labrador because many felt the population was too small, scattered, and poor to maintain a livelihood. Most preferred to practice in larger centres, such as St. John's, where families had some surplus in cash to spend on fees for their services.⁵²

⁵⁰Kennedy, "The Impact of the Grenfell Mission," 201.

⁵¹Perry, "Nursing for the Grenfell Mission," 5.

⁵²Malcolm C. Brown, "The Public Finance of Medical and Dental Care in

The government hired a permanent Medical Health Officer with national responsibilities in 1905, and appointed a Commission of Public Health in 1909 to investigate and report on death and disease resulting from tuberculosis. Health reform efforts in the first quarter of the twentieth century, however, were mainly “led by philanthropically-minded members of the professional and business classes.”⁵³ According to Overton, “[t]hey looked towards self-help, individual responsibility and charity for the solutions to many social problems rather than to an expanded role for the state.”⁵⁴ Until the inauguration of Commission of Government in 1933, Newfoundland did not have a centralized health system to collect vital statistics or disburse public funds. Even then, the state’s role in dealing with health problems was limited.⁵⁵ Grenfell decided to tackle the dearth of medical facilities and basic infrastructures in the rural north.

The people of St. John’s were initially receptive to the news about Grenfell’s good work, conscious of what needed to be done in Labrador. They requested that Grenfell return the next year and perhaps develop more permanent medical facilities. Governor Sir Terence O’Brien, local traders, and other officials set up a committee to raise money

Newfoundland - Some Historical and Economic Considerations,” Journal of Social Policy 10, April (1981): 211.

⁵³Overton, “Brown Flour and Beriberi,” 2.

⁵⁴Overton, “Brown Flour and Beriberi,” 2.

⁵⁵Overton, “Brown Flour and Beriberi,” 2.

in preparation for the next season. Yet when Grenfell returned to London the Mission Council informed him that they could not expand its service further. The doctor was needed in the North Sea and had gone ahead, without the Mission's consent, and pledged the Council's support to the Newfoundland government. Sir Frederick Treves, the Medical Director, was a longtime friend of Grenfell and, according to Porter, softened his attitude a little. He told Grenfell that the Mission would continue to pay for the operation of his ship, the *Albert*, but informed him that he would have to find donations for supplies elsewhere.⁵⁶

When Grenfell returned to Labrador the following summer he brought two London nurses and two doctors who were willing to stay the winter. In St. John's, dignitaries had performed their part: the Newfoundland government gave the Mission tax exemptions for the goods they imported; a St. John's committee raised \$1,500 for supplies; and two local fish firms donated money to allow Grenfell to erect hospitals at Battle Harbour and Indian Harbour in Labrador.⁵⁷ Rather than returning to England in the fall, Grenfell traveled across Canada and the United States to look for more financial support. Indeed, Grenfell continued to spend most of his winters on the lecture circuit.⁵⁸ Church groups, colleges, and wealthy individuals gave generously to his cause.

⁵⁶Porter, "Dr. Wilfred Grenfell," 16.

⁵⁷Porter, "Dr. Wilfred Grenfell," 16-17.

⁵⁸Frederick Peacock, "Missionaries and Medicine in Northern Labrador," Newsletter: Newfoundland Medical Association, Special Issue, Part II 16.4 (1974): 18.

By 1933 Grenfell's donors supported an enormous enterprise that consisted of "five hospitals, seven nursing stations, two orphanages, fourteen industrial centers, four summer schools, three agricultural stations, twelve clothing distribution centres, four hospital ships, one supply schooner, a dozen community centres, several co-operative stores, a co-operative lumber mill, and a haul-up slip for ship repairs."⁵⁹ While the greater proportion of these services were financed by "outside" charity, the Mission received little support from the government of Newfoundland.

From approximately 1905 onwards, St. John's traders and ecclesiastics began to feel that Grenfell's Mission threatened local vested interests and had a negative impact upon the image of the country.⁶⁰ For one thing Grenfell was encouraging the local people to build and operate cooperative stores as part of a plan to eradicate 'truck,' a cashless system of trade exchange which favoured the merchant 'fishocracy.'⁶¹ Another factor that upset the St. John's ruling class was their perception that Grenfell exaggerated the poverty of the fishers on his lecture circuit. Photographs of children barefoot, malnourished, and poorly dressed successfully evoked financial sympathy from Canadian and American

⁵⁹"The Passing of Sir Wilfred Thomas Grenfell, M.D.," The Newfoundland Quarterly Autumn, Vol. 2 (1940): 13.

⁶⁰Patricia O'Brien, ed., "Opposition in St. John's," in The Grenfell Obsession: An Anthology (St. John's: Creative Publishers, 1992) 16.

⁶¹J.K. Hiller, "Social Issues in Early 20th Century Newfoundland: A Comparison of Wilfred Grenfell and William Coaker," Newfoundland Quarterly 1.89 (1994): 28.

audiences, but enraged Newfoundland businessmen and government officials.⁶² Many people in Newfoundland accepted what Grenfell depicted as hardship. They believed that he exaggerated conditions and ruined the Colony's good name by giving the impression that its people were uncivilized. Though Grenfell raised a great deal of money, the M.D.S.F. had no control over it. The doctor kept several special discretionary funds for projects he wanted to see established and also drew on accounts held by American committees.⁶³

When the International Grenfell Association (I.G.A.), based in New York, took over the M.D.S.F.'s operation in 1912, the new directors made sure they were more attuned to Grenfell's expenditures. His business ventures were deemed to be too casual, and more often than not offended the sensibilities of the Newfoundland people. When international support did not meet the needs of the Mission's overextended projects in the 1920s, directors hoped that the Newfoundland government would increase its annual grant and maintain the Mission's duty free status. As we shall see in Chapter 5, Mission deference to St. John's dignitaries had a negative impact on the development of community nutrition services in the 1920s. Though the directors of the American committees took charge of finance and project developments, they looked to the Mission staff in Newfoundland and in Labrador for advice, particularly the medical officers. In

⁶²Rompkey, Grenfell of Labrador, 117.

⁶³J. Lennox Kerr, Wilfred Grenfell: His Life and Work (New York: Dodd, Mead, & Company, 1959) 181.

the mid 1920s, the Newfoundland government complained to the Mission medical officers that traveling nutrition units were performing medical work, and in effect competing with Newfoundland doctors who may wish to set up a rural practice.

In the early 1900s Mission medical personnel had a great deal of responsibility, running the Mission. While Grenfell was away, they performed an array of tasks that went beyond the call of medical duty. Doctors did more than perform operations and dispense medicines, they gave individuals advice "as to the proper modes of living, arbitrating, marrying, punishing evil doers, waging war against tuberculosis, the liquor traffic, tyranny and injustice."⁶⁴ They also helped manage industrial schemes, such as woodworking, mat-hooking, saw mills, and cooperative stores to help people guard against reduced incomes caused by sickness, a poor fishing season, or high market prices.⁶⁵ Nurses traveled from door to door, circulating literature on the prevention of tuberculosis, in addition to tending to general accidents, infected fingers, rotten teeth, and maternity calls. They also acted as social workers, determining which families would be threatened by poverty and hunger during the long winter season.

By 1912 the Mission staff began to include a broad range of professionals from Great Britain, the United States and Canada. Some were Ivy League students and others high-ranking professionals. In the summer scores of students paid for their own expenses

⁶⁴Sister Mayou, "Sketch of Dr. Grenfell's Work on the Labrador and Northern Newfoundland," Among the Deep-Sea Fishers April (1908): 13.

⁶⁵Mayou, "Sketch of Dr. Grenfell's Work," 14.

to manage the summer schools, hospitals, and business enterprises, doubling the size of the permanent staff.⁶⁶ These temporary volunteers were labeled "wops," a derogatory term aimed at Italian labourers in the United States, though Grenfell insisted that the acronym meant "workers without pay."⁶⁷ Most volunteers were usually second, third or fourth year students looking for both adventure and reputable work experience to enhance their career goals. Nutrition workers, as we shall see, were part of the summer group, though a small portion worked full-time on a paid salary.

When volunteers and permanent workers traveled to the northeast Atlantic coast, the Mission staff selection committee told them to brace themselves for a way of life that was very different from what they had known. As members of a privileged middle-class, which enjoyed the comforts of industrialized nations, they would encounter "primitive" conditions in the north. In the greater area of the Grenfell Mission -- from Lake Melville in Labrador to the southern coast of the Northern Peninsula -- roads did not exist. Personnel would have to travel as the local people did, by dogsled in the winter and boat in the summer. Transportation was usually at a standstill during the fall and spring because floating ice blocks made the usual forms of transportation dangerous. Ice and stormy weather at any time of the year could lock people in, away from their neighbours, and hampered the arrival of the supply boat which brought food and clothing for the year.

⁶⁶"St. Anthony in Summer," Among the Deep-Sea Fishers Jan. (1911): 31.

⁶⁷Rompkey, Grenfell of Labrador, 243.

Furthermore, the mail-boat, the only connection with the outside world, ceased to make its bi-weekly visit in the winter.⁶⁸ Though communication problems were solved by the telegraph and telephone cable at various stations, it could take days, even months, before a nurse or doctor reached a call.⁶⁹

Traveling by dog team, foot, or boat, Mission workers often knew where the greatest need was for Mission work. If they were not providing medical services, they were there to open up the territory to new industries, or to teach elementary education to the local children. In this sense, the Grenfell Mission was an ideal apprentice system for American nutrition workers. Grenfell was a reform-minded individual who drew on Christian ideals to solve social problems. In the United States, this reform element was associated with the Social Gospel which according to Ronald Rompkey "brought scientific knowledge and historical criticism to bear on theological ideas." Though some individuals felt that socialist ideals would solve the ills of capitalist society, they were for the most part "progressive and reformists rather than revolutionary, aiming their churches in the direction of what Grenfell called 'public service.'"⁷⁰ In this milieu, Mission nutrition workers seized an opportunity to respond, as they saw it, to the educational needs of the female portion of a labouring class. Although they espoused an education in

⁶⁸Sister Mayou, "Sketch of Dr. Grenfell's Work on the Labrador and Northern Newfoundland," Among the Deep-Sea Fishers Apr. (1908): 12.

⁶⁹Mayou, "Dear Mr. Editor," Among the Deep-Sea Fishers Jan. (1910): 13.

⁷⁰Rompkey, Grenfell of Labrador, 192-193.

scientific motherhood for all women, they targeted this ideal at those in most need - namely women who were non-white or poor. Promoting the adoption of traditional middle class values of feminine homemaking, and an education in household science, nutrition workers carved out a new role for women in Mission reform work.

As with the nursing experience, finding a professional foothold at the Mission was not an easy task. Leaders had to adapt their goals not only to the medical structure of the Mission but also to the culture and economic conditions of their clients. Although nutrition workers hoped to elevate motherhood to the status of a profession, they consistently and often harshly pointed out the folly of fisher women's childrearing methods. Criticism of laywomen helped bolster their expertise in science to compete with physicians, nurses, and teachers involved in the dietary reform campaign. Nutrition workers emphasized preventative education over healing, and physicians jealously watched this line of work. Because nutrition work was so closely related to medicine, doctors could and did call preventative health activities and procedures into question. At the Grenfell Mission, nutrition workers attempted to ease interprofessional tensions with doctors by attempting to foster a cooperative relationship with them. One such strategy was to ask doctors to carry out physical examinations of children in their nutrition clinics. Although nutrition workers felt this was important preventative work, they realized that the doctor's presence could help win public support for their work. The strategy to work alongside doctors also served to show the medical hierarchy that nutrition workers complied with medical protocol and regulations. Examining Mission nutrition workers'

professional strategies will demonstrate how women attempted to gain public and medical respect for a new field of work.

Chapter two recounts the Grenfell Mission's movement for dietary reform in the first two decades of the twentieth century. It examines the physicians' point of view as to the nature and cause of malnutrition and discusses why they were preoccupied with finding women professionals to take over the educational aspect of dietary reform. It outlines Grenfell's extra-medical endeavors to improve nutrition and demonstrates how these initiatives were slow to develop or simply failed. Throughout this decade nurses and doctors worked on extra-medical projects to determine the best method to teach the people about "protective" foods. Failing to find methods to change the dangerous diet of the local people, physicians agreed that dietary diseases might be reduced by an "expert" who could show the inhabitants how to improve the household economy, select, grow, and preserve the right vegetables, and prepare nutritious meals.

Since doctors and nurses had laid the ground work for dietary reform and the problems associated with deficiencies, nutrition workers found an ideal work environment to practice new teaching techniques. Nutrition work began in the United States where the practitioners translated the current knowledge of nutrients into practical terms for mothers. Chapter three examines the origins and professional ideology of nutrition work, and is divided into three sections. Section one examines how two national campaigns during World War I encouraged home economists to specialize in nutrition and child welfare work. Section two identifies how home economists hoped to

attract two distinct groups of women to their new subject. The first group was the potential college students, usually white and middle class, who would take courses in home economics to develop a career or homemaking path. The second group was the potential clients, usually immigrant, non-white, or poor women, who would need a more practical education in the principles of thrift, good nutrition, and discipline, to raise well-adjusted, healthy children. This particular section demonstrates how home economists struggled with conflicting goals between scientific training and late nineteenth-century reform ideals in order to develop a professional image. Through study and observation of a variety of cultures, nutrition workers strived to offer diverse groups of women the most practical solutions to their domestic problems. The final section explains how home economists attempted to set themselves apart from other child health specialists, namely nurses, social workers, and pediatricians, to bolster their expertise in nutrition as it related to the healthful development of the child.

Chapter Four demonstrates how nutrition workers attempted to translate into practical terms the science of nutrition to help local women in Labrador and Newfoundland raise healthier children, and solve wider public health problems such as the spread of tuberculosis. Though nutrition workers were trained to avoid harsh judgements in their social work, they like their Grenfell colleagues saw defects in the northern Newfoundland and coastal Labrador way of life. Poor mothers could protect their children's health, if they only learned how to prepare more nutritious native foods, discipline their children, and encourage personal hygiene practices. It is important to note

that the resistance of the local fishers is not the central focus of this thesis. Chapter Four though demonstrates that local women were not always pleased with lessons in scientific motherhood from foreigners. With the exception of a few articles in the Newfoundland and Labrador periodicals, such as *Them Days* and *Decks Awash*, there are few local autobiographies or memoirs that recount the dietary reform campaign of the 1920s. An examination of class and cultural tensions for now must be gleaned from nutrition workers' reports, particularly those published in the Mission's magazine *Among the Deep Sea Fishers*. Chapter Four examines nutrition workers' relationship with local women to explain how they attempted to win the respect of these potential clients.

Physicians were also affected by the methodologies of nutrition work for never before had height and weight scales, social history cards, recipes, and budget plans become so important to their patients' health. Since dietary teaching encompassed many facets of life, nutrition workers had to find a place for themselves in the Mission's enormous social enterprise. While chapter five examines nutrition workers' bid to supervise traveling health units, it also demonstrates how the success of this newfound power made physicians uneasy and eventually contributed to the demise of their work in the newly created Child Welfare Department. Chapter Six will widen our view of the Mission dietary reform campaign to show how nutrition workers attained a professional foothold in public health, despite the challenges of seeking acceptance from doctors and clientele.

Chapter Two

The Grenfell Mission Dietary Reform Campaign, 1893-1920

From 1893 to 1920 medical problems at the Grenfell Mission did not appear to be greatly different from those at small hospitals or dispensaries in Great Britain and North America. Dr. George W. Corner observed that ailments such as enlarged tonsils and adenoids, cataracts, accidental lesions, arthritis, complicated deliveries, pneumonia, and cancer were quite normal compared to those of patients in the United States. What set the medical work apart from other centres were the widespread occurrence and disastrous results of tuberculosis and nutritional deficiency diseases, such as scurvy, rickets, and beriberi.¹

Grenfell physicians believed that the rural diet was a contributing factor in the spread of tuberculosis and the onset of nutritional deficiency diseases. In 1921 Dr. Vivian B. Appleton indicated that native foods, with some geographical variation, consisted of fish (cod, trout, herring, or salmon), fresh meat (seal, partridge, and water fowls) some garden vegetables (potatoes, turnip, carrots, and cabbage) and a variety of local berries, such as bakeapples, partridge berries, and blueberries. Food sold by local traders consisted of white flour, molasses used for sweetening, dried fruit, such as raisins and apricots, a butter substitute called "butterine" or "oleomargine," heavily salted meat (pork or beef), peas and beans, and a few cases of tinned milk, which was used mainly for tea -

¹Dr. George W. Corner, "Hospital Work of the Labrador Mission," Among the Deep-Sea Fishers Oct. (1914): 103.

the preferred beverage of the coast.² Appleton believed these foods furnished the people with an adequate diet -- but only if they could maintain this variety. What made the Labrador and Newfoundland diet so dangerous to health was the local population's increased dependency, during the spring and summer, on white flour imports.³

The dietary custom in northern Newfoundland and in Labrador was to obtain a twelve month food supply every fall. Although trading posts in larger communities allowed people to buy food when needed, most families bought large stores in advance, because ice conditions closed navigation for six to eight months in the winter.⁴ However, by March many fishing families did not have the full variety of fresh food which they had in October. If a fishing season was poor, a family did not earn enough credit from the trader to purchase anything more than the "dry face diet," which consisted of flour, tea, and a little molasses. Women and children supplemented the winter food supply by growing vegetables, or picking one or two barrels of berries in late-summer or early fall, but this was a precarious form of food security because the summer frosts could spoil the harvest. According to Appleton,

[b]y February people with scant supplies had little left but flour and tea. Sometime in April supplies of potatoes and rutabagas were exhausted. Condensed milk, salt meat, and even salt fish were getting very scarce.

²Vivia B. Appleton, M.D., "Observations on Deficiency Diseases in Labrador," Journal of Public Health 11 (1921): 617-618.

³Appleton, "Observations on Deficiency Diseases," 620.

⁴Helen S. Mitchell, "Nutrition Survey in Labrador and Northern Newfoundland," Journal of the American Dietetic Association June (1930): 30.

In May everybody's supply of everything but flour was low or exhausted. New summer supplies did not begin to arrive until late June.⁵

The men tried to supplement the family diet during the cold season by hunting rabbits, deer, partridge or seals, but game was often scarce.⁶ When poor climate or economic conditions upset the means to obtain a variety of food, the people of northern Newfoundland and Labrador encountered many physical ailments associated with nutritional deficiencies.

Scurvy and rickets were the first deficiency diseases listed in the Mission's medical reports in the 1890s. That these diseases were known was evident in the two or three cases recorded annually in the hospital records under "inpatients." Grenfell also wrote about black leg scurvy and "purpuric scorbutus" causing death in articles and annual reports. Though he knew nothing of the cause in 1893, he understood the nature of the trouble. Most physicians had learned from mid-sixteenth century seafaring experiences that long voyages without fresh fruit were fatal. James Lind, a surgeon with the English fleet, published *A Treatise of the Scurvy* in 1753, which had become a classic in medicine for his regular use of lemons in treating the disease.⁷ Aware of this preventative measure, Grenfell tried to persuade the people to add more "green material"

⁵Appleton, "Observations on Diet in Labrador," 202.

⁶Appleton, "Observations on Diet in Labrador," 200.

⁷E. Neige Todhunter, Ph.D., "Development of Knowledge in Nutrition," Essays on History of Nutrition and Dietetics, Beeuwkes, Todhunter, and Weigley, eds. (Chicago, Illinois: American Dietetic Association, 1967) 49.

to their diet, and recommended the consumption of garden vegetables, local berries preserved in ice, and even a "spruce beer" mixture made from the boughs of spruce trees.⁸

The exact dietary deficiency which produced scurvy was not known until 1932, when Charles Glen King isolated the important nutrient and named it vitamin C.⁹

Grenfell also observed that rickets was common among babies, which produced permanent bone malformations. He believed that the problem originated from the fact that nursing mothers were too malnourished to produce milk, and observed that they would chew and salivate bread into a pap as nourishment for their infants instead.

Grenfell was particularly troubled by this practice. In his mind, poverty caused poor maternal nutrition. Yet many families were poor. How could the Mission personnel persuade traders to import a manufactured infant formula to the coast?¹⁰ Many fishing families could not afford canned milk and only obtained a few cases from the trader for

⁸Yale University Archives (YUA), Sterling Memorial Library (SML), Wilfred Thomason Grenfell Collection (WTGC), MS 254, Series V, Box 22, File 341, Grenfell, "Labrador and North Newfoundland: An Outline History of the Work of the International Grenfell Association," 1926, 36. Vivia B. Appleton indicated that Grenfell may have learned about the curative property of "spruce beer" from the inhabitants. When speaking with locals, she learned that earlier explorers taught the fishers to pour hot water over broken spruce tips to prevent scurvy. See Appleton, "Observations on Diet in Labrador," The Journal of Home Economics May (1921).

⁹E. Neige Todhunter, Ph.D., "Development of Knowledge in Nutrition," 49.

¹⁰YUA, SML, WTGC, MS 254, Series V, Box 22, File 341, Grenfell, "Labrador and North Newfoundland: An Outline History of the Work of the International Grenfell Association," 1926, 36. Dr. John Mason Little also observed that rickets was "universal in some degree, among the babies" in 1908. See Little, "Medical Conditions on the Labrador Coast and North Newfoundland," Journal of the American Medical Association 50.13 (1908):1038.

their tea. While Grenfell recommended milk as a treatment for rickets, some physicians in the industrial towns of western and central Europe regarded cod liver oil and sunlight as another excellent source of treatment. No physician understood during this period why milk, sunlight, or cod liver oil promoted healthy bone development in terms of vitamins.¹¹

Dr. W.R. Aykroyd's report on food deficiency diseases in northern Newfoundland and in Labrador indicates that Mission doctors treated patients with scurvy and rickets well into the 1920s, but treated more patients with the dietary deficiency, beriberi. Examining patient records between 1912 and 1928, he noted that there were 13 cases of severe scurvy admitted to the St. Anthony hospital compared to 174 admissions of beriberi. Though scurvy was common, he believed that symptoms only appeared in a mild form, producing spongy and hypertrophied gums. In Aykroyd's words,

The comparative rareness of severe scurvy probably depends on the fact that each family, unless prevented by some special circumstances, lays up a store of cranberries for the winter and spring (from 20-40 lb. per head). In the summer and autumn fresh fish and meat are available, both of which are, according to Stefansson (1918), good antiscorbutic agents, at any rate when eaten regularly.¹²

Aykroyd also identified several grades of rickets, owing to the relative absence of milk and vegetables in the diet, but felt that most children were virtually protected from getting the severe type because they got plenty of sunlight all year round, even when their diet

¹¹Karl Y. Guggenheim, Nutrition and Nutritional Diseases: The Evolution of Concepts (Toronto: Collamore Press, 1981) 218-19.

¹²W.R. Aykroyd, M.D., "Beriberi and Other Food-Deficiency Diseases in Newfoundland and Labrador," Journal of Hygiene 30 (1930): 376.

lacked cod-liver oil, egg yolk, milk, and butter - foods that prevented the vitamin D deficiency disease.¹³

Grenfell physicians first discovered beriberi among the coastal inhabitants in 1906 and, until 1912, did not know that it developed on a regime that consisted entirely of refined wheat flour, salt meat, and cod fish.¹⁴ The disease was most common in men and included symptoms such as vomiting, stomach pain, constipation, loss of appetite, and a numb or weak feeling in the legs. Each case presented a different severity of nerve involvement, which could disable the patient anywhere from six weeks to two years. If beriberi went undiagnosed, severe wasting occurred in the muscles, causing death or permanent disability in the wrists and feet.¹⁵ The medical return for the *Strathcona* in 1915 identified 100 outpatients with beriberi.¹⁶

Nutrition scientist, Karl Guggenheim, believes the most important factor hindering the understanding that beriberi was caused "entirely" by the lack of a nutrient was "the then-prevalent germ theory of disease."¹⁷ Before a complete paradigm shift occurred as to the cause of beriberi, germs were thought to be a part of the etiology. In 1903 Dr. Cluny McPherson, a Grenfell physician and native Newfoundlander, for

¹³Aykroyd, "Beriberi and Other Food-Deficiency Diseases," 376.

¹⁴Aykroyd, "Beriberi and Other Food-Deficiency Diseases," 373.

¹⁵Aykroyd, "Beriberi and Other Food-Deficiency Diseases," 359.

¹⁶YUA, SML, WTGC, MS 254, Series IV, Box 15, File 9, "Report of Hospital Steamship, *Strathcona*," 27 June to 27 September 1915.

¹⁷Guggenheim, Nutrition and Nutritional Diseases, 175.

example, examined four Norwegian sailors, who had come to his station in Battle Harbour, complaining of weakness in the legs. When one of the critically ill patients died, McPherson stated that he was reluctant to perform an autopsy because he thought that beriberi was an infectious disease. Beriberi was also a rare disease in northern climates. When he told Grenfell, who dropped in for a visit, that he had four beriberi cases in the hospital, one in postmortem, the Superintendent of the Mission replied “[w]here do you think we are, Mac, in Japan or Malaya? This comes of isolation. You should not let it distort your perspective in that way.”¹⁸

Dr. J.G. Adami, a professor of Pathology at McGill University, confirmed McPherson’s diagnosis and recommended that he treat the remaining survivors with an anti-scorbutic diet. The treatment, according to Dr. Gordon Johnson, was historically significant because it indicated that Dr. Adami saw no distinction between the cure for beriberi and that of scurvy. Although doctors knew scurvy was caused by a diet lacking in fruits and vegetables, some regarded that disease as infectious too.¹⁹

The medical superintendent, John Mason Little, did much to enhance the Mission’s knowledge of beriberi. In 1912 he was the first physician to publish a description of the causes of the disease on the North American continent. In the Journal of the American Medical Association he described beriberi as a nervous dysfunction or

¹⁸Dr. G. Johnson, “Nutritional Deficiency Diseases in Newfoundland and Labrador: Their Recognition and Elimination,” (N.D.): 5.

¹⁹Johnson, “Nutritional Deficiency Diseases,” 6.

paralysis that was "complicated by vicious physical states, arising from causes, such as actual starvation, exposure, hardship, and unhygienic conditions."²⁰ Although germs were still thought to be part of the etiology, Little gave nutrition prominence. He observed that the disease occurred in spring and summer, sometimes as early as mid-winter, due to a diet limited to fine white flour and tea. Little was familiar with the work of the Dutch physician Christian Eijkman, who discovered in 1893 that beriberi in the East Indies was caused by the inhabitants' dependency upon polished, white rice. Little believed that the same problem occurred among Atlantic fishermen because they consumed overmilled flour in which the nutrients had been destroyed. Although Casimer Funk had recently published his theory that certain "vital-amines" present in food were necessary for health, Little did not isolate the curative ingredient, thiamin (vitamin B1), present in wholewheat. He simply observed that patients were cured of the disease when they were regularly fed whole-wheat bread, beans, and fresh meat. With this knowledge in hand, he hoped that the Newfoundland government's relatively recent campaign on the prevention of tuberculosis might "include in the instructions on foods a knowlege of the value of whole-wheat flour."²¹

Before physician John Little published his theory on the cause and treatment of beriberi at the Mission, the study of diet in relation to health was in its infancy. From 1893 to 1912 Grenfell physicians observed that people acquired nutritional diseases, by

²⁰John M. Little, "Beriberi Caused by Fine White Flour," 2029.

²¹Little, "Beriberi Caused by Fine White Flour," 2030.

subsisting anywhere from two to five months on a starchy diet. They promoted the consumption of a varied diet of fruits, vegetables, and milk to prevent tuberculosis, digestive disorders, rickets, scurvy, and beriberi. Teaching the importance of a “varied diet” was an important concept in the promotion of health at the Mission. Prior to the twentieth century, most physicians considered foods high in fat, protein, and carbohydrates as an adequate diet.

By examining the Mission's initiative to treat local deficiency diseases, this chapter will demonstrate how women personnel (nurses, teachers, and craft workers) gained a significant role in public health. Grenfell physicians, for example, did not have much success convincing the local people, particularly through lectures at the hospital, that a starchy diet caused scurvy or beriberi. Female personnel, in contrast, had a more intimate relationship with the families. These women often lived at nursing stations or boarding houses in the communities in which they worked, and became acquainted with the people. These intimate places of influence allowed Mission women to experiment with elementary principles of home economics. It allowed them to use women's traditional places (the kitchen or the garden) and ways of knowing (cooking and food preservation) to have some success with the dietary reform campaign. By examining the challenges physicians faced in translating scientific findings about nutrition into palatable meals, this chapter demonstrates how nurses, teachers, and craft workers opened up a career opportunity for women nutrition workers in the Mission's dietary reform campaign.

Dietary reform in this chapter refers to the development of the Mission's policy to

teach the local population to modify their diet to prevent deficiencies. It is discussed in two phases to reflect a shift in how the Mission's medical personnel saw and tackled deficiency diseases. The first phase of dietary reform lasted from 1893 to 1912, when there was a lot of medical speculation as to the exact cause of scurvy, rickets, and beriberi. The staff, mostly comprising doctors, believed that a "monotonous diet" was a contributing factor in the onset of nutritional deficiency diseases, and grew frustrated by their inability to induce the fishers to vary their food supply. Many observed how the starchy, spring diet was a measure of poor climatic conditions or the variety of food imports a family could afford on credit.

Dietary reform in this phase was also marked by Dr. Grenfell's economic initiatives to improve the health of the people. As the first physician to observe deficiencies at the Mission, he believed that the credit system caused many of the illnesses that fell upon the fishers. Supported by philanthropists and Mission workers, he introduced cooperative stores, agricultural ventures, and a crafts industry to help the fishers become more economically independent. He also established a summer school programme, believing that a lack of education was another obstacle to good health. His craft industry and summer schools had the effect of attracting more women to the Mission, most of whom had homemaking skills and a keen interest in promoting women's primary role as caregivers.

The second phase of the Grenfell dietary reform campaign took place between 1912 and 1920, because physicians could now explain the cause of the most prevalent

deficiency disease, beriberi. Preaching the use of vitamin-rich whole wheat as a cure for the disease, Little instructed Mission personnel to persuade fishing families to give up white flour in exchange for brown. In this decade, the dietary reform campaign was much more concentrated on the need to educate the fishers about the “folly” of the use of white flour and neglect to consume fruits and vegetables. Yet the physicians encountered many problems in translating the importance of these foods into a health concept that was locally desirable. Ignorant of household economics and palatable recipes, doctors had little success in teaching newer nutrition principles. The outbreak of World War I obstructed the physicians' educational efforts further, as many physicians left for home or overseas service, greatly reducing medical staff. Fortunately, some physicians stayed and remained devoted to public health measures. These men observed the skills that foreign women had in nutrition education and, by the end of the decade, realized that female nutrition specialists might better lead the Mission's dietary reform campaign.

I. The Local Nutrition Problem from 1893 to 1912:

Medical Perceptions and Interventions

In the early years, the Mission's dietary reform campaign was a central part of a public health movement to improve the body's resistance to tuberculosis. Tuberculosis was communicable in the sense that it could be transmitted from person to person by touch, or without actual contact.²² It presented itself in patients in all forms, in the lungs,

²²Nancy Tomes, The Gospel of Germs: Men, Women and the Microbe in

the bones, and the lining of the brain.²³ The pulmonary type caused hemorrhaging from the mouth, throat, and upper air passages and was thought to be the most life-threatening. Other key symptoms included "slight fever, increase in the pulse rate, night-sweats, a constant sense of fatigue, dyspepsia without apparent cause, the presence of a cough, and progressive loss of weight."²⁴

The Newfoundland "Report of Commission on Public Health" in 1911 emphasized the vital importance of fighting the disease, because "the death rate amounted to 4 in 1,000 compared with a much smaller rate of 1.52 per 1,000 in England."²⁵ Grenfell physicians had been grappling with the treatment of tuberculosis since the Mission was established and traced the disease to a lack of knowledge about the importance of hygiene and a varied diet.²⁶ Little believed that public health problems were compounded by poor personal health habits. Many tubercular patients put their whole families in danger because they commonly lived in "poorly ventilated shacks" and

American Life (Massachusetts: Harvard University Press, 1998) 20.

²³Gordon W. Thomas, M.D., From Sled to Satellite: My Years with the Grenfell Mission (Canada: Irwin Publishing Inc., 1987) 60.

²⁴Arthur Latham, M.D., "The Diagnosis of Pulmonary Tuberculosis and the Principles of its Treatment in the Early Stages," The Practitioner Jan. (1913): 40-41.

²⁵R.A. Brehm, "Report of Commission on Public Health, 1911," Appendix A, Journal of the House of Assembly of Newfoundland (St. John's: Government of Newfoundland, 1912) 588.

²⁶Corner, "Hospital Work of the Labrador Mission," 103.

were incapable of maintaining a varied diet during the winter.²⁷ Little's observation of the causal relationship between tuberculosis and poor diet was tied to the late nineteenth-century treatments for the disease.

In Great Britain and North America, medical personnel gave lectures to the public about the importance of personal hygiene and an adequate diet as the predominant way of controlling the spread of tuberculosis. Though modern medicine was making headway in early diagnosis, the absence of drugs and modern surgery techniques made it difficult to arrest the most advanced cases. In the American context, Nancy Tomes has estimated that tuberculosis topped the list of all fatalities, at roughly ten percent. Rates of infant and child mortality from diseases such as diphtheria, scarlet fever, and nonspecific diarrheal infections were also high, even among affluent families. Apart from immunizations against smallpox, rabies, and typhoid, and the diphtheria anti-toxin, Tomes argued that there were few "magic bullets" to cure these infectious diseases.²⁸

Heather MacDougall has argued that "germ theory" encouraged a gradual shift from a curative to a preventative approach, in order to control disease. It had origins in Louis Pasteur's mid-nineteenth century theory that environmental microorganisms in the

²⁷Little, "Medical Conditions on the Labrador Coast and North Newfoundland," 1038.

²⁸Nancy Tomes, "Spreading the Germ Theory," in Rethinking Home Economics: Women and the History of a Profession, Sarah Stage and Virginia B. Vincenti, eds. (Ithaca: Cornell University Press, 1997) 36-37.

air and water supply caused contagious outbursts.²⁹ By 1900, the germ theory of disease was widely accepted by medical and public health officials. Bacteriological scientists had supported and elaborated on it, proving that microorganisms or “germs” could be transmitted to humans through contaminated drinking water and food, poor sewage systems, insect vectors, and even healthy human carriers. As prevention offered the best method to reduce infectious disease, health reformers preached to the public the importance of regularly disinfecting their houses, isolating sick family members from the well, installing proper sewage systems, and getting plenty of fresh air, nourishing food, and rest.³⁰

Beyond a causal link between food contamination and tuberculosis, few historians have examined the development of nutrition-related concepts in the treatment of this disease. Nutrition scientists, on the other hand, have traced a link between the history of dietetic treatments and tuberculosis. Dietitian Mildred S. Bunton, for instance, has shown that early-twentieth century physicians prescribed the force-feeding of tubercular patients, a practice derived from the belief that “phthisis,” the Greek name for tuberculosis, meant wasting. Observing changes in the tubercular diet, Bunton pointed out that milk was the principal treatment from the Renaissance onwards. In the early nineteenth century,

²⁹Heather MacDougall, “Epidemics and the Environment: The Early Development of Public Health Activity in Toronto, 1832-1872,” in Critical Issues in the History of Canadian Science, Technology and Medicine Richard A. Jarrell and Arnold E. Ross, eds. (Ottawa: HSTC Publications, 1981) 135.

³⁰Nancy Tomes, “Spreading the Germ Theory,” in Rethinking Home Economics 37-38.

"farinaceous foods," such as cereals, puddings, and custards, were added to the menu, because physicians believed that these foods contained the greatest quantity of nutrients for health and were easily digested.³¹

Karl Y. Guggenheim has pointed out how the work of physiological chemists, such as Gerrit Jan Mulder, Carl Voit, and Max Rubner, gave rise to an important mid-nineteenth century concept of nutrition - the adequate diet. These scientists' experiments in "animal chemistry" were innovative, because they proved the indispensability of the food constituents -- carbohydrates, fats, proteins, and minerals -- in the maintenance of human health. Following these pronouncements, there was a fifty year debate among chemists on the appropriate, quantitative intake of the four nutrients.³² Physicians, for the most part, avoided the controversy. Tubercular diet therapies at the turn of the twentieth century were characterized by large quantities of fat, protein, carbohydrates, and minerals to ensure that patients maintained normal weight and got a maximum amount of nutrients.³³ These foods remained the most outstanding feature of treatment in the early 1900s, because weight gain was the most visible sign of recovery.³⁴

³¹Mildred S. Bunton, "Dietetic Treatment of Tuberculosis - A Retrospective," in Essays on History of Nutrition and Dietetics, Beuwkes, Todhunter, and Weigley, eds. (Chicago, Illinois: The American Dietetic Association, 1967) 244-245.

