

THE UNIVERSITY OF CALGARY

FROM VOCATION TO PROFESSION:

THE INTELLECTUAL TRANSFORMATION OF ENGLISH-CANADIAN NURSING EDUCATION

1874-1936

by

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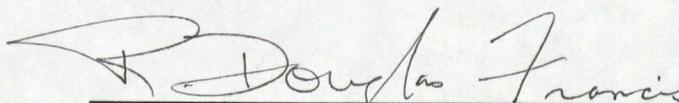
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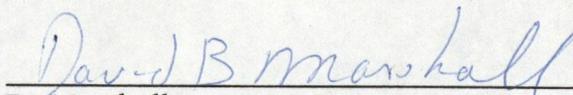
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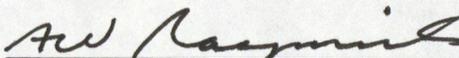
The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled, "From Vocation to Profession: The Intellectual Transformation of English-Canadian Nursing Education, 1874-1936" submitted by Charlotte Moran in partial fulfillment of the requirements for the degree of Master of Arts.



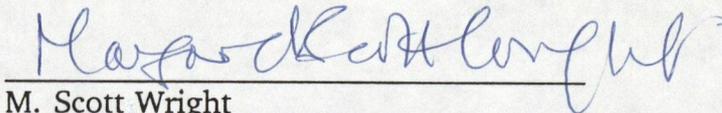
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ABSTRACT

Early nursing education in English-speaking Canada emerged in the late nineteenth century, a time when fundamental changes were occurring in Canadian intellectual thought. These changes in the general climate of thought were reflected within nursing as it moved from a religious vocation to a professional occupation grounded in Christian values but fully informed by scientific principles.

Within this thesis, the secular evolution of nursing education begins in Chapter 1 with a discussion of the religious philosophy of Florence Nightingale, for it was through her influence that the system of modern nursing took hold in Canada. Chapter 2 assesses the movement of nursing from vocation to profession in light of the influence of modern thought on nursing education. Chapter 3 considers nursing in its completed secular transformation. Whereas nursing in 1874 represented a vocation committed to the service of God, by 1936 it had become a profession guided by principles of practical science and social responsibility.

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DEDICATION

To My Children

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INTRODUCTION

Nursing education had its beginning in English-speaking Canada during the late nineteenth century, a time when fundamental changes were occurring in Canadian intellectual thought. The advent of Darwinian science to challenge the dominance of religious thought, the rise of the Social Gospel movement within mainstream religion, the beginning of professionalism within the university characterized the changing intellectual climate of that time. It stood as a challenge to see whether the changes in the general climate of thought were reflected in nursing education.

To date no such approach to nursing education has occurred. Generally, historians have tended to treat nursing as a reference point within themes of social reform, politics, education and labour. Even women's history has not elaborated on nursing with respect to specific issues such as social reform. Feminist history is the exception as it has used nursing to demonstrate a perceived political disparity between women and men. The dominant theme in this perspective usually has been power, predicated on the idea that historically men have had more of it than

women and have used it and continue to use it to oppress women. Because nursing functions within a hierarchy dominated by men, feminist historians have been highly critical of the nursing profession. As two historians, active in health and women's movements, wrote in 1971:

The drive to professionalize nursing is at best a flight from the reality of sexism in the health care system. At worst it is sexist itself deepening the division among women health care workers and bolstering a hierarchy controlled by men.¹

In the wake of this controversial analysis the nursing profession has not attracted many historians, male or female, to its investigation.

However, given the participation of nursing within the movement toward social reform and professionalization, it is both appropriate and necessary to study this profession more closely. This thesis argues that nursing was a part of the secularization trend of the late nineteenth and early twentieth centuries which placed science ahead of religion in the name of progress. As nursing moved with the twentieth century it sought

¹ Barbara Ehrenreich and Deidre English, Witches, Midwives and Nurses: A History of Women Healers, pamphlet (New York: The Feminist Press, 1973), 39.

out the university as a means to increase its professional credibility through advanced education. As a result the religious idealism which had once dominated the education of nurses gradually gave way to the influence of science. However, as this thesis suggests, this long-standing religious idealism prepared nurses for a major role in the Canadian reform movement of the early twentieth century. In keeping with the progressive mood of the country, nurses continued to serve humanity not from a sense of religious commitment but from a sense of social responsibility for the qualitative improvement of that society.

