The Portrayal of Gender in Health Care

An Examination of Hospital Photographic Archives

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ABSTRACT Through records creation practices, nation-states, institutions, and corporations impose or attempt to instill particular world views according to their interests, activities, and desires. Health care organizations are no different. This article examines photographic archives available at the recently formed McGill University Health Centre (MUHC) Archives and Special Collections. It explores the image institutional records creators conveyed through the production and dissemination of photographs depicting doctors, nurses, other health care professionals, and volunteers. The article discusses the dynamics of power at play in institutional photographs and uses a gendered frame of reference to confront the power of institutional authorities in their capacity as creators of records and records-creation frameworks. It uses this perspective to evaluate the scope of the archival photographic collection at the MUHC Archives and Special Collections and to conceive subsequent ensuing archival interventions. The article uses critical visual literacy and deconstructionist approaches, highlighting different archival paradigms that will activate the archival collection and help construct an archival environment that will enable counter-narratives.

RÉSUMÉ Les entités nationales, institutionnelles et corporatives imposent ou tentent d'imposer, à travers la production de documents, leur vision selon leurs intérêts, activités et désirs. Les institutions médicales ne font pas exception. Cet article effectue l'analyse de photographies d'archives se trouvant au nouveau programme d'archives du Centre universitaire de santé McGill (CUSM). Il examine l'image visuelle que les créateurs de documents ont forgée à travers la production et la diffusion de photographies de médecins, infirmières, membres des autres professions du domaine de la santé et bénévoles. Cet article se penche sur les dynamiques de pouvoir mises en évidence à travers des photographies institutionnelles et propose un cadre analytique du genre afin de confronter le pouvoir institutionnel associé à la production de documents. Cette approche est mise de l'avant afin d'évaluer l'étendue de la collection d'archives au Service des archives et collections spéciales du CUSM et pour concevoir les interventions archivistiques qui suivent. Cet article utilise une approche de littératie visuelle critique et de déconstruction des archives, soulignant différents paradigmes archivistiques qui vont mener vers l'activation de la collection d'archives et la formation d'un environnement archivistique rendant possible l'élaboration de contre-narratifs.

Introduction

The late 19th and early 20th centuries were times of dramatic change for North American hospitals. Increasing public access and expanding medical services had major effects on the administration of health care facilities and on the creation and management of institutional records. Official institutional records and rudimentary recordkeeping systems contributed to the formalization of the modern hospital. For contemporary readers, official documents that resulted from the activities of health care institutions provide historical information on administrative, social, and cultural aspects of health care. This article explores photographic records of the hospitals of today's McGill University Health Centre (MUHC) – including the Montreal General Hospital, the Royal Victoria Hospital, the Montreal Children's Hospital, the Montreal Neurological Hospital, the Montreal Chest Institute, and the Lachine Hospital[1] – held at the recently established MUHC Archives and Special Collections. The photographs included in these collections date from the late 19th century to the early 21st century and reveal details about health care workers' activities and relationships within an institutional environment.[2]

While analyzing the archival nature of the images themselves, I build upon the work of scholars who have reflected on the connections between archives, photography, and Benedict Anderson's concept of "imagined communities."[3] By

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1   The McGill University Health Centre was founded in 1997 through the merger of the first five hospitals; the Lachine Hospital, named Hôpital Saint-Joseph until 1974, integrated into the MUHC organization in 2008. Of all MUHC institutions, the Lachine Hospital was the only one originally managed by a religious organization, the *Soeurs de la Providence*. Although this article does not aim to explore the differences between secular and religious health care institutions' photographic archives, the different management structures raise questions regarding the photographic record and gender dynamics.

2   This article examines neither medical records, made up of patient files, nor administrative hospital records. Literature on the latter will be reviewed in the next section, and an exploration of medical records can be found in Volker Hess and Sophie Ledebur, "Taking and Keeping: A Note on the Emergence and Function of Hospital Patient Records," *Journal of the Society of Archivists* 32, no. 1 (2011): 21–33; Wendy Mitchinson, "Gynecological Operations on the Insane," *Archivaria* 10 (Summer 1980): 125–44; Janice P. Dickin McGinnis, "Records of Tuberculosis in Calgary," *Archivaria* 10 (Summer 1980): 173–89.

3   Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (London: Verso, 1983). The scholars I am referring to are Elizabeth Edwards, "Photographs as Strong History?" in *Photo Archives and the Idea of the Nation*, ed. Constanza Caraffa and Tiziana Serena (Berlin: De Gruyter, 2015), 321–29; Joan M. Schwartz, "Photographic Archives and the Idea of Nation: Images, Imaginings, and Imagined Community," in *Photo Archives and the Idea of the Nation*, 17–40; Joan M. Schwartz, "'Records of Simple Truth and Precision': Photography, Archives, and the Illusion of Control," *Archivaria* 50 (Fall 2000): 1–40.

applying a range of approaches, I show how hospital authorities produced and disseminated photographs in part to create and maintain specific – constructed and imagined – occupational and gendered roles. Ultimately, my study suggests that only by establishing archival programs at hospitals will it be possible to further open up these institutions' narratives and counter-narratives.

In this article, I first examine existing literature on hospital archives and then introduce the particular archival collection at the core of my study. An exploration of archival research that uses gender as an analytical framework serves as a lens to highlight power relations in the health care environment. Historian Joan Scott notes that "gender is a primary field within which or by means of which power is articulated."[4] I use critical archival literature and visual literacy perspectives to reveal the dimensions of gender that are embedded in photographic records available at the MUHC Archives and Special Collections, invoking these frameworks to examine the social contexts involved in record-making and identity making at an institutional level. Through a qualitative assessment of archival records, including personal photo albums created by individuals who played key roles in the development of modern hospitals, I seek to contribute to the archival literature by both examining hierarchies of power that can be observed in hospital archives and discussing archival strategies to challenge this power.

Hospital Archives

Literature on health care archives testifies to the impact of the development of modern hospitals on record-making and recordkeeping and vice-versa. In a two-part study, Barbara L. Craig examines the development of recordkeeping strategies in hospitals in London, England, and Ontario from the 1850s to the 1950s. Craig mentions that the provision of expanded medical care and health services to a growing number of patients at the end of the 19th century required the administration of hospitals to match that of other large organizations and businesses of the time.[5] The organizational practices of modern hospitals

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4   Joan W. Scott, "Gender: A Useful Category of Historical Analysis," *American Historical Review* 91, no. 5 (December 1986): 1069.

5   Barbara L. Craig, "Hospital Records and Record-Keeping, c. 1850 – c. 1950, Part I: The Development of Records in

followed along with the culture of corporate reform at the turn of the century. This era gave rise to a new public health movement that required hundreds of workers, including women, to take care of the sick and to manage hospitals. Consequently, more records were produced and more staff were involved in the organization of information.[6] Records – in the form of hospitals' annual reports, meeting minutes, and explicit mandates – shaped institutional practices that legitimated and further reinforced administrative authority. In modern hospitals, the creation and circulation of official institutional documents went hand in hand with the development of professional requirements and clear bureaucratic lines.

Although hospitals, as large institutions, have produced large quantities of records, researchers are faced with a scarcity of available archival sources. Archival efforts to systematically preserve and provide access to hospital records have remained timid[7] despite the links between those records and the social history of hospitals.[8] The resulting institutional history of health care institutions is usually characterized by an absence of reliable and authentic primary sources.[9] More than three decades ago, Craig lamented that "one-dimensional and uncritical, hospital history has failed to flesh out the spectacular institutional development of hospitals."[10] Most institutional histories, with some notable exceptions, are still based on anecdotes written by those who have been directly involved in running the hospitals.[11] Since Craig's study, the digital environment has allowed more hospitals to assess their historical records and make these available to researchers.[12]

Hospitals," *Archivaria* 29 (Winter 1989–90): 76; Barbara L. Craig, "Hospital Records and Record-Keeping, c. 1850 – c. 1950, Part II: The Development of Record-Keeping in Hospitals," *Archivaria* 30 (Summer 1990): 24–25. See also Joel D. Howell, *Technology in the Hospital: Transforming Patient Care in the Early Twentieth Century* (Baltimore, MD: Johns Hopkins University, 1995), 32–34.

6   Craig, "Hospital Records and Record-Keeping, c. 1850 – c. 1950, Part II," 24.

7   For an example of an archival endeavour dedicated to the appraisal, arrangement, description, and preservation of historical material found in hospitals, see Elizabeth Denham, "Dealing with the Records of Closing Hospitals: The Calgary Area Health Authority Plan," *Archivaria* 41 (Spring 1996): 78–87.

8   Samuel Shortt, "The New Social History of Medicine: Some Implications for Research," *Archivaria* 10 (Summer 1980): 5–22.

9   Barbara L. Craig, "The Canadian Hospital in History and Archives," *Archivaria* 21 (Winter 1985–86): 52–67.

10   Ibid., 54.

11   See, for example, Joseph Hanaway and John H. Burgess, eds., *The General: A History of the Montreal General Hospital* (Montreal: McGill-Queen's University Press, 2016).