³²Guggenheim, Nutrition and Nutritional Diseases, 155.

³³Chalmers Watson, M.D., "Dietetic Treatment of Tuberculosis," The Practitioner Jan. (1913): 102.

³⁴Bunton, "Dietetic Treatment of Tuberculosis," 248.

Grenfell physicians believed that the fishers' cyclical periods of "semi-starvation" were a contributing factor in the spread of tuberculosis. As noted earlier, fishers were often reduced to a limited food supply of white flour, tea and molasses during the spring. This diet did not provide the "protective nutrients" needed to resist any of the diseases thought to be infectious. In 1907 Grenfell told readers of *Among the Deep Sea Fishers* that the staff longed to be able to do something for the people that might help supply the lack of milk. Bone tuberculosis prevailed because the fishers did not keep cows, could not obtain enough credit to purchase milk, and would not drink it in the hospital when it was prescribed to them.³⁵ Nurse Florence Bailey, who worked in Forteau for a number of years, believed that educational measures were useless. "None of these people are able to secure sufficient nourishment in the case of sickness; they cannot afford tinned milk, and fresh eggs are out of the question."³⁶ At the Grenfell hospitals, physicians exhibited greater confidence in arresting tuberculosis because they could ensure that patients were getting nutritious foods, such as the milk-and-egg diet, which contained "wholesome proteins and fats."³⁷ On one occasion, Dr. Little proudly exclaimed that a tubercular patient had gained twenty pounds in the hospital, and was able to gain motion in the

³⁵Wilfred Grenfell, "Dr. Grenfell's Log," *ADSF* April (1907): 9

³⁶Florence Bailey, "A Day's Work at Forteau," *ADSF* Oct. (1909): 22.

³⁷A.W. Wakefield, "The Anti-Tuberculosis Campaign of the Labrador Mission," *ADSF* Oct. (1911): 26.

joints of his fingers and thumbs as a result.³⁸

Grenfell doctors tried to arrest tuberculosis before it got to the point where patients needed hospitalization, but early diagnosis posed a problem. In 1908 Dr. Little stated that "the people would not elicit a history of their symptoms, unless they were under careful observation in a hospital."³⁹ Little failed to mention that, while it was a hard decision for people afflicted by illness to go to a doctor close at hand, it was even harder for them to decide to take a long, sometimes dangerous journey to a hospital, especially during the winter. To allow oneself to be hospitalized, particularly during the cod fishing season, was a decision not to be taken lightly, because it could mean a huge loss to the family income. In the late-nineteenth century doctors attached importance to obtaining a history of "exposure to infection" whether it was from a family member, a friend, or a fellow worker. Medical work, therefore, was not limited to tuberculin testing, x-ray examinations, or laboratory investigations for the presence of the tubercle bacilli.⁴⁰ Doctors at the Grenfell Mission felt that it would be useful to travel to distant communities to get a clear insight into the sanitation of the community water supply, and the diet and hygiene of individual families.

In 1906 Dr. Grenfell collaborated with leading men in St. John's to help form an

³⁸Dr. Little, "Winter Work at St. Anthony," ADSF April (1909): 25.

³⁹Little, "Medical Conditions on the Labrador Coast and North Newfoundland," 1038.

⁴⁰Latham, "The Diagnosis of Pulmonary Tuberculosis," 38-39.

Association for the Prevention of Consumption. The work of the Association was strictly voluntary and conducted along educational lines with the aim of reducing the spread of tuberculosis. Immediately, a public health hierarchy was established where doctors, as the leaders of the organization, administered advice and direction to nurses, teachers, medical students, and sometimes members of the clergy. Since there was a shortage of doctors in the outports, these workers were seen as excellent support staff. The Association, for example, asked trained nurses in rural communities to visit people in their homes to try "to impress upon them not only the necessity, but the reason, for following the directions they received." Medical students were advised to go around the bays to distribute pamphlets and give lectures at community halls.⁴¹ The few doctors who practiced in the outports were appointed local representatives of the Association to enforce the compulsory notification of tubercular cases. They also isolated the sick, compiled mortality figures, policed the disinfection of tubercular-infected houses, and generally oversaw the work of others.⁴²

Nurses' role in public health was distinct from that of the doctors, because it centred around their observations of local women as caregivers. Jill Perry argues that a great deal of the Mission nurses' time was spent "convincing local women of the 'folly' of their styles of housekeeping, cooking, and mothering. This thrust stemmed...from

⁴¹Wakefield, "The Anti-Tuberculosis Campaign," 23.

⁴²Wakefield, "The Anti-Tuberculosis Campaign," 23.

adherence to central tenets of current reform movements in their own countries."⁴³ One of these was a reform movement known as social gospel, which shifted the Mission's Christian "emphasis on 'man's relationship with God' towards a revitalized concern for 'man's relationship with man.'" This practical version of Christianity was conducive to Grenfell's many social and economic initiatives, which were aimed squarely at improving the circumstances of people in northern Newfoundland and coastal Labrador.⁴⁴

By the early 1900s Mission reform was based on numerous civilizing activities, including the establishment of schools, a craft industry, and cooperatives, to educate the local people and improve their standard of living. Within this secularized reform agenda, Perry argues that few aspects of local culture were left untouched. Engaged in house-to-house visits, Grenfell nurses were perfect for the role of reforming the habits of local women. Relying on their claim to professional status, they attempted to exert their superior knowledge of child rearing and homemaking. They hoped to show local women that as wives they had an important role in preventing social decay, a decay that was rampant in their communities because they had not learned the feminine virtues necessary to civilize their society.⁴⁵ Updates on Mission activities in *Among the Deep Sea Fishers* often exaggerated nurses' success in the campaign for public health. Nurses got local women to develop gardens, turn bland cod and other local food into nutritious meals, and

⁴³Perry, "Nursing for the Grenfell Mission," 148.

⁴⁴Perry, "Nursing for the Grenfell Mission," 35.

⁴⁵Perry, "Nursing for the Grenfell Mission," 37-38.

“properly” bathe and feed the baby.

In 1907 two trained nurses from Johns Hopkins volunteered to begin a new public health experiment. They worked from nursing stations half way between the hospitals, teaching communities within reach about the rudimentary principles of nutrition, germs, and healthy living. V.M. MacDonald was one of them. Her job was to travel along the Straits of Belle Isle, and to make in each household “a strong plea for the most crying hygienic need of the neighbourhood.” While this newcomer felt that her campaign about the contagious nature of spitting took root, she was exasperated that she could do nothing to prevent mothers from giving their children and babies strong tea to drink. She was convinced that most diseases were preventable, but was astonished how the local diet posed such a challenge to her job. Even if people were taught to appreciate the cause and effect of their “monotonous diet,” they could not afford to purchase a better variety of food to last throughout the winter. In her mind, the fishers were entirely at the mercy of traders, the credit system, and the yearly supply vessel, which was several months late arriving that year.⁴⁶

Fortunately, Grenfell also understood that local people could not always act upon the advice of the Mission, especially when a change in diet was recommended. He emphasized a causal link between hard economic times in the fishery and outbreaks of rickets, scurvy, and infectious diseases. His goal was to eradicate poverty, feeling that it

⁴⁶V.M. MacDonald, “Up and Down the Straits of Belle Isle,” ADSF Jan. (1908): 7.

made local people easy victims of illness. Grenfell's experience on his first voyage to the Labrador forced him to realize that "germs were no more the universal cause of the troubles in the lives of the fishermen, than any other generous choice of causes given in 'Robert's Text Book of Medicine'"-- the professional gospel on which he was schooled.⁴⁷ While Robert's book offered a large selection of possibilities for the cause of diseases, Grenfell stated that the author never mentioned poverty. "Visits to fishermen's homes in our seaports showed that poverty was the chief factor in actual physical abnormalities, especially in the wives and children. This for us was a greater epoch-making discovery, in enabling us to do effective preventative medicine for the fishermen."⁴⁸

In the late 1890s Grenfell began to see a potential link between the nutritional health of the fishers and the 'truck system,' a cashless trade exchange which dictated the price of imported food, clothing, and other essentials. In accordance with 'truck,' a trader outfitted the fishermen in the spring and accepted their fish in the fall as payment. He also provided winter food and supplies. Grenfell believed that the system favoured the traders because they could charge fishing families twice the St. John's price for fishing gear and food. In 1903, for instance, flour was sold at \$7.50 a barrel, "when it could be obtained at \$3.50 in larger commercial centres."⁴⁹ Traders claimed that the practice was

⁴⁷YUA, SML, WTGC, MS 254, Series V, Group 254, Box 22, Folder 341, "Labrador and Newfoundland: An Outline History of the Work of the International Grenfell Association," 1926, 3.

⁴⁸WTGC, "Labrador and Newfoundland: An Outline History of the Work," 3.

⁴⁹Wilfred Grenfell, "Co-operative Stores Among Atlantic Fishermen," ADSF July

fair, arguing that high prices safeguarded their losses during seasons when fishing was poor. Grenfell believed the whole system created impoverishment and dishonesty,⁵⁰ and by 1910 had persuaded no less than eight communities to establish cash-based cooperatives as an alternative to the credit system.⁵¹

Cooperation was a system derived from Great Britain and was operated by the male heads of the families. Kerr has indicated that Grenfell first brought the idea to the men of Red Bay in south Labrador, because it was one of the poorest communities he had seen. There, he told the fishers that they could sell goods for cash at cost price, "plus freightage" and "5 per cent for the store keeper and another 5 per cent to cover any loss and to build up a reserve."⁵² In 1896 the fishers decided to run the risk of competing with the local trader, and purchased shares to establish the store, with the help of a loan from Grenfell.⁵³ The Red Bay operation was a success. The people not only paid back their loan and prospered from the dividends, but were able to save themselves from poverty and starvation when a fishing season had not gone so well.⁵⁴ Grenfell was so pleased

(1903): 9.

⁵⁰Hiller, "Social Issues in Early Twentieth Century Newfoundland: A Comparison of Wilfred Grenfell and William Coaker," 28.

⁵¹Kerr, Wilfred Grenfell: His Life and Work 181.

⁵²Kerr, Wilfred Grenfell: His Life and Work, 110.

⁵³ Grenfell, A Labrador Doctor: The Autobiography of Wilfred Thomason Grenfell 218-219.

⁵⁴Kerr, Wilfred Grenfell: His Life and Work, 139.

with the Red Bay initiative, he convinced the people of St. Anthony (1900), and Flower's Cove (1901) to establish cooperative stores as well.⁵⁵

Grenfell's cooperatives, though, antagonized the merchants in St. John's. From 1905 onwards, small traders began to complain in the local papers and to the government that cooperative prices competed with their sales and put many of them out of business.⁵⁶ Furthermore, the government had permitted the Mission to import clothing, reconditioned guns, and other goods duty free. The traders accused the Mission of using this privilege to give the people free handouts.⁵⁷ Grenfell argued that the people always worked for Mission goods and never received handouts, and defended the cooperatives as a system of Christian brotherhood that benefitted the welfare of the fishers. By operating the stores on a cash-based system, he only wished for families to have the opportunity to afford items like canned milk for their children, gunpowder for hunting, and clothing as needed. Under the old system the "fishermen simply turned in all their catch to the merchant, and took what was coming to them as a matter of course."⁵⁸ Recalling discussions with patients in the hospital, Grenfell felt that many were afraid to ask the merchant for certain supplies.

⁵⁵Porter, "Dr. Wilfred Grenfell and the Founding of the Grenfell Mission, 1892-1914," 33.

⁵⁶O'Brien, The Grenfell Obsession: An Anthology 16-17.

⁵⁷Kerr, Wilfred Grenfell: His Life and Work, 143.

⁵⁸Grenfell, A Labrador Doctor: The Autobiography of Wilfred Thomason Grenfell, 216.

This fact often became evident when we were trying to order special diets- the patient would reply, 'Our trader won't give out that.' Naturally the whole system horrified us, as being the nearest possible approach to English slavery, for the poor man was in constant fear that the merchant 'will turn me off.'⁵⁹

Linking deficiency diseases to poverty, Grenfell's call for co-operation was a public health measure to ensure that the fishers could afford an appropriate and adequate food supply.

With the exception of the stores in Red Bay and St. Anthony, Mission cooperatives seldom freed the fishers from indebtedness. Porter argued that "[o]ne of the major problems...was their tendency to become enmeshed in the system they were intended to eradicate." As shareholders in the cooperatives, the fishers ran into debt, and were forced to purchase supplies on credit again unless Grenfell gave them loans.⁶⁰ Hiller argues that the cooperative venture failed because Grenfell "operated independently of the colonial establishment." Furthermore, "as the Grenfell empire grew in size and expense," he did not have stable financial backing nor the experienced businessmen to run the enterprise.⁶¹

In 1909 Grenfell was again up to his usual "social improvement" projects. This time, it was to help the Mission and the people grow crops to ensure an inexpensive

⁵⁹Grenfell, *A Labrador Doctor: The Autobiography of Wilfred Thomason Grenfell*, 216.

⁶⁰Porter, "Dr. Wilfred Grenfell and the Founding of the Grenfell Mission," 34-35.

⁶¹Hiller, "Social Issues in Early 20th Century Newfoundland," 30-31.

supply of vegetables. Martyn Spencer, a graduate of Canada's MacDonald College and Grenfell's cousin, was recruited to carry out the venture. He worked for several years in St. Anthony and Canada Bay testing seeds that would adapt to the climate. He also built two large barns to house cows, sheep, hares, hens, and a couple of reindeer for the hospitals.⁶² The agricultural experiment, according to Grenfell, was a slow process, delayed by long winters, ice-blocked harbours, and volunteers who had to work with rakes and hoes rather than horses and oxen.⁶³

By 1914 Grenfell was encouraged by Spencer's results to extend the agricultural project to Labrador. Christina Fellows, a graduate of an agricultural college in England, volunteered to take over the work, which had become by then a campaign to teach the fishermen sub-arctic farming. Her task was to demonstrate how they could cultivate cereals and garden products "to combat the ill effects of diet, too much restricted to salt pork, fish and molasses."⁶⁴ Fellows did not return to St. Anthony the following summer. In the midst of World War I, the Mission could not find agriculturalists to develop the Labrador agricultural campaign or maintain the farms in Canada Bay and St. Anthony. Until Miss Fellows's return in 1922, medical personnel and volunteers shared the responsibility of caring for the two farms. In the local communities, the resident nurse or teacher was responsible for encouraging women and children to develop and maintain

⁶²Dr. John Little, "Winter Work at St. Anthony," ADSF Apr. (1909): 24.

⁶³Wilfred Grenfell, "Dr. Grenfell's Log," ADSF Oct. (1912): 13.

⁶⁴"Editorial Notes," ADSF Jul. (1914): 78.

local gardens.⁶⁵

Feeling that the local people must learn not to depend entirely on the seal and cod fisheries, Grenfell also initiated the development of a craft industry. A craft industry would be an appropriate part-time occupation particularly for local women, because he felt they had little to do during the long winter season.⁶⁶ This experiment began in 1905. At this time, Grenfell was introduced to Jesse Luther in Boston on a fund-raising tour. She had been an art director, and had taught crafts to sanatorium patients as a form of occupational therapy. Immediately, Grenfell invited Luther to design a similar programme for the Mission at St. Anthony, a position she held from 1906 to 1915.⁶⁷ As superintendent of the Industrial Department, she trained permanent staff members and local people to teach men and women weaving, mat hooking, woodwork, cabinet making, pottery, and metal work. She also ran the business side of the Department, ordering supplies and procuring markets so that the proceeds from the sales could be given back to the fishers.⁶⁸

When the industry got under way, Grenfell was pleased with the local output. He felt that the production of crafts would help families financially when there were

⁶⁵See Edith Mayou, "Nurse Introduces Agriculture," ADSF Jan. (1910): 13, Sarah J. Allen, "A Summer at Old Ferrole," ADSF Jul. (1915): 64-65, and Florence H. Bailey, "A Letter from Sister Bailey," ADSF, Jul. (1917): 43-45.

⁶⁶Wilfred Grenfell, "Industrial Work at St. Anthony," ADSF Jul. (1909): 33.

⁶⁷Rompkey, ed. "Introduction," Jessie Luther at the Grenfell Mission, xxx.

⁶⁸Jessie Luther, "Development of the Industrial Work in Dr. Grenfell's Mission at

fluctuations in the furring, lumbering, and fishing industries.⁶⁹ Jesse Luther resigned in 1915 due to some tensions experienced with Grenfell. Her ambition was to give the work to highly-trained craft workers in order to find a profitable market for the products. Grenfell, on the other hand, only wished to find "ways to spread the modest income from the industry among as many people as possible, including those not so highly skilled or talented."⁷⁰ He accepted Luther's resignation, and despite some staffing problems, the Industrial Department flourished. Part of its success lay in the fact that its founder had successfully trained nurses, such as Minnie Pike (Red Bay), Florence Bailey (Forteau), and Mrs. Harry Paddon (Indian Harbour) to take over the training aspect. In 1916 the former school teacher of St. Anthony, Mrs. A.C. Blackburn, and Grenfell's wife, Anne, became the Department's temporary managers, while the staff selection committee continued its search for a permanent superintendent trained in commerce. In 1918, the IGA directors felt that the Industrial Department was a great success and on its way to being a great help to public health.⁷¹

Dr. Little wrote about his admiration for Luther's work in 1908, and credited her with possessing the gift to teach culinary arts as well. He was particularly impressed by

St. Anthony," ADSF Jan. (1907): 13.

⁶⁹Sir Wilfred Grenfell, "The International Grenfell Movement," Book of Newfoundland, ed. Joseph Smallwood, Vol. 1 (St. John's: Newfoundland Book Publishers, 1937) 283.

⁷⁰Rompkey, Grenfell of Labrador, 180.

⁷¹"Industrial Work," ADSF Jan. (1918): 129.

her ability to make a half a dozen delectable recipes out of plain food. The importance of saving the flour barrel by teaching people the uses of cornmeal impressed Little so much, he felt that the Mission workers should learn how native foods could be made more palatable.

The discovery that the sprouts of our onions in the cellar, or the young shoots from the stored potatoes are both edible and nice, becomes a matter of no mean importance in a household where there are growing children, and where scurvy is a thing to be reckoned.⁷²

When recalling her life at St. Anthony, Luther spoke of how the Mission was in desperate need of a trained cook. She prepared all the meals, three times a day, for the orphanage children, the staff, and the visitors.⁷³ Though her occupation was craft training, she was instrumental in giving doctors the idea that educated women had an important knowledge of meal preparation, a skill that could be used in a campaign for better nutrition.

A gender ideology of scientific motherhood, endorsed by nurses, pediatricians, and other medical professionals, began to convince Grenfell physicians that laywomen in northern Newfoundland and in Labrador needed to be better educated in their roles as wives and mothers. Since many doctors regarded the profession of nursing as a stepping stone to motherhood, it seemed logical that the female members of the Grenfell staff should promote educated motherhood among the local women. Nurses did not oppose this ideology, but rather demonstrated how their work among women was essential to the

⁷²Dr. John M. Little, "News from St. Anthony," ADSF Apr. (1908): 19.

⁷³Rompkey, ed., Jessie Luther at the Grenfell Mission, 28.

Mission's dietary reform campaign. Nurse Mayou, for instance, started classes in sewing, knitting, cooking, and home nursing for the women in Harrington. Her cooking lesson was for those "too old or too much needed by their mothers to be able to go to day school," and included "some instruction in hygiene and physiology."⁷⁴ In 1912 nurse Greeley developed cooking classes for married women and girls on Pilley's Island. In the classes for girls she "taught something of food values and economical and healthful cooking, as the Newfoundland dietary (was) a most pitifully inadequate and improper one, especially for children."⁷⁵ Although medical schools offered student doctors courses in the nutritional needs of patients, the students were not trained to prepare interesting menus and edible meals. Seeing food preparation as a domestic role, physicians grew anxious to relegate that task to nurses and women trained in home economics.⁷⁶

In the 1910s the Mission's dietary reform campaign became much more focused and centred around the work of the Mission's female staff. Nurses, craft instructors, and a new group of summer teachers became involved in teaching girls and women cooking, sewing, gardening, and household hygiene - the fundamentals of home economics. In Canada and the United States female social reformers were helping to promote a crusade for right living and good health, and were inducing school boards to offer female, student teachers home economics courses, as a result of their energetic campaign to train women

⁷⁴Edith Mayou, "Jottings from Harrington," ADSF Jul. (1909): 24.

⁷⁵H.P. Greeley, M.D., "Pilley's Island Items," ADSF Jul. (1912): 15.

⁷⁶Nyhart, "Home Economics in the Hospital," 126.

to safeguard the home and family. They saw home economics as a powerful ally to bolster women's domestic sphere. They argued that women, with training in domestic efficiency (bacteriology, household economics, and cooking), could reverse the rising rates of urban poverty and disease as mothers and wives.⁷⁷ Yet in the first decade of the twentieth century, there were few teachers along the coast of northern Newfoundland and Labrador. The greatest concentration of public elementary schools was in the more thickly populated communities along the Avalon Peninsula, particularly in St. John's. Also, the majority of school-enrolled children in the rural areas were studying a limited, largely academic curriculum, that contained the 3Rs, some history, grammar, and geography, and virtually no trades or sciences⁷⁸

Phillip McCann argues that there were many "obstacles in the way of an efficient, evenly distributed and high-standard of system of schools" in Newfoundland and in Labrador prior to 1949.⁷⁹ Communications were poor in the outports, with good roads only in and around St. John's. With low salaries and a lack of appropriate equipment, the well-trained teachers were not attracted to working in rural, one-room schools. Furthermore, the credit system almost always kept families in debt, offering them little

⁷⁷Pedersen, "The Scientific Training of Mothers': The Campaign for Domestic Science in Ontario Schools," 178-179.

⁷⁸Phillip McCann, Schooling in a Fishing Society: Education and Economic Conditions in Newfoundland and Labrador, 1836-1986 (St. John's, Newfoundland: Institute of Social and Economic Research, 1994) 148.

⁷⁹McCann, Schooling in a Fishing Society, 18.

surplus to pay school fees. Child labour in the fishery also weakened school attendance, particularly during seasons when the catch was high. Attendance, which was voluntary, “tended to increase when the fishery was depressed and less child labour needed.”⁸⁰ The government provided a modest school grant, but this had to be divided between the Catholic Church, the Church of England, and the Methodist Church.⁸¹

McCann argues that an evenly distributed, quality school system might have been created in Newfoundland if the government had exercised more power over the churches and established amalgamated, non-denominational schools. In the last half of the nineteenth century, the three churches competed fiercely for religious influence over the public and often built two or three denominational schools for a population that did not warrant multiple schools. School building, as a result, was not evenly distributed throughout the island or Labrador. By the late nineteenth century, a school building boom left the superintendents of the denominational schools little money to purchase much needed texts and equipment or funds to hire well-trained teachers.⁸² McCann also argues that the merchants might have helped to finance a public elementary school system, but did not invest their profits into education for the fishers.⁸³

But as early as 1900 Grenfell hoped to establish an organized school system under

⁸⁰McCann, Schooling in a Fishing Society, 32.

⁸¹McCann, Schooling in a Fishing Society, 17-18.

⁸²McCann, Schooling in a Fishing Society, 55.

⁸³McCann, Schooling in a Fishing Society, 2.

the auspices of the Mission, seeing it as a vital element of social improvement. According to Dr. Charles Curtis, the Education Act of 1903 gave Grenfell some room to overcome the competition between churches and their desire to erect denominational schools. The Act permitted the establishment of non-denominational amalgamated schools, but only 'in sparsely populated settlements where the number of children [did] not warrant the establishment of separate schools.'⁸⁴ As a result of this loophole, Grenfell looked to philanthropists to help the Mission sponsor an experimental summer school programme run by volunteer teachers.⁸⁵

Ruth Keese, who became Mrs. John Mason Little, was the first teacher to join this programme in 1907. At St. Anthony, she introduced kindergarten to the Mission's Orphanage and taught classes to children around the settlement.⁸⁶ Other teachers followed in the years to come, mostly American college women. A schoolhouse was built in St. Anthony in 1912, and the teacher at that time noted that the new school was modern and decidedly American in the interior. She hoped that a future school system would evolve to a point where teachers could join nurses and doctors in their battle against disease and teach "physiology, personal hygiene, and preventative measures." She believed that the ignorance of the people was their great foe, and the place to combat it

⁸⁴Charles S. Curtis, "Willingly to School," ADSF April (1958): 3.

⁸⁵Curtis, "Willingly to School," 7.

⁸⁶Curtis, "Willingly to School," 3.

was the classroom.⁸⁷

In 1909 Ethel Gordon Muir, a teacher from Mrs. Dow's School of Briarcliff Manor in New York, was appointed head of the Mission's newly established Education Department and was responsible for securing Mission teachers in the 1910s.⁸⁸ From approximately 1914 onwards, the editor of *ADSF* consistently published advertisements headlining "Teachers Wanted." Potential recruits were informed that the local fishers were "warm-hearted," "hospitable," and "eager to learn,"⁸⁹ but if the recruits wanted to work for the Mission they were expected to meet their own traveling expenses (approximately \$125 for the round trip from New York), and bring their own food and school supplies.⁹⁰ The financial requirements to serve the Mission as a volunteer were almost always beyond the ordinary means of women who had gone into the teaching profession. Although teaching provided a reasonable income, it did not allow many women the luxury of becoming volunteer missionaries in the North. Compared to teachers, Grenfell nurses at least had the option of obtaining a salary as full time workers.

Despite this financial obstacle, the head of the Education Department was able at times to induce student-teachers attending Mrs. Dow's School in New York to raise

⁸⁷Betsey Copping, "The Mission School in St. Anthony," *ADSF* Oct. (1912): 32.

⁸⁸Curtis, "Willingly to School," 3.

⁸⁹"Volunteer Teachers Wanted for Next Summer," *ADSF* Jan. (1914): 6.

⁹⁰"Volunteer Teachers Wanted for Next Summer," 6.

money to send two or three girls to the Mission annually.⁹¹ As a result of the Mission's growing popularity, the staff selection committee was eventually able to attract more affluent student teachers from Bryn Mawr, Smith, Vassar, and Wellesley.⁹² But until the Mission made friendly ties with elite eastern colleges in the early 1920s, there were never enough volunteer teachers to supply the fishing communities that requested them. Those who did come taught the 3Rs, some history and geography. They also gave rudimentary instructions in nutrition and hygiene, picking up the slack in public health from the medical personnel.⁹³

Grenfell also set up an Education Fund to send local men and women abroad for an education they could not get at home. Training residents for trades served as part of a general plan to insure that the Mission fostered local independence. Some of these pupils returned home, securing Mission jobs as nurses, plumbers, handicraft workers, and home economists.⁹⁴ Grenfell's wife, Anne, took charge of the enrollment of students in schools in Canada and the U.S.A., while the Carnegie Corporation met the Mission's contributions to the Educational Fund dollar for dollar up to \$5,000.⁹⁵ Because it took

⁹¹"Volunteer Teachers Wanted for Next Summer," 6.

⁹²Curtis, "Willingly to School," 3.

⁹³Copping, "'The Mission School in St. Anthony," 32.

⁹⁴Curtis, "Willingly to School," 5-6.

⁹⁵Harriot P. Houghtelling, "Report of the Educational Committee," *ADSF* Jan. (1925): 169. Grenfell married Anne MacClanahan, a young American woman, in 1909. Educated in politics and economics at Bryn Mawr College, she would later edit a great deal of Grenfell's books and correspondence. See Rompkey, *Grenfell of Labrador*, 151.

time to create an Educational Fund and produce graduates, Grenfell kept his eye open for a variety of skilled teachers who could come to the Mission and instruct the inhabitants in commerce, crafts, or agriculture. These men and women would give the inhabitants the education and skills that Grenfell felt were so necessary, to help them learn how to prevent poverty and its devastating effect on health.⁹⁶

In the years leading up to the First World War, Grenfell was supported by a large team of outstanding men and women. There were six permanent doctors, three times as many nurses, resident dentists and hygienists, and an increasing number of seasonal teachers. Kerr indicates that in the summer "this staff increased to twenty doctors, many of them well-known specialists, and up to 150 'Wops' and 'Wopesses.'"⁹⁷ Grenfell was now able to leave many of his projects in the hands of others. Dr. Little, for instance, took over as chief of medical staff and continued to raise the standards of St. Anthony hospital as a brilliant surgeon.⁹⁸ Dr. Mather Hare was committed to Harrington hospital on the Canadian Labrador, while Dr. Wakefield waged a campaign against tuberculosis and better nutrition throughout the island. An English doctor, Harry L. Paddon, took over the hospital in Indian Harbour in 1912, and soon established hospitals at Mud Lake and North West River. By 1914 the Mission had become an enormous, expensive enterprise.

⁹⁶YUA, SML, EPHC, Group 771, Series III, Box 61, Folder 1346, "Lecture by Elizabeth Page," no date, pg.1.

⁹⁷Kerr, Wilfred Grenfell: His Life and Work, 201.

⁹⁸Theodore L. Badger, "Grenfell Vignette: Mrs. John Mason Little," ADSF Oct. (1977): 6.

with four hospitals, six nursing stations and patients numbering over 6,000 annually. Kerr argues that Grenfell now became much more valuable to the Mission as a fundraiser rather than a resident doctor.⁹⁹ In 1915, Dr. Charles S. Curtis arrived from Boston and shortly after Little's retirement became medical officer in St. Anthony.¹⁰⁰

II. Medical Dietary Perspectives, 1912-1920:

A Case for Educated Motherhood

As the 1910s progressed, Grenfell spent more time away from the coast, while Drs. Ethan Butler, Harry Paddon, Charles Curtis, and Arthur Wakefield assumed greater responsibility over the direction of the Mission's medical work. Like Grenfell, they believed preventive medicine could provide the public better health benefits than treatment, and envisioned a health campaign that included lessons in the prevention of tuberculosis and deficiency diseases. Although all Mission staff did their part to disseminate information about the benefits of a varied diet, the physicians in charge began to learn that the Mission would benefit from the assistance of a "specialized worker," who could put greater energy into the dietary reform programme. Dr. Ethan F. Butler, for instance, stated that it was the physician's responsibility to head a dietary reform programme. He noted though that certain "lay people" would be an incalculable benefit to the doctor's time if they were trained by the medical chief to point out the cause of

⁹⁹Kerr, Wilfred Grenfell: His Life and Work, 200-201.

¹⁰⁰Kerr, Wilfred Grenfell: His Life and Work, 211.

tuberculosis and nutritional diseases.¹⁰¹ Physicians could not operate a public health campaign alone. Additional workers would have to assist the physician by teaching the principles of personal hygiene, appropriate food selection, proper infant feeding, and the necessity of fresh air. Short popular talks along these topics were prerequisites for further public health work.¹⁰²

Dr. Harry Paddon was particularly interested in Little's 1912 study of beriberi and promoted an islandwide education programme to prevent this disease. Fundamental in solving this nutrition problem was educating the great mass of people and not merely the Mission's patients. Paddon thought of health in terms of community services, or lack of them. He believed that nutritional diseases not only rose from poverty, a by-product of the economic system, but from ignorance of how certain foods were necessary for health. He found it particularly hard to believe that local people suffered from scurvy, rickets, and beriberi, when the cure lay near their villages in the form of fruits, vegetables, and wild game. With natural resources abundant, Paddon concluded that nutritional ailments stemmed from the fact that there were few schools in the north.¹⁰³ As Paddon settled in with his work in Labrador, he began to favor the teaching of preventive health measures over clinical medicine. In his mind, a health campaign could not be successful, unless

¹⁰¹Dr. Ethan F. Butler, "Certain Medical Problems of the Labrador Demanding a Non-Medical Solution," ADSI January (1911): 27.

¹⁰²Butler, "Certain Medical Problems," 28.

¹⁰³Anthony Paddon, "Public Health in Sub-Arctic Labrador, 1912-1978," Canadian Journal of Public Health 75 (1984): 356.

certain educators had a close understanding of “the local subsistence, its economic base, of housing, agricultural possibilities, the practices of housewives regarding nutrition, and food preservation.”¹⁰⁴ He felt that few foreign teachers, nurses, or doctors would have success in changing local dietary habits, unless they were sensitized to local tastes, work patterns, and the economic system.

As Little’s cure for beriberi became widely accepted, the dietary reform campaign became more centred around the need for public education. In this decade Mission doctors attempted to make the Newfoundland government aware that they should add to its recent nation-wide anti-tuberculosis campaign, a section on nutrition and the prevention of beriberi. In fact, many outpost doctors whom the Commission were in touch with held the opinion that “the food standards of Newfoundland households [were] deplorable and... susceptible of enormous improvement without much, if any increased expenditure.”¹⁰⁵ Dr. R.A. Brehm, the Medical Officer of Health for Newfoundland, learned from communications with Grenfell that the Mission had been treating numerous cases of beriberi,¹⁰⁶ but despite such evidence sought to convince Sir Edward Morris’ administration that the government should put its effort into reducing the rate of consumption.

Writing a report on behalf of the Public Health Commission in 1911, Brehm

¹⁰⁴Paddon, “Public Health in Sub-Arctic Labrador,” 357.

¹⁰⁵Brehm, “Report of Commission on Public Health, 1911,” 596.

¹⁰⁶Johnson, “Nutritional Deficiency Diseases in Newfoundland and Labrador,” 7.

argued that pulmonary tuberculosis should be the leading public health concern in the Colony. Although the Commission's statistics indicated that childhood diseases caused the greatest number of deaths, he felt that deaths from tuberculosis caused the greatest monetary expense to the Colony. According to Brehm, infant mortality

is not so serious an item from the point of view of the general welfare as is Pulmonary Tuberculosis, because the infantile death rate is in the nature of things high in all countries, and also because a life of less than one year old does not represent the investment to the community nor the value as a social and financial asset that one of 20 to 45 years does.¹⁰⁷

Linking the nutrition problem to women's ignorance in childrearing, Brehm blamed the lamentable infant deaths on "improper feeding practices and general ignorance on the part of mothers."¹⁰⁸ He advised the Newfoundland government to invest in a program that would introduce "the subject of cooking, and of ordinary food values, or something in the way of Home Economics...into the curriculum of every girls' school."¹⁰⁹ Here, Brehm suggested that the school boards should take responsibility for tackling the country's nutrition problem, rather than the Public Health Commission. Members of the Commission agreed, and raised \$500 to help the Superintendents of Education set up a home economics course for the young women of Newfoundland.¹¹⁰ With few schools in northern Newfoundland, however, this proposal did not offer the Mission an appropriate

¹⁰⁷Brehm, "Report of Commission on Public Health, 1911," 588.

¹⁰⁸Brehm, "Report of Commission on Public Health, 1911," 588.

¹⁰⁹Brehm, "Report of Commission on Public Health, 1911," 596.

¹¹⁰Brehm, "Report of Commission on Public Health, 1911," 595.

solution to reduce the rate of beriberi. Mission physicians had hoped for a public health campaign in both hygiene and nutrition and one that would at least reach the people living along the coast.

Feeling let down by the Newfoundland government, Grenfell physicians once again set out on an independent path to improve the lives of the fishers. They organized "Health Talks" in private homes, schools, and churches, hoping to attract eager audiences. Unfortunately for them their lecture-style teachings produced indifference and often outright local opposition. In 1912, Authur Wakefield "preached the gospel of fresh air and nutritious diet in the language of the people, and drove many a truth home by use of a story."¹¹¹ By 1914 he declared his education campaign unsuccessful because so few people showed up for his meetings.¹¹² One doctor noted that tradition and superstition blocked his efforts to teach the prevention of beriberi; he believed that there was prejudice against dark flour, which seemed "to have risen in the days when darkness meant dirt."¹¹³ Harry Paddon had greater confidence in the future of public health. He proposed the establishment of a boarding-school for children on the Labrador coast "with the idea of getting children together, away from the homes which, unfortunately, are often the greatest handicap to the development of the body, mind, and spirit."¹¹⁴ Dr. Curtis

¹¹¹Copping, "The Mission School in St. Anthony," 32.