Canadian thought has been characterized as having a colonial mentality because formal thought has been imported from external sources, usually Britain or the United States.² Although Canadians may not be able to claim originality of thought, this does not prevent historians from discovering what they were thinking. Therefore in the development of intellectual history, historians are encouraged to be concerned with the "interrelationship between ideas and actions" within the social context of

² A.B. McKillop, Contours of Canadian Thought (Toronto: University of Toronto Press, 1987), 4-5.

the day.³ In this light the study of nursing education offers significant insight into the nature of Canadian thought at the turn of the century.

In the past, historians of Canadian thought were preoccupied with the issues of nationalism and national identity out of a concern for increased Canadian political maturity.⁴ As a result early scholarship focused on the politics of elite individuals, usually male.⁵ However, in an attempt to discover the magnitude of Canadian intellectual life historians have turned to various aspects of Canadian culture, notably the educational, religious, and literary.⁶ These scholars have concentrated on "social patterns, groups and classes" as well as on individuals.⁷ Moreover, they value analysis over narration and description. The conflict between science and religion, social reform and the emergence of professionalism are

³ Ibid., 4.

⁴ Ibid., 5.

⁵ Carl Berger, The Writing of Canadian History: Aspects of English-Canadian Historical Writing Since 1900 (Toronto: University of Toronto Press, 1986), 261, 268.

⁶ McKillop, 4.

⁷ Berger, 268.

examples of current topics under scholarly investigation.⁸

As with other early attempts in history, conventional nursing history has tended to be a positive, narrative and chronological account of particular events, institutions and individuals.⁹ Nursing history written from the nursing profession has also viewed history as progress.¹⁰ The contrast between the slovenly Sarah Gamp¹¹ and the saintly Florence Nightingale points to advancement in nursing education. The nurses depicted in the Gamp era were considered to be more irresponsible than skilled while nurses associated with the Nightingale period were viewed as knowledgeable and committed. Thus the history of nursing reform is particularly well suited for nursing recruits. In short, nursing history has

⁸ See, for example, Carl Berger, Science, God and Nature in Victorian Canada (Toronto: University of Toronto Press, 1983); Ramsay Cook, The Regenerators (Toronto: University of Toronto Press, 1985); A.B. McKillop, A Disciplined Intelligence (Montreal: Queen's University Press, 1979); Doug Owsam, The Rise of the Government Generation (Toronto: University of Toronto Press, 1986).

⁹ Celia Davies, ed., Rewriting Nursing History (London: Croom Helm, 1980), 11.

¹⁰ *Ibid.*, 38.

¹¹ *Ibid.*, 11, 17. Sarah Gamp, a nurse portrayed in Charles Dickens, Martin Chuzzlewit, is used in nursing history to exemplify the untrained and uncaring pre-Nightingale nurse.

been broad-brush whig history. It has covered excessively long periods of time and remained largely evaluative rather than analytical.¹² Moreover, nursing history has existed outside a larger historical investigation interested, for example, in themes of a social, political or intellectual nature.¹³ However, this situation is changing in Canada as history of nursing becomes of value to an understanding of the modern social history of Canada in general and women's history in particular.¹⁴ This trend probably reflects the scholarly activity of an increasing number of female historians.

The relationship of nursing to Canadian intellectual history has remained unexplored. The introduction of the nursing perspective to the existing field of study serves to round out current inquiry into the early Canadian intellectual climate. For example, nurses participated in the

¹² Ibid., 11, 13.

¹³ Mike Carpenter, "Asylum Nursing Before 1914: A Chapter in the History of Labour," Rewriting Nursing History, ed. Celia Davies (London: Croom Helm, 1980), 125.

¹⁴ On the historiography of Canadian women see, for instance, Alison Prentice et al., Canadian Women, A History (Toronto: Harcourt Brace Jovanovich, 1988); Judi Coburn, "I See and Am Silent: A Short History of Nursing in Ontario," Women at Work: Ontario, 1850-1930, ed. Janice Acton et al. (Toronto: Canadian Women's Educational Press, 1974).

general social reform movement at the turn of the century, therefore a study of the religious roots of nursing will contribute to an understanding of the roots of social reform from the vantage point of a large group of women involved in that movement.