12   The History of Medicine Finding Aids Consortium, for example, is a great resource for accessing collections from

Other publications concentrating on hospitals' historical records have emphasized the richness of photographs.[13] Daniel M. Fox and Christopher Lawrence, for instance, examine the social components and representations of medicine in photographs.[14] Further, Jeffrey Mifflin discusses the contextualization of historical photographs in the medical field and suggests that photography played an important role in the definition of expanded medical practices during the early 20th century. Moreover, he urges archivists to think about the characteristics of photographs in the health sector in order to link these with other material and with diverse historical contexts.[15] Building on Mifflin's association of historical hospital photographs with larger archival paradigms, in this article, I highlight the multi-faceted nature of hospital photographic collections, which includes aspects connected to social frameworks and institutional identity.

While some of the records of the hospitals that form the MUHC have found their way into various archival repositories – specifically the McGill University Archives, the Osler Library of the History of Medicine, and the McCord Museum – this article is concerned with records from the recently formed archival collection established at the MUHC itself. The Montreal General Hospital was founded in 1821, whereas most of the other hospitals now included in the MUHC were established in the late 19th and early 20th centuries. Yet these institutions, until recently, had no archival program of any form providing access to records. In 2015, when the Royal Victoria Hospital, the Montreal Children's Hospital,[16] and the Montreal Chest Institute moved to a new facility, the move allowed the MUHC to attempt to collect historical documents that were scattered throughout the hospitals. Among these, more than 50,000 print photographs, slides, and negatives from the late 19th century to the early 2000s were collected from doctors' offices, audiovisual departments, communications

United States medical institutions. "History of Medicine Finding Aids Consortium," National Institutes of Health National Library of Medicine, accessed September 17, 2019, https://www.nlm.nih.gov/hmd/consortium/index.html.

13   See Janice R. Sandomirsky, "Toronto's Public Health Photography," *Archivaria* 10 (Summer 1980): 145–55; Barbara L. Craig and Gordon Dodds, "The Picture of Health," *Archivaria* 10 (Summer 1980): 191–223.

14   Daniel M. Fox and Christopher Lawrence, eds., *Photographing Medicine: Images and Power in Britain and America Since 1840* (New York: Greenwood Press, 1988).

15   Jeffrey Mifflin, "Visual Archives in Perspective: Enlarging on Historical Medical Photographs," *American Archivist* 70, no. 1 (2007): 32–69.

16   The Montreal Children's Hospital was officially formed in 1956 through the merger of a few satellite hospitals, including the Children's Memorial Hospital and the Alexandra Hospital.

departments, and various clinical and administrative offices as well as basements and attics. The appraisal and processing of these photographs gives archivists a chance to activate these records, to think about them through critical archival paradigms, and to investigate hospital activities, social relations, and the power of the medical and administrative authorities represented through these images.

Gender, Archives, and Photographs

Drawing on the literature that discusses archives as spaces of power, identity formation, and silence,[17] authors have highlighted difficulties encountered in constructing women's archives and have identified mainstream archives as environments that give voice to dominant discourses but do not welcome the historical narratives of women.[18] Acknowledging that mainstream archives are exclusive spaces, Marika Cifor and Stacy Wood urge archivists to integrate critical feminism into the archives, as "critical feminist concepts and meth-odologies . . . can contribute in vital ways to addressing the contemporary problems that so challenge archivists and archival institutions."[19] Calling for radical empathy in the archives, Michelle Caswell and Cifor add that "a feminist approach guides the archivist to an affective responsibility to empathize with the subjects of the records and, in so doing, to consider their perspectives in making archival decisions."[20] Accordingly, in the following section, I stress the

[17]   Joan M. Schwartz and Terry Cook, "Archives, Records and Power: The Making of Modern Memory," *Archival Science* 2, no. 1–2 (2002): 1–19; Eric Ketelaar, "Archival Temples, Archival Prisons: Modes of Power and Protection," *Archival Science* 2, no. 3–4 (2002): 221–38. On archival silences, see Rodney G.S. Carter, "Of Things Said and Unsaid: Power, Archival Silences, and Power in Silence," *Archivaria* 61 (Spring 2006): 215–33. See also Michel-Rolph Trouillot, *Silencing the Past: Power and the Production of History* (Boston: Beacon Press, 1995).

[18]   Maryanne Dever, "Archiving Feminism: Papers, Politics, Posterity," *Archivaria* 77 (Spring 2014): 25–42; Rachel Miller, Danelle Moon, and Anke Voss, "Seventy-Five Years of International Women's Collecting: Legacies, Successes, Obstacles, and New Directions," *American Archivist* 74, no. Supplement 1 (2011): 1–21; Sarah Lubelski, "Kicking Off the Women's 'Archives Party': The World Center for Women's Archives and the Foundations of Feminist Historiography and Women's Archives," *Archivaria* 78 (Fall 2014): 95–113; Anke Voss-Hubbard, "'No Documents-No History': Mary Ritter Beard and the Early History of Women's Archives," *American Archivist* 58, no. 1 (1995): 16–30; Honor R. Sachs, "Reconstructing a Life: The Archival Challenges of Women's History," *Library Trends* 56, no. 3 (2008): 650–66.

[19]   Marika Cifor and Stacy Wood, "Critical Feminism in the Archives," *Journal of Critical Library and Information Studies* 1, no. 2 (2017): 2.

[20]   Michelle Caswell and Marika Cifor, "From Human Rights to Feminist Ethics: Radical Empathy in the Archives,"

importance of the subjects of the photographic records and propose to examine hospital records production through a gender perspective in order to articulate archival interventions.

Authors who take critical perspectives on archives have also examined the role played by photography in maintaining and challenging power relations. For instance, in exploring the "social life" of photographic records, Caswell highlights the close connections between archives, photography, oppression, and human rights.[21] Similarly, anthropologist Elizabeth Edwards insists on the notion of the "social biography" of photographs to establish the relationship between the historical context, the characteristics of the medium, and the objectives behind photographic production.[22] Notwithstanding the format, images are similar to textual records in that they are created to express particular ideas. The objectives and vision of those involved with records creation are part of the production and intended use of those records and thus influence the meaning of the records and their function.[23] Photographs are never neutral or objective; rather, they reflect or are a part of dynamic factors shaped by human involvement, decision-making processes, and social and historical context.[24] In the words of Joan M. Schwartz, "despite the rhetoric of unmediated representation, the photograph was, and continues to be, the material evidence of a human decision to preserve the appearance of a person, an object, a document,

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Archivaria 81 (Spring 2016): 36.

[21] Michelle Caswell, *Archiving the Unspeakable: Silence, Memory, and the Photographic Record in Cambodia* (Madison, WI: University of Wisconsin Press, 2014).

[22] Elizabeth Edwards, *Raw Histories: Photographs, Anthropology and Museums* (New York: Berg, 2001). John Taag insists that it is necessary to reflect on the meaning of, discourses about, and effects of photographs. John Taag, *The Burden of Representation: Essays on Photographies and Histories* (Amherst, MA: University of Massachusetts Press, 1988); John Taag, *The Disciplinary Frame: Photographic Truths and the Capture of Meaning* (Minneapolis, MN: University of Minnesota Press, 2009).

[23] See Ciaran B. Trace, "What is Recorded is Never Simply 'What Happened': Record Keeping in Modern Organizational Culture," *Archival Science* 2, no. 1–2 (2002): 137–59.

[24] Joan M. Schwartz, "'We Make Our Tools and Our Tools Make Us': Lessons from Photographs for the Practice, Politics, and Poetics of Diplomatics," *Archivaria* 40 (Fall 1995): 40–74; Mifflin, "Visual Archives in Perspective"; Heather MacNeil and Bonnie Mak argue that authenticity of records is a social construction pushed forward to reach certain objectives. Heather MacNeil and Bonnie Mak "Constructions of Authenticity," *Library Trends* 56, no. 1 (2007): 26–52. See also Heather MacNeil, "Trusting Records in a Postmodern World," *Archivaria* 51 (Spring 2001): 36–47; Barry M. Goldstein, "All Photos Lie: Images as Data," in *Visual Research Methods: Image, Society, and Representation*, ed. Gregory C. Stanczak (Los Angeles: Sage Publications, 2007), 61–81.

a building."[25] Photographs generate knowledge and impose particular orders, within frameworks established by records creators and recordkeepers.[26]

In his seminal article, written four decades ago, Walter Rundell Jr. discussed the importance of treating photographs as legitimate historical traces and "not just adjuncts to written evidence."[27] Rundell's article has encouraged archivists to further examine photographs from various perspectives, including by pursuing discussions about their preservation and about the work of facilitating access and research.[28] Furthermore, Elisabeth Kaplan and Jeffrey Mifflin discuss the involvement of visual literacy in the archivist's functions.[29] They write that "the concrete level demands more complex ways of thinking about the images and requires specific historical knowledge of circumstances or events, participants, techniques, and more."[30] Expanding on these notions, I emphasize here the notion of critical visual literacy, which signals the importance of reading photographs "against the grain," in order to examine hospitals' record-making contexts and social narratives[31] and to highlight the possibility that records can have a different life from the one established by records creators. For Caswell, seeing records as "agents" points to the autonomous nature of records, which testifies to their dynamic characteristics and their potential for activation even against records creators' initial intentions.[32] This approach offers crucial perspectives on photography because, "when looking at visual sources from the past, the

25   Schwartz, "'Records of Simple Truth and Precision,'" 19.

26   Gregory C. Stanczak, "Introduction: Images, Methodologies, and Generating Social Knowledge," in *Visual Research Methods*, 1–21.