¹¹²Dr. A.W. Wakefield, "The Mission Hospitals, Forteau," *ADSF* July (1914): 47.

¹¹³Corner, "Hospital Work of the Labrador Mission," 103.

¹¹⁴Dr. Harry Paddon, "R.N.M.D.S.F.," *ADSF* July (1915): 69.

thought the only solution offering any prospect of success was individual home visits, but “owing to the tremendous press of work, it was quite impossible to undertake.”¹¹⁵

Clearly, the physicians could not interest the fishers in attending lectures about the negative health effects of relying heavily on white flour for nutrients. Although they displayed a willingness to do their part in dietary reform, they were challenged by their professional failure to interest the adults.

If Grenfell doctors had a difficult time convincing the people to eat whole wheat flour, the First World War brought changes to the Mission that would create greater obstacles for their dietary reform efforts. For one thing, physicians were overworked. There was a limited number of Grenfell staff to do many extra-medical activities. According to Dr. Donald Hodd, “the war years brought their difficulties, not least among which were the obtaining of suitable staff.” Dr. H. Mather Hare who had been at Harrington for almost a decade resigned in 1915. Eight medical officers served the hospital in the decade that followed, the majority remaining for only one year. Hodd believed that the fast turn over rate of medical staff hindered the Mission from broadening the scope of Harrington medical services until the mid-1920s.¹¹⁶

Rejection rates of Newfoundland and American men for the war served to heighten physicians’ interest in women’s work in nutrition science. In the early 1920s,

¹¹⁵Dr. Charles S. Curtis, “Battle Harbour Hospital,” Jan. (1914): 17.

¹¹⁶Donald G. Hodd, M.D., “Eleven Years at Harrington,” ADSF July (1937): 48. Dr. Hodd became the Medical Officer in charge of Harrington in 1926 and remained with the Mission for eleven years.

Grenfell nutrition worker Elizabeth Fuller believed that “[m]alnutrition among children gained added significance from the fact in the United States during the war one-third of the men examined for military service were found to be seriously malnourished..”¹¹⁷

Nutrition worker Marion Moseley believed that the Mission was particularly interested in nutritional teachings, after a large number of local men had been rejected for duty with the Newfoundland Regiment. “We found over half of the children in the vicinity of St. Anthony in an undernourished condition, the same percentage as that of Newfoundland and Labrador men who were physically unfit for service during the war.”¹¹⁸ The War “spurred educational efforts for more widespread dissemination of contemporary nutritional findings to those considered responsible for the nation’s well-being, namely the mothers.”¹¹⁹ Many university graduates in medicine, science, and the social sciences competed with each other to secure positions in public health work. Pediatricians, social workers, nurses, and dietitians -- the majority women -- promoted the idea that laywomen were ignorant in the care of children. They hoped to gain laywomen as clients, by convincing society that mothers needed their unique knowledge.

During the First World War home economists developed a vision to serve the nation in public health. They took courses in bacteriology, nutrition, child psychology, and social work to try to change the condition of the nation’s health problems which had

¹¹⁷Elizabeth Fuller, “Nutrition Classes at St. Anthony,” ADSF Jan. (1921): 153.

¹¹⁸Marion Moseley, “Child Welfare on the Labrador,” ADSF Jan. (1923): 106.

¹¹⁹Apple, “Science Gendered: Nutrition in the United States, 1840-1940,” 139

been made obvious by the war. At the Mission, it is clear that Grenfell was aware of the benefit of inviting trained home economists to northern Newfoundland and to Labrador. In 1915, the editor of *ADSF* published two articles by Lulu Graves, a leading American dietitian.¹²⁰ In the first article Graves wrote how it was not enough to know the nutrition value of foods. "So much of the palatability and digestibility of our vegetables depend on their freshness and the method of cooking."¹²¹ Here, Graves implied that dietitians had a distinct knowledge of nutrition and meal preparation. They knew how to make meals more "appetizing," so that patients were enticed to consume them. This point would be an eyeopener for doctors Little, Wakefield, and other male staff members. Mission doctors tried to teach the people along the coast of northern Newfoundland and the southeastern side of Labrador to add fruits, vegetables, and whole flour to their diets, but could not tell the local women how to cook these food items. Clearly, there was an opening in the Mission's health-care hierarchy for specialized workers to teach the principles of human nutrition to health-care providers, patients, and the public. Fortunately, home economics colleges were producing specialists and even doctoral candidates to study and teach the science of human nutrition. In the post-war era, the leaders of the American Home Economics Association were getting ready to mobilize these individuals for a

¹²⁰Lula Graves was the supervisor of dietitians at the Lakeside Hospital in Cleveland, Ohio. She and Lenna F. Cooper were responsible for establishing in 1918 the American Dietetic Association, a separate organization from that of the American Home Economics Association.

¹²¹Lulu Graves, "Vegetables, Cereals, and Fruits," *ADSF* Apr. (1915): 13. See also Graves, "The Value of Eggs as Food," *ADSF* Jan. (1915): 135-136.

“unique call to service.”

Though some Mission personnel maintained that increased prosperity would allow the fishers to purchase a greater variety of nutritious imports, the cooperative industry was not successful. At the end of the 1910s, the Grenfell staff selection committee still searched for a man trained in business to maintain the few surviving stores, and agricultural experts to take over the experimental farms.¹²² Within the Mission's sphere of influence, poverty still posed food security problems. A poor fishing season for the people of White Bay in 1919, for instance, rendered that community so short of food, the Newfoundland government was compelled to temporarily relax the colonial statute forbidding the export of pulpwood that winter.¹²³ At the end of that era the Mission doctors, who remained on staff, realized that a preventive health programme might be more successful if they could recruit college-educated women to train laywomen in nutrition.

Deficiency disease and tuberculosis' relevance to personal health practices fell into the realm of homemaking - sanitation, child care, and food preparation - traditionally women's work. Grenfell nurses and teachers used the skills they learned in elementary home economics to encourage laywomen and girls to seek their homemaking advice. Though dietary reform would appear to give Grenfell nurses an opportunity to focus on

¹²²“Wanted - Experts.” *ADSF* Apr. (1919): 28.

¹²³“Newfoundland Short of Food.” *ADSF* Oct. (1920): 175.

public health, the demands of medical work did not afford them the time. There was such a shortage of personnel during and after the First World War that the Mission could not afford to reject other specialists who could offer help with the nutrition problem.

The provision of public health work was also greatly aggravated by the sparsity of the population and the dearth of schools along the northern coast. By 1910 Grenfell was aware that his business ventures had only given the people moderate relief in some localities. While pressing the government for adequate work and wages for the fishermen as a means to good health, Grenfell decided to take immediate measures to educate the people in improving their living conditions. He encouraged the development of a summer school programme, where teachers offered courses in gardening and cooking, in addition to the regular lessons. Lessons in diet, in his mind, might be much easier and a less expensive means of improving health, than changing the fishers' economic conditions.

Yet as the decade progressed there were simply not enough volunteer teachers to serve the Mission territory. The Education Department had a difficult time finding student teachers who could afford to work without pay during the summer. With few teachers able to serve the Mission, Grenfell decided to take advantage of a new speciality in food chemistry and human nutrition, and set up an education scholarship to send young, local women to colleges in the United States to return as home economists. He felt that young, promising women should be informed about the current knowledge of nutrition, and be able to translate that knowledge into practical terms of food and meals

for their country. Yet all of these programmes took time and Grenfell was not one to ignore an opportunity to improve the fishers' education.

In 1920, two American dietitians volunteered their services to the Mission for the summer, thereby paving the way for specialized nutrition work. The health project that ensued was different than dietary reform in the first two decades of the twentieth century, because it was led by a group of women who had been trained to understand the culture of diet, and practical methods for changing food habits. Nutrition workers, as they were called, examined the availability of native foods to determine what beneficial changes could be made within the families' economic reach. They observed and measured dietary patterns among children and encouraged them to attend their nutrition clinics and classes.

Chapter Three

The Gospel of Nutrition: Home Economics and the Child Health Movement

To understand the professional strategies of Grenfell nutrition workers, one has to examine the aspirations of home economists in the Post-World War I era - the establishment of subjects and training programmes, the search for students and clients, and competition with other professionals. In the second decade of the twentieth century women were still largely excluded from careers in business, medicine, and science, yet were innovative in drawing upon traditional ideas of women's role in society to establish alternative career paths. This chapter identifies the emergence of one new career, that is childhood nutritionist. Nutrition workers, as they were titled, were trained in home economics and worked with physicians to teach mothers how to prevent malnutrition in children. This chapter examines how home economists interpreted and shaped public interest in children's health to prepare college graduates for a career in nutrition work.

Food conservation was a central aspect of women's work that greatly concerned American home economists during World War I. As home economics was becoming more formalized in higher education, leaders argued that all women needed training in nutrition science to cope with the impact of government war regulations to conserve food consumption. Many home economists emphasized parent education, particularly for women, as part of this national strategy. The topic of protecting children gained popular appeal during the war and occupied much of home economists' discussions in the reconstruction period. Section one of this chapter explains how two events - the food

conservation movement and a national campaign for improved child health - encouraged home economists to add child welfare studies to their curriculum.

As an association that held the welfare of the home as its first concern, home economics leaders felt that safeguarding the child was a natural extension of their existing agenda. In the early 1920s, they developed a new child care programme to enhance and expand the role of women homemakers and aspiring careerists. Section two identifies two groups of women that home economists hoped to attract to child care studies. The first group were white and middle class. Intelligent, with the financial backing to go to college, these women sought careers in education or public health. Home economists also argued that child welfare training was not just for the career destined. Equipped with a college education in the management of child care, homemakers would have the opportunity to politicize women's rights and demonstrate that motherhood was a real profession.

The second group home economists targeted were women they felt had less access to health information and educational opportunities. Dominant perspectives about gender and class turned their attention to women in crowded city slums, isolated countrysides, and ethnic communities. As social reformers, home economics leaders felt that these women labored under extreme economic pressure and needed to be taught how to politicize their needs. By studying the customs and social conditions under which these women worked, home economists sought to teach them how to lead municipal improvement programs, manage high food prices, and protect children's health. Although

home economists tended to assume that working-class or immigrant women needed to learn how to be visible, intelligent mothers, they did not exempt their own class from maternal ignorance. As society became modernized by new developments in technology and the behavioural sciences, home economists argued that women of all races and classes stood in need of the latest child care information.

Discussions of nutrition in relation to child health dominated home economics conferences and publications in the late 1910s, leading to the establishment of childhood nutrition work. Since the turn of the twentieth century public concern for childhood diseases, juvenile delinquency, education, and child labor had marked the ascendancy of other child-saving professions, such as pediatrics and child psychology.¹ After World War I, the field of public health education expanded rapidly, especially in relation to the appropriate care of children.² John B. Watson, a renowned behaviorist, "characterized children as human machines, whose conduct and behaviour could be shaped by maternal technicians."³ His theory was influential, especially with home economists, encouraging proponents to have "faith in the possibilities of science for solving social problems."⁴ In

¹Julia Grant, "Modernizing Mothers: Home Economics and the Parent Education Movement, 1920-1945," in Rethinking Home Economics: Women and the History of a Profession, eds. Sarah Stage and Virginia B. Vincenti (Ithaca: Cornell University Press, 1997) 57.

²Tomes, "Spreading the Germ Theory: Sanitary Science and Home Economics, 1880-1930," in Rethinking Home Economics, 49.

³Julia Grant, "Modernizing Mothers," in Rethinking Home Economics, 65.

⁴Julia Grant, "Modernizing Mothers," in Rethinking Home Economics, 65.

the early 1920s, home economists, public health nurses, social workers, and pediatricians each sought to wrench child care knowledge from parental authority, and subject parents, namely mothers, to their expert advice. Section three examines how home economists attempted to set themselves apart in the child health movement, by promoting their students' unique knowledge of nutrition science.

I. The Search for Subject Matter

At the turn of the twentieth century a college education in home economics included training in all matters that related to the home: cooking, nutrition, textiles, economics, and hygiene. As a significant female domain, many students majored in the discipline to prepare themselves for marriage and motherhood. Some students concentrated on the study of nutrition to specialize in hospital dietetics, while numerous women sought careers teaching the core subjects to elementary and high-school girls. Teaching home economics became so popular by the 1910s, the field became saturated with eligible graduates. Schools and colleges were the only major institutions offering employment,⁵ and home economics leaders were committed to finding alternative jobs for degree holders.⁶ With America's entry into the war, however, a new career opportunity opened up for home economists interested in nutritional studies. The deans of home

⁵Lynn Nyhart, "Home Economics in the Hospital, 1900-1930," in Rethinking Home Economics, 125.

⁶Kathleen R. Babbitt, "Legitimizing Nutrition Education: The Impact of the Great Depression," in Rethinking Home Economics, 145.

economics departments took advantage of the government's interest in food values and child health to restructure the curriculum to train graduates for childhood nutrition work.

In 1917 an American strategy for victory encouraged the public to better understand the principles of human nutrition. The United States was forced to conserve food for military groups, the civilian population, and allied nations in Europe. The American Food Administration (AFA), for instance, made rulings on the domestic preservation of wheat, meat, and other food products for men in battle. The AFA, though, was concerned that children and invalids would be adversely affected by a national policy for food conservation, especially dairy products. By collaborating with the Office of Home Economics of the United States Department of Agriculture, the AFA published booklets titled the "Food Leaflets" that described the ways that institutions and homemakers could safely make menu changes so that food needed for health could be easily understood.⁷ This situation helped home economists realize the national worth of their nutritional knowledge.

Home economists' mandate was to lead the conservation movement by having every man, woman, and child informed about the efficient use of food. The American Home Economics Association set up an "emergency committee in each state to co-operate with the Department of Agriculture and the Food Commissioner, Herbert Hoover."⁸ State

⁷Jean G. MacKinnon, "The Office of Home Economics and the United States Food Administration," *The Journal of Home Economics* 10.6 (1918): 280.

⁸Mary I. Barber, ed. *History of the American Dietetic Association, 1917-1959*, (Montreal: J.B. Lippincott Company, 1959) 205.

directors encouraged members to help women's clubs learn how to limit the domestic use of wheat and set up community canning centres to preserve vegetables and fruits. Home economists had a vision of patriotic war work, where every jar or can filled by housewives for home use released an identical quantity of canned goods for export. They also argued that human labor, space on freight cars, and transportation costs would be wasted if factory-preserved foods were sent throughout the country.⁹

Heavily involved in the nation-wide conservation movement, the American Home Economics Association saw that their knowledge and skills served a second public need. Medical reports of American draftees made public that approximately thirty percent of potential recruits were physically unfit for military service. This disquieting proportion of rejections revealed to government agencies and health organizations that early childhood diseases, such as rickets, were a serious menace to national efficiency. In light of this finding, the Women's Committee of the Council of National Defense collaborated with the Children's Bureau of the Department of Labor to cultivate a national health conscience on the right rearing of human life.¹⁰ Both groups believed that the protection

⁹"News from the Field," Journal of Home Economics 10.6 (1918): 291.

¹⁰ Elizabeth McCracken, "For the Homemaker: Home Economics and Child Welfare," Journal of Home Economics 11.9 (1919): 404. The Children's Bureau was established by an Act of Congress in 1912 'to investigate and report upon all matters pertaining to the welfare of children and child life among all classes of people, especially the questions of infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment (and) legislation affecting children in the several States and Territories.' Richard A. Meckel, Save the Babies: American Public Health Reform and the Prevention of Infant Mortality, 1850-1929 (Baltimore: Johns Hopkins University Press, 1990) 200-201.

of children should be an important concern for a country at war. They proclaimed 1918 "Children's Year" to encourage welfare agencies and researchers to study the nutrition problem presented by recent health statistics from the military.¹¹ The Children's Year campaign centred the country's attention upon children of pre-school age and encouraged social service organizations and physicians to examine children for malnutrition, bad tonsils, adenoids and other disorders.¹²

In many instances child health programmes were already developed by progressive nursing organizations, education departments, and medical associations, all asserting the importance of preventative health. Yet home economics leaders believed there was a superior link between their discipline and child health. Elizabeth McCracken, a home economist with the U.S. Children's Bureau, for instance, wrote that "the time had come for the home economics worker, whether County Demonstration Agent, Visiting Housekeeper, or Dietitian to cooperate with other organizations to solve the great problems of child welfare in rural and urban centres."¹³ The primary responsibility for the health of the child rested upon the shoulders of home economists because they had specialized training in bacteriology, cooking, and food planning. "It has been said of the

¹¹Alice Ravenhill, "The Content of a College Course on Child Welfare," Journal of Home Economics 11.2 (1919): 70-1.

¹²Lydia Roberts, "A Review of Some Recent Literature on Malnutrition in Children," Journal of Home Economics 11.1 (1919): 11.

¹³Elizabeth McCracken, "Home Economics and Child Welfare," Journal of Home Economics 11.9 (1919): 408-9.

home economics movement in America that it began in the kitchen. For the purposes of child welfare, it could scarcely have begun in a better place."¹⁴ McCracken also stressed that home economists should not only concern themselves with food problems: their duties went beyond the household into the community where practitioners were capable of addressing the problem of sanitation, milk supply, the spread of tuberculosis, and other public health issues.¹⁵ While the aim of the Children's Bureau was to distribute leaflets to the public on the maintenance of child health, the home economist's role was to go into neighbourhoods, individual homes, and schools to explain the results to be obtained.¹⁶

Deciding to establish a child welfare programme for home economics departments, directors at various universities found that the requirements for the study were already laid out in the curriculum. Courses in physiology, food chemistry, bacteriology, psychology, sociology, history, and economics were natural prerequisites for the study of human development.¹⁷ At the New York Child Health Conference in 1920, home economists drew up plans to give students the opportunity to take courses directly related to the supervision and education of child health. In the new curriculum the biological sciences were linked with child care to help home economists recognize signs of physical "defects" such as bad teeth, tonsillitis, and tuberculosis, as well as other

¹⁴McCracken, "Home Economics and Child Welfare," 409.

¹⁵McCracken, "Home Economics and Child Welfare," 410.

¹⁶McCracken, "Home Economics and Child Welfare," 407.

¹⁷Ravenhill, "The Content of a College Course on Child Welfare," 73.

medical conditions that prevented children from developing normally. They also studied behavioral sciences in relation to child health, all of which informed them that factors other than diet were important in combating malnutrition.¹⁸ Directors ensured that the child welfare programme taught students to prevent disease rather than treat its ravages; so, while they were sufficiently trained to recognize common ailments in children, their duty as health instructors was to reflect upon prevention through mothers' home methods.¹⁹

Hospital dietitians, home economics degree holders, also capitalized on their patriotic war work to find careers in nutrition education. Prior to the war, dietitians' sphere of influence was primarily limited to the 'diet kitchen,' the instruction of nurses in practical cookery, and the supervision of nurses in the feeding of patients.²⁰ During the war, dietitians successfully fostered a heroic image of their profession. Through the Red Cross Bureau of Nursing, the Dietitians Service organized the training and recruitment of dietitians to work as civilians at military hospitals. At home and abroad they prepared diets for all patients, not just for those with nutritional disorders and diseases, and had extensive administrative responsibility organizing the purchasing, preparation, and delivery of all hospital food. Lynn Nyhart has pointed out that 'by Armistice Day, 356

¹⁸Helen T. Parsons, "The New York Child Health Conference," Journal of Home Economics 12.8 (1920): 355.

¹⁹Ravenhill, "Content of a College Course," 76.

²⁰Lynn Nyhart, "Home Economics in the Hospital, 1900-1930," in Rethinking Home Economics, 128.

dietitians were assigned to military hospitals, 84 were serving overseas, and 272 were distributed among the 97 base hospitals, general hospitals, and post hospitals in the United States."²¹ At the end of the war, the Red Cross was so pleased with the dietitians' service, local chapters placed them in health centres, settlement houses, and schools across the country. The Red Cross' ambition was to "carry on an educational programme to encourage wise food selection," largely in rural areas where there was a dearth of health and social services.²² While working with Red Cross chapters, the American Dietetic Association saw opportunities where its members could serve other localities and organizations. In the 1920s many dietitians, paid and volunteer, gave advice on protective foods and nutrition to baby hygiene chapters, public health nursing associations, the Bureau of Health Education, and medical schools.²³ As more women looked to careers in public health, deans of home economics departments saw student dietitians, and other social service professionals, as perfect candidates for advanced studies in child welfare work.

II. Child Welfare Studies and the Search for Prospective Clients

In the university, department heads recruited young, middle-class women into their child welfare programmes by offering prospective students an opportunity to

²¹Nyhart, "Home Economists in the Hospital," 136.

²²Barber, ed. History of the American Dietetic Association, 1917-1959, 233.

²³Barber, ed. History of the American Dietetic Association, 1917-1959, 235.

become a home-maker, careerist, or even a feminist advocate. But recruitment strategies did not end there. Leaders prided themselves on the fact that their programmes were well suited for college women taking course work in other disciplines. Part of this idea was based on the observation that most career women would marry and need the skills to care for a family.²⁴ Public health nurses, and social workers were very desirable candidates though, because many worked with child health associations and presently lacked course work in the feeding of children.²⁵ Generally, the propaganda surrounding the value of women trained in home economics promised both career-destined girls and home-makers dignity in their chosen paths. Most of all, it prepared all women for a smooth transition into marriage and parenthood by offering them lectures and laboratory investigation in household management, consumer economics, child care, and nutrition and cooking.

Leaders used a feminist argument to entice middle class homemakers to enroll in child welfare studies. One popular argument was that more attention should be given to the wide-reaching influences on national health and industrial prosperity of women's exacting duties and economic contributions in the home. Alice Ravenhill, for instance, felt that homemakers' enormous economic worth to the nation was unpopular and obscured by the census because it classified them as unemployed - "a dire sarcasm in truth."²⁶ Women sought paid careers, partly because men did not cooperate with them in

²⁴Julia Grant, "Modernizing Mothers," in Rethinking Home Economics, 57.

²⁵"News from the Field," Journal of Home Economics 14.12 (1922): 644.

²⁶Alice Ravenhill, "The Open Forum," Journal of Home Economics 12.11 (1920):

domestic matters nor appreciate their national worth.²⁷ Although educated women earned the right to qualify for a self-supportive calling, motherhood was real work and with proper training and publicity could be made the highest honour of citizenship. Training and advice would also empower women to put child care, education, food, and housing problems on the political agenda.²⁸ On the eve of female suffrage, home economics leaders believed that women, educated in home making and child rearing, could only help advance women's cause to be recognized as full citizens.

But middle-class women were not the only group that home economists tried to attract to their child care advice. Graduates on a career track would need clients. Extolling the pre-war ideology of Americanization, leaders argued that child care training made graduates ideally suited to bring applied scientific principles to immigrants, the American poor, and foreigners in war-torn Europe. They portrayed their graduates as models of American progress and scientific womanhood by infusing their middle class values with a discourse of professionalism. As home economists sought to acculturate immigrant mothers through classes in American home management, certain tactics of the late-nineteenth century social reform movement gave way to a new concept of the publicly accountable expert: professional home economists could no longer blindly force

511.

²⁷Ravenhill, "The Open Forum," 511.

²⁸Ruth Wheeler, "Home Economics in the Woman's College," Journal of Home Economics 11.9 (1919): 378.

middle-class values or economic privileges upon immigrant populations or the destitute. They would have to master new ideas from the social, behavioral, and biological sciences to appreciate the traditions and customs of the old country and the realities of the urban poor. This professional training would make them more sensitive to the needs and lifestyle of the less fortunate.

Agnes Fay Morgan of the UCLA Department of Household Science was one leader, among many, who promoted home economists' accountability as scientific investigators. She stated that the aim of the graduate was not to introduce "a complete 'American' dietary" to the immigrant mother, but to teach her "to restore the former dietary balance by supplying lost elements."²⁹ Home economists learned from their own laboratory findings that indigenous diets were entirely appropriate for nutritional needs. The real causes of malnourishment were sudden changes in the environment and high food prices, and maternal ignorance of how to deal with them. These factors prevented immigrants from obtaining and preparing their traditional diet. Home economists believed that deficiency diseases could be eliminated if immigrant and poor families were taught how to grow or purchase inexpensive food substitutes.³⁰

Home economists' efforts to help poor and immigrant families obtain better health generally revolved around solving the problems of ignorance and poverty. Yet most

²⁹Agnes Fay Morgan, "The Contribution of European Experience on Low Diets to Our Teaching of Dietetics," Journal of Home Economics 13.2 (1921): 72.

³⁰Agnes Fay Morgan, "The Contribution of European Experience on Low Diets," 72.

realized that nutrition education was not effective by itself; they needed to help families maximize spending power. To tackle this, practitioners had to pay close attention to the relationship between husband and wife and to help the couple work within the line that separated their duties. They believed that home economists' great failure in the past was to neglect men by giving only women cooking demonstrations, labor saving advice, and information about economical products. While working with wives to help them define their domestic responsibilities, home economists hoped to persuade husbands to expand women's sphere to give them greater responsibility for issues that encompassed the family and community. They believed that women (taught to politicize their needs) could work in cooperation with men to lobby for better water and sewer systems, price control, and increased wages.³¹ Intensive studies by the Children's Bureau had taught home economics leaders "that economic pressure and ignorance were at the root of practically all the unfortunate conditions in which children were living or dying."³² Child welfare work would have to include the education of adults on economic justice, the support of local women in leadership roles, and the education of mothers in the care of infants and children.³³

In the early 1920s many child welfare workers took their teachings into poor,

³¹S.P. Breckinridge, "Education for the Americanization of the Foreign Family," Journal of Home Economics 11.5 (1919): 190-91.

³²Wheeler, "Home Economics in the Woman's College," 405.

³³Wheeler, "Home Economics in the Woman's College," 406.

immigrant neighborhoods in an attempt to improve the health of the new citizens. Leaders argued that the government had evaded its responsibility to prepare for the arrival of immigrants especially after the war. Lack of "Americanization" programs led to crowded homes, inadequate wages, and only opportunities for unskilled gang labor. Sophia P. Breckinridge, home economist and chief of the Division of Adjustment of Homes and Family Life for the Carnegie Corporation, stated that Americanization concerned "the establishment of the good home in the good neighborhood, in the well-ordered city, or the efficiently organized rural community, under a self-directing state government."³⁴ The school was the most important agency of assimilation because it furnished the direction of right values and education for children. Outlining the child welfare worker's role, she stated that graduates had to learn how to recognize the special relationship between immigrant parents and their children because foreign speaking schools placed "the standard of filial respect and parental authority" above all else. If home economists were to Americanize foreign people successfully, to help them become skilled workers and educated citizens, they needed to be informed about many cultures and customs. They had to learn how to appreciate the difficulties under which the foreign mother labored by obtaining some reasonable estimate of her services to the home. Understanding the child's contribution to parental help was also important, but most of all home economists were to educate the parents through the children without disrupting the

³⁴S.P. Breckinridge, "Education for the Americanization of the Foreign Family," 188-89.

parent-child relationship.³⁵

Although home economics departments offered nutrition courses in relation to child health in the 1920s, visiting nurses associations, the Red Cross, baby welfare organizations, the Y.W.C.A, county boards of health, and the general federation of women's clubs began to offer their employees some type of training in nutrition during this period.³⁶ In 1921, the educational credentials of a childhood nutritionist were so varied, the State of New York made an attempt to standardize the training. On May 20th a committee composed of educators, doctors, home economists, and scientists, under the auspices of the New York Nutrition Council, gathered to create a national title and programme for these diet educators. The title decided upon was the "nutrition worker," described as "one who worked with the physician on the nutrition of children either in nutrition classes, or the homes, or both."³⁷ The committee agreed that for the sake of efficiency they would divide students into two separate classes: one class composed of those who elected "the proposed subjects during a regular four-year college course" and the other composed of "nurses, instructors in physical education, social workers, domestic science teachers, and other educators who (wished) to supplement their previous training

³⁵Breckinridge, "Education for the Americanization of the Foreign Family," 190.

³⁶Lydia Roberts, "Agencies for Dealing with Malnutrition," Journal of Home Economics 11.1 (1919): 9.

³⁷"New York Nutrition Council. Report of Committee on Training Standards." Journal of Home Economics 13.10 (1921): 493.

to become nutrition workers."³⁸ Training would include 1500 hours of study in foods, physiology, psychology, sociology, symptomatology (taught by a physician), record keeping, case study of family problems, and public speaking. The committee mandated that health organizations should only hire a nutrition worker as a supervisor, if the individual had at least a year's field experience and was twenty-one years of age or older.³⁹ By 1923 the American Child Health Association released a bulletin that outlined two separate training standards for nutrition workers: one for the training of professional nutrition workers and another for the special training in nutrition of general health workers. Health workers, who sought nutrition training, were required to work cooperatively with physicians and nutrition specialists, or work under their direction.⁴⁰

By working with the New York Nutrition Council, home economists were able to realize one of their goals. This was to attract career destined women to new home economics studies in child care and nutrition. Opening up home economics courses to students in other disciplines, however, was perhaps an oversight. Home economists offered students in nursing, social work, and education specialized training in nutrition that they offered their own majors. Aspiring nutrition workers, as such, were vulnerable in the field because they came from a variety of occupations and were subsequently

³⁸"New York Nutrition Council," 492.

³⁹"New York Nutrition Council," 493.

⁴⁰"Training for Nutrition Workers," Journal of Home Economics 15.6 (1923): 399.

without a professional association that could claim or protect them. Home economists' far reaching attempt to educate career destined women from other disciplines hurt their own ability to claim nutrition work as their profession. Perhaps leaders did not limit registration in childhood nutrition to home economics majors, because they were constrained by their own need to find students to teach. By establishing child health courses, it is clear that home economists hoped to provide their graduates a career opportunity in nutrition work. Offering nutrition studies to other health professionals, however, always made it possible for social workers, teachers, and nurses to wrench nutrition work as a potential profession from home economists.

III. Nutrition Work and Competition with Other Professionals

In the 1920s, deans of home economics departments found themselves competing with sister organizations, such as the National Organization for Public Health Nursing, when they attempted to promote their graduates as ideal supervisors of child welfare work. In the United States, public concern for child welfare provided many career opportunities for women, particularly to those trained in other fields, such as social work and public health nursing. In the Progressive era female reformers helped create these professional niches by urging the federal government to establish a national Children's Bureau. According to Robyn Muncy, the Children's Bureau was run by upper-middle class women, largely educated at the Chicago School of Civics and Philanthropy, a college that trained

America's earliest social workers.⁴¹ From 1912 onwards these women collected facts on children, disseminated legal and health information to the public, and advocated for the rights of the child. Muncy stated that by 1920 "reformers, journalists, church leaders, and individual mothers recognized the Bureau as the nation's leading expert on children."⁴² These early social workers helped forge close connections between a variety of professionals forging careers in child health work.

Nutrition workers with a home economics background aligned themselves with this national child welfare movement and sought to work cooperatively with other child saving professionals. According to Julia Grant, "advances in infant health and feeding led to an unprecedented decline in the level of infant mortality and contributed to the belief that the incorporation of scientific principles into child rearing might enable parents to raise uniformly healthy, well-adjusted, and law abiding citizens."⁴³ Home economists hoped to elevate their scientific knowledge of childhood to the status of other child health professionals. They argued that their students should make "a special study of the nutritional conditions of school children and together with the medical inspector, nurse, oral hygienist and other specialists could constitute a department of health education."⁴⁴

⁴¹Robyn Muncy, Creating a Female Dominion in American Reform, 1890-1935 (New York: Oxford University Press, 1987) 74.

⁴²Muncy, Creating a Female Dominion in American Reform, 57.

⁴³Julia Grant, "Modernizing Mothers, in Rethinking Home Economics, 57.

⁴⁴Mary G. McCormick, "The Home Economics Teacher and Community Interest in Nutrition," Journal of Home Economics; 14.1 (1922): 3.

But before home economists could gain a professional foothold in the movement for child health, they felt that they had to educate nurses and physicians as to the meaning and value of nutrition work.

To be recognized as specialized experts in child nutrition work, home economists hoped to foster a complementary, working relationship with public health nurses and physicians. To date there are few historical studies demonstrating home economists' challenges with this endeavour. Some insight can be gleaned from articles in the *Journal of Home Economics, Rethinking Home Economics* (1997), and Barbara Melosh's history of American nursing. Though home economics-trained nutrition workers had been trained to translate the benefits of a balanced diet to children and their parents, they lacked public health nurses' field experience of medical procedures and diagnostic views. Some home economics leaders feared that this knowledge gap could make their graduates vulnerable in child health work.

According to Barbara Melosh, the term "public health nurse" was coined in 1912 by a newly formed American nursing association called the National Organization for Public Health Nursing (NOPIIN). NOPIIN provided a sense of identity and structure for nurses who worked outside of private duty nursing and the hospital. It emphasized the profession's commitment to the public health movement and linked nurses in visiting nurses' associations and settlement houses, anti-tuberculosis and child welfare associations, factory dispensaries, and rural health agencies.⁴⁵ In 1926, the leader of

⁴⁵Barbara Melosh, "The Physician's Hand" Work Culture and Conflict in

NOPHN stated in the *Journal of Home Economics* that the purpose of public health nursing was two-fold: "to assist in the prevention of disease by teaching health and hygiene and to provide skilled nursing care for those who are sick in their homes and either cannot afford or do not need the full time services of a graduate nurse."⁴⁶ In situations that called for preventative care, public health nurses enjoyed considerable professional independence from physicians outside of the hospital. They gave advice on diet and personal hygiene, established vaccination schemes and sanitation programmes, and taught home nursing, maternity care, and child rearing techniques to laywomen.⁴⁷ These women were usually graduates of elite schools of nursing in large hospitals,⁴⁸ and had learned medical procedures and the appropriate protocol to work with physicians.⁴⁹

Although public health nurses had the advantage of recognizing medical problems, they lacked home economists' understanding of food values and the physiological factors that underlie good nutrition.⁵⁰ Katherine Fisher, chair of the subcommittee on teaching dietetics to student nurses, pointed out that dietetics had

American Nursing, (Philadelphia: Temple University Press, 1982) 115.

⁴⁶"The National Organization for Public Health Nursing," Journal of Home Economics 18.2 (1926): 213.

⁴⁷Melosh, 'The Physician's Hand,' 125-126.

⁴⁸Melosh, 'The Physician's Hand,' 123.

⁴⁹Mary G. McCormick, "The Home Economics Teacher and Community Interest in Nutrition," Journal of Home Economics 14.1 (1922): 4.

⁵⁰McCormick, "The Home Economics Teacher," 4.

always been an important subject within the nursing school curriculum. She felt that student nurses of the day, though, needed longer training in the subject, because of recent advances in human nutrition. "Without a thorough, up-to-date course in dietetics, nurses nowadays finds themselves seriously handicapped in public health work and in other branches of nursing."⁵¹ In public health, home economists felt that they could claim authority in nutrition work. They had more course work and laboratory investigation in human nutrition, and they could also set themselves apart because health professionals received little training in normal nutrition, especially as it related to children.⁵²

By 1922 many home economics departments began to support specialized courses in nutrition education for nurses and social workers. The overall purpose was to help other public health workers identify nutrition problems, so that they could work with the nutrition specialist more effectively. The Department of Home Economics at the University of Washington, for instance, offered nursing and social work students an advanced course titled "Problems Connected with Malnutrition." This included "an intensive study and discussion of infant feeding and the feeding of older children, major topics relating to malnutrition, the work of various organizations in the country that are especially interested in child welfare work, and the dietary customs of various

⁵¹Katherine Fisher, "Report of Sub-Committee on Teaching Dietetics To Student Nurses," Journal of Home Economics 14.2 (1922): 75.

