

Nurses, Archives, and the History of Canadian Health Care

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Résumé

Comme une nouvelle génération de spécialistes entreprend des recherches en histoire des sciences infirmières en empruntant de nouvelles directions, les centres d'archives et les archivistes dans ce domaine font face à des demandes nouvelles et à de nouveaux défis. Plusieurs collections occupent des petits centres d'archives privés qui rencontrent des problèmes de communicabilité, de protection des renseignements personnels, et de financement. Qu'ils travaillent dans de grands ou de petits dépôts d'archives, les historiens comme les archivistes rencontrent de sérieuses lacunes au niveau des sources premières dans le domaine de l'histoire des sciences infirmières et doivent en même temps définir au mieux la notion même d'infirmiers(es) passée et présente.

Abstract

As a new generation of scholars takes research in nursing history in some innovative directions, nursing archives and archivists face new demands and challenges. Many research collections are housed in small, private archives that face unique issues pertaining to access, privacy, and funding. Whether working with large or small archives, historians and archivists alike confront significant gaps in the primary resource base for nursing history, and must at the same time grapple with how best to define the category of *nurse*, past and present.

Nursing history is experiencing a renaissance of sorts. Once a central preoccupation of nursing educators and scholars (as reflected in the many history textbooks authored by early-twentieth century nursing leaders such as Isabel Maitland Stewart¹), the place of history in nursing education and research waned during the 1960s and 1970s as scholars turned their attention to clinical studies and the applied sciences. By the mid-1980s, however, a renewed interest in nursing history flourished as researchers within nursing's ranks, but also from other scholarly disciplines such as history, sociology, women's studies, and labour studies, began to reexamine the occupation's

past. Unlike their predecessors, this new generation of researchers posed questions that took them beyond institutional and organizational concerns to consider issues such as recruitment patterns, daily practice, leisure activities, female friendships, sexuality, and the impact of race and language. To pursue these issues, scholars implemented new approaches and methodologies, often borrowed from social history and anthropology. In the process, they turned to and sought out new primary source materials and placed new demands upon archival resources. This essay will review the range of existing nursing archives in Canada and consider some of the issues confronting researchers and archivists in this age of rebirth.

Unlike many facets of health care history, and unlike many women's occupations, nursing history is blessed with a wide range of primary sources and a rich variety of archival collections. Many of these collections are housed in the conventional sites of historical research--public archives--which, be they municipal, provincial, or federal, house records relating to nurses who worked within those jurisdictions. The City of Toronto Archives, for example, contains a significant collection of sources relating to the public health nurses who worked for the city's Department of Health, beginning in the early decades of the twentieth century. The Vancouver City Archives is home to the records of the Vancouver General Hospital (VGH) and New Westminster's Royal Columbian Hospital. In Manitoba and Nova Scotia it is the provincial archives that hold the records of the local "lay" public institutions, like the Winnipeg General Hospital (WGH) and Halifax's Victoria General Hospital. Public repositories have also acquired collections of private organizations and individuals, such as the Provincial Archives of Manitoba's (PAM) Stewart Collection, which contains the records of Marguerita Stewart, a nurse who worked in northern Manitoba in the 1940s and 1950s, or the National Archives' (NA) Victorian Order of Nurses collection and Park papers. Within these public archives, government records also contain valuable documentation pertaining to nurses. The British Columbia Information Management Services (BCIMS, formerly BCARS) Attorney General Records, for example, include substantial records relating to health care and nurses' role within it. Department of National Defence records at the NA include diaries of World War I nurses like Margaret McDonald. In these and other collections, relevant material is not necessarily catalogued specifically under nurse-related sub-headings, and researchers need to make effective use of finding aids and archivists' knowledge to locate pertinent primary documentation.