27   Walter Rundell, Jr., "Photographs as Historical Evidence: Early Texas Oil," *American Archivist* 41, no. 4 (1978): 373.

28   Tim Schlak, "Framing Photographs, Denying Archives: The Difficulty of Focusing on Archival Photographs," *Archival Science* 8, no. 2 (2008): 85–101; Allen C. Benson, "The Archival Photograph and Its Meaning: Formalisms for Modeling Images," *Journal of Archival Organization* 7, no. 4 (2009): 148–87; Helena Zinkham, "Reading and Researching Photographs," in *Photographs: Archival Care and Management*, ed. Mary Lynn Ritzenthaler and Diane Vogt-O'Connor (Chicago: Society of American Archivists, 2006), 59–77.

29   Elisabeth Kaplan and Jeffrey Mifflin, "'Mind and Sight': Visual Literacy and the Archivist," *Archives & Social Studies: A Journal of Interdisciplinary Research* 1 (March 2007): 125–66.

30   Ibid., 136.

31   For a discussion of critical visual literacy and pedagogical approaches, see Denise Newfield, "From Visual Literacy to Critical Visual Literacy: An Analysis of Educational Materials," *English Teaching: Practice and Critique* 10, no. 1 (2011): 81–94.

32   Caswell, *Archiving the Unspeakable*.

depiction of expressions, gestures and positions cannot be read as if what they communicate is transparently obvious; rather they should be interpreted against descriptions of social mores and etiquette, knowledge about social dynamics and power relations, and specific guides to body language and demeanour."[33] The association of photographs with notions of gender and critical archival paradigms is proposed here to discuss ways to explore the explicit and implicit messages transmitted by hospitals through their production of images. The next section takes a closer look at how photographs directly produced by hospitals formed narratives and representations through their imageries. The result is a nexus of ideas that contributed to the construction and maintenance of gender boundaries in the hospitals.

Institutional Photographs and Medical/Social Hierarchy

From the late 19th century onward, the hospitals that now form the MUHC contracted professional photographers to record events and commemorations and to create portraits of staff and graduates of the nursing schools so they would have images to include in annual reports, promotional pamphlets, newsletters, and newspaper articles.[34] The publication of photographic records through such official communications illustrates the goal of hospitals to build and control their identities and to share these with their employees and the public.[35] The fixed nature of the photographic medium allows for the diffusion of information, which can promote specific agendas by those controlling the process.[36]

33   Rob Boddice, *The History of Emotions* (Manchester: Manchester University Press, 2018), 37.

34   In the late 19th and early 20th centuries, anglophone Montreal hospitals contracted Montreal photography studios such as Wm. Notman & Son, Rice, and others, mostly to photograph nursing schools' graduating classes and to create portraits of doctors and administrators. Other studios, such as David Bier Studios and S.J. Hayward, were contracted to document hospital activities and events from the 1930s until the 1960s.

35   Fox and Lawrence, *Photographing Medicine*, 5–7; Mifflin, "Visual Archives in Perspective," 59. Hospitals of the MUHC published several publications and bulletins, including *Vic News, Horizons Nursing, Generally Speaking, News of the Royal Victoria*, and *Ensemble*.

36   MacNeil, "Trusting Records in a Postmodern World," 42; W.J.T. Mitchell, *What Do Pictures Want? The Lives and Loves of Images* (Chicago: University of Chicago Press, 2005), xiv; Jennifer Green-Lewis, *Victorian Photography, Literature, and the Invention of Modern Memory: Already the Past* (New York: Bloomsbury Academic, 2017), 22–23. On the power of images and their influence in the construction of institutional narratives, see Edwards, "Photographs as Strong History?," 321–29.

For example, a series of 17 photographs taken at the Montreal General Hospital during the hospital strike of 1966 shows doctors and volunteers doing manual tasks. The production of these images demonstrates the desire of hospital authorities to promote the idea that, despite the strike, everything was under control. While I have not been able to identify an extant publication that features these photographs, the constructed, photojournalistic quality of this group of photographs suggests that they were circulated. These photographs were most probably taken by the hospital's public relations department. The images convey a message about the paramount importance of men at the hospital and promote the idea that the hospital's functioning – in the kitchen, on the wards, and for maintenance – ultimately relied on the presence and work of men. In figure 1, the surgeon, volunteering as chef, is the centre of attention among the nurses and is also the focal point of the photographer. The surgeon's volunteering is enacted, while he is clearly in command and continuing to occupy a leadership role. In this case, masculine authority is promoted not only through the performance of physicians' regular tasks but also through the idea of the importance of the medical man at every level of the hospital's activities and functions. Women are part of the narrative, but in supporting roles that testify to the special but still subordinate status of nurses at the hospital.

The complex administration required to operate the large hospitals of the late 19th and early 20th centuries required women, in large numbers, to work in the public milieu. The establishment of nursing schools and the professional integration of female nurses in hospitals transformed health care. Establishing these schools represented a significant endeavour, and Nora Livingston, the founder of the Montreal General Hospital School of Nursing, "had to educate the public to recognize the higher standards she was setting up in nursing."[37] The development of professional nursing programs was a gendered process that was meticulously crafted by hospital authorities, who were predominantly male. Public interrogations regarding women working in the public realm were prominent. Diane Dodd and Deborah Gorham note that hospital reformers worried that training nurses and encouraging women's presence in the hospital environment would "unsex" middle-class women and be detrimental to their maternal and domestic

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37 H.E. MacDermot, *History of the School of Nursing of the Montreal General Hospital* (Montreal: Alumnae Association, 1961), 45.

Dr. S.J. Martin, Senior Surgeon at the Montreal General Hospital, serving lunch to nurses during the strike, 1966. Photographer: unknown. Source: MUHC Archives and Special Collections, 2014-0014.04.1665.

roles.[38] Hospital authorities then conceived women's presence at the hospitals according to a gendered language. Addressing the students at the Montreal General Hospital School of Nursing's formal opening ceremony, on December 11, 1890, at Windsor Hall, Dr. Duncan C. McCallum emphasized the idea that every woman was a "born nurse," and stated, "Whatever opinion may be held regarding the suitability of many positions that are filled, and many occupations that are followed, by those of your own sex, there cannot be the shadow of a doubt as to the perfect fitness of woman for the occupation of nursing the sick."[39] He added that a woman's "quick sympathy for all kinds of sorrow and affliction, her tenderness to all those who are helpless and dependent and require her care,

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38   Diane Dodd and Deborah Gorham, eds., *Caring and Curing: Historical Perspectives on Women and Healing in Canada* (Ottawa: University of Ottawa Press, 1994), 2.

39   McGill University Archives, RG 96, container 355, "Formal Opening of Training School for Nurses," 1890 (hereafter "Formal Opening of Training School for Nurses").

mark her as especially fitted to have charge of the sick."[40] The development and expansion of nursing programs were carefully monitored by administrative and medical authorities and delineated by social norms.

   Specific functions and roles played by women within the hospital emphasized the devotional aspect of their work and their obedience to the institution. The functioning of the hospital was dependent on the work of nursing students.[41] During the first few years of operation at both the Royal Victoria Hospital and the Children's Memorial Hospital, probationers made up the majority of the nursing staff and received no compensation, while head nurses received the modest sum of eight dollars a month.[42] Hospital authorities emphasized women's institutional attachment and negated the individual benefits related with the profession. Dr. Robert Craik, Dean of the McGill Faculty of Medicine and a member of the Montreal General Hospital Board of Governors, commented that nurses knew

> that to the sick they must be ever kind, patient and considerate,
> making allowance for their weakness, and even for the unreason-
> ableness; forgetting, for the time, their own individual tastes and
> comforts, for the good of their patients; pocketing their pride,
> and stooping to conquer whims and prejudices, by the irresist-
> ible force of winsome sympathy and womanly tenderness.[43]

Nora Livingston, in underlining the overwhelming tasks imposed on nurses, affirmed that the "constant endeavor to carry on the work . . . [was] entirely due to their loyalty and devotion to the interests of the hospital."[44] Instruction regarding hospital social norms was probably the most important element of nursing education. Nursing programs emphasized the social environment, the physical space, and the strict rules of the residence rather than professional

40 Ibid.

41 David Coburn, "Professionalization and Proletarianization: Medicine, Nursing, and Chiropractic in Historical Perspective," *Labour/Le Travail* 34 (Fall/Automne 1994): 139–62.