⁵²Amy Drinkwater Storer and Gertrude Gates Mudge, "The Red Cross Nutrition Program in New York City," Journal of Home Economics 13.11 (1921): 548.

nationalities."⁵³ Though these students were given instruction in the meaning and value of nutrition work, home economists felt that public health nurses and social workers would require "the supervision of a more highly trained specialist in nutrition."⁵⁴ While the home economist was responsible for the correction of dietary errors of undernourished children, the nurse aimed to work with the physician to have physical defects corrected. With separate training and experience, the home economist and public health nurse would conduct together child health work more effectively.⁵⁵

Home economists' second strategy to gain a place in the child health movement was to acquaint physicians with the importance of nutrition work. Leaders were aware that physicians could and often did draw upon the language and protocol of medicine to make female public health workers vulnerable in the field. To overcome this obstacle, home economists allied themselves with pediatricians. After all, pediatricians recognized the importance of the proper feeding of infants.⁵⁶ Prior to the war a great number of physicians focused their efforts on the treatment of disease by means of medication or surgery. Pediatricians, however, centred a major portion of their practice on preventative health by encouraging mothers to seek their infant feeding advice. Rima Apple has

⁵³Martha Koehne, "Cooperative Child Nutrition Service," Journal of Home Economics 14.11 (1922): 535.

⁵⁴"American Child Hygiene Association," Journal of Home Economics 14.12 (1922): 644.

⁵⁵McCormick, "The Home Economics Teacher," 4.

⁵⁶Koehne, "Cooperative Child Nutrition Service," 535.

argued that family and pediatric physicians fought for control over the dissemination of infant-feeding information at the turn of the twentieth century. These practitioners believed that the greater portion of infant mortality and morbidity resulted from insufficient breast milk and maternal ignorance of artificial feeding.⁵⁷ Medically directed artificial bottle feeding became one way to combat possible nutritional deficiencies in human milk. Handing out infant formula prescriptions, pediatricians argued that nutrition information must come from the medical profession to ensure the safety of the infant.⁵⁸ Home economists knew, however, that these practitioners knew very little about behavioural methods to induce children to eat healthful foods.

Physicians' lack of nutritional knowledge about children encouraged home economics leaders to cultivate cooperation with the American Medical Association. They hoped to convince pediatricians of the need for scientifically trained home economists in childhood nutrition. As such, deans of home economics departments asked pediatricians to teach nutrition students the physiology of child development and the physical indicators of malnourishment. These courses would help the nutrition specialist understand medical procedures and the physicians' duties. They also asked family physicians and pediatricians to supervise home economists' work in nutrition classes and

⁵⁷Rima D. Apple, Mothers and Medicine: A Social History of Infant Feeding, 1890-1950, (Wisconsin: University of Wisconsin Press, 1987) 53.

⁵⁸Apple, Mothers and Medicine, 72.

clinics across America.⁵⁹ Articles in the *Journal of Home Economics* indicate that many pediatricians complied with home economists' efforts to learn more about the medical aspect of child health. William R.P. Emerson was one.

Dr. Emerson was a pediatrician with the Massachusetts Hospital in Boston and had been studying the problem of malnutrition among American children from all strata of society. He had pioneered methods of conducting a nutrition class initially for physicians who sought to identify and correct malnourishment in school age children. Home economists saw an opportunity in Emerson's work and desired to teach their students how to conduct a similar nutrition class. In 1919, heads of home economics departments, such as Lucy Gillett and Lydia Roberts, established nutrition classes along the lines of Emerson's methods.⁶⁰ Roberts indicated that her nutrition class would differ slightly because it would not be conducted by a physician, "but by 'diet specialists,' who as it happened were teachers of children as well." She stated that this did not mean that a nutrition class would operate independently of a physician. It would be set up so that a physician and home economist would work and cooperate through a separate division of labour.⁶¹

Dr. Emerson's nutrition class methods were very influential in home economics.

⁵⁹Martha Koehne, "Cooperative Child Nutrition Service," 535-534.

⁶⁰Mary Harper, "Nutrition Classes for Children," *Journal of Home Economics* 11.11 (1919): 473.

⁶¹Lydia Roberts, "A Malnutrition Clinic as a University Problem in Applied Diets," *Journal of Home Economics* 11.3 (1919): 96-96.

His work taught nutrition specialists that "poor nutrition was due, not to poverty, but to ignorance, to physical defects in the first place, but equally to lack of home control and to improper food habits and health habits, particularly insufficient rest."⁶² He believed that it was possible for any child regardless of gender, class, or ethnic origin to become underweight - a telltale sign of malnourishment. His great contribution to public health was the creation of charts on height and weight standards to help physicians determine whether a child was healthy or undernourished.⁶³ According to the standards, children could be deemed malnourished if they fell 10 percent below normal weight for their age and height.⁶⁴ Roberts and Emerson both taught nutrition students how to use the charts to work with the doctor in a nutrition clinic.

In a nutrition clinic, the nutrition specialist was required to ascertain the height and weight of school children for the doctor. If she determined that a child was underweight for his or her age and height, the child was sent to the doctor for a closer physical examination. There, the doctor examined the child for physical defects (bad tonsils, teeth, or adenoids) and made medical recommendations for correction. Those judged to have nothing at fault but poor diet were returned to the nutrition specialist.

⁶²Elizabeth Fuller, "Nutrition Classes at St. Anthony," Among the Deep-Sea Fishers 21.4 (1924): 153.

⁶³Lydia Roberts, "A Malnutrition Clinic as a University Problem in Applied Diets," 95.

⁶⁴Roberts, "A Review of Some Recent Literature on Malnutrition in Children," Journal of Home Economics 11.1 (1919): 5.

where they were asked to attend her weekly nutrition class. The main objective of the nutrition class was to determine the underlying social causes of malnutrition and to interest children as to the importance of following health rules. Inducing children to follow lessons, though, also required

a visit to the home to find out all conditions under which the child lived. It meant planning an adequate diet [in cooperation with the mother] which should cost well within the family's means. Often a survey of the markets in the neighborhood was necessary to learn the kinds and qualities of goods and their prices. The mothers needed to be taught how to prepare foods and the children persuaded to eat them. In almost every case the worker...must supplement to a great extent the lack of parental control in matters of sleep, rest, and habits of eating.⁶⁵

In the nutrition classes, home economists completed health records of each child, and prepared food exhibits, diet slips, and recipes for mothers. They also submitted a report to the supervising physician, which was based on a summary of their observations and results.⁶⁶

Within a few years of the adoption of the Emerson method, home economics departments in the east and mid-west began to question its usefulness. There were many uncertainties in the science of human nutrition and one of the hottest topics of debate was the method of identifying and treating the undernourished.⁶⁷ By 1922 Roberts had

⁶⁵Roberts, "A Malnutrition Clinic as a University Problem," 96.

⁶⁶Roberts, "A Malnutrition Clinic as a University Problem," 96-97.

⁶⁷Provincial Archives of Newfoundland and Labrador (PANL), International Grenfell Association Collection (IGAC), MG 63, Box #3, The Constituent Association File, 1923, Arthur F. Cosby, "Child Welfare Department," December 1923, 1.

changed her mind on some of Emerson's principles and criticized the finality of tone in his new book. In a published review of *Nutrition and Growth in Children* she informed readers that "serious disturbances of nutrition (not necessarily accompanied by underweight) may and do occur when the supply of vitamins is low for any considerable time." She felt that Emerson's discussion on the causes of malnutrition, "fast eating, reading in bed, sleeping with windows closed, and playing during the rest period" were not scientific indicators of ill health.⁶⁸ Although nutrition workers continued to use the popular height and weight test, home economists eventually deemed it necessary to send all children, including those of normal weight, to the examining doctor. Roberts' change of perspective was likely influenced by the work of other child-saving professions and the importance these practitioners placed on the findings of the new behavioral scientists.⁶⁹ It

⁶⁸Lydia Roberts, "Books and Literature," Journal of Home Economics 14.8 (1922): 399.

⁶⁹See Hamilton Cravens, "Child-Saving in the Age of Professionalism, 1915-1930," in American Childhood: A Research Guide and Historical Handbook, ed. Joseph Hawes and N. Ray Hiner (Westport, Connecticut: Greenwood Press, 1985) 418-421. In this article Craven divides child-saving into two periods: the Progressive era between 1890-1915 and the age of professionalism between 1915-1930. The new child-saving professionals of physical anthropology, pediatrics, educational psychology, and nutrition emphasized the study of the "normal" child. They believed that the ultimate goal was to uncover characteristics of that child and adjust individuals to this national culture. Child-savers of the pre-war Progressive era were also interested in uplifting children to national standards, but they went about Americanization in a different manner. Influenced by late nineteenth-century biological determinism, they believed that children could be classified into "superior, normal, and subnormal" categories in which the gap that separated them were undeniable and permanent (421). Progressives measured environmental characteristics such as poverty, ignorance, or inadequate nutrition to explain group variations. Some of them employed the authority of the positivists and the natural sciences to attribute race, class, and gender differences as evidence of human nature or

is also likely that many doctors were disgruntled that home economics leaders were teaching their students to make judgement calls, calls that hinged upon a diagnosis of who was malnourished or not. Forging nutrition principles in the field of child health study was extremely difficult for home economists. There were a great number of doctors, who still, by the late 1920s, had little training in nutrition,⁷⁰ and some who wished to undermine the value of food studies as a science. According to Lynn Nyhart, many physicians regarded cooking and food handling as a skill that all women should know. These physicians would have feared to align themselves with home economists, no matter how empirical were their investigations, because they regarded the study of food as women's work.⁷¹ Though several physicians worked with nutrition workers at the Grenfell Mission, medical officers emphasized that nutrition workers would act, primarily as disseminators of information. Under no circumstances were they allowed to diagnose children or prescribe a diet therapy to the malnourished.

Although home economists had difficulties proving that they had something separate and unique to offer other health professionals, they gained a steady foothold in child health work in the 1920s. World War I gave them a great boost. Home economists

natural order (418).

⁷⁰Barber, ed. *History of the American Dietetic Association, 1917-1959*, 145. In 1929, Kate Daum, Ph.D., wrote a "Report of Committee on the Teaching of Normal Nutrition and Diet Therapy to Medical Students." She found that instruction in dietetics was 'severely neglected in most, if not all, medical schools.'

⁷¹Lynn Nyhart, "Home Economists in the Hospital, 1900-1930," 125.

urged public observation of food conservation as a patriotic duty. The federal government sought assistance from them, because no other professional association was knowledgeable and capable of helping civilians and the families of sailors and soldiers safely modify food habits. National nutrition regulations and military statistics on malnourished recruits stimulated investigations into the proper care of children. The emphasis placed on nutrition as one of the major aspects of health gave home economists an opportunity to become child savers.

Though home economists were competent to engage in a number of public health activities, they believed that their best approach to health was nutrition education. As such, leaders decided to make use of the individuals and agencies already existing in and around public schools. This work was planned with the idea that a nutrition worker, teacher, nurse, physician, and dentist would cooperate closely in all school health programmes. Home economics leaders hoped to set their graduates' skills apart by establishing nutrition clinics and classes, where all work would centre around their graduates' knowledge. Claiming nutrition work as a professional field, though, presented problems for home economists. Leaders had an open door policy for college enrollment, allowing nurses, social workers, and physical education teachers to obtain the home economics courses required to become certified nutrition workers.

It seems though that a degree in home economics still held the badge of authority in nutrition work, at least until the mid to late 20s. The two women who brought the nutrition class movement to northern Newfoundland and to Labrador were home

economists. The aim of their nutrition class was not only to help foreign children obtain American weight standards, but to teach homemakers good nutrition, thus influencing the health of the entire family. Home economists felt that prosperity and progress rested in the hands of educated women. They therefore sought foreign women to attend nutrition classes, so that they might follow health principles given to their children. As we shall see in Chapter Four, nutrition workers faced the ever present problem of assimilating their clients to American, middle class values. While in northern Newfoundland and in Labrador, nutrition workers experienced difficulties enticing rural women to attend regular nutrition classes. Although they had been taught to appreciate the conditions under which foreign mothers laboured, some still believed that non-American women were somehow backward, preferring to stick with tradition, and reluctant to accept new ideas.

Chapter Four

Enlisting Women and Children in the March toward Health: American Nutrition Workers at the Grenfell Mission, 1920-1924

From the First World War, American home economists were developing a profession that could serve a public health need identified by Grenfell Mission personnel. That need was for specialized work in nutrition education, a job that proved far too difficult for Mission personnel to undertake. Many Grenfell doctors, nurses, and teachers had tried to advise the local people how to prevent deficiency diseases and tuberculosis, but were frustrated by time constraints and public apathy. Although medical and nursing schools offered some courses in dietetics, these professions had not developed teaching techniques to deliver nutritional information to the public.

In the early 1920s, Mission physicians began to wonder whether home economics education for laywomen might be the best approach to solve the rural nutrition problem. Mission personnel could not convince local adults to purchase healthful whole wheat flour, nor to store enough fruits and vegetables for their family's twelve-month food supply. American home economists, though, had recently demonstrated that they could teach food conservation, and safe nutrition principles to women. They did this by espousing a maternalist belief that women were responsible for the health of their nation, but were not properly prepared for this role.¹ Infant mortality, general malnutrition, and

¹Apple, "Science Gendered: Nutrition in the United States, 1840-1940," 138.

tuberculosis plagued coastal Labrador and Newfoundland, as it did America. Educating mothers about health, especially in poor communities, was not only a charitable measure of saving individuals. It was a broad public health plan to elevate women's role in producing a nation fit for productivity and citizenry.

After World War I, approximately 24 home economics-trained nutrition workers hoped to prove to Grenfell physicians that they had the specialized training that could save local people from nutritional deficiencies. They felt that they could encourage proper nutrition by providing laywomen with education in American home management, nutrition, and childcare. They also targeted children as objects of health reform, encouraging them to participate in health games and to attend health classes with their mothers. Visiting mothers and elementary schools, nutrition workers sought to identify and change children's poor health habits reinforced through years of bad parenting.

Hoping to gain medical acceptance, nutrition workers wanted to prove that they could influence mothers and their children. Their main mandate was to convince laywomen that they needed to take greater responsibility for their children's health, but to understand that this duty could not be achieved without the nutrition workers' advice. This chapter identifies the various strategies through which nutrition workers attempted to persuade women in northern Newfoundland and coastal Labrador to become scientifically-educated mothers.

Articles published in the Mission's magazine *Among the Deep Sea Fishers* (*ADSF*) are central to examining the various educational forums through which American

nutrition workers brought the ideology of scientific motherhood to northern Newfoundland and coastal Labrador. Other than child welfare reports, there is little primary material relating to nutrition workers' encounters with local people. Their published autobiographies or memoirs have yet to be identified. The International Grenfell Association records housed at the Provincial Archives of Newfoundland and Labrador do not have nutrition workers listed among its extensive personnel file. However, Jill Perry pointed out that Mission publications, particularly those from *Among the Deep Sea Fishers (ADSF)* provide "useful, factual information about the Mission's history."² One has to be careful when examining the language of the magazine for it reflected the ideological perspective of reform-minded philanthropists. Published work, whether it was a diary, book, or article, had to be authorized by the I.G.A directors. Most of it "shamelessly attempted to evoke both sympathy for the 'poor Labrador folks' and admiration for the 'noble Grenfell Mission'-- a combination aimed squarely at its readers' pocketbooks."³ By focusing on nutrition workers' articles in *ADSF*, this chapter also demonstrates how nutrition workers coped with conflicts between their professional ideals and the knowledge and customs of northern Newfoundland and coastal Labrador women.

²Jill Perry, "Nursing for the Grenfell Mission: Maternalism and Moral Reform in Northern Newfoundland and Labrador, 1894-1938," MA Thesis (Memorial University of Newfoundland, Department of History, 1997), 27.

³Perry, "Nursing for the Grenfell Mission," 28.

Although American nutrition workers pointed out specific parenting skills that local women lacked, they also discussed the cultural lessons learned from local women. In this respect, it is important to recall that crediting traditional knowledge was part of the home economics agenda. A professional goal of home economists was to understand the culture and financial experiences of clients. This was to ensure that they would not enforce unrealistic, middle class ideals upon poor women, but rather teach them how to work within their own means to improve their skills in homemaking and parenting. While some of the nutrition workers' efforts to be sensitive to "unfortunate" women could be regarded as empathetic, one must also keep in mind that "tact" was a strategy to win the respect of clients and to gain their compliance.

The American Home Economics Association (AHEA), the Y.W.C.A., the Carnegie Corporation, the Elizabeth McCormick Memorial Fund, and Red Cross chapters collaborated to send dietitians and nutrition workers across America and to foreign countries to advance the cause of preventative health. With the exception of the AHEA, these organizations provided information, equipment, funding, and personnel to the Grenfell Mission to help fight the indigenous deficiency problem. Mary Barber's amateur *History of the American Dietetic Association* cited Helen Mitchell's service to the Grenfell Mission in 1929 as a first step towards the realization of an international program in nutrition education. Yet Dr. Helen Mitchell, a biochemist at Battle Creek College, was not the first practitioner to bring nutrition education to the Mission.⁴

⁴ Mary I. Barber, ed. History of the American Dietetic Association, 1917-1959.

American nutrition workers were providing educational services to the Grenfell Mission a decade earlier. Their pioneering role was overlooked by Barber, most likely because their work pre-dated the publication of the *Journal of the American Dietetic Association*.

Many women with the title "nutrition worker" volunteered to spend at least one summer with the Grenfell Mission between 1920 and 1924. Most of them were unpaid college students from the American East and Mid-West. Some were attending Vassar College, the University of Chicago, the University of Illinois, Cornell University, and the Teachers' College at Columbia. Others were students enrolled in nutrition programs in Baltimore, Michigan, Pennsylvania, Indiana, Minnesota, Wisconsin, and Ohio.⁵ It is clear from the training requirements outlined in Chapter Three that nutrition workers did not need to be graduates of home economics. They did, however, have to have core courses in foods and nutrition offered by college home economics departments. All of the nutrition workers were single women and though their ages were not listed, most were likely in their early to mid-twenties.

Appendix A identifies the communities and regions that nutrition workers served between 1920 and 1927. These areas were most likely chosen, because they were close to

(Montreal: J.B. Lippincott Company, 1959) 187.

⁵See "Staff and Volunteer Workers," *Among the Deep Sea Fishers* July Issues (1920-1924). A list of Grenfell nutrition workers included title and previous address, and occasionally college origin. Archivist Robert T. Chapel of the University of Illinois indicated that Elizabeth Beyer, Superintendent of the Grenfell Orphanage (1925-28), received a bachelor's degree in home economics from the University of Illinois in 1918. Letter from Chapel to Gail Lush, November 17, 2000.

a Mission hospital, nursing station, or school. Appendix B identifies the nutrition workers by name and the years they worked at the Mission. Although nutrition workers often made home visits, discussing with local women their children's health habits, much of the nutrition work was carried out in Mission schools, since a nutrition worker could reach a greater number of children at one time. White Bay was no exception. Nutrition work was established in no less than nine schools in communities such as Brown's Cove, Jackson's Arm, Bear Cove, and Hampden.⁶ Nutrition workers probably served this region because there had been three bad fishing seasons in a row, forcing many families into poverty. Furthermore, Dr. Herbert Wilshusen found over half of the White Bay children to be 7 percent underweight for their age and height. The rate of malnutrition in the United States was about 33 percent of all children.⁷ Another nutrition worker stated that "a much greater amount of malnutrition was found in places remote from hospital centres."⁸ Though nutrition workers often identified malnourishment, poverty, or isolation from hospital centres as the rationale for serving a particular region, they also spoke of the work carried out in more prosperous communities, such as St. Anthony (near the tip of the Northern Peninsula) or Harrington in Labrador. The overall goal of the dietary reform campaign, therefore, was to educate by bringing the message of good health to as many communities as possible.

⁶Mary F. Card, "Nutrition Work in White Bay," ADSE Apr. (1924): 26-27.

⁷Katherine Blayney, "Nutrition Work in White Bay," ADSE Jan. (1922): 123-24.

⁸Marion Moseley, "The Third Year of Health Work," ADSE Jan. (1923): 107.

Nutrition work was a public health service that included class instruction for children and their mothers, as well as a health clinic. A dentist, nutrition worker, and doctor worked collaboratively in the clinic. The dentist's role was to talk to the mothers about the necessity of taking care of their children's mouths and how to prevent tooth decay through proper oral hygiene and diet. He or she also gave toothbrush drills, treated swollen gums, filled and pulled teeth, and performed other necessary dental work.⁹ The doctor gave physical examinations to determine if a child had any defects hampering his or her development. In the case of bad tonsils, adenoids, or tuberculosis, the nutrition worker cooperated with the doctor to persuade a mother to send her child to the hospital for recommended treatment. In addition to assisting the doctor and dentist, the nutrition worker cooperated with teachers to establish health classes for women and children in the schools. The nutrition worker also visited mothers to determine whether any "home conditions" were reinforcing children's bad health habits.¹⁰

Dozens of volunteer teachers, recruited by the Mission, conducted nutrition classes. This chapter, however, focuses mainly on the educational strategies of the women who were identified as nutrition workers and who taught the Mission teachers how to incorporate health lessons into the regular school curriculum. By 1922 as many as 25 Mission teachers received health and nutrition training from pediatrician William

⁹Russel B. Macfarlane, D.M.D., "Dentistry on the Labrador," *ADSE* Jan. (1923): 114.

¹⁰Moseley, "Third Year of Health Work," 107-108.

Emerson in Boston, or a nutrition worker at the Mission.¹¹ Most of these teachers were summer workers stationed in White Bay (Newfoundland), Indian Cove and Battle Harbour (Labrador) and settlements along the Straits of Belle Isle, such as Black Dove Cove and Poverty Cove.¹² Nutrition worker Marion Moseley indicated that teachers were trained in order to help the Mission standardize health lessons, which had been left previously to individual initiative.¹³

Teacher assistance was invaluable to nutrition work in the 1920s, largely because there were only three full-time nutrition workers from 1923 to 1927. Most nutrition workers traveled up and down the coast for 8 to 12 weeks during the summer, with only enough time to visit each community for a few days. As such, they often left the winter teacher, when available, a summary of the physical and social conditions of each child. Training teachers for nutrition work was a strategy to ensure that the Mission would have resident workers, who could monitor any changes in the children's health and encourage the continuation of the lessons. This interprofessional cooperation allowed the next summer's nutrition workers to determine whether the child had a significant health improvement from the previous year. Children's medical examination records were

¹¹Moseley, "Third Year of Health Work," 107.

¹²See articles on education in Among the Deep-Sea Fishers Jan. (1923)

¹³Moseley, "Third Year of Health Work," 107.

deposited in the nearest hospital to be reviewed and up-dated the following summer, as well.¹⁴

Nutrition work was first introduced to Newfoundland in 1920 at the St. Anthony Children's Orphanage. The clinic and class method, however, was soon offered as a mobile service in three traveling health units. In 1922, a unit visited children between the ages of 4 to 16 in approximately 25 communities along the Northern Peninsula between Cape Onion and Partridge Point on the east coast, and between Curling and Port Saunders on the west coast.¹⁵ It also traveled along the eastern side of the Northern Peninsula to Pilley's Island, Brighton, Little Bay Islands, Head's Harbour, and Triton in Notre Dame Bay.¹⁶ A separate unit was established for White Bay in Newfoundland, since Dr. Grenfell was concerned about the high rate of malnutrition in White Bay and was eager to have nutrition work started.¹⁷ A Labrador unit provided health clinics and classes to communities between Cartwright and Harrington. In 1924, the Labrador and the Newfoundland health units were amalgamated under the auspices of the Child Welfare Department. A dedicated teacher continued the operation of the White Bay Unit, which remained largely independent of the restructured child health programme. The events

¹⁴Elizabeth Fuller, "Pilley's Island Station," ADSE Jan. (1922): 129.

¹⁵Paul M. Wood, M.D., "Traveling Newfoundland Health Unit," ADSE Jan. (1923): 118.

¹⁶Dorothy Stockham, "Notre Dame Bay Health Stations," ADSE Jan. (1923):133.

¹⁷Blayney, "Nutrition Work in White Bay," 123.

leading to the development of the Child Welfare Department will be discussed in Chapter Five.

It is difficult to determine why these nutrition workers decided to volunteer for the Mission. Ann Stuart Logan, stationed in White Bay, was one who disclosed her reason for working for the Mission. She wrote, "I had long dreamed of going to what then seemed the far Northland to carry the message of good health." She stated that it was thrilling to depart the United States for Mission work in early July, especially when the bon voyage messages included: "'You'll freeze to death!' 'How will you know the language!' 'You will not be able to do without the luxuries that we Americans consider necessities!'"¹⁸ Clearly, the opportunity to bring the message of health to a foreign country was an adventurous job to undertake.

The Mission's first two nutrition workers, Marion Moseley and Elizabeth Fuller, were dietitians, trained in nutrition education in Boston by Dr. William R.P. Emerson - the founder of the American nutrition class movement. At the heart of their education was the conviction that laywomen had little if any knowledge of how to turn nutritious food into a palatable meal, or how to discourage unhealthy behaviour in their children. When these nutrition workers arrived at St. Anthony in 1920, they found that they would have to modify their teachings to conform to local customs and Grenfell Mission policies. For one, they were not allowed to distribute their own food supply to avoid pauperizing the fishers. The Mission wanted to help people to help themselves by encouraging them

¹⁸Ann Stuart Logan, "In the Land of the 'Chanty Punts,'" *ADSF* Jan. (1924): 131.

to work for the supplies and services its workers offered.¹⁹ Although a home economics education taught them how to bring health reform to people different from themselves, it did not prepare them for a summer experience in northern Newfoundland and in Labrador.

In 1920 Moseley and Fuller set up a nutrition clinic at the St. Anthony Children's Orphanage, exactly like the clinic Lydia Roberts created for her home economic students in Chicago. Using Dr. Emerson's famous height and weight scales, they inspected 49 children and found that 34% were 7% underweight for their height. Trained to work in cooperation with the medical profession, they sent the underweight children to two doctors who were on hand to perform physical examinations. In Fuller's words, "the cooperation of the hospital staff (was) perfect."²⁰ Nutrition workers waited for the doctors to determine whether the child had a physical defect that prevented a weight gain, and then accepted the child into their nutrition class. The purpose of the nutrition class was to teach children health lessons that they would hopefully use throughout their life.

Before the nutrition education began, the two American women set out to determine why the superintendent of the orphanage had failed to keep a third of the children healthy. A cause for investigation was whether Mrs. Ella McCurdy served insufficient food or simply had no control over the children's behaviour. They found that

¹⁹Catherine Cleveland, "Industrial Department," *ADSEF* Jan. (1925): 151.

²⁰Elizabeth Fuller, "Nutrition Classes at St. Anthony," *ADSEF* Jan. (1921):153.

there was nothing wrong with the nutritional quality of the food served. Mrs. McCurdy, however, told them that the children ate too fast, were restless, and did not receive sufficient rest. Suspecting a "lack of home control," the two nutrition workers advised the superintendent to provide the children with extra lunches of bread, butter, and milk and to add designated periods of rest and play to the orphanage routine.²¹ Early twentieth-century child savers considered unregulated meals, sleep, and play an indication of unhealthy behavior and a threat to the routines of an industrialized society.²² Since these children spent most of their formative years with the house mother, the nutrition workers felt that it was McCurdy's responsibility to give the children a healthy headstart in life. Although Mrs. McCurdy was an educated woman, capable of running the orphanage, her child rearing skills were not exempt from "expert," professional criticism.²³

The main goal of nutrition work was to help mothers identify "warning signs" in children that could lead to a lifetime of health problems. Aware that a focus on the orphanage would hinder their efforts to disseminate health principles to local women, the nutrition workers received approval from the Mission superintendent, Dr. Charles Curtis, to hold a nutrition clinic for as many mothers and children as they could interest. A

²¹Fuller, "Nutrition Classes at St. Anthony," 153.

²²Ronald D. Cohen, "Child-Saving and Progressivism, 1885-1915," in American Childhood: A Research Guide and Historical Handbook, Joseph M. Hawes and N. Ray Hiner, eds. (Westport, Connecticut: Greenwood Press, 1985) 293.

²³It is difficult to determine whether "Mrs. McCurdy" was a local woman working for the Mission. Her name is missing from the personnel list in the July issues of *Among the Deep Sea Fishers*.

notice was put up in the post office and 54 children between the ages of three and sixteen came to the clinic with their mothers. According to Fuller, the mothers came mostly to satisfy their curiosity because they had not heard of nutrition work before. The children were weighed and measured. Fifty-eight percent were found to be underweight for their age and height and subsequently referred to the doctor for a physical examination. The mothers were asked to send these children to a weekly nutrition class, as soon as the doctor felt they were in physical condition to attend. The nutrition workers explained to the mothers the importance of knowing what to do to keep their children at a healthy weight. Mothers were also told that the weekly lessons would not only be fun for the children, but would help them learn how to prevent the frequent occurrence of tuberculosis, and malnutrition.²⁴

Moseley and Fuller spent much of their time that summer taking a social history of the habits of children in northern Newfoundland and in Labrador. Children were encouraged to keep a record of everything they ate for two days in order to give the nutrition workers an idea of their average food intake. When the diet cards were filled out, Moseley and Fuller identified what Grenfell nurses and doctors had already known - children were not consuming the foods deemed necessary for health. All of them drank from three to six cups of tea or coffee a day, and rarely consumed milk, and had

²⁴Fuller, "Nutrition Classes at St. Anthony," 154.

prejudices against greens, porridge, and whole wheat bread, prejudices that were not unlike those held by youth in America.²⁵

But before the education of children could begin, nutrition workers carried out surveys of each household to determine whether there was anything wrong with the local women's parenting. Nutrition work included teaching laywomen appropriate child rearing practices, which had been accepted by psychologists, pediatricians, and other "child saving" professionals. Home control methods considered best for children included the enforcement of regular meals, exercise, rest, and good hygiene. According to Barbara Melosh, "regularity, discipline, and early independence were the goals of child care."²⁶ Since few health statistics were collected in northern Newfoundland and coastal Labrador, nutrition workers visited homes to record what means families had to produce the best crops, what their custom was in regard to fresh air, light, water supply, and living conditions, and what articles of food they could obtain.²⁷ If nutrition workers found "unnecessary" deviations from the prescriptive criteria of a healthy home, they saw it as a testimony of the homemakers' ignorance. They recorded these "bad habits" on a social history card to inform other health units which principles to emphasize in the future.

²⁵Fuller, "Nutrition Classes at St. Anthony," 154.

²⁶Barbara Melosh, *The Physician's Hand: Work Culture and Conflict in American Nursing* (Philadelphia: Temple University Press, 1982) 135.

²⁷Stewart B. Sniffen, M.D., "The Traveling Labrador Health Unit," *ADSE* Jan. 1923: 112.

Marion Moseley, for instance, frequently observed a "nibbling habit" among children and men, and how quickly the mothers gave in to satisfy this instinctual behavior.²⁸ Her colleague, Dr. Stewart Sniffen, agreed, and explained how "[l]ack of home control plays a large part in the malnutrition in children." As a physician with the Labrador Unit, he criticized the children's constant begging for "lasses loaf," and felt that they turned up their noses at the regular meal hour as a consequence.²⁹ Men's eating habits were worse, leading Moseley to believe that the mothers' timing of meals was all wrong.

When the Labrador fishermen have to "mug up" once or twice between meals because they do not get enough nutrition out of their scanty diet to last them until the next meal, how much more important it is for their children, who, besides excessive activity, are using up energy in growing, to have food at regular and more frequent intervals!³⁰

Unregulated feeding was also linked to malnutrition and infant mortality in babies.

According to Moseley, one mother nursed her baby whenever the child cried. She saw this as a testimony of maternal ignorance, reasoning that the infant would waste away if the woman continued to satisfy the child every time. In her mind, babies were underweight and far too weak to let the mother know when they needed nourishment.³¹

Through the advice of Moseley, Dr. Charles S. Curtis initiated a baby clinic in St.

²⁸Moseley, "Third Year of Health Work," 109.

²⁹Sniffen, M.D., "The Traveling Labrador Health Unit," 113.

³⁰Moseley, "Third Year of Health Work," 109.

³¹Marion Moseley, "Spotted Islands, Labrador," *ADSE* Jan. (1922): 120.

Anthony to encourage local women to learn better parenting skills. He explained to the local mothers the causes of malnutrition; the nutrition worker weighed and measured the child; and a nurse gave a demonstration on how to bathe and dress the baby.³² From time to time Mission physicians exhibited interest in the ideology of scientific motherhood, because it informed laywomen that maternal instinct, alone, was not sufficient knowledge to raise and protect a child. The scientific ideology of motherhood also informed mothers to seek the advice of the doctor.

Physicians, however, were not trained, as nutrition workers were, to gain women, and children's cooperation in health prevention. To interest children in health lessons, the nutrition workers created competitive games, drills, and community plays, all infused with health principles. The first activity was the allocation of individual health charts, complete with stars, rubber stamps, and coloured lines representing weight progress. On these charts a child was awarded a blue star if he or she refused tea, drank milk, and rested twice a day. The nutrition workers also "recorded the number of calories consumed on an average day and reasons for failure to gain or for gains." When the weekly recording was complete, the child who had the greatest weight gain was given a gold star and the privilege of sitting at the head of the class with his or her mother. Fuller stated that the drill created such a desire for the children to win, that they would not allow

³²Marion Moseley, "Nutrition Work for the Children of Dr. Grenfell's Mission," ADSE Jan (1922): 119.

their mothers to cut their hair before each weighing.³³ During the next three summers, nutrition workers felt that the children's interest in games of growing big and strong gave the health campaign a real boost. Getting the children to enjoy health lessons also appeared to be an intelligent way to reduce mothers' resistance to children attending the class.

Theodora Willard, who carried out the nutrition work at Harrington Harbour in 1921, felt that organized games were essential for every community because they taught children the principles of fairness and leadership. According to Willard, "nutrition work...should include a large amount of work beneficial to the mind as well as the body of the child for these people need it particularly and it all leads to their making better men and better women."³⁴ Edith Howes agreed that children learned best through games and visual aids, and described the success of her puppet show, "David and the Good Health Elves." Each puppet represented "the Elf of Sunshine, Rest, Fresh Air, Soap and Water, and Good Food." They taught the children about the importance of hygiene and food in such a novel way that Howes doubted the principles would be forgotten. Even the women present were entertained by the supremacy of King Milk (personified by a normal weight child wearing a milk mask) as King Tea (performed by a smaller child wearing a tea pot mask) was forcibly ejected from the room. In many of the coves she visited, she

³³Fuller, "Nutrition Classes at St. Anthony," 155.

³⁴Theodora Willard, "Harrington Harbor Station," *ADSF* Jan. (1922): 123.

was surprised that the adults exhibited so much pleasure in children's entertainment. After announcing the presentation of a picture show at L'Anse au Loup, Howes was surprised to witness men and women flocking to the school house 60 minutes before the appointed hour. In fact, the local people enjoyed the nutritional teachings so much, they gave her unit as it left the harbor a salute of gun fire in appreciation of their work.³⁵

Depictions of community enthusiasm for health lessons were meant to suggest that nutrition workers were having success with the dietary reform campaign. For Moseley and Fuller nutrition work meant much more than teaching good nutrition to mothers and their children. They sought to mobilize "community spirit" to demonstrate to the Mission and its supporters how nutrition work served broad measures of public health. In Labrador, for instance, Moseley tried to encourage the cooperation of communities to provide milk for the children. At Spotted Islands the land was rocky and had no vegetation to support cows. She felt that the children were tubercular because they lacked resistance to diseases that more nourishing food, such as milk, would provide. Moseley elicited the doctor's support to explain to the people how goat's milk would help to build up the children's strength to resist many diseases. She subsequently organized a community meeting to discuss every family's responsibility to pen their dogs. In Moseley's words,

[n]one of them had ever voted and I do not think the idea of penning the dogs had ever occurred to them, but before we left the school-house every man had stood up to signify that when he went into the bay for the

³⁵Edith Howes, "The Labrador Traveling Unit," *ADSF*, Jan. (1924): 130.

winter he would do all in his power to cut enough logs to make a pen for his dogs in the spring.³⁶

Moseley also blamed the Labrador dogs for contaminating the local water supply, hence giving the community many intestinal parasites.³⁷ Asking communities to pen the dogs served a goal in the home economics agenda. This was to encourage local leadership for better municipal management. Community mobilization initiatives for cleaner water supplies and animal husbandry, not only improved public health, but instilled “desperately needed” democratic principles and civic pride. Certain elements of late-nineteenth century moral reform always lingered in the rhetoric of nutrition work, despite the practitioners’ best efforts to observe and respect the culture of their clients.