In some jurisdictions, public archives have acquired the records of provincial and local nursing organizations. The Registered Nurses Association of Nova Scotia, for example, recently deposited a substantial collection of documents from the pre-1950 era in the Public Archives of Nova Scotia. In many provinces, however, nursing organizations have retained their own records. For instance, archival material from the Canadian Nurses Association remains with that national body in Ottawa. Care of and access to such collections vary. The Registered Nurses Association of British Columbia (RNABC) has strived to preserve its organizational records, but insists that only RNABC members, or researchers sponsored by a member, may have access to them. The Manitoba Association of Registered Nurses (MARN) has no policy restricting access, but has done little to preserve or catalogue its material, and staff members know very little about the scope or significance of the documents they possess. MARN records remain in storage drawers in the MARN office, uncatalogued

and unprotected from the elements. In the early 1980s, the Registered Nurses Association of Ontario had a similar system for its rich archival collection, but since moving into new office space it has placed the archival material in storage and researchers have to acquire special permission to use it.²

The challenge for these nursing organizations is to decide how best to preserve their associational heritage. Collaborating with local public archives is one option, although as those institutions continue to struggle with financial cuts their willingness and ability to accept large collections from organizations are limited. Private archives, such as those administered by universities, are another place where nursing records may be deposited. This is the case in Montreal where records from the Royal Victoria Hospital and the Montreal Maternity Hospital reside in the McGill University Archives. University archives like those at Dalhousie and the University of British Columbia (UBC) contain the records of their nursing faculties. The latter repository also holds private collections such as the papers of Ethel Johns and her biographer Margaret Street.

Another option that many nursing organizations have chosen is to establish their own archives, either independently or in conjunction with hospital "heritage" and archival programmes. This option has been a particularly popular one for hospital school of nursing alumnae associations. The Toronto General Hospital School of Nursing Alumnae Association oversees its own archival collection which is housed within the Toronto Hospital's larger collection, while groups like the Winnipeg General Hospital, Victoria General Hospital, and Vancouver General Hospital Alumnae Associations have secured space within their alma maters for small autonomous archives. Alumnae collections have played particularly important roles in preserving nursing records. Not only have they assembled their own records, but they have in many cases acquired records from the hospital school of nursing itself, primary sources that otherwise might have been destroyed in the many moves made by hospital schools of nursing. Alumnae collections have also been the first choice for many private donors who wanted to contribute their own records to nurse-run repositories.

One of the advantages of these small, autonomous collections is that they have been able to structure their collections to reflect the occupationally-specific nature of nursing memorabilia. Alumnae groups and hospital heritage centres have welcomed not only textual records, but also photographs, uniforms, equipment, copies of nursing publications, and rare books. As such, the line between artifacts, archives, and libraries has not been drawn.³ As historians begin to integrate the methods of art history, material history, archeology, and anthropology into their research, the ability to use a range of types of symbols from the past is a significant asset.

Small, privately-run archives, like those sponsored by alumnae associations, rely heavily on the labours of volunteer archivists and archival committees. These volunteers take their jobs very seriously, attending archival workshops run by provincial archives or archival associations, cataloguing materials, and securing acid-free boxes and folders in which to store material. At the same time, the ability of volunteers and their associations to maintain their institutionally-based archives is constantly challenged by structural changes occurring within Canadian health care. Most significant is the question of space. As Canadian hospitals struggle to meet both increased patient demand and changing therapeutic regimes, alumnae associations have had to

fight to preserve archival facilities within the walls of their alma mater. As long as schools of nursing existed, alumnae associations continued to have enough leverage to secure archival space within the school or residence, but when hospital nursing programmes began to close, especially in the late 1960s and early 1970s, access to such space was threatened. Given the many demands on institutional resources, hospital administrators did not always consider their nursing heritage as a priority. This pattern is being repeated in the 1990s when the large hospital schools (those that had survived the shift to university and college nursing education) are themselves finally closing, forcing alumnae associations to renegotiate their relationships with their hospital hosts. For example, even though nursing students were no longer obliged to live in residence, the VGH Alumnae for many years had maintained space for their organizational meetings and archives in the basement of the “new” nurses residence (built in the 1950s). With the recent and final amalgamation of the VGH programme with the UBC Faculty of Nursing, the “new” residence is being demolished and the alumnae have negotiated a (much smaller) space elsewhere in the hospital. The closing of the Health Sciences (formerly WGH) school has posed similar challenges for the WGH alumnae. These struggles are made more difficult by the fact that the alumnae of hospital-based schools are, as a group, aging and without yearly infusions of new members the associations’ ability to struggle to defend their archives is called into question.