42 Marjorie Dobie Munroe, *The Training School for Nurses, Royal Victoria Hospital, 1894–1943* (Montreal: Royal Victoria Hospital Alumnae Association, 1943), 31; MUHC Archives and Special Collections, 2019-0002.01.8, "Children's Memorial Hospital Nurses' Salary Booklet, 1907–1912."

43 MUHC Archives and Special Collections, 2015-0002.01.497, "Royal Victoria Hospital Scrapbook, 1894–1907," 67.

44 McGill University Archives, RG 96, container 359, "The Montreal General Hospital 1918 Annual Report."

qualifications and education.[45]

Representations of nurses in the hospital often contradicted the reality of their professional activities. While nursing work required women to see and touch the bodies of strangers, hospital photographs typically avoided displaying women at work alongside diseased or bloody bodies. Documents outlining nurses' responsibilities at the Montreal General Hospital in the mid-1800s emphasized their role regarding patients, stipulating, for example, that they should "behave with tenderness to the patients."[46] The role required them to ensure that patients were bathed and given appropriate clothing and to "pay particular attention to the patients."[47] Official photographs, however, tended to mask nurses' professional responsibilities, and ethical and privacy concerns prevented the institutional documentation of their interactions with patients.[48] The photographic record offers very little information on the nurses' professional involvement with adult patients. However, nurses working with children were pictured with patients, as figures 2 and 3 illustrate. Emphasizing the anonymity and maternal functions of nursing, hospital authorities sought to bring attention to the caring aspect of women's contributions to health care. In figures 2 and 3, the nurses' faces are indistinct: either turned at an angle, cast in shadow, or too far away to be seen clearly. Their individual professional labour and expertise are consciously effaced in these typical institutional photographs.

Emphasis on the anonymous presence of nurses at hospitals is also noticeable in group pictures, where proper decorum is collectively performed. As Annmarie Adams mentions, nurses were rarely pictured individually.[49] In these group photographs, the nursing uniform becomes a symbol of conformity. Figure 4 presents nursing students in an almost military pose, which is enhanced by the symbolism of the uniform and its service imagery. Christina Bates affirms that the uniform was a "restrained garment elevating nurses as a disciplined

45   Annmarie Adams, "Rooms of Their Own: The Nurses' Residences at Montreal's Royal Victoria Hospital," *Material Culture Review* 40 (Fall 1994): 29–41; Annmarie Adams, *Medicine by Design: The Architect and the Modern Hospital*, 1893–1943 (Minneapolis, MN: University of Minnesota Press, 2008), 71–88; Christina Bates, *A Cultural History of the Nurse's Uniform* (Gatineau, QC: Canadian Museum of Civilization, 2012), 49, 85.

46   McGill University Archives, RG 96, container 353, "The Montreal General Hospital 1861 Annual Report."

47   Ibid.

48   Kathryn McPherson, "Nurses, Archives, and the History of Canadian Health Care," *Archivaria* 41 (Spring 1996): 113–15.

49   Adams, *Medicine by Design*, 88.

FIGURE 2 *Care unit, Children's Memorial Hospital, circa 1925. Photographer: Associated Screen News. Source: MUHC Archives and Special Collections, 2014-0015.04.32.*

FIGURE 3 *Nurse with three patients outside of the Children's Memorial Hospital, circa 1930. Photographer: unknown. Source: MUHC Archives and Special Collections, 2014-0015.04.3.*

FIGURE 4 *Royal Victoria Hospital School of Nursing students in the chapel of the Hersey Pavilion, circa 1950. Photographer: unknown. Source: MUHC Archives and Special Collections, 2015-0002.04.205.*

FIGURE 5 *Nurses in the entrance of the Children's Memorial Hospital, circa 1910. Photographer: unknown. Source: MUHC Archives and Special Collections, 2014-0015.04.789.*

and respectable occupational group, but its humble origins were clear in its reference to the dress of household servants doing manual labour."[50] The visual element of the uniform transcended the professional requirements of nursing and became a symbol of subordination and proper place within the hospital grounds, but was also a source of "pride" – "burdensome and gratifying at the same time" for nurses.[51] Nurses' place within the hospital allowed them a certain level of independence in this schema and, to some measure, a form of power. In accepting the terms of their employment, which had been established by the institution, and their overall subordination within the workplace, nurses acquired a particular status based on class and, to a lesser degree, economic privileges.[52] Nursing was seen by public leaders as a profession into which respectable women might integrate. Nurses' particular status within society, related to the efforts of hospitals to attract middle-class women and to establish nursing as a middle-class profession,[53] extended beyond class lines. Although nursing developed as a respectable profession among Montreal women, it was restricted to white candidates. At the Royal Victoria Hospital, it was not until 1955 that a committee of the Board of Governors began to think about allowing non-white nursing students.[54] Unsurprisingly, such institutionally gendered and racialized conceptions played into an appearance of conformity. The ideal of the professional, white nurse appears again and again in group imagery – revealing the racial exclusions within the collective (see figure 5). The production and circulation of institutional photographs of nurses then served as "as an instrument of administrative and disciplinary power," to borrow John Taag's

50 Bates, *A Cultural History of the Nurse's Uniform*, 11.

51 Ibid., 4.

52 Kathryn McPherson, "Science and Technique: Nurses' Work in a Canadian Hospital, 1920–1939," in *Caring and Curing*, 81–82; Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900–1990* (Toronto: Oxford University Press, 1996), 7. The argument that women sharing economic advantages with men of their social and political class then becomes a validation of patriarchy has been made by Gerda Lerner in *The Creation of Patriarchy* (New York: Oxford University Press, 1986), especially 31.

53 See Beverly Boutilier, "Helpers or Heroines?: The National Council of Women, Nursing, and 'Woman's Work' in Late Victorian Canada," in *Caring and Curing*, 17–41; Bates, *A Cultural History of the Nurse's Uniform*, 39; McPherson, *Bedside Matters*, 17–18.

54 MUHC Archives and Special Collections, 2015-0002.01.166, "Royal Victoria Hospital – Governor's Minute Book," 1955.

assertion,[55] which contributed to professional and social imaginaries.

A striking difference persists between the representation of nurses on the one hand and that of medical residents and doctors on the other. The practice of portraiture has enhanced the status of the individual physician within the hospital. From the late 19th century until the Second World War, physicians had their portraits taken by professional photography studios such William Notman, as exemplified in figures 6 and 7. This common practice highlighted these doctors' position within Montreal's upper-class anglophone community. While it is not clear whether these portraits were commissioned by the hospitals or by individual doctors themselves, top administrators were also the subjects of such portraits. Whether for private or public use, the resulting portraits artic-ulate social expressions in the form of image construction.[56] Figures 8 and 9 illustrate how the practice of taking individual portraits of doctors is pursued to this day. The installation of photographs of prominent doctors on unit walls is still common practice across medical departments. As a series, the photographs emphasize the doctors' male gender as part of their status within the given departments or areas of medicine. These portraits gender the medical units' historical narrative as male.[57]

The modern medical professions were constructed along the lines of masculine authority and clear professional and social hierarchies.[58] Dr. McCallum, in his speech during the formal opening of the Montreal General Hospital School of Nursing, declared, "The responsibility for the treatment of the patient rests with the physicians; the responsibility of applying and carrying out the treatment in part rests with the nurse."[59] The influence of physicians over nurses was clearly established, and nurses were expected to make "not the slightest deviation from or alteration of a given order . . . unless by the consent of the physician who

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55 Taag, *The Burden of Representation*, 20.

56 See André Rouillé, *L'empire de la photographie: photographie et pouvoir bourgeois, 1839–1870* (Paris: Le Sycomore, 1982).

57 François Dansereau, "Les portraits photographiques de médecins: masculinité, espaces et le numérique comme outil de déconstruction," *MOQDOConline*, 2019, accessed January 19, 2020, http://moqdoc.arlismoq.ca /2019_dansereau/.

58 Carole Pateman argues that the presence of women in the workplace, and in the capitalist workforce broadly speaking, was conceived within a "structure of subordination." Carole Pateman, *The Sexual Contract* (Stanford, CA: Stanford University Press, 1988), 142–43.