Moseley returned to the Mission every summer, determined to find ways to integrate nutrition work as a part of the Mission’s more permanent work. In 1922, she cooperated with Ethel G. Muir (who was in charge of the summer educational work) to involve Grenfell school teachers in the health campaign.³⁸ Emphasizing the necessity of “home control,” Moseley instructed the teachers to explain to mothers “the importance of meaning what they say and the folly of committing themselves to empty threats and vain repetitions.” Moseley hoped that local women could be taught

how readily their children will lose respect and love for them if they are continually allowed to have their own way, that slaps upon the hand or

³⁶Marion Moseley, “Spotted Islands, Labrador,” *ADSE* Jan (1922): 120.

³⁷Moseley, “Spotted Islands, Labrador.” 120.

³⁸Moseley, “Third Year of Health Work,” 107.

face are worse than useless as punishment, that the best form of punishment is an earlier bed-time, and that a good spanking, although necessary in some cases, should never be given in anger, and when needed should be given in a way that will leave a lasting impression in the child's mind.³⁹

Elizabeth Page, a Mission teacher, in Brown's Cove, White Bay, admitted how challenging it was to convince the local women to accept these health lessons. She noted that the nutrition work was not complicated, particularly when the health principles were explained with the aid of a lantern-slide. The whole idea that a child should have milk and rest, though, raised a perfect furor of opposition from the local women.

'Children wasting half an hour each morning and another half hour each afternoon of their precious school-time lying down, doing naught in the world! And making milk out of that white power! Naught but a babe at breast took milk. Now Miss, I've rared eleven on tea and lost but one and him by drowning. How many have you rared?'⁴⁰

Nutrition workers hoped to establish a health routine for children by insisting that mothers make sure that the children rest, play, and eat at regular intervals of the day. This was a challenging part of field work because workers had to alter local customs under circumstances they would not have experienced through American training.

Nutrition workers were taught not to force ideas or to "revolutionize" cultural practices. In the United States, for instance, nutrition workers taught new immigrant

³⁹Yale University Archive (YUA), Sterling Memorial Library (SML), Elizabeth Page Harris Collection (EPHC), MS 771, Series III, Box 67, Folder 1470, Marion Moseley, "Outline for the Use of Health Clubs in Labrador, 1923," p. 4.

⁴⁰YUA, SML, EPHC, Group 771, Series III, Box 61, Folder 1346, Elizabeth Page, "Lecture," n.d. pg. 6.

women, experiencing a change in food available, how to supplement their nutritional needs. Nutrition workers believed that certain traditional foods were safe if they were eaten in combination with certain American foods. In northern Newfoundland and in Labrador, however, the nutritional stress was different. It was felt that the local people were not eating nutritious food found in their own environment. Dependence upon imported food (white flour, tea, and sugar) was believed to be at the heart of the problem. These items were expensive and contained no nutritional value. To combat the problem of "imported" deficiencies and their financial cost, nutrition workers tried to encourage the local people to make greater use of nature's foods. They explained to women that wild dock,⁴¹ cod oil, and the jackets of potatoes would go a long way to guard against beriberi, rickets, and tuberculosis. Women, though, were not interested in living completely from the sea or land, nor did they have a taste for recommended imports of whole-wheat flour and powdered milk mixtures. When nutrition worker Katherine Blayney tried to demonstrate the value of nature's food in 1922, the women of Bear Cove scorned her suggestions.

"'Flat fish?' 'Fit for dogs.' 'Wild dock, dandelion, etc?'" 'Us hain't no pork to boil 'em with.' 'Cod oil?' 'Jeremiah ain't moinded to tek it.' 'Potato jackets with eyes?' 'Fit for swine.' 'Whole wheat flour?' 'Us wouldn't eat the dirty stuff.'"⁴²

⁴¹Peter J. Scott indicates that "curled dock has traditionally been collected and given to girls in the spring in some parts of Newfoundland," because of its fairly high iron content. This plant can grow to a height of 80cm and should be collected in the early spring when it is ripe for eating. Scott, *Some Edible Fruit and Herbs of Newfoundland* (St. John's, Newfoundland: Breakwater Books Limited, n.d.) 17.

⁴²Katherine L. Blayney, "The Health Work," *ADSE* Jan. (1923): 120.

Moseley and Fuller realized that if the program were to continue, nutrition workers were going to have to become better acquainted with cultural food preferences and the families' participation in the fisheries. Though their social surveys identified mothers' lack of home control and prejudices against milk, greens, and whole wheat bread,⁴³ they would have to carefully record their own failures. Hard lessons learned in the field would enable incoming workers to take a more flexible, sensitive approach.

With each successive summer, nutrition workers hinted about their trouble with the education campaign. Elizabeth Fuller, for instance, recognized how difficult it was for local women to attend nutrition classes during the busy fishing season. In addition to helping the family process the daily catch, women

have to be ready to give the fishermen meals at all hours; then there is the short season of haying when they are extremely busy and cannot miss one fine day, also a period of several weeks of berry picking for the winter's supply of jam, as well as for sale at a very desirable price.⁴⁴

Theodora Willard noted that the women and children's interest in Harrington was focused on the fishing in the summer time, because the amount of catch determined whether "they will have a winter of comfort or starvation."⁴⁵ "The children were busy spreading the fish and the mothers helped their husbands, so on good days the attendance at classes was

⁴³Fuller, "Nutrition Classes at St. Anthony," 154.

⁴⁴Fuller, "Nutrition Classes at St. Anthony," 156.

⁴⁵Theodora Willard, "Harrington Harbor Station," *ADSF* Jan. (1922): 121.

small."⁴⁶ Keeping observations such as these in mind, nutrition workers set out to develop "realistic" lessons that might help local women balance subsistence activities with domestic roles. In this respect, the nutrition workers challenged ideals of American assimilation to gain women's cooperation.

Exercising patience and understanding, nutrition workers tried to appreciate the fact that the women had enormous responsibilities tending to their families and codfish business during the summer. Rather than preach the middle-class doctrine of separate spheres for men and women, nutrition workers shaped the dietary reform campaign around the family work schedule. They made an effort to organize their classes in the evenings or at a specific time during the day when men, women, and children might be able to attend. As discussed in the home economics literature, nutrition workers were trained to reach the father as well as mother. Aware that men would be reluctant to let their wives introduce new foods into the family diet, nutrition workers brought meal demonstrations to men. For instance, Elizabeth Beyer, a dietitian in St. Anthony, induced the manager of the Spot Cash cooperative store to make typewritten invitations for men and women to come to the store on Saturday afternoon. She knew there was an advantage of holding cooking classes at the cooperative store because the fathers might attend. On this occasion, Beyer demonstrated the use of whole wheat flour and showed the mothers how to prepare muffins, bread, and griddle cakes which she served hot with molasses. Griddle cakes were a favorite among the men, especially on cold, dreary days.

⁴⁶Willard, "Harrington Harbor Station," 123.

According to Moseley, the trader obtained several orders for a barrel of whole wheat flour after Beyer's demonstration. Some of the men took home her typewritten whole-wheat recipes to their wives.⁴⁷ By inducing husbands to attend cooking demonstrations, nutrition workers ultimately hoped to demonstrate to men the value of educated motherhood.

Theodora Willard, in charge of the nutrition class at Harrington Harbor, Labrador did not have as much success teaching the local women about the benefits of altering their diet. Harrington, about 150 miles west of the Strait of Belle Isle, had a hospital and was one of the more prosperous Labrador communities. In the summer of 1921 Willard had the full cooperation of Drs. Braddock and Fishback to give the physical examinations to selected underweight children. She held a weekly nutrition class for 41 underweight children in all, 23 from Harrington and 18 from Fox Island a mile away. Yet when she visited the mothers, Willard found that the children refused to drink anything but tea - strong and black. Meals were problematic because the children ate candy between them, which the grown-ups satisfied every time a supply schooner came into the harbor. In an effort to get the children to like Klim cocoa (an imported powered milk mixture), she "waged a furious war against tea."⁴⁸ Willard stated that she took the food question seriously because the inhabitants had little choice in what they could procure from the

⁴⁷Marion Moseley, "Nutrition Work for the Children of Dr. Grenfell's Mission," *ADSF* Jan. (1922): 118.

⁴⁸Willard, "Harrington Harbor Station," 122.

environment. The poor soil and short growing season made it difficult to grow green vegetables. This encouraged her to suggest that the Mission raise money to purchase soil from the mainland so that the inhabitants could be taught gardening. Willard also recommended that the local people be encouraged to purchase goats, because the children were without milk, a necessary element lacking in their diet.⁴⁹

In 1922, the third year of nutrition work at Harrington, Frances C. Clarke had an equally hard time with the inhabitants. She indicated that difficulties with the inhabitants stemmed from economic changes in the history of the community. Harrington was a rocky island three miles off a barren coast. Clarke felt the present population of 50 families had experienced increased prosperity.

In the last eight years the fish have run west instead of east, bringing wealth to the people west of Mutton Bay and causing poverty to the eastward. Added to this, they are obtaining higher prices for their fish, and so one finds a population no longer living on Labrador tea, cod and bread, but on tea, cereal, flour, butter and vegetables bought from the traders.⁵⁰

Though Clarke noted that diets were more varied at Harrington, there were still many prejudices to overcome. She gave demonstrations on the preparation of whole wheat bread and muffins, but found that she could not create a demand for the flour. In the hospital where whole wheat bread was used, the patients secretly consumed white bread given to them by their relatives.⁵¹ Nutrition workers admitted that wealth contributed to

⁴⁹Willard, "Harrington Harbor Station," 123.

⁵⁰Frances C. Clarke, "Health Centre at Harrington," Jan. (1923): 128.

⁵¹Clarke, "Health Centre at Harrington," 129.

health, but still held the conviction that mothers and the community needed to be educated. One nutrition worker took comfort in the benefit of her work after finding a trader's child, who had plenty to eat, to be the worst case of underweight in the bay. This confirmed in her mind that malnutrition was more than a question of poverty; it was a question of local knowledge.⁵²

The nutrition workers seemed to have some success with the health campaign in districts where there was real poverty, and no medical facilities. In the economically troubled area of White Bay, for instance, the nutrition workers believed, without a doubt, that poverty was an important cause of epidemics and widespread malnutrition. Education, combined with relief work, remained the best solution for combating the problem. Nutrition worker Katherine Blayney felt the great cause of undernourishment was the economic situation in the area. People from Brown's Cove and Bear Cove were the worst off because the men were "fished out" and had no work as a result. Codfish had failed to run three seasons in a row, and the traders were in debt and unwilling to advance further credit. Some of the fishers had decided to travel north to try their luck with the Labrador fishery, while others stayed in the Bay to try their hand in lumbering. Blayney noted that a saw mill venture had failed too. Due to some misunderstanding, the lumber company did not pay the loggers for all their timber and subsequently broke the contract.⁵³

⁵²Katherine L. Blayney, "Nutrition Work in White Bay," ADSF Jan. (1922): 123.

⁵³Blayney, "Nutrition Work in White Bay," 124.

Under the squeeze of household expenditure, Blayney tried to help the women obtain the healthiest food possible by encouraging them to take advantage of native greens and cod liver oil. She felt that it was going to be difficult, though, for the people to see the value of oatmeal and dark flour over white, and of milk as opposed to tea, when few cod ran from Sop's Island to the bottom of the Bay that year and the people had no credit with the trader.⁵⁴ Still the nutrition workers carried on with the educational campaign, hoping that the economic situation might improve. The unit also brought an extra supply of "protective" foods, which they left with the winter teachers for relief and educational purposes. The teachers were told that the dried milk (Klim), canned tomatoes, and prunes could be distributed to the people "on condition that parents would cooperate and do what was asked of them to help their children."⁵⁵ Remarkably, Beulah Clap at Sops Island, Elizabeth Page at Brown's Cove, and Elinor Goodnow reported that their clients cooperated with them during the summer. Blayney stated that the people greeted her nutrition unit with hospitality and upon its departure waved friendly farewells.⁵⁶ The following year, "one old grandfather put his hand on Dr. Wood's shoulder...and said: 'You got me clear mesmerized. It's just like a dream you comin' here to help us. Us never knowed nothin' like it afore!'"⁵⁷ Blayney felt the cooperation of the

⁵⁴Katherine L. Blayney, "Nutrition Work in White Bay," Jan. (1922): 124.

⁵⁵Blayney, "Nutrition Work in White Bay," 125.

⁵⁶Blayney, "Nutrition Work in White Bay," 123.

⁵⁷Blayney, "The Health Work," 120.

people had greatly improved. With continued education, she was confident the people would overcome food prejudices that seemed so firmly planted.⁵⁸

For five successive summers nutrition workers attempted to coax reluctant rural women to take greater responsibility for the care of their children. While the overall goal was to instill health habits in children by eliciting mothers' cooperation, the underlying tone was that children needed to be protected from women's childcare practices. Nutrition workers insisted that local women should learn new "scientific" ways of nurturing their children. Northern Newfoundland and coastal Labrador children were underweight and weak compared to American children the same age, because mothers knew nothing about the science of nutrition. When nutrition workers visited local women they found that their children were not getting protective foods necessary for health. Mothers were also criticized for not knowing how to discipline their children. Several nutrition workers argued that over half of the children were malnourished, because their mothers allowed them to stay up late, drink 3 to 6 cups of strong tea daily, and snack on "lasses" loaf and candy. These unregulated habits were thought to stimulate children into action and suppress their appetite for regular, wholesome meals.

Declarations that women did or would eventually come to accept nutrition workers' advice are impressionistic. In the *Mission* magazine, many workers argued that class methods were a success by virtue of the mothers' attendance. One must remember, however, that nutrition classes were new to women and that some of the mothers initially

⁵⁸Blayney, "The Health Work," 120.

(misspelled) add i) attended to satisfy their curiosity. It is also likely that women attended, because they were alarmed to learn that their children were underweight and required to have a physical examination. Visiting a doctor or dentist for a "check-up" was an unusual practice in northern Newfoundland and coastal Labrador. Few communities had a resident doctor, while most were not large enough to support his medical fees.

While women might have demonstrated interest in the nutrition workers' instructions, they also resisted these. Though workers stated they were treated with hospitality and respect, this does not mean that their presence was appreciated. The people of Newfoundland and of Labrador prided themselves on treating visitors well. Home visits, especially for the purpose of conducting a social survey, served as direct meddling into family affairs. Local women did not spend all day in their homes tending to small children, household chores, and meal preparation, nor were older children readily available to attend a nutrition class. Women and children were busy with additional work, especially in late August and early September. They lifted heavy buckets of capelin to fertilize gardens, picked and carried gallons of berries, often long distances from home, and prepared fish for international markets. In communities that were prosperous, where men had work and the fishing was good, mothers seemed to have less time to attend the nutrition class. Some women, in fact, openly opposed nutrition worker's suggestion that they needed better parenting skills. Class attendance appeared to be more successful in White Bay where the men were "fished out" and without other means of work several seasons in a row. Nutrition workers undoubtedly took advantage

of these economic circumstances, forcing mothers to comply with their teachings in exchange for desperately needed provisions.

Wherever American nutrition workers traveled in northern Newfoundland and coastal Labrador they had to modify their teachings, because rural communities differed due to varying degrees of wealth and resource advantages. While not always prepared for change, nutrition workers prided themselves on being flexible. In an effort to turn their knowledge into a profession, nutrition workers avoided lecture style tactics. Their solution to reform was informed not only by laboratory training in nutrition and physiology, but by case studies in child behaviour and social science theories. In northern Newfoundland and coastal Labrador, nutrition workers tried to pay close attention to the natural environment, food preferences, and the sexual division of labour to pinpoint how women might maximize the nutritional quality of their traditional dishes. A cooking demonstration on the preparation of whole-wheat pancakes, topped with molasses (a local favourite), seemed to be a successful nutrition lesson. Teaching the value of picking wild dock, however, fell on deaf ears, especially in communities where women had no meat to enhance the taste of the vegetable. Encouraging women to maximize subsistence activities was a difficult lesson to teach, when local women lacked ingredients necessary to turn nature's food into a palatable meal. At the Grenfell Mission, nutrition workers had as much to learn from local women as they had to offer.

In 1923, northern Newfoundland and coastal Labrador remained a rich laboratory for nutrition work, enticing three committed women (Marion Moseley, Elizabeth Page,

and Elizabeth Criswell) to do more. These nutrition workers felt that the child health programme had been successful. Not only did the teachings encourage children to enjoy the principles of health, they also seemed to have a positive impact on parents' attitudes. To really keep the momentum going, nutrition workers' next step was to design a plan to make the programme permanent. Nutrition workers knew that the success of their programme would not only depend upon client acceptance, but would hinge upon the support they could acquire from the Mission's medical officers and financial supporters. Chapter five explains how nutrition workers strategized, raising money and nurturing allies, to develop and control the Grenfell Mission Child Welfare Department.

Chapter Five

Child Welfare Leadership: Defending the Female Domain

Gender stratification of professional life at the Grenfell Mission created opportunities that were viable and attractive for nutrition workers. In the 1920s Marion Moseley, Elizabeth Page, and Elizabeth Criswell took the lead in the Mission's dietary reform campaign, and found opportunities to exert their expertise. One of their important achievements was the creation of a professional structure for their work under the auspices of the Child Welfare Department. Though they were segregated in women's work, they never saw themselves in subordinate roles. They developed a preventative health program for Grenfell teachers and medical staff, raised money to equip traveling health units, and recruited and supervised volunteer personnel. A careful examination of each of their administrations will reveal how they turned professional challenges into strategies to create a place for their work within the Grenfell Mission's medical hierarchy.

Before the arrival of nutrition workers, doctors were in charge of a wide range of "civilizing" activities, from ordering the installation of an improved sewage system to the administration of poor relief. When greeted by traveling nutrition workers carrying weigh scales, physical examination sheets, cod-liver oil and dried milk, height and weight charts, and nutrition slides, some doctors wondered who these women were, and observed their purpose with great curiosity. Nutrition work outside the hospital was relatively new in the 1920s. Most Grenfell physicians had never worked alongside community nutrition

agents,¹ and some medical officers were wary of their professional ambitions. For example, nutrition workers taught Mission school teachers how to identify malnourishment in a child, a diagnostic method the medical community had yet to agree upon.² One of these methods included the use of height and weight charts and the subsequent practice of referring underweight, "malnourished" children to a physician. All nutrition workers claimed that their teachings eliminated bad mothering techniques and unhealthy behaviours among the local children. Gradually, though, nutrition workers' claim of success with the dietary reform campaign, and the subsequent bid for greater professional control of child welfare work, created resentment and jealousies within the medical community.

Interprofessional tensions between nutrition workers and doctors began in 1923 when Dr. Wilfred Grenfell supported Marion Moseley in establishing a permanent Child

¹See "Staff and Volunteer Workers," *Among the Deep Sea Fishers* July (1921-1925). Child welfare leaders recruited a dozen volunteer doctors to work with nutrition workers in traveling units between 1921 and 1925. Most of these doctors came from Johns Hopkins Medical School and the College of Physicians and Surgeons. Celebrated nutrition scientist Elmer V. McCollum of Johns Hopkins may have been instrumental in helping nutritionist Marion Moseley recruit physicians for Grenfell child welfare work from his institution. Moseley worked with Dr. McCollum to translate his laboratory analysis of Newfoundland and Labrador native berries into health teachings for Grenfell teachers.

²See Hugh Chaplin, M.D., "The Signs of Health with Special Reference to Nutrition," *Journal of Home Economics* 18.9 (1926): 485. Dr. Chaplin argued that there was a surprising dearth of medical data bearing directly on health in childhood. Pediatricians and medical directors were reluctant to establish concrete facts or indicators of children's health. They were wary of the popular weight and height charts, fearing that quasi-medical personnel would convince the public that this method was a complete measurement of good health.

Welfare Department. He did this because he promoted preventative medicine, particularly a dietary reform programme that began with healthful eating among the young. Like other social reformers, Grenfell believed that children could be taught healthful habits more readily than adults.³ He viewed children as assets of their country, not simply the wards of their parents, and often interfered in parent-child relationships to "save" the child. The superintendent of the new orphanage in St. Anthony indicated, for example, that almost all of the children under her care were "Dr. Grenfell's finds." While some orphanage children were convalescents from the hospital, or had no surviving parents, others were "'half-orphans' taken from homes of desperate poverty or worse."⁴ Grenfell felt that an orphanage, run by the Mission, could offer many "disadvantaged" children in Labrador and northern Newfoundland better care and opportunities than their parents could.

In the 1920s, some American men in biochemistry and pediatrics promoted nutrition workers as the most obvious and natural professionals to supervise child welfare initiatives. However, several Grenfell physicians did not agree, and were not great proponents of this particular work. Nutrition workers in Labrador and Newfoundland had to demonstrate the value and importance of their expertise and foster a complementary relationship with physicians. Nutrition workers knew how to translate the benefits of a

³Kari Dehli, "Health Scouts' for the State? School and Public Health Nurses in Early Twentieth-Century Toronto," *Historical Studies in Education* 2 (1990): 249.

⁴Frances Baird, "The New Orphanage," *ADSE* July (1924): 56.

balanced diet to children and their parents, but they lacked nurses' field experience of medical procedures and diagnostic views. Nevertheless, despite their inexperience with the medical culture, they co-existed nicely with Grenfell nurses. They had reason to fear physicians more. Physicians could and did draw upon the language and protocol of medicine to make them vulnerable. But, as long as nutrition workers were capable of unveiling gaps in physicians' knowledge of child health and nutrition, they stood to win a place within the Mission hierarchy.⁵

Marion Moseley, Elizabeth Page, and Elizabeth Criswell, the subjects of this chapter, led the Grenfell child welfare initiative during the 1920s. Their educational backgrounds and experience with nutrition work shaped the focus and professional face of the Grenfell Child Welfare Department. Moseley was one of two women who came to the Mission with the title "dietitian." Though it is difficult to pin down her qualifications, her concentration was likely in home economics. She was not a nurse working in the field of nutrition. Her work focused on teaching mothers how they could use the family budget and local resources to select appropriate foods. Her goal to have nutrition workers, dentists, and doctors working together within a child welfare department reflected the ideal public health team espoused by her peers in the home economics field.

Moseley served the Mission as the first nutrition supervisor in 1920, and became the founder and head of the Child Welfare Department in 1923. Her health programme

⁵See Nyhart, "Home Economics in the Hospital, 1900-1930," in *Rethinking Home Economics: Women and the History of a Profession*, Sarah Stage and Virginia B. Vincenti, eds. (Ithaca: Cornell University Press, 1997).

differed from that of her successor Elizabeth Criswell, because she hoped that nutrition workers would win the professional cooperation and support of Grenfell school teachers and physicians. When recruiting nutrition workers, she also sought trained specialists from child welfare organizations in the United States. However, recruitment was fraught with difficulties. Nutrition work was a brand new field in 1920, barely established in university home economics departments. Few women were trained in the specialty, and most could not afford the expense and time necessary to volunteer for the Mission. Thus, Moseley was willing to train Grenfell summer teachers in nutrition work. This strategy allowed her to be in step with one of the goals of the home economics professions - to supervise educators in delivering nutritional information to the public.

Moseley's successor, Elizabeth Criswell, came to the Mission as a volunteer nutrition worker in 1923. She was appointed head of the Child Welfare Department the following summer. Although Criswell held the title nutrition worker, it is not known where she took a degree or whether she majored in home economics. She could have been a home economist, a social worker, or a public health nurse. After all, the American Home Economics Association, the National Conference of Social Work, and the National Organization for Public Health Nursing competed to convince health organizations that their graduates had the unique and specialized training necessary to lead public health initiatives.⁶ It is likely, though, that Criswell was a trained social worker. In 1935, the

⁶Margaret Sawyer, "American Home Economics and the Health Program," Journal of Home Economics 16.12 (1924): 679.

ADSF "Alumni news" indicated that she was working as a social service consultant with the ERA in the State of Missouri and had attended the National Conference of Social Workers in Montreal.⁷

As the second supervisor of the Child Welfare Department, Criswell hoped to improve its status by recruiting only public health nurses. In her opinion, public health nurses had more training than the average nutrition worker, and could be utilized to teach laywomen practical nursing techniques, midwifery, and baby care. Criswell was critical of Moseley's nutrition programme, because it focused too much on the school-age child, not enough on nursing mothers and infants, and was left in the hands of medical students or schoolteachers who had little knowledge of applied methods in nutrition. According to Meryn Stuart, nurses, bacteriologists, physicians, and an array of other professionals competed with one another on many matters in public health to win public respect and deference to their unique authority.⁸ Criswell's recruitment of public health nurses was

⁷Linda H. Nesbit, "Alumni News," *ADSF* July (1935): 73. According to Kathleen Babbitt, American Governor Franklin D. Roosevelt initiated ERA or (Emergency Relief Administration) in 1931, which became a nation-wide social welfare programme that made each state responsible for the welfare of its citizens. Most ERA officials had social work backgrounds. See Babbitt, "Legitimizing Nutrition Education: The Impact of the Great Depression," in *Rethinking Home Economics: Women and the History of a Profession*, Sarah Stage and Virginia B. Vincenti, eds. (Ithaca: Cornell University Press, 1997) 153.

⁸Meryn Stuart, "Shifting Professional Boundaries: Gender Conflict in Public Health, 1920-1925," in *Caring and Curing: Historical Perspectives on Women and Healing in Canada*, Dianne Dodd and Deborah Gorham, eds. (Ottawa: University of Ottawa Press, 1994) 52-53.

one way of demonstrating that as a social worker trained in nutrition work she had excellent training to direct the work of all child welfare personnel.

Elizabeth Page, the supervisor of the White Bay Unit, came to the Mission as a volunteer school teacher in 1921. She was trained by nutrition worker Katherine Blayney.⁹ Page held an undergraduate degree from Vassar College and a graduate degree from Columbia University. These were in history and writing, which provided her with the creative skills to raise an enormous amount of American money to fund a second Child Welfare Department for the people of White Bay. In addition to writing letters and fund raising lectures, she taught school, health classes, and handicraft work.

All three women were aware that they posed a threat to a highly-structured medical community. Further, by withholding financial support, the directors of the International Grenfell Association (I.G.A.) made it extremely difficult for the nutrition workers to lead child welfare work. Sensitive to the need to gain better cooperation from physicians and the I.G.A. board, Moseley, Page, and Criswell developed ingenious strategies to operate the child welfare programme independent of the Mission's general funds. They not only acted as programme developers of health education, they raised substantial donations to pay for their full-time salaries, equipment, and the living expenses of volunteers. Raising money, though, was a relatively easy task compared with the challenge of finding child welfare experts, and eliciting the medical profession's

⁹Marion Moseley, "Nutrition Work for the Children of Dr. Grenfell's Mission," ADSF Jan. (1922): 117.

support for these recruitment activities. This chapter examines how each of these women persevered to head a department which remained independent of the Mission's medical branch and funds until 1927.

Marion Moseley, Child Welfare Work Department (1920-1923)

The nutrition worker Marion Moseley laid the groundwork for child welfare work at the Grenfell Mission. Little is known about her life and work prior to 1920. Her correspondence with Elizabeth Page and articles in *ADSF* indicate that she graduated from Bryn Mawr College and trained as a childhood nutrition specialist with Dr. William Emerson of Boston. When she came to the Mission as a volunteer in the summer of 1920, she was working with the Elizabeth McCormick Memorial Fund, a child welfare agency in Chicago. This agency funded Moseley and her colleague Elizabeth Fuller to protect the health of the nation through child welfare work. The Elizabeth McCormick Fund, like other child welfare agencies, held the state responsible for the child and was one of many "child saving" organizations that laid the groundwork for nutrition work in American schools.¹⁰

Moseley quickly demonstrated her leadership ability. The Mission had agreed to lend Moseley and Elizabeth Fuller (a dietetic colleague from the Boston child welfare agency) doctors and dentists to travel with them in two traveling health units. By the

¹⁰Dehli, "Health Scouts' for the State?," 249. See also, Caroline Hedger, M.D., "What the Community Owes the Child," *Journal of Home Economics* 14.11 (1922): 524.

second year, Moseley had establishing three well-organized nutrition units that traveled along 1,000 miles of coastline. Though she felt the cooperation of mothers and children was very good for the new line of work, she was convinced that the health program was most successful in communities where year-round teachers were stationed.¹¹ A teacher stationed at William's Harbor, for instance, felt that when the nutrition worker was not present, "the teacher is there to urge the children to carry on the good work."¹² In 1922 Moseley secured the cooperation of Ethel G. Muir, who was in charge of the Mission's Educational Department, to have nutrition workers show teachers how to incorporate health and nutrition lessons into the regular school curriculum. Dr. W.R.P. Emerson, Moseley's mentor in Boston, agreed wholeheartedly with her plan and assisted the Mission with nutrition training by offering "a series of lectures to those teachers who could stop at Boston on their way to Labrador."¹³

To give the Grenfell teachers a curriculum they could follow, Moseley co-authored "Northern Health Teachings" with Dr. W.R.P. Emerson and Dr. E.V. McCollum of Johns Hopkins. This 1922 booklet was extensive, and included topics such as "directions for starting health work," "topics of health teaching," "the five causes of malnutrition" and "preparation for next year's gardens." To prevent rickets, Moseley instructed teachers to encourage mothers to take a teaspoon of cod-liver oil regularly.

¹¹Elizabeth Page, "The White Bay Unit," *ADSF* Jan. (1923): 121.

¹²Lucy Sweeney, "William's Harbor," *ADSF* Jan. (1923): 135.

¹³Marion Moseley, "The Third Year of Health Work," *ADSF* Jan. (1923): 107.

especially during pregnancy, and to give the children plenty of outdoor light and a few drops of cod-liver oil daily. To prevent scurvy, teachers were instructed to encourage mothers and their children to pick a year's supply of all kinds of berries, to grow and preserve green vegetables, particularly cabbage (the less cooking the better), to make spruce boil, and to eat fresh game and fish, especially the livers. Teachers were also advised to show mothers the value of feeding the family baked goods made from whole wheat flour, all kinds of vegetables, especially the skins of potatoes, fresh meat and fish, especially the livers, and yeast to prevent beriberi. "Even though there is no sign of beriberi and well marked scurvy among the children it is very important to point out to the mothers that although their children may not show definite signs of beriberi and scurvy, the lack of substances contained in the food articles advised will cause them to be malnourished and to lack energy and will cause their teeth to decay."¹⁴ Teaching children dietary habits they could use for a lifetime complemented Dr. Grenfell's desire to prevent deficiency diseases and tuberculosis before they reached adulthood.

Dr. E.V. McCollum of Johns Hopkins added his own recommendation, which was to educate the people to take daily a teaspoon of calcium carbonate. This he felt was "the simplest way to introduce the need for calcium in the diet, and would go farther toward improving their nutrition than any other thing that could be done."¹⁵ Moseley was careful

¹⁴Yale University Archives (YUA), Sterling Memorial Library (SML), Elizabeth Page Harris Collection (EPHC), Group 771, Series III, Box 67, Folder 1470, "Outline for the Use of Health Clubs in Labrador, 1922," pg.4.

¹⁵"Outline for the Use of Health Clubs in Labrador, 1922," pg. 1.

to tell teachers not to diagnose the children, but to wait for the arrival of a doctor. The scientific information was meant as an educational tool "only," so that teachers could explain to mothers the causes of deficiency diseases and offer a description of what the symptoms looked like. She urged the teachers to refer to Dr. Emerson's "Nutrition and Growth in Children" and Dr. L. Emmett Holt's "The Care and Feeding of Children" for further study.¹⁶ Determining the physical signs of health was a method nutrition workers studied in home economics schools. Moseley deterred teachers from acting independently with this information, likely aware that doctors would deem this practice "unscientific" and an attempt to give medical diagnosis.

During her third summer at the Mission, Moseley encouraged the Grenfell teachers to incorporate her health lessons into reading and writing exercises, discussions about home life, and outdoor activities. She hoped to make health teachings stand out as a regular routine in each child's life and advised teachers to use health material whenever they could, but not to "attempt to make forced or unnatural connections or permit any material on the subject to be 'dragged in' or used in a way that is tiresome or ineffective."¹⁷ Home economists trained in nutrition work had studied child psychology and knew which teaching techniques were most effective with children. With so many important lessons to teach about the work, Moseley visited the teachers from time to time

¹⁶"Outline for the Use of Health Clubs in Labrador, 1922," pg. 4. E.V. McCollum was professor of bio-chemistry at the School of Hygiene and Public Health, Johns Hopkins University. See Journal of Home Economics (1923): 470.

¹⁷"Outline for the Use of Health Clubs in Labrador, 1922," pg. 3.

to see how the health lessons were progressing. When she was not available, she appointed nutrition workers supervisors and asked them to distribute programme supplies, such as health posters, scales, social history charts, toothbrushes, dried milk and cocoa for school lunches, and vegetable seeds for school gardens.¹⁸

This new curriculum was an additional workload for Grenfell teachers, who like all other Mission workers had extra duties outside the realm of their profession. Although they seemed enthused about teaching the new programme, they were also overwhelmed. Teacher Elinor Goodnow, for instance, stated "at these classes I often longed to be a doctor, a public health nurse and a social worker combined with the wisdom of Solomon in all departments."¹⁹ A teacher was often the only Grenfell worker stationed in a community and was grateful that the nutrition units came to help them prevent typical illnesses associated with poor food, hygiene, and sanitation. To illustrate the range of duties carried out by the Grenfell teacher Mary P. Wheeler wrote,

Volunteer teacher was my title, but teaching was only a small part of my work in Newfoundland. I have spent two summers at Poverty Cove, in the capacity of teacher, minister, doctor, nurse, lawyer, social worker, industrial worker, and last but not least, nutrition worker. My first summer I did very little health work, concentrating most of my effort on education and social service. This summer I accomplished more along child health and welfare.²⁰

¹⁸Moseley, "The Third Year of Health Work," 107.

¹⁹Elinor Goodnow, "Bear Cove School," ADSF Jan. (1923): 123.

²⁰Mary P. Wheeler, "Report From Poverty Cove," ADSF Jan. (1923): 141.

Female teachers across the Mission believed in the health benefits of Moseley's programme and wrote about their accomplishments in *Among the Deep-Sea Fishers*. One teacher proclaimed that "cod oil was being used more and more and many families had made an attempt to have their children stop drinking tea."²¹ Other statements included enthusiastic comments such as a report on one little girl who "has gained four pounds and seems like a different child already" or "[i]t certainly is a great satisfaction to see the children gaining and becoming rosier and healthier."²² Teachers and nutrition supervisors had a tendency to place value on the physical appearance of the child to prove that the health classes were successful. One must remember, however, that most articles in *ADSF* depicted Mission reform activities as successful, and were overly optimistic.

Written declarations of immediate success with the dietary reform campaign began to bother Grenfell doctors in the third year of Moseley's health work. Doctors could not see any long-term health benefits of the dietary reform programme, and nutrition workers, a new crop every summer, had a difficult time proving that their campaign was appreciated by the local people. Moseley responded to physicians' criticisms by asserting that the ability to get children to reach the current standard weight index acted more in favor of the education initiative. "A pound increase in itself proved nothing, but when the teachers got the children to gain, they were in fact changing

²¹Celestine Goddard, "West St. Modeste School," *ADSF* Jan. (1923): 142.

²²Goodnow, "The School at Bear Cove," 135.

harmful habits into good ones, leading the children towards a life of health."²³ But physicians were not enthusiastic about height and weight indexes as a measurement of good health, since in the 1920s, there was a dearth of scientific data bearing directly on the physical signs of children's health.²⁴

In 1923 Moseley proposed an enlarged health programme, hoping that the service could be effective all year round. Her request to the I.G.A. Board came at an opportune time because the directors were setting up "a system of departmental organizations, placing in charge of each specially adapted persons."²⁵ Moseley knew that she had enough enthusiasm and experience to run an independent department, encouraged by three years of organizing the nutrition units successfully. She had, by and large, kept the nutrition campaign going by appealing to friends and colleagues, private philanthropists, health organizations, food companies, and magazine subscribers.