For researchers using the private collections of alumnae and other nursing organizations a number of factors shape access to archival material. Some of these are purely practical, resulting from the realities of working with volunteer staff. For instance, a researcher cannot simply go to the archives and speak to the person at the desk. Rather, the researcher must first identify and locate the volunteer in charge of the archives. This can sometimes involve numerous phone calls, first to the hospital or school of nursing to find someone responsible for alumnae liaison who can provide the name and phone number of the alumnae president or archivist. Even this simple task can be complicated by the fact that nursing school staff often know very little of the activities of their alumnae association and, once the staff person responsible for alumnae liaison is identified, if that person is currently completing a round of clinical instruction contacting them may take anywhere from a few hours to a few days. Again, as hospital schools of nursing close, and as the distance between alumnae and university schools widens, contacting the alumnae liaison in university faculties may prove even more difficult.

Once the volunteer archivist has been contacted, and permission obtained from the association to use the collection in question, arrangements have to be made to have the alumnae archivist “open up” the archival room. Therein, the researcher may find that much of the material is uncatalogued, in process, or minimally catalogued. The absence of formal finding aids is more than compensated for by two factors. First, the researcher can usually browse through the material directly, without having to submit requests to see material, as is the case in most larger archives. Secondly, and perhaps more importantly, volunteer archivists are tremendously knowledgeable about their collections and anxious to help researchers find relevant material. Because these collections often receive minimal use, especially from historians or other scholarly researchers, the archivists are more than willing to assist in whatever way possible. Indeed, once the time-consuming and sometimes frustrating task of getting

into a nursing archive or collection has been completed, nursing organizations are often extremely flexible about what hours researchers work and often trusting (sometimes too trusting) about providing researchers unsupervised and unlimited access to materials.

This latter point is particularly critical as the range of scholars undertaking nursing history expands. Nursing organizations and their archival committees must confront some of the negative possibilities attendant with their relaxed policies on access to records. At a most basic level, these archives have minimal security to prevent researchers from removing, destroying, or misfiling documents. While it is unlikely that any serious historian would intentionally disrupt collections in this way, the possibilities for unintentionally misplacing or damaging documents do exist.

A further concern pertains to privacy issues. Because many educational institutions and employers were uninterested in preserving records of their nursing students and staff, alumnae associations and local nursing organizations were often the logical and only available repository for nursing records. This means that many educational and employment records of nurses are housed within relatively unregulated collections. Unlike personal papers or organizational records, which are accompanied by implicit or explicit acknowledgement that researchers will have access to the information therein, educational and employment records often have ended up in alumnae archives by default. For example, many alumnae association archives have inherited student records from the hospital school. These documents contain not only grades assigned to individual students, but also supervisors' assessments of the students' or staff members' performance in the workplace. Because the individuals listed in the records have not consented to their records being made public and, in fact, many individuals do not even know the records exist, researchers should be required to apply the basic elements of privacy legislation to their use of those records: that is, all references to individuals should be made anonymous unless the individuals have been dead for more than fifty years.

Aside from the ethical issues inherent in using records of "ordinary nurses" without their individual consent, privacy provisions need to be considered to protect the researcher and the archives from the possibility of legal action. The potential for legal conflict becomes even greater as researchers begin to ask questions of archival material that had heretofore been outside the realm of historical inquiry. For instance, until recently, researchers have focused on the structure of nursing education and curriculum content, while little attention was paid to conflict among nurses at the bedside. Yet as historians use student records to consider the multiple definitions of what constituted "good nursing" they find that substantial conflict erupted between supervisors and student staff over who was responsible for accidents such as burning a patient with a hot water bottle. In such conflicts, the supervisors' perception of events were included in the student record, whereas the students' understanding of such events were not. Researchers reiterating the nature of such disputes need to take care to protect the anonymity of students, who may or may not wish to have such events made public, even a half century later. While such consideration should be granted to any "ordinary" citizens whose names appear in educational or employment records, this issue has particular meaning for nurses, who were groomed in and strongly endorsed an occupationally-specific set of ethics to care for and protect

their patients. Even suggesting that an individual burned a patient might contravene the nurse's own sense of occupational ethics.

These concerns are of particular importance when working with small, privately run archival collections, which are already vulnerable to being closed by their host institutions. While I have heard of no instance where an individual or her family sued a local archive, it would only take one such case to convince many organizations and institutions to close their doors completely, deny all researchers access to collections, and even destroy delicate material. Rather than leave these vital collections prey to administrative closure, researchers need to make themselves familiar with privacy legislation and, as a group, would benefit from greater discussion about the reasonable application of such legislation. Where professional archivists are available, these policies are applied by the archives itself, but when dealing with volunteer archivists, who themselves occupy a tenuous position within their host institutions, researchers need to be more pro-active about considering the vulnerable position they may be placing the archives and archivists in.