59 "Formal Opening of Training School for Nurses."
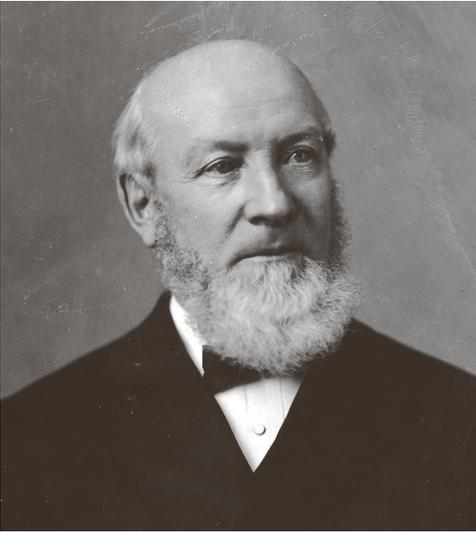
FIGURE 6   *Dr. Duncan McCallum, Montreal General Hospital, circa 1890. Photographer: William Notman. Source: MUHC Archives and Special Collections, 2014-0014.04.632.*
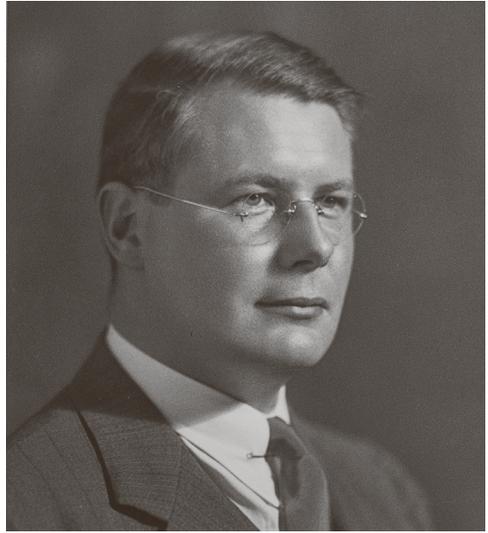
FIGURE 7   *Dr. J.S.L. Browne, Director of University Clinic, Royal Victoria Hospital, circa 1940. Photographer: Notman & Sons. Source: MUHC Archives and Special Collections, 2015-0002.04.758.*

FIGURE 8   *Dr. Anthony R.C. Dobell, Surgeon-in-Chief of the Montreal Children's Hospital, circa 1980. Photographer: audiovisual, Montreal Children's Hospital. Source: MUHC Archives and Special Collections, 2014-0015.05.151.*
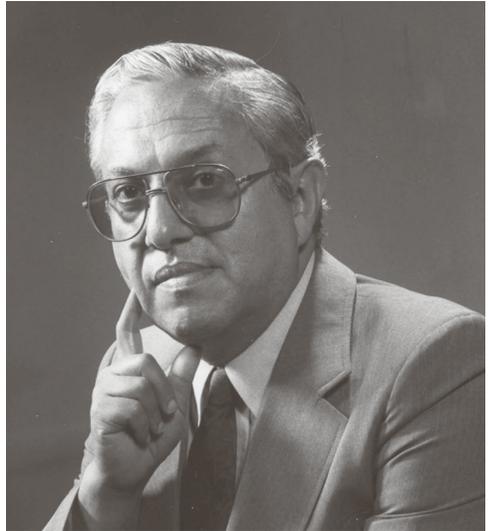

FIGURE 9   *Dr. Mostafa Elhilali, Department of Urology, Royal Victoria Hospital, circa 1995. Photographer: multimedia, Royal Victoria Hospital. Source: MUHC Archives and Special Collections, 2014-0016.04.485.1.*

had issued it."[60] The conception of nursing work emphasized nurses' deference to the (male) medical hierarchy and physicians' ultimate power: "the primary duty of the nurse was obedience to the commands of medical man. . . . [she] should obey his orders; he was the judge of the case and had had more experience than she."[61] Dr. Craik's address to the 1898 graduating class of the Royal Victoria Hospital School of Nursing was similar in that it affirmed that nursing students "know that they are ever to be loyal and true helpers to the physicians and surgeons, of whose skill and responsibilities they are to be the willing and efficient instruments."[62] Medical responsibilities were associated with masculine spaces of power.

Nurses' status in the hospital was dependent on a strict division of labour, where each person knew their role and appropriate place within the organizational structure. Helene Lamont, Director of Nursing at the Royal Victoria Hospital during the mid-20th century, noted the expectations of medical authorities toward nurses: "Ask doctors what a nurse is and most will say that her primary role is to carry out medical orders and assist them in performing medical procedures."[63] Lamont, however, emphasized the diversity of nurses' tasks and insisted on the dynamic element of nursing: "More than ever, emphasis must be placed on the nurse's need to think, to solve problems and to make decisions. No longer can she function satisfactorily in the old pattern – a worker whose main focus is on the task to be performed, as she was taught."[64] It is however difficult to see the evolution of the nursing profession based on the visual representation of nurses throughout the 20th century. Although nurses were independently engaged in various endeavours, some scientific,[65] the professional identity of nursing and nurses was dependent on their good relationships with physicians.[66]

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60 Ibid.

61 Ibid.

62 MUHC Archives and Special Collections, 2015-0002.01.497, "Royal Victoria Hospital Scrapbook, 1894–1907," 67.

63 Joyce Goodman, "RVH Nursing Director Examines Nurses' Role," *Montreal Star*, April 20, 1963.

64 Ibid.

65 Highlighting the fact that "nurses could not generate scientific knowledge because they were legally barred from doing so," Kathryn McPherson discusses the extent of nurses' involvement with scientific principles and practice by particularly emphasizing their participation in germ theory and the development of scientific management. McPherson, *Bedside Matters*, 112.

66 On the dependency of nursing's status on the professional authority and judgment of physicians, see Meryn

Because nurses gained their experience in large part on the floor, it was essential for them to rely on the guidance and authority of physicians in order to adapt, succeed, and carry on in the hospital.[67]

This dynamic is particularly evident in the operating room. In their article examining surgery, design, and space at the Royal Victoria Hospital, Annmarie Adams and Thomas Schlich observe a "vertical division of labour" in the operating room of the late 19th and early 20th centuries.[68] Photographs of operating rooms were created to document a social context in which surgeons were at the heart of scientific and social progress and women were their helpers.[69] As figures 10 to 12 show, surgeons were portrayed as the masters of medical knowledge and as the ultimate patriarchs of the hospital. In figure 10, the focus is on the male surgeon and his assistant, while nurses are at the very margins of the image. While the nurses are visible in figure 11 – one even directly participating in the action – the service dimension of both their tasks and their relationship with the surgeon is emphasized. Furthermore, the supporting role of the nurse in figure 12 plays into the pedagogical dimension of the operating room. This image, featuring an all-male medical class in the operating theatre of the Montreal General Hospital, highlights the masculine components of both surgery and medical education. The educational demonstration represented in this photograph also illustrates the different institutional conceptions of nursing and medicine, articulated through the nursing service and the medical and pedagogical performance.

Medical leaders were devoted to maintaining these social hierarchies at the hospital and used gendered language to justify that order. Dr. McCallum warned that a woman's "sex, the power and influence of her emotional nature, and the delicacy of her physical organization, completely unfit her for a very large number of pursuits which are congenial to and can only be followed by men."[70] Addressing nursing graduates in 1909, Dr. John George Adami, a professor of

Stuart, "Shifting Professional Boundaries: Gender Conflict in Public Health, 1920–1925," in *Caring and Curing*, 51–65. On the oppressive nature of the profession and lack of control of nurses over their work, see McPherson, "Science and Technique," in *Caring and Curing*, 81–82.

67   For a discussion of nursing apprenticeship, see McPherson, *Bedside Matters*, 29–33.

68   Annmarie Adams and Thomas Schlich, "Design for Control: Surgery, Science, and Space at the Royal Victoria Hospital, Montreal, 1893–1956," *Medical History* 50, no. 3 (2006): 303–24.

69   See Fox and Lawrence, *Photographing Medicine*, 50, 183–87.

70   "Formal Opening of Training School for Nurses."
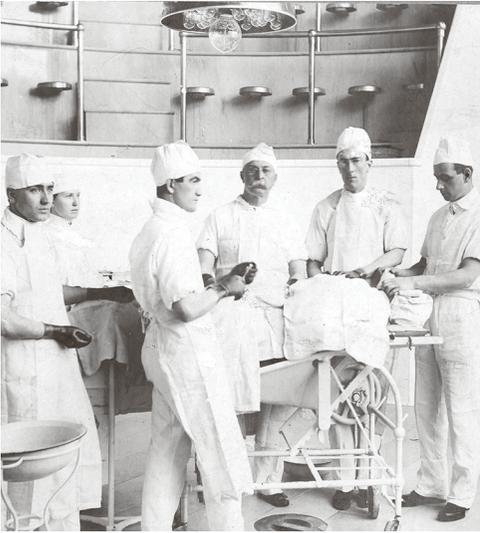
FIGURE 10   *Surgical staff, operating room, Royal Victoria Hospital, circa 1905. Photographer: unknown. Source: MUHC Archives and Special Collections, 2011-0002.04.245.*

FIGURE 11   *Operating room, Montreal Children's Hospital, 1939. Photographer: Associated Screen News. Source: MUHC Archives and Special Collections, 2014-0015.04.535.*

FIGURE 12   *Dr. Hutchinson and class of 1905 in the operating room of the Montreal General Hospital, 1905. Photographer: unknown. Source: MUHC Archives and Special Collections, 2017-0001.04.1.30.*

pathology at McGill University and the first Chair of Pathology at the Royal Victoria Hospital, indicated the following:

> If women are to compete with men on terms of equality in the workshop, the office and the market-place, the very struggle for existence must bring about that (and has already brought it about in the old world) women are treated with no more consideration than men. This is the sure outcome of the struggle for existence. And with it woman descends from her position of influence and the ideals of life are lowered in the whole community. I might descant at considerable length upon the terrible peril that this doctrine of equality promises for the human race.[71]

Men's leading role in the public sphere was perceived as natural, based on the idea that only men were suited for these tasks. Masculinity in the hospital was associated with the control of bodies, emotions, and overall behaviour. Women's entry into public sectors and medical professions was perceived by medical leaders as a threat to this social order; the ensuing belief was that manhood, masculinity, and consequently the community's social order would be threatened.[72]

As women integrated into positions outside of nursing, particularly after the Second World War, they were gradually pictured more frequently with technological equipment and as participants in scientific procedures, as figures 13 and 14 illustrate. Hospitals and the media also became keen to show examples of exceptional women who penetrated the mostly all-male medical field. This was the case for Dr. Eleanor H. Venning, who became a professor of experimental medicine at McGill University in the late 1940s. She did research in endocrinology and specialized in the study of the adrenal glands. Her studies led to discoveries related to pregnancy and the hormones of the ovary and placenta.[73] Questioned by a journalist about whether she felt that being a woman created difficulties for her in pursuing scientific research, she responded, "I've

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71 "Some Husbands are Merely Doormats," *Montreal Gazette*, April 15, 1909.

72 For a discussion of the idea of threats to manhood as historically and socially constructed, see Christopher Dummit, *The Manly Modern: Masculinity in Postwar Canada* (Vancouver: UBC Press, 2007).

73 D. Sclater Lewis, *Royal Victoria Hospital, 1887–1947* (Montreal: McGill University Press, 1969), 176.
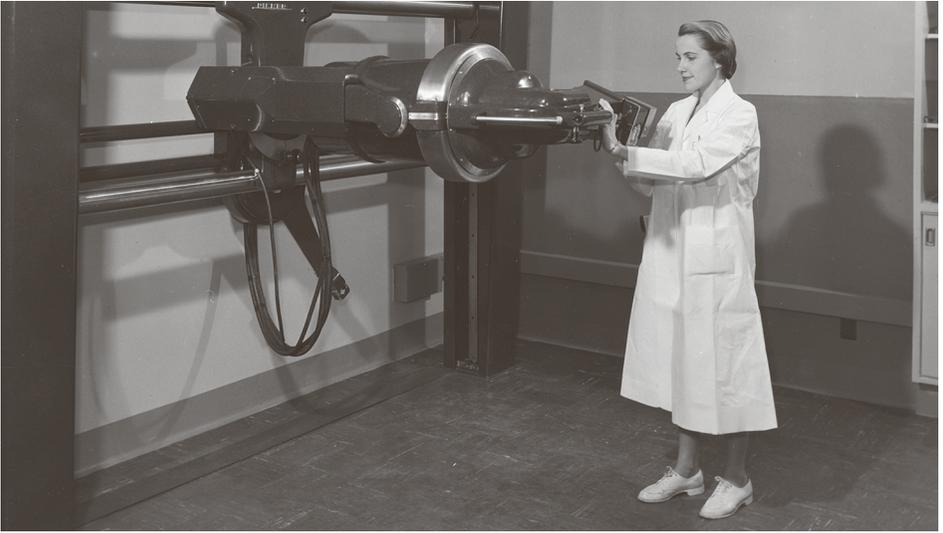
FIGURE 13   *Technologist E. Pettigrew working with X-ray unit in the Ross Pavilion of the Royal Victoria Hospital, circa 1950. Photographer: Editorial Associates. Source: MUHC Archives and Special Collections, 2015-0002.04.370.*

FIGURE 14   *Nurses and laboratory technicians of the Allan Memorial Institute, Royal Victoria Hospital, circa 1960. Photographer: unknown. Source: MUHC Archives and Special Collections. 2015-0002.04.641.*

FIGURE 15   *Dr. Eleanor Venning, endocrinology laboratory of the Royal Victoria Hospital, circa 1950. Photographer: Editorial Associates Ltd. Source: MUHC Archives and Special Collections, 2015-0002.04.62.*

always been able to do just what I want."[74] Stepping outside the solidarity framework associated with the nursing profession, Dr. Venning, portrayed in figure 15, was on her own in a traditionally male specialty. She represents the post–Second World War era, during which more women became directly involved in scientific research. Such photographs, in which women perform scientific tasks or use scientific instruments are, however, rare in the collections.

The scarcity of records depicting women performing scientific research and tasks is associated with the medical hierarchies of hospitals but is also due to administrative configurations, including the connections between philanthropic pursuits and hospitals' administration. Donors were allowed a substantial amount of power in the management of hospitals and were represented in institutional pictures (see figure 16). Male bankers and merchants were important players in the founding and funding of the hospitals of the late 19th and early 20th centuries. The prominent Molson family of Montreal was involved in the origins of the Montreal General Hospital and continues to be closely involved

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74   "Woman Medical Researcher Elected Officer by Physiologists," *Montreal Gazette*, September 7, 1953.

FIGURE 16   *Presentation of $1,000 bond by J.T. Brammall to the Montreal General Hospital; received by the president, A.E. Ogilvie, 1944. Photographer: unknown. MUHC Archives and Special Collections, 2014-0015.04.5.1.*

to this day.[75] The presence of influential donors was felt through social, cultural, and political networks and through the production and management of institutional records. Barbara L. Craig mentions that "the business ethic became as important as the charitable impulse in the management of hospital affairs, and records assumed a prominent position as the links between daily transactions, audit, analysis, and planning."[76] Partnerships between health care and business organizations became normalized in administrative functions and seemed natural, as they were recorded in official documents. A series of photographs of hospital board meetings (see figure 17) highlights the masculine environment of hospital administration. In figure 18, donors and volunteer members of the Board of Governors of the Royal Victoria Hospital are presented side by side with hospital administrators and heads of departments during the official opening of the new surgical pavilion in 1955. Power dynamics are noticeable in the image: Dr. J. Gilbert Turner, the Executive Director, is at the centre of the photograph, while the President, Blair Gordon, is on the right. Helene Lamont, the Director of Nursing, is in the foreground of the image but is the only woman among the hospital administrators. Nursing is represented in the picture but is contained within the hospital's hierarchical configuration. Visiting nuns, probably from the Hôtel-Dieu, are visible in the photograph but on the

75   See Shirley E. Woods, Jr., "The Molson Story" in *The General: A History of the Montreal General Hospital*, 3–14; H.E. MacDermot, *History of the Montreal General Hospital* (Montreal: Montreal General Hospital, 1950), 12–13.

76   Craig, "Hospital Records and Record-Keeping, c. 1850 – c. 1950, Part II," 75.

FIGURE 17   *Board meeting, Montreal General Hospital, circa 1970. Photographer: unknown.*
MUHC Archives and Special Collections, 2014-0014.04.129.5.

FIGURE 18   *Royal Victoria Hospital administrators, board members, and donors at the opening of*
the surgical pavilion, 1955. Photographer: Editorial Associates Ltd. Source: MUHC Archives
and Special Collections, 2015-0002.04.392.

margins of power, and clearly depicted as visitors. Particularly interesting in this photograph is the near absence of medical leaders.

Throughout the 20th century, hospitals increasingly relied on voluntary groups – such as auxiliary and nursing alumnae organizations – to create, maintain, and improve a social environment. Dr. J.D. Griffin, General Director of the Canadian Mental Health Association, told the fifth annual convention of the Province of Quebec Association of Hospital Auxiliaries in 1957 that "through assisting in social, recreational, occupational, and entertainment projects; through working in special hospital services such as the library, and through a spontaneous and unsolicited public relations service for the hospital in the community, volunteers are proving a wonderful assist to our work."[77] Nursing alumnae and auxiliary associations were organized to allow retired nurses and others to participate in these supporting roles, as exemplified in the images of volunteer librarians in figures 19 and 20. The solidarity and loyalty that characterized nurses' contributions to the hospital were extended to women's voluntary work. Newsletters, newspaper articles, and other publications observing women's volunteer work at the hospital testify to the continuing emphasis on caring as an aspect of women's involvement in health care.

Personal Photo Albums

As evidenced in the discussion of photographs created by the institution, an archival approach that fails to question the power dynamics associated with institutional records-creation frameworks would limit the narrative of the collection by specifically highlighting the authorities' stories. A more complete assessment of the overall nature of hospital records goes beyond an analysis of institutional functions and official activities. The emphasis on male accomplishments in the archives is not only due to the predominance of archival records documenting men's activities and achievements; the prominence of men in the photographic records of the MUHC hospitals extends beyond a quantitative analysis of the collections. Men's and women's experiences were recorded in hospital archives according to rules and expectations that dictated specific attitudes, behaviours, and emotions that were allowed within the space of the

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77   "Hospital Auxiliaries Meet," *Montreal Star*, March 12, 1957.