English-Canadian nurses participated in the reform movement out of a long-standing commitment to human welfare. Historians of social reform have noted two particular categories of reformers: those dedicated to changing the individual and those who decided that an evil and unhealthy environment needed changing.¹⁵ Historian Richard Allen has included both groups within his description of the Social Gospel movement.¹⁶ The close relationship between the Protestant churches and the social reform movement reflected a concern over declining church membership and poor attendance at services.¹⁷ In response some Protestants and a few Catholics attempted to make the Christian message more relevant through the

¹⁵ Carol Lee Bacchi, Liberation Deferred: The Ideas of the English Canadian Suffragists, 1877-1918 (Toronto: University of Toronto Press, 1983), 61.

¹⁶ *Ibid.*, 59.

¹⁷ *Ibid.*, 58.

elimination of visible social ills.¹⁸ Their good works would provide their salvation. Many men but more women participated in social reform as a result of Church emphasis on social action over theological dogma.¹⁹ At the same time the Church upheld the traditional standard based upon the role of women as mothers and guardians of the home.²⁰ In addition to women who answered a religious summons to reform participation were those who joined out of a desire for broad environmental changes based on their experience as mothers and managers of families. This latter group has been termed secular although religious inspiration may have motivated many of these reform activists.²¹

The strong religious underpinnings within traditional nursing education encouraged nurses to participate in the national reform movement. Both government and secular women's organizations, like the National Council of Women (NCW), invited the participation of nurses. The creation of the Victorian Order of Nurses (VON) in 1897 by NCW

¹⁸ Ibid.

¹⁹ Ibid., 60.

²⁰ Ibid., 58.

²¹ Ibid., 61 and Alison Prentice et al., Canadian Women: A History (Toronto: Harcourt Brace Jovanovich, 1988), 181-82.

leader Lady Aberdeen allowed nurses to advance as the health missionaries that Nightingale perceived them to be. As key players in the national health movement nurses demonstrated the religious idealism which vitally informed their education and professional sense of duty.

Just as a study of nursing broadens the understanding of social reform it contributes to a fuller knowledge of the process of secularization within Canadian education. Although nursing education did not stem from the university, it shared with academia the changing climate of thought between the late nineteenth and early twentieth centuries. As a profession strongly colored by religious thought, nursing amply demonstrates the rise of science over religion within its educational framework. English-Canadian nursing students trained according to the Nightingale model understood that a "good" woman made a good nurse. The underpinnings of early nursing education emphasized high moral character. As in the university context a quality nursing education centered on moral instruction and accepted wisdom.

However, an industrialized Canadian society presented nurses with public health problems and scientific medical solutions. In response nursing educators attempted to reorient their approach to nursing education. The

outcome reflected a movement toward the university and the absorption of scientific principles. As a result nursing education increased the distance from its religious roots. Clearly nursing history provides another dimension to the current body of scholarship surrounding the secularization process.

Yet the secularization process for nurses substantially differed from that of other professions. As was the case of the university education, nurses undertook their roles as professional care-givers from a sense of individual religious duty, yet they also responded to societal expectations of them as potential mothers. Whereas social scientists eventually claimed a concern for a better society based on a moral imperative (a concern for social improvement founded on Christian values), nurses functioned under the additional weight of a maternal imperative (a feminine concern for humanity based on the responsibility of motherhood). Thus in the early years of the twentieth century nursing educators defined nursing in the maternalistic terms set out in this appeal to recruits:

The word "nursing" is a beautiful old word meaning "to nourish", "to tend", "to sustain or protect". The impulse to care for those who are helpless and ailing comes from the deeply rooted mother-instinct which all true women have in

some degree.²²

This feminine ideal apparent in nursing courses and in nursing literature²³ reflected a common perception among Canadian women that they were destined to become mothers. From the late nineteenth century through the 1930's (and beyond) the designated role for women was maintenance of the family. Therefore the secularization of nursing education laboured under a dual imperative: the moral and the maternal.

This thesis traces the dominant ideas within English-Canadian nursing education between 1874 and 1936. It begins with the philosophy of Florence Nightingale because her ideas were so influential in the development of early nursing education. The subsequent chapters attempt to capture the essence of change from the turn of the century onwards. The ideas of the women discussed here are reflective of the ideas of women nurses in general and nursing educators in particular. Reference to specific institutions and individuals is intended to demonstrate relevant points and

²² Isabel Maitland Stewart, Opportunities in the Field of Nursing (New York: The National League of Nursing Education, 1922), 5.