Addressing the issues facing associational archives is crucial precisely because the archives and the associations that sponsor them have aggressively sought to collect and preserve documentary evidence pertaining to nursing. These efforts have been enhanced, of late, by projects sponsored by local nursing associations or nursing history groups to survey existing primary source collections. The most recent of these efforts is *A Guide to Nursing Historical Materials in Ontario*, produced under the auspices of the Ontario Society for the History of Nursing.⁴ This volume surveys the archival holdings of all the "public" institutions and associations; a second volume devoted to the collections of private individuals is currently being prepared. A similar guide has been produced by the RNABC, and nursing historian Sharon Richardson and Alberta Association of Registered Nurses archivist Lorraine Mychajlunow are collaborating in the compilation of a directory of nursing archival resources in Alberta.⁵ These projects are significant in two ways. Not only do they identify available collections of archival material for potential researchers, but in making public the value and extent of collections they will support efforts by local activists to have local collections preserved.

While archival guides make public the range of archival material available at small and large repositories, it is equally important to recognize that private and public archival collections alike continue to suffer from significant gaps in the kind of material preserved. An obvious feature of many collections is the absence of certain kinds of data series. For example, few institutions or organizations have complete biographical data pertaining to nursing students or staff, or consistent documentation about student performance within nursing education programmes that can be tabulated over more than a few years at a time. Lacking this kind of information, Canadian historians are hard pressed to address questions that have been posed in the international literature, such as the shifting class origin of the nursing workforce (did nursing draw predominantly from the daughters of the middle-class?) or the nature of apprenticeship education (was the early educational system excessively exploitative, as measured by high failure and drop-out rates?).⁶

Once we shift our attention outside the world of hospitals and professional associations to consider the world of nursing beyond institutional and organizational struc-

tures, the documentary base becomes even more fragmentary. For instance, until the 1940s most graduate nurses worked not in health care institutions, but in the private health care market, serving individual paying patients in their homes (or, as the 1920s and 1930s progressed, in private hospital rooms.) We know little of the work performed within those private realms. Diaries, daybooks, or records of practice from these private practitioners are few and far between, making it difficult for researchers to trace the changing content of nursing practice at the bedside. Certainly, no consistent body of data has been uncovered to date that would allow nursing historians the kind of insight into shifting paradigms of patient care in the way that Langstaff's papers have allowed historian Jackie Duffin to do for nineteenth-century medical practice.⁷

The absence of this kind of documentation is not that unusual. After all, it has only been in recent decades that the experiences of "ordinary" people have been a primary focus of historical inquiry: many retired nurses or their families, believing an "unexceptional" nursing career to be historically irrelevant, have not preserved documentation pertaining to their own or their foremothers' lives. Photograph albums, autograph books, and travelogues are often the only mementoes remaining of nurses' careers, while letters, diaries, and employment records have long ago disappeared.

It is somewhat more surprising, however, that the personal papers of nursing leaders and educators are also virtually non-existent. While historians of nursing enjoy a rich body of published material by leaders such as Ethel Johns, Jean Gunn, or Isabel Maitland Stewart, diaries, correspondence, and other private documentation by these key figures have not been preserved. For example, Ethel Johns, one of Canada's foremost figures in international and national nursing circles, destroyed her personal papers; that the late Margaret Street could produce such a fine biography of Johns without access to such documentation is a testimony to Street's skills as an historian and author.⁸ So too did Marion Royce reconstruct the life of Toronto public health nurse and leader Eunice Dyke with "few personal letters and no diaries to draw upon."⁹ Without personal papers, researchers are hard pressed to address questions about the inner lives of nursing leaders or about the forces that moved them to defy gender conventions and pursue careers as single working women. Whether referring to nursing leaders or the occupation's ordinary practitioners, a concerted effort needs to be mounted to locate and preserve whatever personal and private documents still exist. Among other things, such a campaign would allow Canadian nursing historians to produce biographical studies that address questions raised in the international literature in feminist biography.¹⁰