In the first year of her work, Moseley's monetary resources and equipment were meager, furnished by the Elizabeth McCormick Memorial Fund, Dr. W. Emerson, and a few private donors. In order to elicit more support, she wrote persuasive articles in the Mission's magazine about the inadequacies of the local diet and the benefit of child welfare work. One campaign that Moseley marketed particularly well was a "goat fund"

²³Moseley, "The Third Year of Health Work," 109.

²⁴See Hugh Chaplin, "The Signs of Health with Special Reference to Nutrition," Journal of Home Economics Sept. (1926): 485-492.

²⁵Arthur F. Cosby, "The Year 1922 in the Mission," ADSF July (1923): 51-52.

to supply the children of the Mission with milk. "Supposing a baby you loved was scrawny and white and sickly because he was being weaned on pap (white bread soaked in water) and strong tea, what would you not give that he might have some milk to make him grow plump and rosy and happy?"²⁶ Moseley explained the children could not drink milk because there was not enough hay to support cows, nor could families afford a year supply of the dried or canned imports.²⁷

Having learned through the *Journal of the American Medical Society* that the goat was 'the healthiest domestic animal in the world [and] immune to tuberculosis and other diseases common among cows,' and able to graze between rocks in the summer and feed on cut hay and birch boughs in the winter, she felt goats were the solution to the northern milk problem.²⁸ A single article produced no less than \$2000 for the goat fund.²⁹ A generous man in Chicago gave Moseley a \$500 Swiss Toggenburg. This breed was acclimatized to cold weather and could give up to two gallons of milk daily.³⁰

²⁶Marion Moseley, "Child Welfare: A Miracle for Which Your Help is Needed," ADSF July (1924): 62.

²⁷Marion Moseley, "Third Year of Health Work," 109.

²⁸Moseley, "A Goat Tale," ADSF Jan. (1923):124.

²⁹Provincial Archives of Newfoundland and Labrador (PANL), International Grenfell Association Collection (IGAC), Business Office, MG 63, Box 3, The Constituent Association File, "Report of the Executive Officer, International Grenfell Association to the Board of Directors," 20 May 1925, pg. 3.

³⁰Moseley, "A Goat Tale,"125.

By the end of 1922 Moseley had harnessed the best American resources for the Grenfell nutrition fund. "The National Child Welfare Association of New York supplied \$200 worth of their most attractive, colored picture health charts, which were invaluable in teaching illiterate mothers."³¹ The Chicago Tuberculosis Institute, the Metropolitan Life Insurance Company, and the National Dairy Council donated sets of health posters to supply schools and nursing stations.³² These organizations promoted national health standards across America.³³ Commercial companies, such as Dryco, Pepsodent, and Vaughan's Seed Store in Chicago, gave dried milk, toothpaste, and vegetable seeds to aid the treatment of disease caused by poor food and health habits.³⁴ Nutrition workers gained charitable support by presenting the idea that they were bringing knowledge to ignorant mothers.

Moseley was interested in nutrition research and how new scientific findings could make the maintenance of nutritional health less complicated. The Ward Baking Company, for instance, had developed a product derived from wheat germ called Vitavose and recommended a heaping teaspoon in water three times daily to children and adults. Because of its high vitamin B content, the Company donated a case to the

³¹Moseley, "Nutrition Work for the Children of Dr. Grenfell's Mission," 117.

³²Wilfred T. Grenfell, "Grateful Acknowledgement," *ADSF* Jan. (1923): 143-44.

³³Margaret Sawyer, "American Home Economics Association and the Health Program," 679.

³⁴Grenfell, "Grateful Acknowledgement," 143-44.

Grenfell nutrition fund, anxious to know whether the product reversed the onset of beriberi or benefitted children with low weight and malnutrition.³⁵ Commercial food companies, such as Ward, undoubtedly hoped to capitalize on their donations to the Mission, since they could advertise their products as being used by American missionaries. Though these donations helped Moseley keep her units well stocked with nutritional supplements and teaching aids, she knew that mothers would eventually have to want to procure these items themselves. Moseley had great faith in the persuasive teachings of nutrition workers, but faced yet another great challenge - recruiting personnel.

Nutrition units operated almost entirely on charitable donations and volunteer work. From 1920 to 1923 Moseley worked out all of the details for recruitment, staff travel arrangements, and accommodations. To staff the traveling nutrition units with trained workers Moseley recruited former colleagues Ann Logan, Dorothy Card, and Mary Card. The Elizabeth McCormick Fund paid for their time and expenses, just as it had paid for Moseley and Elizabeth Fuller's Mission apprenticeship in 1920.³⁶ Moseley also contacted former classmates from Bryn Mawr College, such as Mary Tyler, Dorothy Hall, and Edith Howes, and told the nutrition worker in charge of the White Bay Unit that she would "not be able to find more all around girls" for the work. Howes had spent four

³⁵PANL, IGAC, Business Office, MG 63, Box 9, Child Welfare Reports, "Hugh B. Griffiths to Dr. Curtis," pgs. 1-2.

³⁶YUA, SML, EPHC, Group 771, Series III, Box 57, Folder 1259, "Ann Logan to Dear "E," March 1924, pg.1.

years as the supervisor of nutrition work in Pennsylvania schools under the "Health Council and Tuberculosis Association" and the "Inter-State Dairy Council, Philadelphia." She convinced Howes to pay the \$300 necessary for travel and accommodations so that she might experience the challenge and joy of much-needed Mission work.³⁷

Harriot Houghteling, the secretary of the Grenfell Staff Selection Committee, also helped Moseley locate nutrition workers and had some success recruiting young women from Vassar College. She had no luck in persuading other students from prestigious colleges, such as Smith and Mount Holyoke.³⁸ When nutrition workers were not available, Houghteling sent Moseley nursing applicants with experience in health education and child welfare work. In 1923, Moseley used two of these recruits to fill in for nutrition workers not returning to the Mission. They agreed to take a training course in nutrition from Dr. William Emerson.³⁹

In order to ensure that the nutrition clinic was legitimate in the eyes of the Grenfell medical community, it was essential that Moseley recruited doctors to work in cooperation with the nutrition workers. Home economists in the United States were trying to win support from the medical community, insisting that doctors should work

³⁷YUA, SML, EPIC, Group 771, Series III, Box 57, Folder 1245, "Marion R. Moseley to Dear Elizabeth," 17 April 1923, pg. 3.

³⁸YUA, SML, EPIC, Group 771, Series III, Box 57, Folder 1247, "Moseley to Dear Harriot," 17 May 1923, pg.2.

³⁹YUA, SML, EPIC, Group 771, Series III, Box 57, Folder 1243, "Marion R. Moseley to Dear Elizabeth," 8 March 1923, pg. 1.

with nutrition workers in child welfare clinics. Unfortunately, Moseley had difficulties finding doctors who were willing to pay their travel and accommodations, and forgo a salary, to carry out child welfare work for three months in the summer. She therefore focused her recruitment efforts on third-year medical students, or borrowed doctors from the Mission's general medical work.

In 1920, Moseley borrowed two recent graduates from Columbia University's College of Physicians and Surgeons who were stationed at Spotted Islands, Labrador. The P & S Unit, as it was called, was a separate mission run and financed by the students and alumni of the university's medical school. Though the P & S Unit was independent of the Mission in theory, medical interns and dentists took directions from Grenfell medical officers because they were technically working within the Mission region.⁴⁰ Dr. Grenfell, for instance, directed Martin Schreiber and Stewart Sniffen at Spotted Islands to carry out a nutrition campaign in cooperation with Moseley and Fuller. They were appreciative of what the nutrition workers were trying to do, and worked side by side with the nutrition workers, giving talks at Black Tickle, Batteau, and Seal Island on the principles of hygiene, the protection of clean water, the relationship between improper food and physical defects, and the notion of regular feeding to new mothers.⁴¹

⁴⁰PANI, IGAC, Business Office, MG 63, Box 8, Spotted Islands File, Marshall Smith, "An account of the work at Spotted Islands this summer," 1926, pg. 1

⁴¹Marion Moseley, "Spotted Islands, Labrador," ADSE Jan. (1922): 120-121.

Dr. Sniffen spoke highly of nutrition workers in the Mission's magazine, stating that their work was not a campaign to convince the people to provide their children with food they could not obtain: "It is rather an attempt to reinforce Dr. Grenfell in his efforts to save the Labrador people from complete extinction."⁴² In his opinion the hospitals were doing excellent work in arresting acute cases, but many fishers would not go until they were too sick to work. He felt that it was impossible for the Grenfell Mission to provide medical aid to 53,000 people over 1,100 miles of coast, and the nutrition units were doing more in preventing many people from contracting "tubercular pleurisy" or becoming ill with nutritional deficiencies.⁴³

There was little tension between nutrition workers and the medical interns. They were on a similar footing within the Grenfell medical hierarchy, because both groups were experimenting with new professional images and techniques. That is not to say that they had complete professional independence to carry out child welfare work with the nutrition units. Medical interns and nutrition workers ultimately took direction from the Grenfell medical officers in charge of the hospital districts. Though nutrition workers and interns experienced some degree of professional independence while working in traveling units, they deferred to the requests and needs of the Grenfell medical officers. Unfortunately for the nutrition team, medical officers changed all of the time, and many

⁴²Stewart Sniffen, "The Traveling Labrador Health Unit," ADSF Jan (1923): 109.

⁴³Sniffen, "The Traveling Labrador Health Unit," 110.

new doctors were concerned with having an available medical team to arrest acute cases rather than having a team to perform health examinations on hundreds of children.

It is also reasonable to suggest that new Mission doctors overlooked the value of nutrition work, because they were not familiar with the necessity of overcoming beriberi and other dietary deficiencies. Dr. W.R. Aykroyd noted that the recorded death rate from beriberi declined after World War I and was on the verge of disappearance in 1930.⁴⁴ Due to a sharp drop in the most serious deficiency problem, nutrition workers may have had to work hard to prove the value of "scientific eating" in the maintenance of health. Physicians influenced policy decisions made by the IGA Board of Directors, and often diminished the necessity of nutrition work.

In fact, the Board of Directors spoke of dismantling nutrition units in the third year of operation, debating whether the Mission interns were too valuable to be lent to Moseley. An unusual number of medical calls at Spotted Islands that summer forced the medical officer in charge to ask the two medical graduates to leave the nutrition unit in mid-season.⁴⁵ Nutrition worker Mary Card was disappointed when the child welfare doctor was called away from her unit in 1923 to tend to a diphtheria outbreak in White Bay.⁴⁶ The disruption of losing a child welfare doctor to more acute cases antagonized

⁴⁴W.R. Aykroyd, "Beriberi and Other Food-Deficiency Diseases in Newfoundland and Labrador," Journal of Hygiene 30 (1930): 357.

⁴⁵Moseley "Spotted Islands, Labrador," 120.

⁴⁶Mary F. Card, "Nutrition Work in White Bay Newfoundland," ADSF April (1924): 26.

Moseley, though she said little about it. When she first initiated the programme, Dr. Charles S. Curtis, a medical officer in charge of the St. Anthony hospital and district, denied her nutrition unit use of the hospital ship, *Strathcona*, arguing that the boat was better used for emergency calls and the collection and transportation of poor children to the St. Anthony Orphanage.⁴⁷

Moseley told Dr. Grenfell that such actions were discouraging, because they made her staff "feel that their work was regarded lightly by Medical Officers."⁴⁸ She felt that the nutrition workers should have doctors specifically helping them with the child welfare program, who should remain with each unit to establish the nutrition clinic and oversee the educational work.⁴⁹ The presence and cooperation of medical staff was essential if she were to gain public respect. Doctors had to gain the fishers' confidence in their ability to cure illness. Moseley had to gain both medical and public confidence in her teams' ability to prevent disease. The nutrition units in her mind provided a service to the Mission because they did preventative work and ultimately reduced the need for expensive treatment and transportation to the main hospitals. Moseley's philosophy complemented that of Dr. Grenfell, who had hoped to reduce the number of "preventable" diseases treated.

⁴⁷YUA, SML, Wilfred Thomason Grenfell Papers (WTGC), Group 254, Series I, Box 2, "Wilfred Grenfell to Dr. John Mason Little," 6 October 1922, pg.1.

⁴⁸YUA, SML, WTGC, Group 254, Series I, Box 2, "Wilfred Grenfell to Dr. John Mason Little," 6 October 1922, pg.2.

⁴⁹"Outline for the Use of Health Clubs in Labrador, 1922.." pg.4.

In her attempt to demonstrate nutrition workers' ability to be efficient and to work cooperatively with a medical team, Moseley faced numerous conflicts with the medical officers. Nutrition workers prepared social history cards and height and weight indexes to help the doctor get a better overview of children's health behaviours and patterns. In 1921, they referred underweight children to a doctor for a physical examination. Moseley terminated this practice just as quickly as she established it, since Dr. Charles Curtis feared that some children would be up to weight in spite of physical defects.⁵⁰ Normal weight children might have health problems that could not be detected through social history cards.

There were professional debates between and among the health professions in the 1920s concerning height and weight indexes and what "normal health" looked like in children. At a training school for home demonstration workers in Mississippi, home economics students debated the usefulness of the height and weight charts and whether it was enough to make an observation of the physical function and appearance of a child.⁵¹ Although nutrition workers at the Mission continued to use the height and weight charts, and noted children's physical characteristics, none of these techniques were used for medical referrals after 1921. Moseley most likely feared that doctors would view this practice as an infringement upon medical observation and diagnosis. The height and

⁵⁰Moseley, "Nutrition Work for the Children of Dr. Grenfell's Mission," 117.

⁵¹Miriam Birdseye, "Teaching the Signs of Child Health," Journal of Home Economics April (1928): 253-54.

weight indexes were used instead as a guide to visually demonstrate to mothers improvements in their child's health,⁵² and to establish healthful competition between children to gain and grow as quickly as possible.⁵³

In 1922 Moseley revamped the health programme to make the nutrition clinics and classes mandatory for all school children - not just the underweight. Still, some doctors were not cooperative. They resented working with nutrition workers and claimed that the women either knew little about nutrition or were incapable of changing local attitudes. Knowing that tensions were rising between medical officers and the traveling nutrition workers, Anne Grenfell requested a written report from each district doctor, asking them to give an opinion of the value of the nutrition branch. The general I.G.A. secretary and business manager, Charles Watson, was responsible for circularizing the reports to the President of the Board of Directors at an annual meeting.⁵⁴

Dr. R. Rafter, in charge of Pilley's Island Hospital, stated that he was disappointed by the nutrition workers' lack of training in infant feeding. He felt that they should know something about nursing mothers and infant formula, and was only too happy to point out this gap in their knowledge.⁵⁵ Dr. Rafter also questioned why these women were even

⁵²Dorothy Stockham, "Notre Dame Bay Health Stations," ADSF Jan. (1923): 133.

⁵³Ann S. Logan, "Nutrition Worker, White Bay Unit," ADSF Jan. (1924): 131.

⁵⁴"Wilfred Grenfell to Dr. John Mason Little," 6 October 1922, pg.1.

⁵⁵Dr. Rafter undoubtedly knew very little about infant feeding. As late as 1924 American doctor Dorothy Reed Mendenhall lamented the difficulty in making the medical profession appreciate the fundamental principles of nutrition, especially as they

titled nutrition workers, since they were "absolutely untrained and unlearned" in the subject the name implied. His superiors had told him that he should cooperate with the nutrition workers, but he found that there was nothing that could be of value to the hospital:

This was a great disappointment and surprise, as I had been given to understand that I could call on these workers to step in and instruct nursing mothers, for instance, how to prepare and give milk formula, and to go into unhygienic houses, which are the usual ones here, and scientifically, but simply show the inmates how to live and how to work, so as to obtain whatever little nourishment there is in their customary dietary.⁵⁶

In his opinion, the nutrition workers "were nothing more than social workers" that he had seen in America's city slums.⁵⁷

In defense of the nutrition units, Moseley spoke of the range and importance of the workers' activities. She addressed the accusation that she had no set programme other than employing any means to change children's behaviour and habits. According to the "critics," nutrition workers superimposed ideas on the Labrador people that they did not wish to carry out. Moseley responded that negative comments were unfounded. In her opinion the programme was simple and practical.

Its greatest results, perhaps, have been the determination on the part

applied to pregnancy and infancy. Dorothy Reed Mendenhall, M.D., "Preventative Feeding for Mothers and Infants," Journal of Home Economics 16.10 (1924): 570.

⁵⁶PANI, IGAC, Business Office, MG 63, Box 9, Child Welfare Reports (1923), "R.R. Rafter to Arthur F. Cosby, executive officer," 15 Jan. 1923, pg.1.

⁵⁷"R.R. Rafter to Arthur F. Cosby, executive officer," 15 Jan. 1923, pg. 2.

of the parents to change conditions harmful to them and their children. For instance, mothers who were giving their children from 3 to 20 cups of strong tea a day have given it up entirely in favor of milk, cocoa or even hot water.⁵⁸

Moseley argued that she had positive results in communities where the work was allowed to continue on a permanent basis. She also believed that where the class method was set up in the summer school, there was an improvement over previous medical health teaching. "We have actually made children willing to take food which had been recommended over and over again by the hospital but had never been eaten before."⁵⁹ In defense of lessons calling for designated periods of rest, Moseley stated that this programme adhered to normal teachings in the campaign for the prevention of tuberculosis, which was almost invariably the result of undernourishment. A child lying recumbent, even without sleep, was conserving energy for strength and growth. Daily periods of rest were particularly useful to the local children, since they had many physical demands placed upon them, especially during the spring when the food rations were meager.⁶⁰

Dr. Grenfell and his wife Anne supported Moseley, believing that there were only a few people who criticized the operation of nutritional clinics, and that those critics did not understand the spirit of the work. According to Grenfell, the nutrition campaign was

⁵⁸Moseley, "The Third Year of Health Work," 108.

⁵⁹Moseley, "The Third Year of Health Work," 109.

⁶⁰Moseley, "The Third Year of Health Work," 108-109.

"of a more constructive character than it had been before" and he believed that the nutrition workers were responsible for that, converting many who were normally skeptical about its value. Moseley insisted that medical criticism shifted enthusiasm for her work, but Grenfell assured her that she over-estimated the number of people who opposed her, stating that he had received negative reports from only two medical officers.⁶¹ Grenfell decided to help Moseley by writing to his good friend Dr. Little, who was on the Board of Directors in Boston. In Grenfell's words,

Marion is just as enthusiastic as ever, and will do everything in her power to forward this branch of the work. To my mind she takes a more practical view of the matter than Dr. Emerson does. I think this is due not merely to the fact that she has seen the work, but to a difference in the character of the two people.⁶²

She "behaved in a splendid way at St. Anthony and everybody honoured her greatly for having taken the disappointment [of losing the boat and the doctors] with so much real commonsense and real interest in the general work."⁶³ Grenfell recommended that Moseley should continue to supervise the units, but through an independent department. As Director of a Child Welfare Department, she could raise money to pay for her own

⁶¹YUA, SML, WTGC, Group 254, Series 1, Box 2, "Grenfell to John Mason Little," 6 October 1922, pg. 2.

⁶²"Grenfell to John Mason Little," pg. 2.

⁶³"Grenfell to John Mason Little," pg. 1.

doctors and dentists, so that the rest of the Association would not be able to claim their time. He felt this would be a satisfactory arrangement for everyone.⁶⁴

The Board of Directors approved Grenfell's recommendation and appointed Marion Moseley head of the Child Welfare Department in 1923. She accepted on condition that the Mission should continue to cooperate with the Elizabeth McCormick Memorial Fund, so that everyone might benefit from the organization's "experience, advice, and assistance."⁶⁵ She also requested permission to begin systematic follow-ups where the work had already begun by "enlisting the aid of the other workers connected with the Mission whenever possible."⁶⁶ In her new capacity as Director, she agreed to be responsible for recruiting her own doctors, dentists, and nutrition workers; to act as a supervisor to teachers and nurses working with the department; and to summarize all the financial arrangements, physical examination sheets, and social history cards for the annual reports. The Board of Directors were quite satisfied with the new arrangement and noted Moseley's excellent ability to gather through friends, writings, and the sale of Christmas cards all the money required to finance this branch of work.⁶⁷

⁶⁴"Grenfell to John Mason Little," pg. 2.

⁶⁵ PANL, IGAC, Business Office, MG 63, Box 3, The Constituent Association File, "Report of the Executive Officer, International Grenfell Association to the Board of Directors," May 1923, pg. 3.

⁶⁶"Report of the Executive Officer, International Grenfell Association to the Board of Directors," pg. 3.

⁶⁷"Report of the Executive Officer, International Grenfell Association to the Board of Directors," pg. 3.

Moseley's new appointment and responsibilities aroused the interest of Dr. Harry Paddon, the senior medical officer in charge of the hospitals in Indian Harbour and North West River, and a boarding school in Muddy Bay, Labrador. In 1923 Paddon wrote to Moseley outlining his opinion of articles written by nutrition workers in the "Child Welfare Number" of *ADSI*. He was concerned that her staff was too confident in their belief that certain individuals had been moved by health lectures to change their ways. Eleven years of experience on the coast had taught him that the local people "see outsiders committing every kind of absurdity at the things that they are past masters of." "They know that if most of the people who lecture them had to exist a single winter in Labrador on their own efforts with an axe and gun, etc., they would simply perish."⁶⁸ He advised Moseley to tell her nutrition workers to really familiarize themselves with local taste preferences and to do a more thorough study of both the advantages and disadvantages of native foods. If nutrition workers were to overcome the brown flour prejudice, for instance, they might consider recipes that allowed for a little white flour alteration, which would make bread both tasteful and nutritious. "Another point about brown bread is that it does get much drier than white, and is much less pleasant to eat when there is no grease to lubricate it."⁶⁹ He had tried to overcome this obstacle by having a "Newfoundland fish-wife" render out oil from the livers of cod and seals. He

⁶⁸PANI., I.G.A. Business Office, MG 63, Box 9, Child Welfare Reports 1923 File, "Harry L. Paddon to Miss Marion Moseley," 5 July 1923, pg. 2.

⁶⁹"Harry L. Paddon to Miss Marion Moseley," pg. 3.

ordered no refined oil for himself, because he understood that it lost its nutritive value in the manufacturing process, just as refined flour did.⁷⁰

Paddon assured Moseley that he only wanted to advise her on public health matters, because he had witnessed too many Mission workers make the local people skeptical of foreign advice. In 1912, for instance, the tuberculosis specialist Dr. Wakefield "did more to damn the cause of fresh air, brown flour and general receptivity of outside ideas than any other means...His Satanic Majesty could have devised."⁷¹ Dr. Paddon had been battling these results for years, because local people blamed Wakefield for killing their relatives from exposure, an accusation he could not refute. Paddon assured her that he supported her public health work and believed that her staff could only help local women play a significant role in improving the health of the country. He was pleased to read about a nutrition worker's cooking venture in Muddy Bay. He felt that the demonstration given by Annette Stiles was excellent because it showed the local women how to take better advantage of their natural resources, thereby offering infinite possibilities to future housewives. He also pointed out other good works of the Child Welfare Department, noting the positive outcome of sending native berries to laboratories in the United States for comparative analysis. Overall, Paddon looked forward to

⁷⁰"Harry L. Paddon to Miss Marion Moseley,"pg. 3.

⁷¹"Harry L. Paddon to Miss Marion Moseley,"pg. 3.

cooperating with nutrition workers and hoped that they would offer their opinions and advise him in return.⁷²

Moseley's experience with the Child Welfare Department demonstrates how nutrition workers, as a sex-segmented workforce, struggled with the I.G.A. directors and doctors for acceptance of their practice. Criticism from Curtis, Rafter, and Paddon, no matter how mild, reminded Moseley that her work should centre on women's domestic education. The explicit message from the medical community was that nutrition workers should not be diagnosing cases of malnutrition for the doctor. The I.G.A. in New York always supported the district doctors' decisions and kept a careful watch on child welfare activities. Excluded from funding to staff and equip her department, Moseley successfully forged alliances with former colleagues and the Grenfells to support her work. By 1923, Moseley had raised thousands of dollars for Grenfell child welfare work and had no less than 23 nutrition workers, dozens of teachers, and over a half dozen doctors to carry out her public health programme.

Nutrition work was an extension of medical work that Grenfell physicians had attempted to provide in the first two decades of the twentieth century. Physicians such as Harry Paddon and Wilfred Grenfell had hoped that the nutrition workers would relieve the doctors from what seemed like women's special tasks. To be pulled into child welfare work and placed under a woman's direction, though, was becoming a reality which doctors had not anticipated. In 1921, Moseley also pushed the boundaries of women's

⁷²"Harry L. Paddon to Miss Marion Moseley,"pg. 4.

place in the medical hierarchy by encouraging teacher Elizabeth Page to establish an independent Child Welfare Department in White Bay, a large district at the most southern point of the Northern Peninsula. Dr. Grenfell, again supported Moseley's goal, and the nutrition programme was expanded.

Acting with full authority as superintendent of the Mission, Grenfell commissioned Moseley to send nutrition supervisor Katherine Blayney to the White Bay region to train three teachers for nutrition work. Grenfell had been concerned about reports of poor fishing, poverty, and food shortages in the bay and wondered whether the dietary reform programme could be extended to La Scie, Round Harbour, Ming's Bight, Coachman Cove and Fleur de Lys.⁷³ For the upcoming summer work, he asked Blayney to prepare a survey of the nutritional needs of the people and told each of the three summer teachers to observe as much of the general living conditions as possible. Blayney produced an estimate on the number of severe cases of malnutrition in the bay, and Page wrote an extensive report about the programme she envisioned. Page traveled to several communities that summer and outlined the need for a coordinated health programme that would offer medical, educational, and employment opportunities for the people. Grenfell sent Page's report to Moseley, believing it complemented her plan to extend the preventative health campaign to those communities.⁷⁴ Both he and Moseley agreed that

⁷³YUA, SML, WTGC, Group 254, Series I, Box 2, "Extract from Dr. Grenfell's letter, Jan.1, 1923 to M. Moseley," pg. 2.

⁷⁴YUA, SML, EPHC, Group 771, Series II, Box 60, Folder 1315, "Work in White Bay," 15 December 1926, pg. 1.

Page would be the perfect director of educational, industrial, and child welfare services and recommended to the I.G.A. Board that she be placed in charge of all three programmes under a separate Child Welfare Department.

Elizabeth Page, White Bay Child Welfare Unit (1921-1926)

Elizabeth Page was 32, single, and from an affluent background when she volunteered as a teacher with the Grenfell Mission in 1921. During the First World War she had been a volunteer canteen worker and hut secretary with the Y.M.C.A. in Genieart, France. In the post-war period she found employment as a caseworker serving families of disabled war veterans for a Red Cross chapter in New York. Her maternal grandfather, Alfred Coxe Roe was a Presbyterian minister and the founder of Berkeley Institute in Brooklyn and the New York Collegiate Institute. Her father, Alfred Rider, was a state senator and justice of the New York Supreme Court, and supported his daughter's academic pursuits. Page graduated from Vassar, an elite women's college, with an arts degree in 1912 and received a master's in history from Columbia in 1914. Between 1921 and 1926 she traveled to the Grenfell Mission every summer to coordinate the child welfare work, to teach school children, and to teach crafts to adults. In the winters she worked from home in New York raising money and recruiting staff for the White Bay Nutrition Unit. Although Page kept volumes of correspondence pertaining to her work with the Mission, she is most famous for her published work, Wagons West: A Story of the Oregon Trail (1930), Wilderness Adventure (1946) and The Tree of Liberty (1939).

In 1940 she sold The Tree of Liberty to Columbia Pictures for \$55,000, which resulted in a Hollywood movie entitled "The Howards of Virginia" starring Cary Grant and Martha Scott.⁷⁵

Page's creative ability enabled her to be a visionary during her five-year service to the Grenfell Mission. During her first summer as a schoolteacher, Page wrote a social survey of the living conditions of the people of White Bay. She noted that there was a grave problem with malnutrition among the fishers and their children, and felt that it stemmed from three bad years of fishing. The problem of poverty and illness could be overcome if the Mission offered the people a combined programme of "education, better nutrition, and more dependable employment."⁷⁶ To provide these essential services she outlined a programme, stating that the Mission would have to send six or seven workers and two motorboats each summer to cover the whole bay.⁷⁷

In her opinion, White Bay needed a doctor, a nutrition worker, an industrial worker, two people to operate the motor boats, and three teachers. The latter would have "some study along the lines of nutrition work and visit a nutrition clinic at least once so

⁷⁵YUA, SML, "Finding Aid for Elizabeth Page Harris Papers," pg.1. Page married Dr. Herbert Taylor Harris of Wyoming at the age of 65 and died from lymphatic leukemia on March 11, 1969 in Mexico.

⁷⁶Elizabeth Page, "The Educational Department: White Bay, Newfoundland," ADSF Jan. (1922): 133.

⁷⁷Page, "The Educational Department," 133.

that they could work intelligently under the nutrition supervisor of the bay."⁷⁸ The doctor should "devote two weeks in the early summer to completing the work of examining, weighing, and measuring the children which was begun this year."⁷⁹ After that was done, a trained nutrition worker should be left to conduct classes, supervise the teachers, and organize communities that were without summer schools. The logical centre for nutrition work was Jackson's Arm, the largest community in the bay. There, the nutrition worker could move out to conduct classes at Coney Arm, the lower end of Sop's Island, and Westport. If time permitted, she could make periodic trips to Brown's Cove, Bear Cove, and the upper end of Sop's Island to supervise the teachers' health work.⁸⁰

Rethinking her plan in the fall, Page suggested to Moseley that White Bay ought to have a doctor and dentist for a longer period than had normally been allotted. Moseley agreed and wrote to Page telling her that she had always believed that a district doctor in the southwest region would free doctors in St. Anthony from having to travel too far to work. She told Page that if the Board of Directors agreed, Page would organize and manage a new unit in the bay next year.

As you want the services of a doctor and dentist for such a long period next summer, I think you should go ahead quite independently of us and secure your own doctor and dentist for the summer in White Bay. This would make the White Bay unit quite independent of any other part of the coast and by concentration there much better

⁷⁸Page, "The Educational Department," 133.

⁷⁹Page, "The Education Department," 133.

⁸⁰Page, "The Educational Department," 133-134.

work should be accomplished.⁸¹

Page was honoured and eager to accept this proposition, and expressed her enthusiasm for Newfoundland and the Mission. "I never could put into words how I loved the people, the work, and White Bay. It has been one of the most valuable experiences of my life and I want to go again next year."⁸²

But, when Grenfell submitted Page's plan to the Board of Directors, they told him that the Mission was not in a position to undertake the financial responsibility which the expanded work would entail. The Association was already having trouble supporting its current stations: Page could go ahead and organize the White Bay Unit, but she had to raise an independent fund.⁸³ They stressed that such an account would have to be audited like all Mission funds and the donations credited to the Association, so that donors could claim their usual tax exemptions.⁸⁴ A gift of \$500 from Briar Cliff School for a motor boat gave Page the necessary incentive to begin a fund-raising campaign for the summer work. Back home during winter, Page raised \$1110 for the Unit by writing letters about

⁸¹YUA, SML, EPHC, Group 771, Series III, Box 57, Folder 1235, "Letter from Moseley to Elizabeth Page," January 16, 1922, pg. 5-6.

⁸²Page, "The Educational Department," 129.

⁸³YUA, SML, EPHC, Group 771, Series III, Box 67, Folder 1468, Elizabeth Page, "The White Bay Unit," 1922, pg. 1.

⁸⁴YUA, SML, EPHC, Group 771, Series III, Box 58, Folder 1281, "Letter from Page to Mary Card," 3 January 1925, pg. 1.

the Mission's health work to American churches, colleges, and women's clubs.⁸⁵ In 1922 Page became the first director in charge of the White Bay Child Welfare Unit. Moseley remained the head of the Child Welfare Department and advised Page in matters to do with recruitment, the allocation of funds, and the organization of nutrition clinics and health classes.

One of Page's greatest challenges was to secure funding. During her winters at home in the United States, Page wrote letters and traveled widely in search of potential donors in New York, Michigan, and other states across the mid-west. By 1925 Page found herself engaged in a lecture circuit that Grenfell had charted. In some of the places where she was scheduled to talk, organizers questioned the authenticity of her work. Women's clubs and church leagues, for instance, asked Mary Card, Page's tour secretary, whether Page had permission to speak on behalf of Grenfell's mission. These organizations admired Dr. Grenfell and worried whether Page was causing injury to the doctor by more or less "stealing his thunder." Card assured potential donors that Page had permission from the Association, yet decided to request a written statement from the Board of Directors to verify the authenticity of this cause.⁸⁶

In January 1925 executive officer, Arthur F. Cosby, issued Page an official letter.

To All Friends of the Grenfell Association:

⁸⁵ Page, "The White Bay Unit, 1922," pg. 1.

⁸⁶ YUA, SML, EPHC, Group 771, Series III, Box 58, Folder 1282, "Mary Card to Elizabeth Page," January 1925, pgs. 3-4.

It gives me great pleasure to commend Miss Elizabeth M. Page for your favorable attention, and certify that Miss Page is a valued worker of this Mission for the past five (5) years. Miss Page is voluntarily traveling to broaden our work and interest, and we shall appreciate any favors shown her and all support given to her.⁸⁷

In 1927, an article in *Among the Deep Sea Fishers* indicated that Page raised over \$2000 during her six-year service with the Mission.⁸⁸ Real figures, however, amounted to approximately \$3000 per annum, totaling \$15,000 or more by the time Page retired from her post. Big donors included Mrs. Dow's School at Briarcliff Manor, the Knox School at Cooperstown, the Baldwin School at Bryn Mawr, Vassar College, and the Chicago Branch of the Grenfell Association.⁸⁹ Page made sure that the supporting organizations understood that their money went towards combined nutritional, educational, and industrial elements under the White Bay Fund. She was committed to child welfare work and did not want to lose her donations to the general Mission Fund.⁹⁰

A frequent theme in the history of home economics was the opposition and sometimes outright hostility women experienced when they requested essential equipment from administrators of hospitals or universities. Page's greatest fund raising

⁸⁷YUA, SML, EPHC, Group 771, Series III, Gox 58, Folder 1282. Arthur F. Cosby, "To All Friends of the Grenfell Association," 13 January 1925, pg. 1.

⁸⁸"Association Items," ADSF April (1927): 23.

⁸⁹"Association Items," 23.

⁹⁰YUA, SML, EPHC, Group 771, Series III, Box 57, Folder 1239, "Page to Mr. Watson," 20 November 1922, pg. 1.

achievements was the \$2500 she raised to purchase a fully-equipped motorboat for the White Bay Unit. Since traveling by water was the most efficient way nutrition workers could reach children in the summer, engine troubles with the hospital boat caused Page a great deal of grief. In St. Anthony the superintendent Dr. Charles Curtis grew displeased with Page because he had heard rumours that she hated the two Mission boats lent to her. According to visitors from White Bay, Page frequently bemoaned the difficulties she had with starting the engine of her first boat and pronounced the second boat, the Amber Jack, "unseaworthy."⁹¹ Page's boat trouble was a recurring theme in her correspondence with the superintendent. In one letter, Curtis warned Page that she would taint the image of the Mission if she did not take her complaints to the medical officers rather than visitors. He told her that the rumours she was spreading caused Dr. Grenfell unnecessary grief. When Dr. Grenfell decided one day to send nurses to Battle Harbour in the Amber Jack "a great deal of fuss was made that he was sending ladies out in a boat not fit."⁹² Fortunately for Dr. Curtis and the I.G.A. Directors, the Child Welfare Department rarely depended upon the Mission's main funds or the goodwill of the medical officers.

Page did not let Curtis' comments get her down and in fact spoke more openly about her transportation problems in the child welfare number of the Mission's magazine. She told readers to watch out for Miss Garrett's article, which would "tell the story of the

⁹¹YUA, SML, EPHC, Group 771, Series III, Box 58, Folder 1271, "Dr. Curtis to Elizabeth Page," 6 August 1924, pgs 1-2.

⁹²"Dr. Curtis to Elizabeth Page," 6 August 1924, pg.4.

overland journey of four of the workers who refused to be delayed at the beginning of the season because the one steamer for White Bay had gone on the rocks."⁹³ She also encouraged readers not to miss Ann Logan's entry about the nutrition work at La Scie, a fascinating account, even though she did not tell of "her pluck when adrift in a disabled motor boat on a windy day."⁹⁴ Page's depiction of women in danger was undoubtedly meant to play on the readers' conscience and pocket books. A new boat for White Bay would not only be safer than the one Dr. Curtis issued to her, but it would allow the child welfare workers to avoid competition for resources in St. Anthony.