²³ For evidence of the maternal ideal in nursing journalism see an article by C.V. Barrett, Superintendent of Royal Victoria Maternity Hospital, Montreal, "The Mother on the Maternity Ward," The Canadian Nurse 24 (September 1928): 479-86.

dominant themes, not to disregard the importance and influence of all other nursing leaders either in Canada or elsewhere.

This discussion of nursing presents a sociological model of professionalism which established knowledge and service as the core traits of 'pure' professions.²⁴ Accordingly a true profession is one which is able to create, define, organize, and guard an abstract body of knowledge.²⁵ Knowledge is believed to provide the basis for professional authority.²⁶ It seems obvious that nursing educators acted on this concept of professionalism.

Finally, this thesis offers a rudimentary investigation into a profession previously excluded from formal academic inquiries into Canadian thought. It opens the door for continued research in nursing ideology for the sake of a more complete understanding of the Canadian social and intellectual experience.

²⁴ Fred E. Katz, "Nurses, The Semi-Professions and Their Organization, ed. Ametai Etzioni (New York, London: The Free Press and Collier Macmillan Ltd., 1969), 277.

²⁵ Ibid., 277-78.

²⁶ Ibid., Preface, xiii.

CHAPTER 1

NIGHTINGALE'S PHILOSOPHY

Florence Nightingale's philosophy of nursing dominated early English-Canadian nursing education. The first nursing educators both in English Canada and the United States were trained in nursing schools in England which were themselves under the influence of Nightingale nurses. Thus a study of the intellectual roots of English-Canadian nursing education must begin with an understanding of Nightingale's aspirations for nurses. Fundamental to her philosophy was a belief that nursing was an honorable vocation--a means for women to serve God. In this respect nursing within the Nightingale tradition can be seen as a secular expression of a religious ideal.

Florence Nightingale believed from the age of six that she had a

calling from God.¹ As she grew into womanhood she became convinced that her life had a purpose which could not be expressed within Victorian upper-class conventionality. By the time she was twenty-five she knew that the work God willed her to do was in nursing.² Nightingale had been groomed by her mother to be a gentlewoman who would either marry and be supported by her husband or pursue a religious life. But from the outset she rejected both of these traditional Victorian options for women.³

Because Nightingale believed that God had called her in particular to this service, she saw herself as special, set apart from other women around her. As a result Nightingale did not conform to the popular images of women at that time. There was the domestic woman who clung to her husband for protection and functioned as the self-abnegating mother. Then there was the corrupt woman who embodied the poorly dressed factory girl, the mannish female labourer, the self-absorbed mother and the wilful feminist. Finally the suffering woman emerged who offered a sentimental

¹ Sir Edward Cook, The Life of Florence Nightingale, vol. 1 (London: Macmillan, 1913), 177.

² Janet Horowitz-Murray, Strong Minded Women and Other Lost Voices From 19th Century England (New York: Penguin Books, 1984), 51.

³ *Ibid.*, 51.

view of women in diminished circumstances: the unfulfilled gentlewoman, the impoverished governess, the repentant prostitute and the abandoned workhouse girl.⁴ These images reflected a societal ambivalence about the changing attitude and behaviour of women confronted with a newly industrialized era. For example, many more women were moving into the industrial workforce in spite of prevailing notions of feminine frailty.⁵

But Nightingale craved change. The prospect of marriage seemed like a death sentence. On the heels of a marriage proposal she wrote in her journal:

...I have a moral, an active nature which requires satisfaction, and that would not find it in his life. I can hardly find satisfaction for any of my natures.... I could not satisfy this nature by spending a life with him in making and arranging domestic things.... To be nailed to a continuation and exaggeration of my present life, without hope of another, would be intolerable to me. Voluntarily to put it out of my power ever to be able to seize the chance of forming for myself a true and rich life would seem to me like suicide.⁶

⁴ Ibid., 6.

⁵ Ibid.

⁶ Sir Edward Cook, The Life of Florence Nightingale, vol. 1 (London: Macmillan, 1914), 100.

Clearly, Nightingale was dissatisfied with her life as a gentlewoman and unwilling to submit to the conventional existence of a Victorian marriage. She felt destined to play a larger part in life than what she had been offered.