The focus on nurses' experiences within institutional hierarchies or organizational forums has also meant that historians know very little about the relationships between nurses and their patients, from either group's point of view. How did immigrant and working class clientele respond to the interventions of public health nurses? What range of services did private paying patients expect from their private duty nurses? How did life on the "public" wards of hospitals differ from that in the "private" wards and pavilions offered to wealthier patients in the years after 1910? The absence of this type of documentation is the result of two factors. First, the medical establishments creating the sources were less interested in patient response than in documenting what their staffs were doing on the wards and on the streets, or in

presenting their institutions in the best possible light. Only when records such as incident reports or minutes of disciplinary boards are made available can some indication of conflict or tension between patient and caregiver be illuminated. Second, nurses themselves were groomed in the ethos of protecting the privacy of the patient. Thus, even if nurses had the time to create their own records of patient care and interaction--which many of them did not--discussing the details of nurse-patient interaction appeared to contravene that ethos.

Some of these documentary gaps are being filled as nursing archivists and researchers have begun to make use of oral history. For instance, the WGH Nurses Alumnae Association and PAM supported an oral history project I undertook to interview graduates of the WGH School of Nursing from the 1920-1940 era. These tape recorded interviews are now deposited in PAM, available for other researchers to use.¹¹ BCIMS also holds, as part of its Sound and Moving Picture Collection, interviews with retired nurses from the British Columbia medical system. Alberta nursing historian Diana Mansell has completed an extensive series of videotaped interviews with retired nursing leaders. Dalhousie nursing professor Barbara Keddy is currently undertaking a series of oral interviews with African-Nova Scotian nurses. This kind of primary research material is tremendously important in probing elements of nursing history that are unacknowledged in the existing documentary base.

Of course, oral history is not without limitations. As the vibrant debate within feminist oral history indicates, oral testimony must be understood as the product of a particular relationship between interviewer and participant, and the product of a particular historical moment, much in the same way that written documentation must be judiciously used, keeping the "audience" and intent of the author in clear view.¹² In addition to these theoretical concerns, it is crucial that nursing historians address practical issues. If this kind of source is to be useful to a wider audience, audio or video tapes must be deposited in public repositories so that other researchers may use them, but they must also be of high enough quality and well-enough documented (with information such as consent forms) that other researchers will continue to be able to benefit from the source in the future.

Oral history projects sponsored by nursing organizations may do much to fill in the gaps inherent in the existing archival collections, but a more serious documentary limitation arises from the mandates of nursing associations themselves. Because organizations and institutions were devoted to recording the activities of practitioners within them, the definition of which care-givers would qualify as "nurses" (for the purpose of collecting archival data) remained fairly narrow, usually exclusively defined as the "professional" or trained nurses who had successfully achieved "graduate" or "registered" nurse status. These were the practitioners who were covered by the legislative provisions won by nursing organizations in the 1910s and 1920s, who occupied the top of the nursing hierarchy throughout the twentieth century, and who have been the focus of most existing nursing archives. Yet many other practitioners provided bedside nursing care and, indeed, one of the challenges of nursing history is to rethink the boundaries of the categories of *nurse* and, therefore, to reconceptualize what is included under the rubric of "nursing archives."

In the modern era, this necessitates a closer examination of subsidiary health care personnel--the nursing aides, assistants, licensed practical nurses, and even house-

keeping staff that provided elements of bedside care to clients of large, welfare-state health care institutions. To date, most research on this kind of patient-care provider has been generated by labour historians interested in locating health care workers within the broader framework of the Canadian working class. Jerry White's recent publication *Hospital Strike* is one example of a historical study that focuses exclusively on "non-professional" patient-care providers.¹³ Research into these categories of patient-care providers is being facilitated by unions that in recent years have begun assembling their archival collections and writing their own histories. Like the traditional or "professional" nursing organizations, union histories and documentary collections tend to focus on internal and administrative narratives, such as meetings, campaigns, and strikes, rather than on biographical data pertaining to their membership or daily records of members' experiences within the health care system. Thus, important as union records are, they, too, emphasize the organizational and institutional over the personal and daily experiences of members.