To settle the transportation problem once and for all, Page approached individuals from St. John's to Virginia for a steamer worthy of carrying her staff. She was overjoyed when she found a relatively new Navy boat valued at \$6000 but selling to the Mission for \$2500 and took the risk of putting a down payment on it before raising the money. With a generous gift from her old school Vassar, Page purchased the boat. She confided to the Mission's personnel secretary Harriot Houghteling that with this boat she felt "all the strain due to hard living conditions would be taken out of the summer's work." The boat had accommodations for five and a powerful engine that enabled the nutrition team to cover a greater number of communities in a shorter period of time.⁹⁵

⁹³Elizabeth Page, "Growth of the White Bay Work," ADSI April (1924): 25.

⁹⁴Page, "Growth of the White Bay Work," 25.

⁹⁵YUA, SML, EPHC, Group 771, Series III, Box 58, Folder 1278, "Page to Harriot Houghteling," 18 December 1924, pg. 1.

It is important to note that the child welfare directors had to obtain I.G.A. approval for all their activities, not only their fundraising campaigns, but the rationale for spending money. Yet whenever Moseley or Page had a pressing issue that could not wait until the Directors' meetings, they went to the top of the Mission's hierarchy, to Dr. Grenfell or his wife. In February 1923 Page wrote Anne Grenfell asking several important questions about the White Bay Unit.

Dr. Grenfell has evidently not had the time to write in reply, but meanwhile events have been moving and I am rapidly getting to the place where I have to know what to do next. I have just seen Marion Moseley and at her suggestion I am writing you to see if you can help me out of my difficulty.⁹⁶

Dr. Grenfell often sidestepped the Directors and authorized the child welfare leaders to expand their territory or purchase an expensive piece of equipment. Anne Grenfell had authority to authorize departmental activities as well. The Grenfells' meddling in administrative affairs created problems between the nutrition workers, the doctors, and the Directors. Essentially, they extended authority to Page and Moseley that the Association had little control over or knew nothing about.⁹⁷

As demonstrated earlier, the I.G.A. Board warned Moseley and Page that they could not afford to pay for the full-time services of a child welfare doctor or a nutrition worker. The White Bay territory, sprinkled with small villages miles apart, was much

⁹⁶YUA, SML, EPHC, Group 771, Series III, Box 57, Folder 1242, "Page to Mrs. Grenfell," 22 February 1923, pg.2.

⁹⁷"Page to Mrs. Grenfell," pg.1.

harder to service than Moseley and Page had originally thought. Page considered raising a small salary to have nutrition workers placed in more stationary districts over the summer, but gave up on the idea when she realized that each outstation cost approximately \$250 to run in one season. If she were to establish just one station, she would need an additional \$300.⁹⁸ The White Bay Unit budget covered food and transportation for the staff as they worked in the Bay. Personnel were expected to finance their transportation to and from the Mission, as well as their lodging, personal supplies, and in some instances their own equipment. In many cases nutrition workers brought their own weigh scales for the children, because the Mission scales were too large and awkward to carry about the bay.⁹⁹

Facing budget constraints for permanent stations and a dearth of specialized workers to carry out the work, Page advertised the Mission's openings for nutrition workers in *Among the Deep Sea Fishers* and approached commercial and volunteer recruiting agencies in the United States. Nutrition work was not a highly paid profession and available volunteers were usually college students looking for work experience during the summer months. Still young, many had to obtain permission from their parents to travel to distant countries for fieldwork. Those who wished to work for the Grenfell Mission had the additional challenge of finding the money to travel there. One

⁹⁸YUA, SML, EPIC, Group 771, Series III, Box 57, Folder 1249, "Page to Doctor Blackall," 7 June 1923, pg.1.

⁹⁹YUA, SML, EPIC, Group 771, Series III, Box 58, Folder 1262, "Page to Miss Emma K. Leiss," 28 April 1924, pg. 2.

commercial agency found Page a potential recruit who could pay her own expenses to carry out the summer health work. The recruit's obstacle, however, lay in the fact that she could not persuade her parents that a foreign mission was suitable for her.¹⁰⁰ "Several girls that thought they were able to go found on going over the family finances that they could not do as they wished. Two who had made all arrangements to go had to drop out because of ill-health in the family, and one because of her own illness."¹⁰¹ With replies such as these, Page was turned down by one commercial recruiting agency after another. Some informed her that their candidates were only interested in paid work and would not travel more than 25 miles from home. Others advised her to approach the employment agencies of wealthy schools, or charitable organizations.¹⁰²

To find women who did not have to worry about the financial strain, Page approached the College Occupation Bureaus of Smith, Vassar and Mt. Holyoke - elite schools for women in the eastern United States.¹⁰³ The Vassar Committee always had a dozen girls lined up. Many of the students were members of the Christians' Association. It had been financing internships at "Children's Island" and was interested in sending students to the Grenfell Mission. Page felt that Vassar students were desirable because

¹⁰⁰YUA, SML, EPHIC, Group 771, Series III, Box 57, Folder 1246, "Page to Harriot Houghteling," 4 May 1923, pg. 1.

¹⁰¹EPHIC, "Page to Doctor Blackall," 7 June 1923, pg. 1.

¹⁰²EPHIC, "Page to Harriot Houghteling," 4 May 1923, pg. 1.

¹⁰³YUA, SML, EPHIC, Group 771, Series III, Box 57, Folder 1247, "Page to Harriot Houghteling," 17 May 1923, pg. 2.

they had a reputation for dependability and efficiency.¹⁰⁴ Harriot Houghteling of the Staff Selection Committee managed to find a few recruits who had finished college for some time and were working with other health organizations. Miss Emma K. Leiss, for example, was trained in the Emerson method, a perfect candidate for Page, and had worked with the Marion County Tuberculosis Association in Indiana. To attract Leiss, Page pointed out that the western part of the La Scie district, an area she could be working in, was destitute and had a large number of beriberi cases. The people of La Scie were in great need of nutrition education, she told Leiss. "You will find that you never were so needed in all your life, which by the way is a tremendously thrilling situation to be in."¹⁰⁵

Page began to have real recruitment problems when the Association's Executive Officer, Colonel Arthur Cosby, told her that the Mission Directors were receiving complaints about the work of the White Bay Unit from the Newfoundland government. The government disliked the Child Welfare Department's medical appointments in White Bay, particular that of third-year students, because it felt it taught the people there "to

¹⁰⁴YUA, SML, EPHC, Group 771, Series III, Box 58, Folder 1282, "Page to Harriot Houghtelling," 12 January 1925, pg.2. Historian Rima Apple noted that Vassar was founded on equal educational opportunities for men and women, but also offered domestic science instruction 'to maintain a just appreciation of the dignity of woman's home sphere...to teach correct theory, at least, of the household and its management.' See Apple, Mothers and Medicine: A Social History of Infant Feeding, 1890-1950 Wisconsin: University of Wisconsin Press, 1987, pg.103.

¹⁰⁵YUA, SML, EPHC, Group 771, Series III, Box 58, Folder 1262, "Page to Miss Emma K. Leiss," 28 April 1924, pg.1.

expect such care either for nothing or for a nominal charge that no Newfoundland doctor could possibly afford to make."¹⁰⁶ Page took exception to these comments because she had been doing what she could to support the Mission's policy to foster independence and self-respect. She had instructed the industrial worker to give work to parents wishing to send their children to the nutrition clinic. She also instructed the unit to collect fees from those who could afford to pay for the children's medical examinations. This was not an easy task for any Mission worker in White Bay, because the fishing had been bad for over a decade. Many local people were receiving government dole. One medical student from Johns Hopkins reported that he had examined 469 children and 320 adults, but could only collect \$2.95 for the work.¹⁰⁷ Medical examinations of adults showed that the White Bay Unit was carrying out regular medical work in addition to public health education.

Page discontinued the Mission's policy of asking for a nominal fee for service in an attempt to reduce tensions between the government and the I.G.A. Nutrition workers were now finding that there were ever greater obstacles to their work than opposition from Grenfell doctors. They not only had to negotiate professional territory within the Grenfell medical hierarchy, they had to do it within a larger tension between a foreign mission and the Newfoundland government. Dr. Curtis cautioned Moseley and Page that if they charged fees for any work done in relation to what could be construed as medicine.

¹⁰⁶EPHC, "Page to Harriot Houghtelling," 4 May 1923, pg.2.

¹⁰⁷YUA, SML, EPHIC, Group 771, Series III, Box 57, Folder 1256, "Dr. Coman to Miss Page," 5 Jan 1924, pg. 1.

they would upset the medical board based in St. John's. According to Curtis, Newfoundland doctors, if antagonized, could view the White Bay Unit's "fee for service" policy as "medical practice." They needed to keep in mind that medical students were not legally entitled to charge fees for examinations, drugs or treatments. To overcome this legal complication, Page ordered the White Bay Unit to encourage the local people to offer monetary donations or in-kind support to the clinic. The following year, the nutrition unit received housing and a motor boat rent free and collected \$50 in donations for the doctor's service. Page considered this an excellent example of charity and self-support from a district that had little readily available money and had been pauperized for years by government hand outs. She felt her unit was doing excellent work by encouraging the people to develop new industries to one day support a local nurse or doctor.¹⁰⁸

Page was disheartened by the tension between the Mission and the Newfoundland government, because she was told that the medical board would be equally upset if the Mission attempted to establish a nursing station in White Bay. The government felt that nursing stations accustomed people to receive "medical services for free," making it impossible for a medical man to set up practice. For this reason the I.G.A. made it a policy not to establish nursing stations where the population was thick enough to financially support a doctor. Colonel Arthur Cosby told Page that she could maintain the

¹⁰⁸YUA, SML, EPHIC, Group 771, Series III, Box 59, Folder 1290, "Page to Elizabeth Criswell," 9 May 1925, pg. 1.

unit in White Bay as long as her medical recruits performed specialized child welfare work only. This work was so specialized that he did not think there would be any danger of rousing local opposition. Furthermore, the unit's medical man had to be shifted elsewhere when he finished his duties "and not left in the Bay where he would be under constant call for medical work."¹⁰⁹ Yet, as always, unexpected medical emergencies tested policies of the I.G.A. Board and the Newfoundland government. In 1923, the Newfoundland government requested that the child welfare doctor divert his attention from the nutrition clinic to tend to a large outbreak of diphtheria in White Bay.¹¹⁰

In 1924 Moseley took a two-year leave of absence to do graduate studies in nutrition, but kept in close contact with Page. Still advising her on administrative matters, she wrote to Page telling her that Elizabeth Criswell, former Mission nutrition worker, would be the new director of the Child Welfare Department and would be a delightful replacement. Moseley also advised Page to appoint nutrition worker Mary Card as the nutrition supervisor of the White Bay Unit as soon as possible. In Moseley's words, "Card could cooperate with Miss Criswell on new ideas, methods, supplies, etc. but run White Bay independently and cooperate with you in securing a doctor and a dentist."¹¹¹ The appointment of Mary Card was Moseley's last effort to keep a trained and

¹⁰⁹YUA, SML, EPHIC, Group 771, Series III, Box 57, Folder 1246, "Page to Marion Moseley," 4 May 1923, pg.1.

¹¹⁰ Mary Card, "Nutrition Work in White Bay Newfoundland," ADSE, April (1924): 26.

¹¹¹YUA, SML, EPHIC, Group 771, Series III, Box 57, Folder 1256, "Marion

experienced nutrition worker in charge of the White Bay child welfare work. Although Elizabeth Criswell had risen from the Mission's volunteer rank as a child welfare leader, Moseley was concerned about the future of the Department. She had experienced major difficulties recruiting trained nutrition workers, and had no choice but to leave the continuous search for specialized workers to Page and Criswell.

In 1924, Page faced greater difficulties finding a trained nutrition worker to volunteer with the Mission. With no one available, she recruited a nurse as a suitable replacement. Nurse Elizabeth Allison from Roosevelt Hospital had a special interest in obstetrics and babies and was able to pay all of her own expenses. Page felt that Allison's experience in obstetrics made her an ideal child welfare worker. Mission doctors had demonstrated interest in infant feeding and Miss Allison could initiate a baby clinic in cooperation with the medical student.¹¹² That summer, Card stated in the Mission's magazine that Nurse Allison was so suitable for child welfare work, she was reluctant to give her over to palliative care when a typhoid epidemic broke out in Hampden. The nutrition worker appreciated Allison's pre-natal work with mothers in the bay and hoped that more clinics would be started like it in the future. Card felt that there was an excellent career opportunity in infant care for whoever carried out that branch of work in the future. Her Unit after all, "could hardly expect a child to be healthy and up to weight

Moseley to Elizabeth Page Harris," 8 January 1924, pg. 2-3.

¹¹²YUA, SML, EPHC, Group 771, Series III, Box 57, Folder 1259, "Elizabeth Page to Harriot Houghteling," 28 March 1924, pg. 1.

who has not had a fair start in the world."¹¹³ In the early 1920s home economics-trained nutrition workers were on the outskirts of the hospital system and did not have adequate training facilities to practice pre-natal nutrition and infant feeding. They were able to overcome this barrier, however, by focusing on the health of children in the local schools. They maintained that their professional goal was to demonstrate to laywomen and professionals, who had a vested interest in children, the importance of nutrition as an integral part of children's elementary education. They hoped that their knowledge of proper nutrition for the school-age child would be recognized as valuable public health work.

As fate would have it, the Newfoundland Governor's wife established a system of public health nursing in 1924 called the Newfoundland Outport Nursing and Industrial Association (NONIA). Dr. Charles S. Curtis felt that this government-sponsored, nursing organization could finally put an end to the conflicts between the I.G.A. and the Newfoundland government over medical territory. Lady Elsie Allardyce's aim was to appoint nurses (partially funded by the Newfoundland government) to rural settlements not served by a doctor. The local people, particularly the women, were expected to produce handicrafts, such as rugs and knit goods, as payment for the nurses' services. By establishing a nurse south of the Grefell Mission, Lady Allardyce hoped to complement

¹¹³Mary F. Card, "Nutrition Work in White Bay, Newfoundland: Summer of 1924," *ADSE* Jan. (1925): 167.

the Mission's work.¹¹⁴ The International Grenfell Association liked this arrangement because the Newfoundland government had not been supportive of Grenfell's attempt to expand the territory of the Mission into White Bay - a more southern district of the coast.

In the fall in 1924, Dr. Curtis asked Page if she would encourage the families in White Bay to pledge a fee for the services of two NONIA nurses in their district, who should take over all work that had been done by the Mission's nutrition workers and medical students.¹¹⁵ In consultation with Curtis, Page worked out a plan to send the two district nurses to Jackson's Arm and La Scie, doing in addition to their regular medical work, child welfare and public health instruction wherever possible. They received Moseley's outline on how to organize nutrition classes.¹¹⁶ She wrote to Elsie Allardyce in March 1925 and told her that she raised a sum of \$50 for each nurse to travel about the district by motorboat. She had hoped, in return, that the NONIA nurses would be willing to continue the child welfare classes and clinics without the aid of the doctor.¹¹⁷ Elsie Allardyce responded by stating "we are only too anxious that they [nurses] should teach Child Welfare and visit schools where allowed. As you know this country has no proper

¹¹⁴"NONIA and Its Industrial Work," ADSE, Jan 1927, pg.163.

¹¹⁵YUA, SML, EPHC, Group 771, Series III, Box 59, Folder 1287, "Page to Dr. Curtis," 22 April 1925, pg. 1

¹¹⁶YUA, SML, EPHC, Group 771, Series III, Box 67, Folder 1478, "Report of the White Bay Unit, 1925," 1.

¹¹⁷YUA, SML, EPHC, Group 771, Series III, Box 59, Folder 1287, "Page to Lady Allardyce," 10 March 1925, pg. 2.

legislation on this subject, but we ask our nurses to do all they can tactfully and sympathetically."¹¹⁸ In return for this favour, she asked Page if the Mission would be willing to send an industrial worker to the NONIA Depot in St. John's to view their garments and to learn their knitting patterns. She hoped that a Mission industrial worker could teach the local women how to knit NONIA products. She counted on Page to convince the local women of the value of knitting the woolen garments. NONIA patterns would be resold to help pay for their two district nurses.¹¹⁹ Page felt that lending a Mission industrial worker to NONIA was an excellent idea. It would give the Mission a chance to demonstrate to the people, who were inclined to criticize their work, the Mission's willingness and interest in supporting a Newfoundland enterprise.¹²⁰

By the fall in 1925, there was a great deal of tension between the local women and the sales department of NONIA, since the women were not being paid the wages promised. Women at NONIA argued that the White Bay socks, children's garments, and cardigans were of poor quality and could not be sold except at bargain prices.¹²¹ Presley Smith of the NONIA sales depot wrote individual letters to the women in White Bay

¹¹⁸YUA, SML, EPHC, Group 771, Series III, Box 59, Folder 1287, "Elsie S. Allardyce to Miss Page," 9 April 1925, pg. 2.

¹¹⁹EPHC, "Elsie S. Allardyce to Miss Page," 9 April 1925, pg. 2.

¹²⁰YUA, SML, EPHC, Group 771, Series III, Box 59, Folder 1288, "Page to Harriot Houghteling," 24 April 1925.

¹²¹YUA, SML, EPHC, Group 771, Series III, Box 59, Folder 1299, "Presley Smith to Miss Page," 7 November 1925, pg. a.

encouraging them to try again next year. She tried to explain that they could not expect to knit perfect work their first try. She assured them that the quality of knitting would improve with more practice and be worth a great deal more next time.¹²²

Despite initial local resistance, NONIA nurses continued to serve the White Bay district and took over the responsibility for nutrition work. Page stayed with the unit for one more year to travel about the bay and organize the district for the support of NONIA. She also continued to recruit volunteer dentists for the district and remained in charge of the White Bay industrial work.¹²³ Due to a complete breakdown of health in the winter of 1926, Page was forced to retire from Mission life. Leaving her post, she wrote a list of recommendations for the White Bay work to the I.G.A. Board. In her final report, she urged the Mission to turn over the White Bay Unit's responsibilities to NONIA - gradually - because the nursing association was relatively new. For the time being, the Mission ought to continue to furnish the bay with teachers that were trained to carry out the health programme. The Grenfell Child Welfare Department could continue to supply the region with a dentist by asking a fee for his service. The Mission should also

¹²²YUA, SML, EPHC, Group 771, Series III, Box 59, Folder 1299, "Copy of letter sent to Mrs. Twyne, Bear Cove, in answer to letters complaining of payments," 5 November 1925, pg. 1

¹²³YUA, SML, EPHC, Group 771, Series III, Box 59, Folder 1310, "Page to Buddie O'Mine," 21 June 1926, pgs. 1-2.

encourage the NONIA nurses to supervise and teach the industrial work, in addition to carrying out the medical and child welfare work.¹²⁴

Dr. Curtis's intervention to secure NONIA nurses for White Bay strategically placed child welfare work in the hands of Newfoundland-based nurses. Elizabeth Page was only too happy to comply with his orders, because she had great difficulty securing nutrition workers, and had been in conflict with Curtis about her Department's need to recruit inexpensive third-year medical men. Moseley and Page were both forced to skimp and save when they attempted to recruit their child welfare team, because the I.G.A. refused to support salaries of a licensed doctor and a nutrition worker. Desperate for female health educators, Page was willing to recruit volunteer nurses to perform specialized child welfare work. She never once imagined, however, that by doing so she had set the ball in motion, diminishing future opportunities for nutrition workers to forge a permanent place within the Grenfell medical hierarchy. It was the new director of the Child Welfare Department that would give Marion Moseley's aspiration to establish a doctor-nutrition worker health team a final blow.

Elizabeth Criswell, Child Welfare Department (1924-1927)

Elizabeth Criswell was appointed the Director of the Child Welfare Department in 1924. Moseley had felt that Criswell was the best candidate for the director's position,

¹²⁴YUA, SML, EPHIC, Group 771, Series III, Box 60, Folder 1315, Elizabeth Page, "Work in White Bay," 15 December 1926, pgs 6-7.

because she had field experience as a nutrition worker in charge of the Mission's West Coast Traveling Unit. It is not known how Elizabeth Criswell acquired the title "nutrition worker." Mission records indicate that she held an undergraduate degree from Muskingum College, Ohio and a graduate degree from the University of Chicago. Before arriving at the Mission, Criswell taught in a high school at Joliet for five years, worked as the Director of the Junior Red Cross, Potomac Division during the war, and was connected with the Health Council and Tuberculosis Committee of Philadelphia.¹²⁵ Red Cross chapters across America offered dietitians, social workers, and nurses 1500 hours of training in psychology, symptomatology, foods, and family problems to become certified nutrition workers. It is highly likely that Criswell had at least one degree in social work, and acquired subsequent training in nutrition through the Junior Red Cross Chapter during the war. The Red Cross established a programme to send nutrition workers to foreign countries to promote the cause of preventative health.¹²⁶

As the second director of the Department, Criswell faced management challenges similar to those of Moseley. She had to continue to raise money for the programme, recruit specialized personnel, and maintain the cooperation of the district medical officers. Yet Criswell was aware that Moseley had had a difficult time maintaining her claim that nutrition workers had a unique knowledge of malnutrition in children. She felt

¹²⁵"Child Welfare Department," ADSF April (1924): 30.

¹²⁶New York Nutrition Council: Report of Committee on Training Standards," Journal of Home Economics 13.10 (1921): 493.

that Moseley made the grave mistake of training teachers to instruct children and mothers in the principles of health. At least one medical officer during Moseley's administration was disappointed with the nutrition workers' limited focus on the school-age child and felt that many of the so called "experts" were not trained to assist the doctors with nursing mothers. Criswell was equally concerned that teachers were being trained to carry out nutrition work, but did not have adequate training as did public health nurses.

During her first year as Director, Criswell felt that she had enough foresight and experience to turn this situation around. From 1924 to 1927 Criswell knowingly set out to change the professional face of the Grenfell Child Welfare Department. She thought the programme would be exceptional if she limited the Department's geographic outreach and replaced the usual physician-nutrition worker team with a public health nurse. In the spirit of the NONIA plan, Criswell thought it would be best if a nurse was placed in a district where five or six villages could be reached within easy distance. Each of the families, with a few exceptions, could be asked to pay \$1.00 for the nurses' service during the summer.¹²⁷

Criswell thought that the public health nurse would be the best candidate for child welfare work for three main reasons: she felt that nurses could provide a greater variety of health services than nutrition workers; they could assist the traveling doctor and midwives with medical calls as required; and they could carry out child welfare work

¹²⁷Elizabeth Criswell, "Program of the Child Welfare Department, Summer, 1924," ADSF July (1924): 63.

without the need to raise money for the presence of a doctor. Criswell felt that child welfare workers' goal to elicit the interest of mothers and children in health was satisfactory. But, she also felt that the programme must begin with pre-natal work among the mothers.¹²⁸ In her opinion, the Mission should be able to expect a child welfare worker to not only conduct health classes for the undernourished children, but to hold clinics where the rudiments of proper baby care could be taught.¹²⁹ Since the public health nurse was trained in bedside care and a variety of health subjects, she could also be asked to carry on a programme of general information in sanitation, hygiene, and nutrition, and instruct local girls and women in home nursing, boys and men in first aid, and the local midwives in pre-natal and post-natal care.¹³⁰

In Criswell's mind, the public health nurse had some working history with the physician, was trained in the hospital, and was able, as a result, to be sensitive to the Mission's medical protocol. Nutrition workers had not, as yet, built a working relationship with doctors. Apprenticed beyond the walls of the hospital, they used social history cards and height and weight charts to measure improvements in the health of the child. These techniques were already subjects of debate in the United States. When put into practice at the Mission, without the supervision of a doctor, it raised a few eyebrows

¹²⁸Criswell, "Program of the Child Welfare Department, Summer, 1924," 63.

¹²⁹YUA SML, EPHIC, MS 771, Seris III, Box 57, File 1257, Elizabeth Page to Elena Williams, 2 February 1924, pg.1.

¹³⁰Elizabeth Criswell, "Report of the Child Welfare Department for the Year 1924," *ADSF* Jan. (1925): 166.

among the Grenfell medical officers of health. Although Criswell never explicitly questioned the value of nutrition work, she wondered about its practical implications at the Mission. There were so many medical and social problems to solve on the coast that this kind of a preventative scope seemed limited for child welfare work.

That Criswell was concerned about the shortage of nutrition supervisors was also evident. In her correspondence with Elizabeth Page, she argued that Moseley's effort to train teachers in the Emerson method was time wasted, since it offered teachers little understanding of the science of preventative diet or how to recognize the healthy, physical characteristics in a child. She stated that, "[w]e are not conducting any nutrition classes in the regular way excepting in White Bay for I am not in sympathy with the idea of the teachers conducting the classes."¹³¹ Criswell's experience with the examination sheets the year before convinced her that "where the work is not under the direction of trained nutrition workers, the physical examination recorded in this way takes time and is not of any value."¹³² She told Page that she was going to ask the doctors "to check on last year's and the year's before sheet," and to give the "general nose, throat and abdomen examination and a physical only when he thinks or the nurse thinks it necessary."¹³³ She would continue to accept Emerson forms only where the White Bay teachers wished to

¹³¹YUA, SML, EPHC, Group 771, Series III, Box 58, Folder 1263, "Criswell to Elizabeth Page," 4 May 1924, pg. 1.

¹³²YUA, SML, EPHC, Group 771, Series III, Box 58, Folder 1263, "Elizabeth Criswell to Elizabeth Page," 24 May 1924, pg.1.

¹³³EPHC, "Elizabeth Criswell to Page," 24 May 1924, pg.1.

continue this line of work. The training of new teachers in nutrition work and the Emerson method would be dropped from the child welfare programme elsewhere.¹³⁴

Moseley established the teachers' training programme, because she felt that it was her duty to prepare these professionals to promote the new knowledge of nutrition. Moseley's approach to child welfare work complemented the strategies of home economics leaders in the 1920s. Their goal was to build a working relationship with professions concerned with the welfare of children. One way was to give nutritional instruction to teachers, doctors, and nurses. At the thirteenth annual meeting of the American Child Hygiene Association in Washington, the home economics leaders pointed out that they should educate teachers as to the meaning and value of nutrition work, before nutrition education was even brought to the schools.¹³⁵ Criswell supported a school health programme where teachers taught basic principles of health, but refused to allow them to take on any other duties performed by nutrition workers. Page responded to her decision by stating that she did not wish to be responsible for sticking to the Emerson method. She felt, however, that the charts had been useful in the past. "They showed ocularly that the child's weight (had) gone up or down and they also made apparent the comparative gain, an idea that is not easy to get over to as illiterate a people as we have to deal with."¹³⁶ The idea that the chart method was a necessary educational

¹³⁴EPHC, "Elizabeth Criswell to Page," 24 May 1924, pg.1.

¹³⁵"News from the Field," The Journal of Home Economics 14.12 (1922): 643.

¹³⁶YUA, SML, EPHC, Group 771, Series III, Box 58, Folder 1263, "Elizabeth

tool became a popular defense against medical criticism. By adopting a non-medical argument, and essentially accusing the locals of being illiterate, one can see what nutrition workers were willing to do to alleviate suspicions that they had ambitions to diagnose.

Criswell also expressed concern about the department's practice of sending barrels of brown flour and dried milk to the Grenfell schools. She felt that food "must be distributed by the nurses and not the teachers," except in cases of emergency.¹³⁷ After discussing the situation with "some of the Grenfell people," Criswell felt that it would be inadvisable to put out "cocoa, sugar, brown flour and dried milk (Dryco) to the teachers and have it improperly distributed."¹³⁸ Under Moseley's administration, teachers and nutrition workers had been encouraged to use these products for cooking demonstrations, as "incentives" to induce mothers to send their children to a nutrition class, and for school lunch programmes.¹³⁹ Early correspondence between Moseley and Page indicates that they had trouble convincing the I.G.A. Board to allow the Child Welfare Department to set up a school lunch programme. The I.G.A. had a policy whereby food was given as material relief to the most deserving and only in exchange for work. Dr. Grenfell supported Moseley's efforts then, arguing that the school lunch programme would teach

Page to Criswell," 6 May 1924, pg. 1.

¹³⁷EPHC, "Criswell to Elizabeth Page," 4 May 1924, pg. 1.

¹³⁸EPHC, "Criswell to Elizabeth Page," 4 May 1924, pg. 1.

¹³⁹EPHC, "Outline for the Use of Health Clubs in Labrador, 1922," pg. 1.

local people about the benefits of milk for growing children. He recommended the distribution of dried milk and whole wheat flour through the teachers for a year or two, at least until the people understood the value of "protective" food and were willing to procure it for themselves.¹⁴⁰

Clearly, Criswell regarded teachers' training inadequate in nutrition. In her mind, the distribution of dried milk or whole wheat flour should fall to specialized personnel in nutrition work, public health nursing, or medicine because these food commodities were expensive and needed to be given to people who were at risk of malnourishment. Criswell was not against teachers' distributing food, as long as a health professional was present to determine which families needed the supplies to maintain their health. With a shortage of nutrition workers and child welfare doctors, the next best health professional to carry out such dietetic treatments was a public health nurse

With NONIA nurses taking over the child welfare work in White Bay, Criswell set out to reorganize the Child Welfare Department and wrote to the new director of the Staff Selection Committee of her plans to attract the volunteer services of seven public health nurses: three for districts that requested them, and four for communities where nurses could reach the greatest number of villages. She also made budget provisions for a tonsillectomy clinic and salaries for two pediatricians and two eye specialists to advise

¹⁴⁰VIJA, SML, EPUC, Group 771, Series III, Box 57, Folder 1241, "Extract from Dr. Grenfell's letter, Jan 1, 1923 to M. Moseley," pg. 3.

the Department of other preventative work that might be done.¹⁴¹ Criswell noted that the placement of nurses into smaller districts worked much better, because each nurse could live in a center where three or more villages could be easily reached.¹⁴² Since the child welfare worker was often the only worker visiting these villages, she felt that it was important to have a nurse placed in this position. She could carry out remedial as well as preventative work.¹⁴³

Criswell's recruitment strategy was very different from Moseley's, (comma) likely because she was not a dietitian, who had a vested interest in advancing the profession of home economics. Knowing the obstacles Moseley faced recruiting nutrition workers and promoting them as health professionals to physicians, the recruitment of public health nurses seemed like a better solution. In her favour, Criswell had a larger body of potential volunteers to draw upon during her recruitment campaign. By the mid-twenties public health nurses constituted one fifth or 11,000 of the nursing workforce in America.¹⁴⁴ Their numbers were growing in Canada and Britain as well. Jill Perry indicated that there was "a proliferation of nursing schools across Western Europe and

¹⁴¹Criswell, "Report of the Child Welfare Department," 167.

¹⁴²Elizabeth Criswell, "The Child Welfare Department," *ADSF*, Jan. (1926): 177.

¹⁴³PANL, IGAC, MG 63, Box 9, Child Welfare Reports, Elizabeth Criswell, "Report of the Child Welfare Department for the Summer 1924," pg. 1.

¹⁴⁴Barbara Melosh, *'The Physician's Hand,': Work, Culture, and Conflict in American Nursing*, (Philadelphia: Temple University Press, 1982) 120.

North America."¹⁴⁵ With such a number to choose from, Criswell could easily find recruits who were willing to pay for part or all of the expenses to gain child welfare experience.

The Mission's personnel records indicate that over 18 nurses worked for the Child Welfare Department between 1925 and 1927. They came mainly from U.S. visiting nurses' associations, university hospitals, child welfare organizations, and anti-tuberculosis institutes.¹⁴⁶ All nurses working for the Child Welfare Department were experienced in public health and were "women of high standards, of exceptional ability, well trained for their particular work."¹⁴⁷ In addition to the volunteers, she was able to call upon resident Mission nurses to give health classes in districts the Department did not touch. Ethel McClure, for instance, was a visiting nurse in Chicago when she signed on as a resident nurse with the Mission in 1923. She gave "school health inspections, talks on diet, dental care, and personal hygiene" in the morning and spent her afternoons with patients in the hospital.¹⁴⁸ In 1926 she was transferred from Muddy Bay to North

¹⁴⁵Jill Perry, "Nursing for the Grenfell Mission: Maternalism and Moral Reform in Northern Newfoundland and Labrador, 1894-1938," MA Thesis (St. John's: Memorial University of Newfoundland, 1997) 12.

¹⁴⁶See "Report of the Staff Selection Committee," ADSF, July 1925, 1926, & 1927.

¹⁴⁷Elizabeth Criswell, "Work of the Child Welfare Department for the Year 1926," ADSF, Jan. (1927): 156.

¹⁴⁸PANL, IGAC, Business Office, MG 63, Miscellaneous Grenfell Material, Box 6, Ethel McClure, "Letters from Newfoundland and Labrador, 1923-24 and 1925-26," pg. 4.

West River to be a child welfare nurse under the direction of Dr. Harry Paddon.¹⁴⁹ Mary Brown, a veteran nurse at Battle Harbour, also decided to transfer to a child welfare post in Long Point in the summer of 1927, since there were "nearly ninety children...growing up with no knowledge of health principles, malnourished, and many with a tendency toward tuberculosis; there [were] also many rickety babies."¹⁵⁰ By 1926 child welfare work was carried out mainly by resident nurses, summer health nurses, and summer teachers working in cooperation with Criswell and the Medical Officers of Health.

When Criswell proposed to lend her department's nurses to the district doctors for child welfare and public health work, the board of directors agreed wholeheartedly. In fact, Medical Officer Donald C. Hodd thought it wise to station a child welfare nurse in West Ste. Modeste to help the doctor check tubercular cases that were spreading rapidly throughout that district. Criswell received no complaints when she recommended the placement of a public health nurse in Lanse au Loup for there was a typhoid epidemic and the I.G.A. Board requested a better understanding of sanitation. In North West River Dr. Paddon requested a permanent child welfare nurse. Dr. Ernest Anderson Cook at Harrington Harbour Hospital was happy to assist nurse Brown with child welfare and public health work at Long Point for the summer.¹⁵¹

¹⁴⁹Criswell, "Work of the Child Welfare Department for the Year 1926," 157.

¹⁵⁰Criswell, "Work of the Child Welfare Department for the Year 1926," 157.

¹⁵¹PANI., IGAC, Business Office, MG 63, Box 3, Constituent Association File, Elizabeth Criswell, "Proposal Child Welfare Programs, 1926," pg. 1.

Criswell's plan to recruit public health nurses undoubtedly reduced her Department's need to recruit child welfare doctors, and to pay for motor boat expenses. The personnel records in 1926 and 1927 did not list a single child welfare doctor working under Criswell's Department. Moseley and Page had recruited third-year medical men either through Mission networks or with the aid of Harriot Houghteling, the Chairman of the Staff Selection Committee. After all, nutrition workers were supposed to be supervised by doctors. Criswell undoubtedly felt the strategy to recruit interns was unnecessary, causing delays, expense, and tension between the I.G.A. Board and the Newfoundland government. The Grenfell medical officers were concerned that Moseley had recruited unlicensed students to carry out medical work. In 1925, Houghteling passed her duty to recruit and appoint doctors and third-year medical students over to the Executive Officer of the I.G.A. Not knowing the medical needs of the Mission, she felt very uncomfortable with this position.¹⁵² Houghtelings' resignation clearly demonstrated her sense that she could no longer manage the needs of an expanding medical administration in a lay position. In the 1920s, the I.G.A. Board of Directors was interested in raising the standards of all workers appointed to the Mission.¹⁵³

Aware of the I.G.A.'s desire to gain tighter control over medical matters, Criswell felt that the recruitment of public health nurses would please the Board and the medical

¹⁵²PANL, IGAC, Business Office, MG 63, Box 3, Correspondence File, "Harriot Houghteling to the Board of Directors," 9 June 1925, pg. 1.