FIGURE 19   *Volunteer librarian, Royal Edward Institute, circa*
1940. Photographer: Business and Industrial Photographers
Ltd. Source: MUHC Archives and Special Collections,
2014-0026.04.90.

FIGURE 20   *Volunteer in the patient library of the Royal Victoria*
Hospital, circa 1960. Photographer: unknown. Source:
MUHC Archives and Special Collections, 2015-0002.04.180.

institution. Caswell uses the feminist term "symbolic annihilation" to highlight how a particular community or group can be misrepresented or marginalized.[78] Here, the marginalization and misrepresentation of women's experience at the hospital originates from the authorities' control of institutional identities and values. Photographs examined in this article signal that the hospitals' social environments were not based on explicit coercion but on self-discipline: women and men growing professionally in hospitals internalized the forms of expression allocated to their genders, which were determined by the configuration of "imagined communities" and sexist policies.

Photographs created outside of this institutional control can offer a different narrative. For example, the nursing alumnae organizations' collection and preservation of personal records of nursing students, residents, nurses, and doctors provide a multiplicity of perspectives. These groups' proactive record collecting allowed them to leave traces of their activities but also created an informal

78   Michelle Caswell, "Seeing Yourself in History: Community Archives and the Fight against Symbolic Annihilation,"
Public Historian 36, no. 4 (2014): 26–37.

FIGURE 21   *Nurse Charlotte McMahon, Royal Victoria Hospital*
School of Nursing, 1941. Photographer: unknown.
Source: MUHC Archives and Special Collections,
2011-0002.04.275.

repository for their members and the public, both of whom were invited to donate their records and to entrust them to the organizations' care. Nursing alumnae organizations were thus able to gather historical records that would have otherwise been lost. In contrast to institutional photographic record-making, personal photo albums include individual photos of nurses and nursing students, as exemplified by figures 21 to 23. Personal photo albums in the records that have been collected and preserved by these organizations complement and enrich the narrative in institutional representations of nurses' experiences at the hospitals.

These albums, which have recently been transferred to the MUHC Archives and Special Collections, do not expressly depict health workers' professional tasks and responsibilities. Instead, photographs of sports and recreational activities are prominent in the personal photo albums produced by students, doctors, and nurses. Since the Royal Victoria Hospital and the Montreal General Hospital provided tennis courts, swimming pools, and skating rinks for the nursing students and medical residents to use, the hospitals' authority extended to students' experiences and social life.[79] However, personal photographs provide alternative narratives concerning the relationships between health care workers and the institutions. Institutional gender hierarchies are not visible, or at least not as evident, in photographs created by

79   See Adams, *Medicine by Design*, 80–88.
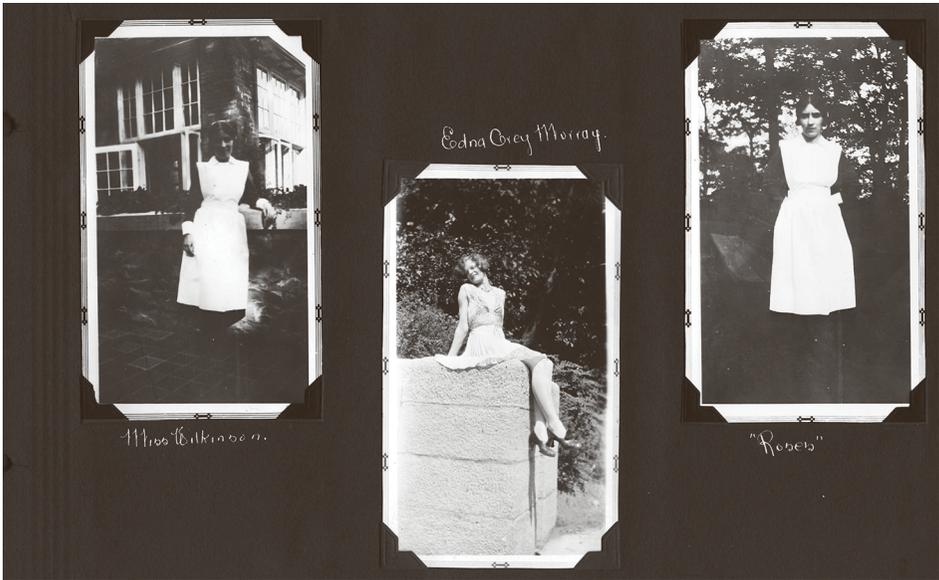
Figure 22   *Nurses of the Children's Memorial Hospital, 1930. Photographer: unknown. Source: MUHC Archives and Special Collections, 2014-0015.04.3000.12*
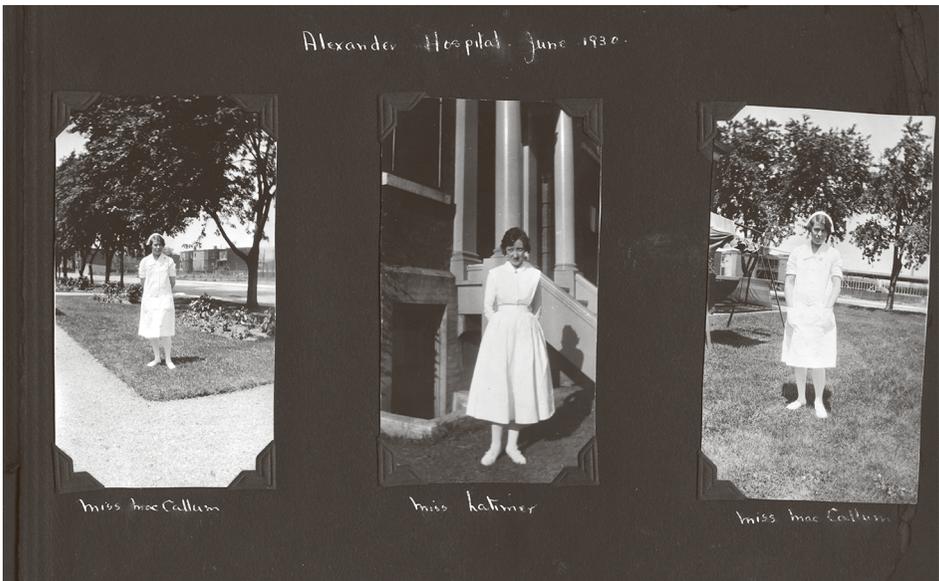

Figure 23   *Nurses of the Alexandra Hospital, 1930. Photographer: unknown. Source: MUHC Archives and Special Collections, 2014-0015.04.3000.8.*

FIGURE 24   *Nurses and doctors of the Royal Victoria Hospital, circa 1905. Photographer: unknown. Source: MUHC Archives and Special Collections, 2011-0002.04.244.*

FIGURE 25   *Employees of the Montreal General Hospital ice skating, 1923. Photographer: unknown. Source: MUHC Archives and Special Collections, 2014-0014.04.1413.1.*

FIGURE 26   *Nursing students having a picnic outside of the Children's Memorial Hospital, 1929. Photographer: unknown. Source: MUHC Archives and Special Collections, 2014-0015.04.3000.5.*

health care workers. Nursing students and residents' own photographs offer perspectives based on the photographers' personal experiences at the hospital. In figures 24 to 26, we can notice the intimate nature of the photographers' representations of their friends and colleagues. In figures 24 and 25 in particular, men and women seem to socialize on equal terms, while figure 26 shows a unique instance of nursing students outside of the confined hospital space. This image taken outside the institutional organization offers a rare depiction of a social encounter beyond the scope of the institution and outside of its authority and strict rules. When in control of their own photographic narratives, health care workers usually did not replicate institutional gender hierarchies.

An interesting series of half a dozen personal photos of nursing students from the Royal Victoria Hospital School of Nursing shows them doing silly things in the operating room. In both figures 27 and 28, the students are arguably mocking the authority of surgeons. In figure 28, for instance, they mimic surgeons and "perform" surgery. While unsupervised, these women took personal positions and transgressed occupational and gender boundaries for a moment, in a fun and carefree way. Simultaneously, these personal photographs accentuate the solidarity among students at the hospital – not through their attachment to the institution, as promoted by the hospital, but on a more personal level.[80] Their friendships – doubtless developed as a result of the experiences shared in the classroom, on the wards, and at the residence – are exposed. It is also notable that, as these photos were taken with a personal camera and not staged by the institution, students took the liberty to express personal emotions. They express an independent and authentic form of power. What these personal photos of the graduates of the 1930 class show are women taking control of the space and their own bodies in the work environment. The personal touch in these photographs provides a cue to archivists to reflect on social hierarchies in hospitals and to apply critical perspectives to archival interventions.

80   See Mifflin, "Visual Archives in Perspective," 61–62.

FIGURE 27   *"At work," nursing students Mary Orlando, Muriel Brady, Dorothy Sellars, Catherine Cameron, and Laura Dyment in the operating room of the Royal Victoria Hospital, 1930.*
Photographer: unknown. Source: MUHC Archives and Special Collections, 2011-0002.04.167.