Probing the experiences and structures of unorganized nurses or of community health providers who do not have a formal fixed status as "nurse" is even more challenging, and indeed often pushes the definition of "nursing history" beyond its existing limits. Consider for example the unpaid nursing care of women in households, such as that performed by family members during the 1950s polio epidemic, or in the contemporary era for AIDS and HIV patients, or simply in the daily rhythms of ordinary households. Often these providers share with trained nurses their gender (it is often "women's work"), the physical risks and challenges, and the societal devaluation. But should they be considered within the rubric of "nursing history," and, if not, how does the history of Canadian health care factor in this critical if often unrecognized labour? Similar questions can be posed about the health care services that continue to be provided in ethnic communities that are less well-integrated into the formal state health care system, or the services provided in northern communities where state health care services are often slim.

The role of informal or "untrained" practitioners becomes even more significant when researchers investigate the earlier decades of the twentieth century or previous centuries when the position of the trained nurse was either precarious or non-existent. For instance, well into the 1920s and 1930s, nurses with limited or no formal training, but often with extensive experience, continued to provide crucial bedside and community care. Because nursing organizations were devoted to supplanting the less well-trained practitioners with licensed, graduate nurses, existing associational archives contain few references to the "competition" in the market place. Yet that competition continued to exist, despite its elusive place in the existing documentary base.¹⁴

As historians turn their attention to the nineteenth century and beyond, the relative importance of trained nurses wanes even more dramatically and the importance of other kinds of "nurses" increases substantially. Trained nurses were not introduced into the Canadian health care system until the 1870s and until World War I remained relatively few in number. The documentary base pertaining to those first generations of trained nurses is frustratingly slim. They are often referred to in hospital histories, such as MacDermot's history of the Montreal General Hospital School of Nursing, but the original documentation upon which these histories were written has been destroyed.¹⁵

Probing the work of untrained nurses who provided the majority of hospital and non-hospital nursing care is even more difficult. Carol Helmstadter's research on nineteenth century hospitals in London, England provides a model for the kind of investigation that is necessary to move beyond simply tracing the "first" trained nurses, but much of this research remains to be undertaken.¹⁶ Researchers and archivists interested in locating documentation about "untrained" nurses need to consult local, community sources. For instance, federal homesteading records, documenting widows who applied for "free" farm land in the Canadian west, include brief explanations that one of the few reasons these women were away from their homesteads was to "nurse the sick" in their communities. These were the "old-style" nurses, widows with reputations for being skilled healers and who supplemented their meagre incomes through nursing work. Historians "know" they existed, but the homesteading files stand as one of the few documents testifying to their presence in poorly serviced farm communities.¹⁷

What we do not know about such community caregivers is the actual content of their ministrations. Community nurses clearly provided basic elements of bedside care, administering medicines or poultices, watching for changes in patient condition, bathing and feeding the patient, and ensuring he/she was comfortable. But many of these community nurses also diagnosed conditions, prescribed treatments, concocted medicines, and, if their interventions failed, prepared the body for funeral and burial. As such they transcended the modern distinction between "caring" and "curing," serving as "healers" rather than "nurses" in the current sense of the word. To probe the world of female healers that predated the modern nurse, Canadian sources similar to the diary of a colonial American midwife that was the basis of Laura Ulrich's *A Midwife's Tale* are required.¹⁸ Further investigation into the health care systems of non-European communities, especially First Nations communities, would also help historians problematize the category of "healer." Archivists and nursing associations might facilitate the generation and preservation of such sources by sponsoring oral history projects with First Nations healers, or with Chinese Canadian herbalists. However such primary evidence is collected, it would help nursing and other historians rethink the accepted boundaries of their occupational history.

One window on health care providers who transcended established boundaries is the activities of religious orders, especially the Catholic women who established and serviced the Catholic hospitals and other social service programmes. The long-standing contributions made by nuns to Canadian health care has been most thoroughly investigated in Quebec, where historians like Yolande Cohen, Johanne Daigle, and André Petit, among others, have made extensive use of religious archives to explore the activities of religious orders in the modern and pre-modern health care systems.¹⁹ Outside Quebec, researchers have been much slower to make use of Catholic archives. One significant exception to this trend is University of Alberta Faculty of Nursing professor Pauline Paul, whose doctoral dissertation and subsequent publications on the Grey Nuns of Edmonton, Alberta revealed the rich archival collections preserved by orders like the Grey Nuns.²⁰ Archival collections such as those held by the Grey Nuns at St. Boniface, Manitoba have yet to receive similar historical attention, and until they do, our understanding of the religious origins of pre-

modern health services will remain woefully inadequate. At the same time, gaining access to religious archives of any kind is not always easy and in some instances personal connections through parish, presbytery, or denomination are needed before access may be obtained.