Although Nightingale felt constrained by the expectations of her class, she also derived certain benefits from this background. She received an excellent education. Under the tutelage of her father, Edward Nightingale, a well informed man who had studied at Edinburgh University and Trinity College, Oxford, she studied a broader range of subjects than most girls of her day. In addition to domestic skills and music, Nightingale undertook studies in constitutional history, Latin, Greek, mathematics and metaphysics.⁷ Eventually she developed a religious philosophy of her own which demonstrated her wide education and independence of mind.

Religion formed a vital part of Nightingale's existence. Like many Victorian women, she turned to prayer as a means of coming to terms with the social restrictions on her life.⁸ Nightingale's struggle to resolve the conflict between her spiritual inclinations and social expectations of the day

⁷ Cook, 12-13.

⁸ Horowitz, 6.

was reflected in a letter to a friend. She wrote: "...Life is no holiday game, nor is it a clever book, nor is it a school of instruction, nor a valley of tears; but it is a hard fight, a struggle, a wrestling with the Principle of Evil, hand to hand, foot to foot. Every inch of the way must be disputed."⁹

Nightingale formed her religious ideas during a period of religious renewal in Britain between 1840 and 1870.¹⁰ Victorian Christians experienced a 'crisis of faith' as churches attempted to come to terms with the secularizing influence of science and industrialization.¹¹ Charles Darwin, in his Origins of the Species, suggested that evolution through natural selection was the key to the diversity in the animal and plant kingdom. This principle when extended to humanity rejected the idea that men and women existed as special and divine creatures. This assertion led many

⁹ Cook, 54. She wrote this letter to her friend Miss Nichols on September 24, 1846.

¹⁰ Olive Banks, Faces of Feminism (Oxford, England: Martin, Robertson and Co., 1981), 13.

¹¹ Alan D. Gilbert, Religion and Society in Industrial England Church: Chapel and Social Change, 1740-1914, (London: Longman Group, 1976), 186.

Christians to question the divine origins of Scripture.¹² If the Bible could not be taken literally then the ordinary church-goer wondered what constituted 'truth'.¹³ In light of Darwin's challenge the Bible came under attack as scholars and clergy began to test the literal validity of Scripture.¹⁴

The efforts of churchmen to reconcile Church teachings with Darwinian theory encountered further difficulty from the larger society. Industrial development created both economic progress and social hardship. As a predominantly rural society moved into cities and away from its agrarian roots, religion seemed incapable of solutions to problems of overcrowding, crime and disease. As a result it no longer existed as the mainstay of comfort and support for many Christians.

In response to this societal challenge, there arose a religious revival which stressed religious enthusiasm through personal conversion.¹⁵ Religious renewal called for an intensified commitment from not only those

¹² Nancy Boyd, Josephine Butler, Octavia Hill, Florence Nightingale: Three Victorian Women Who Changed Their World (London: The Macmillan Press, 1982), 12.

¹³ Ibid.

¹⁴ Ibid., 13.

¹⁵ Banks, 13.

who 'believed' for the first time, but from persons already part of a Christian congregation.¹⁶ In conjunction with renewed religious enthusiasm, a sense of concern for social moral progress began to surface within this religious awakening.

Nightingale shared in the general questioning of religion at the time and was critical of what she perceived as a lack of religious faith and commitment by church members as well as leaders. She expressed these sentiments:

Opinions on religion do not now model life. The habits of life are stamped in strong and durable fashion. That certain individuals here and there differ from orthodox view makes little impression on modes of life. Except in religious orders, the Roman Catholic, the Puseyite, the Evangelical, the Jew, in the higher and middle ranks of life, live much after the same fashion, though in different coteries, and refraining more or less from each other's society but their habits do not differ materially or generally according to their religious views... If we study the varying matters of society, (in our country at least) we find them little influenced by religion. That which is called civilization by manners and habits, has it sprung from religion?¹⁷

¹⁶ Gilbert, 198.

¹⁷ Boyd, 200.

However, she came to admire those Christian and political leaders who undertook moral and social reform. Nightingale particularly admired William Wilberforce in his efforts to abolish slavery¹⁸ and to improve the general moral tone of British society.¹⁹ His efforts helped convince Nightingale that mankind could in fact create God's kingdom on earth. According to her philosophy, action rather than intention provided convincing evidence of one's commitment to God.