¹⁵³PANL, IGAC, MG 63, Box 3, The Constituent File, "The Departments," 15 November 1924, pg. 2.

officers. After all, Grenfell nurses had acquired jurisdiction within the Mission's territory to request a fee for service and identify incipient cases for the doctor's exam.¹⁵⁴ The public health nurse could be called upon to perform minor medical treatments, in addition to giving the regular health teachings.¹⁵⁵ For Criswell the multiple role of the public health nurse proved "without a question the most economical and efficient way to teach child welfare."¹⁵⁶ Margaret Leavitt, a visiting nurse in Battle Harbour not only carried out classes in nutrition, child care, home nursing, first aid, and hygiene, but followed up the hospital cases after finishing her child welfare duties.¹⁵⁷

Although the medical officers valued child welfare nurses, they grew uneasy with Criswell's control over their appointment and activities. As the need for preventative work gained medical acceptance, all over the world, not just at the Mission, Grenfell physicians felt that they would need to obtain formal control of this field, particularly since a laywoman was gaining a great deal of public health authority under the auspices of the Child Welfare Department. In early December 1927, Criswell's strategies to keep her Department free of medical men ended in disappointment. The I.G.A. Board of Directors met for a business meeting to review the Mission departments and the concerns of the medical officers. On the matter of child welfare,

¹⁵⁴Criswell, "Work of the Child Welfare Department for the Year 1926," 156.

¹⁵⁵Criswell, "Child Welfare Department," ADSF July (1926): 81.

¹⁵⁶Criswell, "The Child Welfare Department," ADSF Jan. (1926): 177.

¹⁵⁷Criswell, "The Child Welfare Department," 177.

the question has been raised as to the advisability for such medical or quasi-medical activities being carried on as separate undertakings within the districts of the respective medical officers, and it has been suggested that it will be well now to review this special work with the idea of having it continued directly by the medical officers as part of their regular functions rather than to continue the present independent work.¹⁵⁸

Two resolutions were passed that "the special activities known as the Child Welfare Department to be hereafter understood to be part of the regular functions of the medical officers of each district, and further resolved that the special funds ...of this department be transferred to the General Fund."¹⁵⁹ The medical officers would direct child welfare work throughout the districts with the advice and help of the Child Welfare Committee through the International Grenfell Association headquarters in New York.

The Executive officer was instructed to write to each station for suggestions as to what particular child welfare work is advised by the medical officer in charge for the coming season, with his estimate of the cost of the work, requesting the medical officer to keep careful records and to make reports as to this department of their work to the Child Welfare Committee in New York for presentation to the board."¹⁶⁰

The Board noted that thanks was due to Marion Moseley for her very excellent job in organizing and directing the work and to Miss Criswell for the effective way she managed

¹⁵⁸PANL, IGAC, Business Office, MG 63, Box 3, Constituent Association File, "Meeting of the Board of Directors of the I.G.A., New York, December 13, 1927," pg. 4.

¹⁵⁹IGAC, "Meeting of the Board of Directors of the I.G.A., New York, December 13, 1927," pg. 5.

¹⁶⁰PANL, IGAC, Business Office, MG 63, Box 3, Constituent Association File, "Meeting of April 26th," pg. 1.

the Department. They felt that both women had brought the child welfare programme to a point where it could be properly taken over by the medical officers of health.¹⁶¹

The Committee was clearly pleased with the development and organization of child welfare work, but nonetheless regarded the independence of the Department as a threat to physicians' dominance within the medical hierarchy. Criswell had increased doctors' suspicions about nutrition workers' medical ambitions, by calling upon their resident nurses to take directions from her. One of Criswell's grave mistake was to ask district nurses close to the hospitals and the medical officers to carry out some of the child welfare work for her Department. Barbara Melosh had noted that "work settings of public health removed nurses from direct medical control."¹⁶² Working in factories, schools, and places beyond the hospital walls, they acquired a great deal of professional independence. Criswell, though, had attempted to call upon resident nurses, who worked with physicians in small cottage hospitals, to organize baby clinics, home nursing classes, and health talks in the schools. Clearly, physicians opposed Criswell's direction of this extra-medical work in defense of their control over nursing duties.

Despite Elizabeth Criswell's defeat, child welfare workers had successfully demonstrated that far more could be done to eliminate deficiency diseases and the spread of tuberculosis. By warning mothers against "poor" home conditions and teaching

¹⁶¹PANI., IGAC, Business Office, MG 63, Box 7, I.G.A. Minutes. "Minutes of the twenty-sixth regular meeting of the board of directors of the International Grenfell Association," 13 December 1927, pg. 6.

¹⁶²Melosh, The Physician's Hand, 126.

children positive health rules, they had persuaded the I.G.A. Directors and the doctors in the districts to accept the idea that public health conditions could be remarkably improved through child welfare work. Keeping the success of the Child Welfare Department in mind, the I.G.A. Board resolved to ask Marion Moseley, who had married Mission colleague Dr. Sniffen, to be the Chairman of a new Child Welfare Committee. Their feeling was that the chairman should be situated in New York, in the "background" of medical activities. Moseley accepted the offer, undoubtedly wanting to continue to work, despite her newly married status, and sent a report to the Board with suggestions on how the Committee might be effectively organized. She also gave suggestions about how her committee could advise physicians to approach tuberculosis and other preventable diseases on the coast.¹⁶³ Tuberculosis was spreading along the Coast and becoming an urgent medical concern. Dr. Harry Paddon repeatedly urged the Mission's consideration of establishing a sanatorium along the coast so that preventative work against the disease might lessen future medical work.¹⁶⁴

While nutrition workers successfully established a coordinated programme to manage (if not eradicate) deficiency diseases, pulmonary tuberculosis appeared as the gravest threat to public health. Ronald Rompkey indicates that "[b]y the 1930s the threat

¹⁶³PANL, IGAC, Business Office, MG 63, Box 7, I.G.A. Minutes, "Meeting of the twenty-eighth regular meeting of the board of directors of the I.G.A.," 5 December 1928, pg 4.

¹⁶⁴PANL, IGAC, Business Office, MG 63, Box 3, Correspondence File 1926, "International Grenfell Association Meeting of the Board of Directors," 26 May 1927, pg. 10.

of TB had acquired the urgency of a plague, and the language of the Health and Public Welfare Act of 1931 projected the kind of fear and paranoia associated with plagues before and since." The act called for strict measures for treatment, and "required every medical practitioner to report the names of the infected and made the failure to do so an offence."¹⁶⁵ That three nutrition workers had organized a programme to prevent its spread could only serve as an embarrassment to the medical officers. In the words of the medical officer in charge of Harrington district, "far more important than the cure is the prevention of the spread of the disease."¹⁶⁶ Near the end of the decade, fresh air, nourishing food, and rest still remained the prescribed treatment.

Elizabeth Criswell, nurses, and female community workers continued to proceed with their professional ambitions to carry out child welfare work. In the years beyond the scope of this thesis, they disseminated the rhetoric of health to lay audiences in the Grenfell schools, community centres, and small cottage hospitals. They successfully forged a training ground and career opportunity for women seeking work in public health, by translating the scientific principles of health into a practical language for laywomen and children. In 1928, Dr. Harry Paddon asked Criswell to continue her valued work with the Mission, and accept a new position as the principal of the Lockwood Boarding School in Sandwich Bay. He hoped that she could continue her excellent work in child welfare

¹⁶⁵The Labrador Memoir of Dr. Harry Paddon, 1912-1938, Ronald Rompkey, ed. (Montreal: McGill-Queen's University Press, 2003) xxxvi-xxxvii.

¹⁶⁶Donald G. Hodd, "Tuberculosis on the North Shore," ADSF Jan. (1928): 139.

by organizing a complete and well-rounded school health program. Reflecting upon the five years she spent in Labrador, Criswell stated that "the routine of the school emphasizes health as well as education."¹⁶⁷

The devolution of the Child Welfare Department cannot be regarded by women's historians as home economists' failure to realize their professional ambitions. Eliciting the interest of nurses, physicians, and educators in nutrition work was the true measure of success in child welfare work. Home economists had hoped that their students' expertise in nutrition-related aspects of children's health would be so valued by established health professionals that it would become part of a well-integrated health programme in schools, community centres, and public health departments. Nutrition workers' ability to organize public health work for the Grenfell Mission was a valued achievement: as an experienced nutrition worker, Moseley was invited to remain at the helm of the child welfare programme; Criswell was asked to integrate the principles of healthy living into the curriculum of the Mission's boarding school; and the medical officers in charge of the districts had no choice but to add child welfare work to their enormous list of duties.

While the child welfare leaders owed some of this success to the Grenfells' unwavering support, they were also good at developing covert strategies to overcome medical criticisms. Although the prevention of deficiency diseases was regarded as a necessity in 1920, medical men regarded it as women's work, work that should not tax generous public donations for medical personnel, resources, and treatments. Denied a

¹⁶⁷Elizabeth Criswell, "School Health Work in Labrador," *Hygeia* December

budget appropriation, Moseley set out to prove that her child welfare programme would not place demands upon the medical branch. With the help of former colleagues and Mission networks, she raised enough money and in-kind contributions to staff and equip a separate department. Although the donations gave Moseley a great deal of administrative authority, she never intended that her personnel act independent of the Mission's medical branch. Medical knowledge offered children a healthy start in life that was complementary, not superior, to what nutrition workers offered. Moseley always insisted that nutrition workers carry out this branch of health through the supervision and approval of doctors.

Moseley and her apprentice Page worked within the confines of medical authority to find opportunities for nutrition workers, but sometimes found this to be a difficult task. For one, they could not find licensed medical men who possessed selfless attributes to work free of charge for women's "soft" branch of medicine. Many men associated child welfare duties with feminine, domestic work, as seen by the reluctance of Mission doctors to spend any significant amount of time carrying out much needed nutrition education in the 1910s. As more women entered the field of nutrition work, doctors pulled away. By 1920, the ideology of scientific motherhood clearly left a space for career aspiring women to claim work in nutrition their profession, and attain significant positions of authority in child health.

The medical men who were willing to work for Moseley and Page were interns, perhaps young enough to be aware of developing fields in public health, and who wished to benefit from the experience of working for the reputable Mission. But, while the recruitment of interns solved Moseley's doctor shortage, it also created political tensions between the I.G.A. and the Newfoundland government. The Newfoundland government, suspicious of Mission activities and its condescending portrayal of the local people, did not hesitate to accuse the child welfare interns of taking potential clients from Newfoundland doctors. Once again, Moseley and Page were forced to respond to criticism about the activities of their Department. Instead of charging fees for the interns' examination of the children, they cleverly decided to collect donations. Page also argued that the child welfare workers were, in fact, helping the local people understand the value of securing a community nurse or doctor. Although the child welfare leaders raised money to pay for their own doctors, the Newfoundland government and Mission's medical branch never hesitated to claim their time. When local epidemics of diphtheria broke out, they called upon the Child Welfare Department to treat and prevent the illness. Moseley and Page clearly regarded this situation a double standard.

Questions about the credentials of child welfare workers created many interprofessional tensions. Moseley, for example, encouraged school teachers to take a course in nutrition work. This practice, although accepted in home economics, may have caused nutrition workers, with more experience and education in the field, to be vulnerable to medical criticism. One physician, for instance, felt frustrated by the title

"nutrition worker," arguing that he could never be sure what these women could be called upon to do. It is likely that this doctor encountered teachers, who were not fully trained for the job. But, if teachers lacked nutrition knowledge to be respected by doctors, they made up for this gap by serving important child welfare functions. Mission teachers became excellent substitutes for health educators, especially at a time when nutrition workers were in short supply. Teachers also built relationships with children and their mothers, and were thus able to facilitate the nutrition workers' introduction to the local community.

Nutrition workers also had a difficult time convincing medical officers that they could deliver health information to women and children in a convincing manner. But, Moseley regarded the training of teachers in nutrition work as a means to overcome this criticism. She was aware that the Mission's teachers resided in each community for an entire year or summer, and with appropriate training could sustain health lessons. Lack of I.G.A. support for the Department denied all but the child welfare leaders permanent paid positions. With less than a handful of nutrition workers, passing briefly through each community, Moseley hoped that they would impart to the teachers the foundations of child health work.

Another major criticism of the Child Welfare Department was the workers' use of height and weight indexes as a measurement of good health. In the second year of nutrition work, Moseley was forced to warn nutrition workers that under no circumstances could they use the indexes to determine the health of a child. Every child,

not just the underweight, had to be seen by the doctor. This rule was established because some physicians argued that normal weight children could have defects not detectable without the physician's exam. Ultimately, Moseley overcame medical opposition to the height and weight indexes by stating that this instrument proved useful as a visual guide, allowing children and their mothers to see improvements in health. Still using the indexes, but ensuring that every child saw the doctor, Moseley made a compromise. This tactical ability to work within the confines of medical protocol always enabled her to develop strategies to blur the boundaries of her role.

Elizabeth Criswell's strategy to manage medical criticism was to stop the recruitment and training of nutrition workers. This tactic indicates that she was most likely not a home economist interested in advancing the speciality of nutrition work. Criswell preferred recruiting public health nurses for child welfare work, feeling that they possessed the skills of a doctor, nutrition worker, and teacher combined. Public health nurses were already accepted as representatives of the Mission's general work in public health matters, such as teaching the importance of proper sanitation, hygiene, and nutrition. Since nurses could be asked to treat patients, in addition to carrying out public health work, they could essentially represent the doctor through the direction of the Child Welfare Department. Taking charge of nursing duties, however, was exactly the strategy that alarmed the medical officers of health. Criswell essentially lost control of the Child Welfare Department because she threatened the authority of doctors to direct nurses in medical matters. By offering Criswell a generous position as principal of the Lockwood

Boarding School, the medical community had their own covert strategy to tactfully handle her ambitions.

Marion Moseley might have trained nurses to carry out nutrition work. There was a mutual advantage to developing closer connections between nutrition workers and their colleagues from other parts of public health. That she continued to recruit nutrition workers to lead the child welfare work indicates that she had great faith in their abilities. It also indicates that she hoped nutrition work would become one of the most important and influential developments in public health in the 1920s. In her view, nutrition workers offered a new and essential knowledge that was urgent at the Grenfell Mission. Moseley realized her personal, professional ambition by being given the authority to continue to impart this knowledge to the Grenfell Mission medical community.

Chapter Six

Conclusion

At the turn of the twentieth century nutritional deficiencies were becoming a common occurrence in Northern Newfoundland and Labrador, perplexing Grenfell doctors about the nature and treatment of the problem. Beriberi, commonly diagnosed in men, presented different severities of nerve involvement, causing temporary or permanent disabilities and often death. Rickets, commonly diagnosed in infants, caused permanent bone malformations. Though scurvy had also been cited as a common problem, the symptoms were less severe, resulting from the fact that most families, unless summer frosts spoiled the harvest, picked native berries for storage during the winter and spring. All of these deficiency diseases were caused by a lack of vitamins in the fishers' diet - a nutrient vital to health.

During the first decade of the twentieth century, scientific knowledge about vitamins and their function in the maintenance of health was virtually unknown. The relatively new germ theory of disease had been foremost on the minds of many health reformers, leading several Mission physicians to believe that the etiology of deficiency disease was similar to tuberculosis, resulting from poor personal hygiene practices, sanitation, and an inadequate diet dependent on starchy foods. The physicians believed that deficiency diseases spread easily between the local people because of their poor habits and impoverished circumstances, and tried to educate the northern fishers about the

importance of hygiene, fresh air, and the benefits of adding a better variety of food to their monotonous diet. This early treatment was particularly evident in Dr. Cluny McPherson's perception of four Norwegian sailors newly diagnosed with beriberi (a disease uncommon in northern climates). In 1904 he admitted his reluctance to perform an autopsy on a sailor who had died from beriberi, fearing the deceased might be infectious. He recommended to the surviving patients complete isolation and the consumption of more fruits and vegetables - a regime similar to the recommended treatment for tuberculosis.

Teaching the value of eating a variety of food had been an important message in the Mission's anti-tuberculosis campaign. Since the early 1900s physicians observed that the northern fishers went through cyclical periods of "semi-starvation," often reduced to a limited food supply of white flour, tea and molasses. They believed this diet did not provide a sufficient variety of fat, protein, carbohydrates, and minerals thought to build the body's resistance to infection. Though there were medical advances in the early diagnosis of tuberculosis, the absence of drugs and modern surgery techniques made it difficult for physicians to arrest the most advanced cases. Dr. Wilfred Grenfell and many of his colleagues believed that preventative medicine could provide the public better health protection than treatment, and established an anti-tuberculosis campaign to teach the benefits of fresh air, a varied diet, and adequate rest.

In the 1910s the Mission expanded the campaign against tuberculosis to prevent what had by then become a widespread problem with deficiency diseases. Preventive

teachings about these diseases became less focused on the spread of germs and more centered on research developments in nutrition science. Dr. John Little's discovery that patients could be cured of beriberi when regularly fed nutrient-rich beans, fresh meat, and whole-wheat bread finally distinguished beriberi solely as a nutritional disease. Soon after Dr. Little published his breakthrough research, Mission doctors, nurses, teachers, and craft workers began a concerted effort to teach the local people how to prevent beriberi, a disease that affected over 100 "diagnosed" fishermen by 1915. Encouraging the consumption of whole-wheat flour and more fruits and vegetables, Mission doctors tried to entice the local people to attend their didactic-style lectures at local hospitals, nursing stations, and churches. Nurses, teachers, and craft workers, more acquainted with the local women in the communities in which they worked, preferred to appeal to the women's knowledge of domestic work, and offered lessons in cooking, food preservation, and gardening. Gradually, Mission doctors, who had tried to lead the nutrition campaign, began to feel that female personnel were having greater success with the teachings, finally admitting that they could not translate nutritional knowledge into a practical guide for northern living.

Local apathy towards the campaign, shifting professional priorities, and the new ideology of scientific motherhood became the catalysts creating sharper professional divisions. The high rate of men undernourished and unfit for service in World War I served to focus attention on the need to educate women in the new science of nutrition. By the end of the war, the Mission's dietary reform campaign centred entirely on the

benefit of recruiting female personnel who could provide local women scientific advice and instructions on how to raise healthy families. Section one of this chapter summarizes key circumstances leading up to 1920 that enabled American women to slip into the Mission's medical hierarchy and create a distinct career in nutrition work. Section two demonstrates the strategies they employed to attain public recognition and professional-regulation of their field at the Grenfell Mission.

I. The Establishment of a Gendered Profession

American women trained in home-economics were able to create a specialized profession within the Mission's dietary reform campaign for three main reasons. First, Mission personnel encountered a great deal of public apathy (from the local people, the business class, and the Newfoundland government) toward their experimental initiatives to improve the northern diet. From 1907 onwards nurses tried teaching local women the protective health benefits of feeding their families a varied diet all year long, but did not know how to persuade mothers to give their children milk. Poor soil and dated agricultural equipment made it difficult to keep cows, while early frosts could delay, for several months, the yearly supply vessels carrying imported food. Even if the supply vessel arrived on time, Mission personnel noted that the local people could not afford to purchase, in bulk, some foods that could help sustain health throughout the winter and spring. Grenfell noted that the fishers refused to ask the trader for the kinds of food that the hospital staff recommended, fearing the trader would cease to do business with them.

During good fishing seasons, the fishers would purchase canned milk, but only in small quantities, because it was expensive and considered a luxury for tea and special occasions.

Since the inception of the Mission, Grenfell always talked about the link between the cashless trade exchange which dictated the price of food, clothing, and fishing equipment, and the poor nutritional health of the fishers. In the first decade of the twentieth century, he tried to improve the diet of the fishers by encouraging economic independence through the development of a local craft industry, small-scale farming, and a cooperative system. In the 1910s, however, he realized these business ventures only gave the local people moderate relief. The agricultural experiment was slow to develop, delayed by ice-blocked harbours, a short growing season, and the need for experienced personnel and modern farming equipment. The cooperative initiative failed, with the exception of the stores in Red Bay and St. Anthony, due in large part to the opposition of the local traders. Local traders publicly opposed the development of cooperatives, fearing that the fishers' stores would put them out of business. Losing favour with these members of the colonial elite, and unable to find stable financial backing, the Mission sought experienced personnel to sustain the health promoting business ventures.

Fortunately, in the United States, home economists were beginning to train women in food economics. This education would prepare them for the expertise desperately needed to take over the Mission's fledgling dietary reform programme. It would prepare them to raise funds, manage accounts, and pay close attention to natural resources and local

markets, enabling them to teach families in northern Newfoundland and coastal Labrador how to maximize the nutritional quality of the food they could reasonably obtain.

Just as home economists were publicizing their new line of nutrition work, Mission physicians tried to focus public attention on the importance of nutrition education. In the early 1910s, Grenfell and his leading physicians attempted to persuade the Newfoundland government to add to its recent nation-wide anti-tuberculosis campaign, a section on nutrition and the prevention of beriberi. Unfortunately, the Commission on Public Health believed that deaths resulting from tuberculosis posed the most serious threat to public health. Dr. R.A. Brehm, the Newfoundland Medical Officer of Health, recommended that the government invest, instead, in a program to help the Superintendents of Education set up a home economics course for the young women of Newfoundland. However, with few schools and well-trained teachers willing to work in Labrador and northern Newfoundland, this proposal did not offer the Mission an appropriate solution to reduce the rate of beriberi.

Discouraged by the lack of support from local traders and politicians, Mission physicians set out on an independent path to establish "Health Talks" at schools, hospitals, and churches. Hoping to convince the fishers of the importance of their teachings, it was not long before the physicians faced more opposition. The fishers considered the recommended consumption of whole-wheat flour, particularly brown bread, inedible, and demonstrated a prejudice against its colour, associating its darkness with dirt. Lessons about the growth-promoting benefits of milk were also ignored. In

this case, physicians could not seem to grasp that the local people were primarily fishers, disinterested in expending the resources needed to raise cows, and unwilling to purchase on credit large quantities of canned milk. Loath to listen to impractical talks, most men and women refused to show up for the physicians' health lessons.

Unfamiliar with the local economy and insensitive to food preferences, physicians had little success in teaching the new principles of nutrition. Anxious about their professional failings in nutrition education, they began to regard this field as women's work. Since gardening, food preservation, and cooking were considered women's domain, they felt that rural women should have formal, scientific training in these subjects. The emergence of the ideology of scientific motherhood during World War I served to heighten physicians' interest in women's domestic responsibilities. An estimated 50 percent of Newfoundland men and 30 percent of American men examined for military service were found to be seriously malnourished. Rejection rates of men for the war spurred a desire for more widespread dissemination of contemporary nutritional findings to those considered responsible for the nation's well-being, namely mothers. In the United States, the Women's Committee of the Council of National Defense collaborated with the Children's Bureau of the Department of Labor to encourage welfare agencies and researchers to study the nutrition problem presented by recent health statistics, and proclaimed 1918 "Children's Year." This campaign centred the country's attention upon children of pre-school age and encouraged pediatricians, visiting nurses' associations, social workers and home economists to offer scientific advice on child

rearing to laywomen. As physicians focused on treating the physical symptoms of poor childhood nutrition (bad tonsils, adenoids, and other health obstructions), home economists turned their attention to the underlying social causes of malnourishment. A national emphasis placed on the study of nutrition as one of the major aspects of children's health gave women trained in home economics an opportunity to set themselves apart from other health professionals and create a specialized career as childhood nutritionists.

Staff shortages as a result of World War I became the final catalyst enabling American nutrition workers to slip into the Mission's health care hierarchy, and claim a unique place in the dietary reform campaign. During the war, physicians and nurses were overworked. Most of the Mission's personnel left for overseas or home, which aggravated an already crying need for permanent teaching in agriculture, a craft industry, and the principles of nutrition. With the resignation of Jesse Luther, Superintendent of the Industrial Department, in 1915, several nurses had to take over the training aspect of the craft industry. The Mission also had difficulties recruiting volunteer workers, leaving the medical personnel the responsibility of maintaining the two farms developed at Canada Bay and St. Anthony. In the postwar period, many medical officers remained for only one year. The fast turn over rate of the medical staff hindered the Mission further from maintaining a focused dietary reform program. Doctors and nurses came utilizing their own ideas, leaving the incoming crew no records of what had been accomplished.

When the first two nutrition workers, Marion Moseley and Elizabeth Fuller,

arrived at the Grenfell Mission in the summer 1920 they found an ideal work environment to practice their profession. Though previous personnel had worked hard to establish many dietary reform initiatives, the campaign was disorganized and in desperate need of experienced leaders. As a profession that specialized in childhood nutrition, nutrition workers felt that their lessons in safeguarding the child would be a natural extension of the Mission's dietary reform agenda. Equipped with an education in human development, their goal was to work in cooperation with Mission personnel, especially physicians, to convince local mothers of the health standards their children should obtain. As the 1920s progressed, nutrition workers' claim of success with the dietary reform campaign, and subsequent bid to have greater professional control over child welfare work created resentment within the medical community. Interprofessional competition to wrench child care knowledge from parental authority, and subject mothers to the best expert advice created obstacles in the line of nutrition work. Section two demonstrates how nutrition workers handled work challenges creatively to attract local women as their clients, and gain medical acceptance of their profession.

II. The Strategies Nutrition Workers Employed to Attain Professional Recognition

From 1920 to 1927, approximately 25 home economics-trained nutrition workers aimed to demonstrate to the Mission that they had the specialized training needed to improve the health of the northern fishers. Gaining local women's acceptance of their scientific

advice was one strategy to bolster this ambition. In the post-war era, children's poor health was identified as a contributing obstacle to national prosperity, and considered the result of years of bad parenting. With the Mission's nutrition campaign squarely focused on beriberi and its devastating effects on adult males, nutrition workers aimed to demonstrate to local women that they could raise their children more healthfully.

As noted in section one, nurses and physicians had a difficult time persuading the local people to follow their nutritional advice. In order to construct health teachings that were both practical and convincing, nutrition workers' strategy was to work within the culture and financial experiences of their new clients. When teaching local mothers about the key causes of childhood malnutrition, home economics training taught nutrition workers to avoid harsh judgements against mothers' feeding practices. They were instructed to take the time to study local food preferences, natural resources, and markets to identify foods mothers could be persuaded to prepare. If poverty within a household was deemed to be the source of the problem, they tried to encourage women to guard against malnutrition by making better use of nature's foods, such as cod liver oil, dandelions, and the jackets of potatoes. This lesson was often reinforced through nutrition classes. Here, nutrition workers used height and weight indexes to visually demonstrate improvements in a child's health and to establish healthful competition between children to gain and grow as quickly as possible. Interesting children in competitive games, all infused with health principles, was a strategy to reduce mothers' resistance to nutrition work.

Eliciting the fathers' interest in nutrition work was another strategy to gain public support. Nutrition workers' study of the local economy taught them to appreciate that women had enormous responsibilities tending to both their families and the codfish business during the summer. Rather than preach a middle-class doctrine of separate spheres for men and women, nutrition workers tried to shape the dietary reform campaign around the family work schedule. They made an effort to organize their classes in the evenings and at specific times during the day, so that men, women, and children might attend. Nutrition worker, Elizabeth Beyer, for example, held her cooking demonstrations at a cooperative store in the evenings, knowing that the fathers might be freed from the fishing. Here, she demonstrated how local food favourites like molasses could be integrated into new recipes that were both healthful and delicious. A tactful lesson such as this, demonstrated nutrition workers' objective to be mindful of cultural preferences, rather than forcibly change the local diet.

As nutrition workers gained a steady foothold in child health work throughout the 1920s, their claim to successfully influence parental practices and improve the health status of children stirred resentment among the Mission physicians. For one thing a significant gap existed between what Mission physicians knew about nutrition and their ability to effectively deliver that information to the public. Although physicians were able, by then, to identify specific nutritional deficiencies, they had little, if any, training in nutrition education, especially as it related to the needs of women and children. Nutrition workers, on the other hand, completed core courses in food economics, child

development, and nutrition to better prepare themselves as experts in child welfare work. They knew that success with this training not only depended upon their ability to meet their clients' needs, but would hinge upon the support they could acquire from other child saving professionals.

Nutrition workers' desire to claim expertise in child welfare work was the second most important component of their professionalizing agenda. Eliciting the interest and cooperation of nurses, physicians, and educators was a measure of this success. To acquire recognition as specialists at the Grenfell Mission, each of the three child welfare leaders attempted to foster complementary working relationships with Mission personnel. Acutely aware that physicians had the final authority over most Mission initiatives, nutrition workers Marion Moseley, Elizabeth Page, and Elizabeth Criswell had a strategy to construct the child health campaign in a way that did not clash or overlap with physicians' work.

To convince physicians of the value of nutrition work, Marion Moseley, the founder of the Mission's Child Welfare Department, closely followed the American home economics agenda. This was to make a special study of the nutritional conditions of school age children and to involve established professionals in the work. Moseley fulfilled this agenda by encouraging doctors, dentists and teachers to lend their unique skills and knowledge to her specialized child health units. These units traveled 1000 miles of coastline and were set up so that each worker advised and supported the other on the most effective means of improving a child's health. Nutrition workers studied the

homemaking and childrearing practices of the local women to determine the underlying social causes of childhood malnutrition. They submitted these observations to the local teacher who was taught how to make the nutrition workers' advice stand out as a regular health routine in a child's life. Moseley regarded teachers as excellent allies. They resided in a community for a summer or an entire year, and were thus able to sustain the health lessons created by her department.

Moseley hoped to elicit physicians' support by creating a tempting medical opportunity for them. Feeling that doctors would not want to lose out on new knowledge arising from the child health movement, she and other nutrition workers developed and customized nutrition clinics for them. At the clinic, the doctor was asked to examine children for physical defects that might prevent healthy development. The nutrition worker's role was to convince local women of the value of bringing their children to the routine health exam, and to persuade them to send their children to the closest hospital if the physician recommended treatment. Although Moseley gained a great deal of authority in organizing these clinics, she always insisted that she and the nutrition workers carried out their clinical duties through the supervision of the doctor. This was an important point she reinforced to avoid potential criticism.

To truly demonstrate that nutrition workers had no underlying ambition to give medical treatment and advice, Moseley worked hard to ensure that a doctor accompanied each travelling health unit. She and her apprentice, Elizabeth Page knew that the success of the program would depend upon their ability to work in cooperation with doctors,

especially the Mission's medical officers. As they discovered, this was not an easy task. Page and Moseley faced major obstacles finding doctors who were willing to pay travel accommodations, and forgo a salary, to volunteer for Mission child welfare work. Lack of Mission financial support for child welfare work denied all but the leading nutrition workers permanent paid positions.

To fulfill the objective to maintain a well-coordinated child health team, Moseley and Page often turned to the volunteer services of third-year medical students or requested the loan of a Mission doctor. Though nutrition workers and the third-year interns experienced some degree of work autonomy, they deferred to the requests of Grenfell medical officers. These physicians influenced policy decisions made by the Mission Board of Directors, and often diminished the necessity of nutrition work. Some argued that child welfare work was solely women's responsibility, and felt that it was better to have doctors available to arrest acute cases. Few saw the value of investing precious resources in health examinations for every school-age child. A frequent theme in the history of home economics was the opposition leaders experienced when they requested funding and other resources from their university or hospital administrators.

Fortunately, the leaders rarely depended upon the generosity of a host institution. At the Grenfell Mission, each child welfare leader established a well-coordinated and successful fundraising campaign to alleviate any criticism that the work taxed the resources of the medical branch. As swiftly as they raised money to staff and equip a branch separate from the Mission's medical work - it became apparent that funding was

not the greatest obstacle. Real interprofessional tensions arose when the Mission's Executive Officer, Colonel Arthur Cosby, received complaints about the work of the White Bay unit from the Newfoundland government. White Bay Unit Director Elizabeth Page was told that the government disapproved of her Department's medical appointments in the area. With the nominal fees her Unit charged for child health exams, no Newfoundland doctor could expect to establish a viable practice. Also, the Department's third-year medical students were not legally entitled to prescribe treatment or charge a fee for service. This, they felt, would be construed by the Newfoundland medical board as medical practice.

Discouraging news as this was, Page did not let it stand in the way of the work Moseley initiated. In 1924, she felt she had an opportunity to put an end to the territorial conflict between the Mission and the Newfoundland government, and supported the wife of the governor in a bid to establish a system of public health nursing called the Newfoundland Outport Nursing and Industrial Association (NONIA). The goal of NONIA was to encourage local women to produce and sell handicrafts in exchange for the service of a resident nurse. In Page's mind, NONIA nurses could be taught to take over the Mission's child welfare program, in addition to carrying out medical work. Having nurses run the nutrition clinics and the classes alleviated the need to recruit third-year medical students and would perhaps dampen opposition to the Child Welfare work. Unfortunately, Page never once imagined that opening the door to nurses would diminish nutrition workers' opportunity to forge a permanent place within the Grenfell medical

hierarchy. The incoming Director, Elizabeth Criswell, gave the home economists' aspiration to establish a well-coordinated child health team a final blow.

Although Criswell rose from the Mission's volunteer ranks in nutrition work, she did not follow the professional aspirations of a home economics leader, namely to create viable career opportunities for women nutrition workers. From 1924 to 1926 Criswell set out to change the professional face of the Child Welfare Department in a bid to overcome the Department's history of obstacles with the medical community. Her strategy was to replace the usual physician-nutrition worker team with public health nurses that could be permanently stationed in five or six communities. In Criswell's favour, she had a larger body of nursing recruits to draw upon. Public health nursing was thriving in Canada and Britain in the mid-twenties, while the promotion of nutrition work as an attractive career option was barely off the ground. In fact, Criswell never liked the fact that Moseley trained teachers in the Emerson Method to help alleviate the Department's difficulties finding nutrition workers. In Criswell's mind, public health nurses were accessible, and could be called upon for medical emergencies in addition to regular health teaching. They also had a working history with physicians, and were experienced with medical protocol. These two factors alone could make them much more acceptable to the Mission's medical community.

While the medical officers initially approved of Criswell's appointment of public health nurses, her grand plan to have these women workers eliminate the need for the doctor's presence backfired. By taking sole responsibility for nurses' appointments and

duties, Criswell threatened the authority of the physicians to direct nurses in medical matters. In 1927 the Mission's Board of Directors thanked Criswell and the former child welfare leaders for organizing and directing the work to such a standard, that it could at last be given over to the medical officers. Despite Elizabeth Criswell's personal defeat, all three child welfare leaders successfully demonstrated that nutrition problems could be improved through child welfare work. By translating the scientific principles of nutrition into practical lessons for women and children, nutrition workers successfully forged a training ground and career opportunity at the Mission. Their expertise in nutrition-related aspects of children's health was valued by the Board of Directors, and became part of a well-integrated health programme in Mission schools, nursing stations, hospitals, and community centres.

Appendix A

Number of Grenfell Nutrition Workers by Station and Year

Station	1920	1921	1922	1923	1924	1925	1926	1927	1928
Child Welfare Department				1	1	1	1	1	
Newfoundland									
NF Traveling Unit			1	1					
Notre Dame Bay		2	4						
St. Anthony	2	2	1	1					
White Bay Unit			3	3	3	1	1		
Labrador									
Lab Traveling Unit			2	1					
Battle Harbour		2	1						
Cartwright			1						
Harrington		2	1						
Spotted Islands			1						
Total	2	8	15	7	4	2	2	1	0

Source: *Among the Deep Sea Fishers, 1920-1928*

Note: A handful of nutrition workers volunteered and/or worked for pay more than one summer. If the nutrition workers are counted by name rather than station and year, there were, in fact, 24 individuals stationed at the Mission between 1920 and 1927 (See Appendix B). Two of the nutrition workers became full-time directors of the Grenfell Child Welfare Department.

Appendix B

Grenfell Nutrition Workers, 1920-1927	
Marion Moseley (1920-1923)	Dorothy Stockham (1922)
Elizabeth Fuller (1920-1922)	Margaret Edgerly (1922)
Katherine S. Johnston (1921)	Frances C. Clarke (1922)
Elizabeth Washburn (1921)	Annette Stiles (1922)
Dorothy Levering (1921)	Elizabeth Faxon (1922)
Helen MacLaren (1921)	Charlotte Cheston (1922)
Theodora Willard (1921)	Dorothy Card (1923)
Katherine Blayney (1921-1922)	Ann Logan (1923)
Beulah Clap (1922)	Edith Howes (1923)
Elizabeth Page (1921-1926)	Mary Card (1923-1924)
Elizabeth Thomas (1922)	Emma K. Leiss (1924)
Elinor Goodnow (1922)	Elizabeth Criswell (1923-1927)

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