In spite of these institutional barriers, investigating the influence of female orders on early Canadian health care will not only add another chapter to nursing history, it will pose further questions about how the category of nurse was defined by historical context. While many of the nuns in nursing orders provided hands-on care for their patients, many others devoted themselves to the administrative aspects of running health care institutions. Should these (often highly-skilled) administrators be factored into the domain of nursing history, or do they rightfully belong in the other sub-sets of health care history, within the history of institutions, administration, or even medicine? When we broaden our framework even further to consider other religious women, such as Methodist deaconesses or Presbyterian missionaries, many of whom trained as nurses in order to qualify for domestic or international missionary service, the definition of nursing history is stretched even further.

Posing such questions has obvious ramifications for archivists, both professional and volunteer. They must consider programmes of acquisition and preservation that fill in the gaps of existing collections, while at the same time seeking out a broader range of material pertaining to those who tended the sick in different historical epochs. For nursing organizations seeking to preserve their heritage, this raises the question of what kind of archival facility best suits their needs. Many groups see autonomous nurse-run archives, or even a nursing history research centre, as the type of repository that can house their occupation's textual, material, photographic, and published sources together. Against these positive features must be weighed the reality that substantial and on-going funds are needed to ensure the effective functioning of such repositories. Given the limited resources available, even if such a centre could be established, it is unlikely that such an archives could expand significantly to accommodate a wider range of primary sources about a wider range of "nursing" care-givers. Indeed, as archivist Barbara L. Craig reminds us: "There is no single voice for nurses and so logically there is no single nursing archive."²¹ For these reasons, nursing organizations must continue to build positive relationships with existing public and private archives, supporting acquisition and preservation projects while strengthening and supporting nursing's own archival centres, however small.

Surveying the state of nursing archives in Canada not only presents challenges for archivists and nursing associations, it also tells us much about the the field of nursing history as it now stands; the available archival resources both reflect and shape the nature of historical research. As this essay suggests, the questions nursing historians ask must be broadened to examine a larger group of nurses as well as more facets of their experiences, but researchers need also to problematize what kind of patient care constitutes nursing, which practitioners comprise the category of nurse in any historical moment, and whether the term "nurse" is the appropriate one with which to begin our research. These questions not only suggest new avenues of research for historians of nursing, but also ways in which nursing history can challenge and strengthen the larger field of the history of health care. Rather than see

nurse, doctor, and midwife as universal categories, historians of health care need to rethink these occupational groups as being formed and defined in specific historical contexts. Continuing support for archival resources is the important first step in recovering and exploring the rich and dynamic past of Canadian health care.