In the wake of religious renewal, Nightingale published her own religious philosophy in 1860 entitled Suggestions for Thought to the Searchers for Truth Among the Artizans of England.²⁰ Here she developed the major religious principles which eventually formed the underpinnings

¹⁸ Florence Nightingale, Florence Nightingale to her Nurses: A Selection from Miss Nightingale's Addresses to Probationers and Nurses of the Nightingale School at St. Thomas's Hospital (London: Macmillan, 1914), 93.

¹⁹ Banks, 64. "The Society for the Suppression of Vice," established in 1802 by Wilberforce, attempted to suppress sabbath breaking, blasphemous and licentious books, theatres, dancing, fairs, brothels, and gambling houses.

²⁰ Boyd, 198. Historian Nancy Boyd mentions that according to Sir Edward Cook, Nightingale's biographer, very few copies of Suggestions were published. The British Museum owns a copy but other copies are difficult to find. The Yale Medical School in the United States has only two of the three volumes which are not accessible to the general public.

of her nursing philosophy. Her ideas centered on the responsibility of the individual to investigate the 'Character of God'.²¹ Such an investigation led to her personal inspection of the physical world for evidence of God. Like other Victorians guided by ideas of natural theology,²² Nightingale turned to the natural world for a wider knowledge of God's presence on earth. While Nightingale respected the use of logic and scientific deduction, she believed that a connection had to be maintained between empirical fact and the universality of God.²³ Therefore, she held that through "patterns of predictability, laws of science, and the symmetry of mathematics" God's presence could be discerned.²⁴ Thus empirical laws bridged the gap between the material and spiritual world. In her estimation the laws of science and nature were imbued with spiritual meaning--they were God's laws. Out of this conviction she developed a passion for statistics. The process of gathering facts, grouping them and analyzing them allowed one

²¹ Boyd, 105.

²² Carl Berger, Science, God and Nature in Victorian Canada (Toronto: University of Toronto Press, 1983), 45 and 32.

²³ Boyd, 105.

²⁴ Ibid., 206.

to know God.²⁵ Nightingale believed that a good researcher could discover the preordained Divine plan.²⁶ The claim of natural theology that an overall design existed in nature and that it provided clues to God's intention²⁷ intensified her resolve to discover God's will.

But knowledge alone did not conclude one's responsibility to God. Nightingale stressed the importance of human action in the implementation of the Divine plan on earth. In the third volume of Suggestions she outlined what the responsibility of the individual should be:

There will be no heaven for me nor for anyone else, unless we make it--with wisdom carrying out our thoughts into realities. Good thoughts don't make a heaven, anymore than they make a garden. But we say, God is to do it for us: not we. We?--what are we to do?--We are to pray and to mean well, to take care that our hearts be right. God will reward a sincere wish to do right. God will do no such thing; it is not his plan. He does not treat men like children; mankind is to create mankind. We are to learn, first what is heaven, and secondly how to make it. We are to ascertain what is right and then how to perform it.²⁸

²⁵ Ibid.

²⁶ Boyd, 209.

²⁷ Berger, 32 and 45.

²⁸ Boyd, 215.

Nightingale's interpretation of religious commitment left no doubt as to the link between faith and action. One without the other constituted moral and religious irresponsibility.

Nightingale's religious fervour and occupational ambition found expression in nursing. Her decision to nurse was strongly opposed by her family on the grounds that nurses belonged to the working class since they functioned largely as domestics.²⁹ Moreover, since it was generally believed that nurses drank and engaged in loose sexual behaviour with their patients, it was hardly a suitable occupation for a Nightingale gentlewoman.³⁰ In an attempt to overcome her parents' fears, Nightingale chose to study nursing at Kaiserworth, a religious institution for Deaconesses in Germany. It was the kind of institution that Protestant upper-class parents might accept for their daughter.³¹ The religious climate at Kaiserworth reassured her parents and offered her the opportunity to view the service of mankind organized as service to God.³² In spite of

²⁹ Cook, 61-62.

³⁰ Horowitz, 298.

³¹ Cook, 62.

³² *Ibid.*, 111.

what she later regarded as inferior training in nursing techniques, Nightingale felt that the experience had been spiritually worthwhile.³³ Following three months of training at this Protestant hospital, Florence studied with the Catholic Sisters in the Maison de la Providence in Paris.³⁴ Then she returned to England in 1853 to undertake the administration of an institution known as the "Establishment for Gentlewomen During Illness."³⁵ Nightingale revealed her contempt for the constraints placed on her to admit only upper-class female patients in her reference to them as "fashionable asses."³⁶

Nightingale's frustration with this narrow scope of nursing was short-lived. Shortly after the outbreak of the Crimean War in 1854, the British government invited her to organize a contingent of nurses to provide medical assistance at the military hospital located in the Crimea at Scutari. Her experience there as a war nurse impressed her in a way that radically altered her views of nursing and hospitals.