FIGURE 28   *Nursing students Marjorie Wiley, Dorothy Sellars, Catherine Cameron, Mary Orlando, and Muriel Brady in the operating room of the Royal Victoria Hospital, 1930.*
Photographer: unknown. Source: MUHC Archives and Special Collections, 2011-0002.04.170.

Critical Archival Approaches

Archival scholars have questioned the traditional archival notion that distinguishes personal records from other record types.[81] They have emphasized that administrative recordkeeping frameworks and institutional records-creation patterns are also constituted through social, political, and personal conversations and transactions. Photographs examined in this article, including records officially created by the institution and personal photo albums, highlight the social paradigms and meanings that fill archives; these include paradigms related to professional hierarchies and social relations. Furthermore, building on the writings of Eric Ketelaar, Jennifer Douglas and Allison Mills posit that personal involvement in the record does not align solely with the records creator but also depends on how the record is activated through the intervention of users or archivists.[82] They state, "We should also be thinking about the personal as a way in which records are experienced, or as a type of relationship or orientation between a record of any kind and the person who interacts with it."[83] Archivists are certainly involved in the ways in which archives are described, disseminated, retrieved, and used, and are therefore constructing narratives along with records creators and communities of users.[84] Furthermore, archivists have highlighted the value of their personal contributions in the documentation of groups subject to oppression.[85] Cifor promotes the integration of the concept of affect in archival appraisal and insists on archivists' involvement in emotional justice.[86] Additionally, Caswell and Cifor mention that, "by stewarding a collection, the archivist enters into a relationship of care with the records creator in which the archivist must do her best not only to empathize with the records creator, but also to allow

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81   Catherine Hobbs, "The Character of Personal Archives: Reflections on the Value of the Records of Individuals," *Archivaria* 52 (Fall 2001): 126–35; Jennifer Douglas and Allison Mills, "From the Sidelines to the Center: Reconsidering the Potential of the Personal in Archives," *Archival Science* 18, no. 3 (2018): 257–77.

82   Eric Ketelaar, "Tacit Narratives: The Meanings of Archives," *Archival Science* 1, no. 2 (2001): 131–41; Douglas and Mills, "From the Sidelines to the Center."

83   Douglas and Mills, "From the Sidelines to the Center," 258.

84   Ibid., 272.

85   See, for example, Stacie M. Williams and Jarrett M. Drake, "Power to the People: Documenting Police Violence in Cleveland," *Journal of Critical Library and Information Studies* 1, no. 2 (2017): 1–27.

86   Marika Cifor, "Affecting Relations: Introducing Affect Theory to Archival Discourse," *Archival Science* 16, no. 1 (2016): 7–25.

that empathy to inform the archival decision-making process."[87] The personal connections are, thus, activated not only through the content of the records but also through archivists' involvement in archival processes and their witnessing of relationships.[88]

The acquisition of personal archives and private fonds, as exemplified by the discussion of personal photo albums, then represents only one method available to archival organizations to diversify their collections, to think critically in terms of representation and representativeness, and to challenge dominant discourses in the archives. In addition to the critical visual paradigms discussed in this article, scholars have proposed a deconstructionist approach oriented toward confronting dominant forces in the archives.[89] Along these lines, Lae'l Hughes-Watkins emphasizes archivists' role as advocates in challenging those configurations in the archives that have silenced particular groups, while Tonia Sutherland proposes the notion of "archival amnesty" to disrupt homogeneity in the archives.[90] In order to allow for the inclusion of a diversity of perspectives, values, and identities, it seems critical to establish archival programs in institutions that have until recently been devoid of these and to acknowledge the power dynamics of these institutions, as these authors and the discussion above demonstrate.

The absence of an archival program at the hospitals studied in this article prior to the formation of the MUHC Archives and Special Collections not only accounts for the limited academic research based on primary sources from these hospitals. It also allowed for the development and maintenance of a collective memory that was fully controlled by the records creators – i.e., the hospitals' medical and administrative authorities. As this article and other research

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87   Caswell and Cifor, "From Human Rights to Feminist Ethics," 33–34.

88   Ricardo L. Punzalan, "'All the Things We Cannot Articulate': Colonial Leprosy Archives and Community Commemoration," in *Community Archives: The Shaping of Memory*, ed. Jeannette A. Bastian and Ben Alexander (London: Facet Publishing, 2009), 197–219. See also Caswell, *Archiving the Unspeakable*.

89   Verne Harris, "Insistering Derrida: Cixous, Deconstruction, and the Work of Archive," *Journal of Critical Library and Information Studies* 1, no. 2 (2017): 1–19; Ketelaar, "Tacit Narratives."

90   Lae'l Hughes-Watkins, "Moving Toward a Reparative Archive: A Roadmap for a Holistic Approach to Disrupting Homogenous Histories in Academic Repositories and Creating Inclusive Spaces for Marginalized Voices," *Journal of Contemporary Archival Studies* 5, no. 1 (2018): 17; Tonia Sutherland, "Archival Amnesty: In Search of Black American Transitional and Restorative Justice," *Journal of Critical Library and Information Studies* 1, no. 2 (2017): 1–23.

indicate, records creation and recordkeeping practices originate not from an organic organization of knowledge but rather from distinct decision-making processes, actions, and determinations. Hospitals participated in and facilitated the production of official photographic records according to the organizational culture that the authorities sought to depict. The representation of health care workers was shaped by socially and culturally determined paradigms, masculine administrative practices, and narratives controlled by administrative and medical authorities.

This article has tried to demonstrate that the absence of an archival consciousness prevented the identification of diversified narratives available within the historical traces created by hospitals. Recognizing that the documentation of hospital activities has been used to support certain social paradigms leads us to discuss the importance of archival interventions in order to attempt to account for the whole range of activities and personal interactions taking place in health care environments. Critical archival approaches seem necessary, then, to confront the power of hospitals as reflected in their archives and to create programs that allow the diversity of the hospitals' professional and social activities to emerge. As shown by recent research, building an archival program can then be considered a political act.[91]

Conclusion

This exploration of photographs in hospitals' archives was conceived as a way to contribute to discussions about gender and social hierarchies in the archives and to participate in the elaboration of theoretical frameworks that seek to challenge dominant discourses found in the archives. Especially by examining institutionally produced photographs, we noticed that social hierarchies in hospitals are articulated through the control of record production by hospital authorities. Archival recordkeeping strategies and the mobilization of records through archival activations might challenge this framework by offering various alternative research perspectives. The establishment of archival programs

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[91] See Ieuan Hopkins, "Places from Which to Speak," *Journal of the Society of Archivists* 29, no. 1 (2018): 83–109; Caswell, *Archiving the Unspeakable*; Kirsten Weld, *Paper Cadavers: The Archives of Dictatorship in Guatemala* (Durham, NC: Duke University Press, 2014).

necessarily provides better access to hospitals' historical records and therefore will also result in increased use of these archives. Applying a critical approach to hospitals' photographs is a crucial step toward reaching these objectives of establishing access to historical records and exploring them from various perspectives, as demonstrated in this article.

Elizabeth Edwards writes, "By their very nature photographs are sites of multiple contested and contesting histories."[92] As an analytical frame of reference, gender in particular offers the possibility to open up the archives and their contested histories and to allow for multiple narratives within diverse social and cultural paradigms. As this article has shown, we can extract alternative narratives from photographic archives by applying critical paradigms that confront an institutional patriarchal environment. This discussion of institutional identity conveyed through the production of knowledge via photographs suggests it is necessary for archivists working in health care to acknowledge gender as a legitimate variable in order to facilitate the emergence of new knowledge and narratives.

Further research must be pursued to conceptualize how gender paradigms can contribute to envisioning archival principles and practices. More case studies, especially, are needed to understand how discussions of gender can lead to inclusive archival spaces and how these can forge archival environments that document more than just the authorities' activities and vision. This article may serve as an inspiration for others to further engage hospital archives and produce in-depth examinations of photographic records and institutional hierarchies along gender paradigms.

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92   Edwards, *Raw Histories*, 22.

BIOGRAPHY   François Dansereau is the Senior Archivist at the Archive of the Jesuits in Canada. He previously was the Archivist at the McGill University Health Centre (MUHC) Archives and Special Collections, where he curated exhibits on the history of medicine, the history of nursing, and communities' collective memories in the health care environment. He was also a project archivist at the McGill University Archives, where he contributed to the development of a digital project on McGill University students, professors, and professionals who participated in the war effort during the Second World War. Dansereau is the author of the chapter "Men, Masculinities, and the Archives: Introducing the Concept of Hegemonic Masculinity in Archival Discourse" in the volume *Archives and Special Collections as Sites of Contestation* (Library Juice Press, 2020). He is the current editor of the Association of Canadian Archivists' blog, *In the Field*, and the editor of the *MOQDOC*, a publication of the Montreal-Ottawa-Quebec chapter of ARLIS NA. Dansereau holds an MA in history from Université de Montréal and an MLIS with a concentration in archives from McGill University.