Notes

- 1 See for example, Isabel M. Stewart and Anne L. Austin, *A Short History of Nursing from the Earliest Times to the Present Day*. Stewart authored several other standard nursing education texts, including *The Education of Nurses: Historical Foundations and Modern Trends* (New York, 1943). See also, M. Adelaide Nutting and Lavinia L. Dock, *A History of Nursing: The Evolution of Nursing Systems from the Earliest Times to the Foundation of the First English and American Training Schools for Nurses* (New York and London, 1907).
- 2 This assessment of the availability of associational records is based on the most recent information or experience available. As associations acquire new office space or new policies, access to these collections changes.
- 3 In recognition of this fact, archivist Barbara L. Craig has suggested that nursing groups unable to maintain their own archival centre could establish formal relationships with an archives as well as "parallel connections with museums and libraries." Barbara L. Craig, "Memories and the Memorial: Developing and Managing Nursing Archives for Canada," *Canadian Bulletin for the History of Medicine (CBHM)* 11, no. 1 (1994), pp. 237-48.
- 4 Kathleen MacMillan, Judith Young, and Mary Lang, eds., *A Guide to Nursing Historical Materials in Ontario* (Toronto, 1994).
- 5 Laura Coles, ed., *Survey of Nursing History Materials In British Columbia* (Vancouver, 1990); and Lorraine Mychajlunow and Sharon Richardson, *A Directory of Nursing Archival Resources in Alberta* (Edmonton, 1996).
- 6 For discussions of recruitment patterns see works such as Christopher Maggs, *The Origins of General Nursing* (London, 1986) and Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (Cambridge, 1987); on the nature of apprenticeship training in the United States see Tom Olson, "Apprenticeship and Exploitation: An Analysis of the Work Pattern of Nurses in Training, 1897-1937," *Social Science History* 17, no. 4 (Winter 1993), pp. 559-76. For a discussion of these issues in the Canadian context, see Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990* (forthcoming) especially chapters 1 and 2.
- 7 Jacalyn Duffin, *Langstaff: A Nineteenth-Century Medical Life* (Toronto, 1993).
- 8 Margaret M. Street, *Watch-fires on the Mountains: The Life and Writings of Ethel Johns* (Toronto, 1973).
- 9 Marion Royce, *Eunice Dyke: Health Care Pioneer* (Toronto, 1983) p. 9. For other examples of biographies written without benefit of personal papers see Rondalyn Kirkwood, "Blending Vigorous Leadership and Womanly Virtues: Edith Kathleen Russell at the University of Toronto, 1920-52," *CBHM* 11, no. 1 (1994), pp. 175-205; and Natalie Reigler, "The Work and Networks of Jean I. Gunn, Superintendent of Nurses, Toronto General Hospital 1913-1941: A Presentation of Some Issues in Nursing During Her Lifetime 1882-1941," (Ph.D. dissertation, University of Toronto, 1992); and "Some Issues to be Considered in the Writing of Biography," *CBHM* 11, no. 1 (1994), pp. 219-27.
- 10 For an example of feminist biography that grapples with the personal dimensions of working women's lives see, Helen Lefkowitz Horowitz, *The Power and Passion of M. Carey Thomas* (New York, 1994); see also Doris G. Daniels, *Always a sister: the Feminism of Lillian D. Wald* (New York, 1989).
- 11 "Nurses and Their Work: Oral Histories of Nursing, 1920-1940," Oral History Collection, Provincial Archives of Manitoba (PAM).
- 12 Anne Oakley, "Doing Feminist Oral History: A Contradiction in Terms?," in Helen Roberts, ed., *Doing Feminist Research* (London, 1981); and Daphne Patai and Sherma Gluck, eds., *Women's Words: The Feminist Practice of Oral History* (New York, 1991).
- 13 Jerry White, *Hospital Strike: Women, Unions, and Public Sector Conflict* (Toronto, 1990).
- 14 As late as 1917, the Manitoba Association of Registered Nurses included on its registry nursing practitioners those with three year hospital school credentials, those with one year hospital credentials, and those with no formal training but substantial experience. See, MARN, *Registry Cards WGHNAAA*, uncatalogued.
- 15 H.E. MacDermot, *History of the School of Nursing of the Montreal General Hospital* (Montreal, 1940).

- See also, W. G. Cosbie, *The Toronto General Hospital, 1819-1965: A Chronicle* (Toronto, 1975).
- 16 Carol Helmstadter, "The Passing of the Night Watch: Night Nursing Reform in the London Teaching Hospitals, 1856-90," *CBHM* 11, no. 1 (1994), pp. 23-69.
 - 17 Manitoba, Department of Mines and Natural Resources, Crown Lands Branch, Winnipeg, *Homestead Patent Applications 1880s - 1914* (Provincial Archives of Manitoba [PAM]). For an example of research that uses a range of sources to delve into the world of another group of female care-givers, midwives, see Kathy Kuusisto, "Midwives, Medical Men and Obstetrical Care in Nineteenth-Century Nova Scotia," (M.A. Thesis, University of Essex, 1980).
 - 18 An example of a primary source illuminating the world of female healers in the American colonial context is Laurel Ulrich's *A Midwife's Tale: The Life of Martha Ballard, based on her Diary, 1785-1812* (New York, 1990).
 - 19 André Petitat, *Les infirmières. De la vocation à la profession* (Montréal, 1989); Johanne Daigle, "Devenir infirmière: Le système d'apprentissage et la formation professionnelle à l'Hôtel-Dieu de Montréal, 1920 à 1970," (Thèse de doctorat en Histoire, Université du Québec à Montréal, 1990).
 - 20 For an overview of the literature on the Grey Nuns, see Pauline Paul "The Contribution of the Grey Nuns to the Development of Nursing in Canada: Historiographical Issues," *CBMH* 11, no. 1 (1994), pp. 207-17.
 - 21 Craig, "Memories and Memorial," p. 240.