³³ Ibid.

³⁴ Boyd, 180-81.

³⁵ Cook, 133.

³⁶ Ibid., 139.

As a result of her work in Crimea, Nightingale became convinced of the necessity to train nurses as well as the need for improved hospital conditions. Nightingale did not accept the Victorian notion that all women were "naturally" nurses. She wrote: "It has been said and written scores of times, that every woman makes a good nurse. I believe, on the contrary, that the very elements of nursing are all but unknown."³⁷ To be a good nurse a woman required training in correct nursing procedure. However, Nightingale firmly held to the conviction that the nurturing instinct was uniquely feminine. Thus most women could nurse.

Nightingale believed unsanitary hospital conditions as much as poorly trained nurses had contributed to excessively high death rates among British soldiers. In fact only one-sixth of military deaths were directly related to war injuries; most died from the diseases of typhus, cholera and dysentery.³⁸ Polluted water and dirt-ridden hospital surroundings factored prominently into war-time death rates.³⁹ A

³⁷ Florence Nightingale, Notes on Nursing: What It Is and What It Is Not (New York: D. Appelton, 1918), 8.

³⁸ Horowitz-Murray, 299.

³⁹ *Ibid.*

government report compiled at the time vividly described conditions common to many Crimean barrack hospitals:

Underneath the great structures were sewers of the worst possible construction, loaded with filth, mere cesspools in fact, through which the wind blew sewer air up the pipes of numerous open privies into corridors and wards...⁴⁰

Consequently, Nightingale returned to England in 1856 with hospital reform paramount in her mind. She had emerged from the war as a national hero but the accolades served to remind her of the need for change within existing hospital conditions. Her decision to improve hospital conditions allowed her to also address the need for better trained nurses. Nightingale's image of nurses corresponded to the prevailing image of the time. In her words hospitals were "...a school for immorality and impropriety--inevitable where women of bad character are admitted as nurses. We see the nurses drinking, we see the neglect at night owing to their falling asleep."⁴¹

Nightingale's observation mirrored that in Charles Dickens' caricature

⁴⁰ Cook, 177.

⁴¹ Ibid., 442.

of "Mrs. Gamp," a British hospital nurse unskilled, slovenly and often drunk. Furthermore, nursing was a menial, low-paying occupation. In 1861, government statistics reflected the low status of nurses when it listed them as domestics.⁴² Beyond the Catholic and Protestant religious orders nursing did not exist in any respected or organized form.⁴³

The British government agreed with Florence Nightingale that there was a need for trained nurses. In recognition of her contribution in the Crimea the Nightingale Fund was created for the establishment of a nursing school. Under Nightingale's leadership a secular school for nurses took shape. The era of "Sarah Gamp" was over. The Nightingale nurse emerged as skilled, reputable, moral and committed.⁴⁴

In 1860 the Nightingale School of nursing opened at St. Thomas's Hospital in London. In the same year Florence published Notes on Nursing which represented the synthesis of her philosophy as applied to nursing technique. Nightingale's nursing philosophy focused on science and

⁴² Ibid., 445.

⁴³ Horowitz-Murray, 298-99.

⁴⁴ Lucy Seymer, Florence Nightingale's Nurses: The Nightingale Training School (London: Pittman Medical Publishing, 1960), 8.

religion. She established the link between the two early on in Notes when she defined disease as a "reparative process of nature" and nursing as a facilitator of "what God has made disease to be, ...a reparative process."⁴⁵ In Notes Nightingale suggested that "the laws of health or of nursing... are in reality the same thing" and as such originated as moral laws from God.⁴⁶

She intended Notes to be a guide for any "who have personal charge of the health of others."⁴⁷ In nineteenth-century England it was generally considered women's work to care for the sick. Although popular opinion held that nursing was a natural expression of womanly nature, Nightingale charged that nature alone did not create a good nurse. She pointed to the high infant mortality rate of an industrialized England as proof of the failure of women to protect the lives of their babies.⁴⁸ Thus Nightingale appealed directly to mothers of families to learn good nursing skills and the "laws of life."⁴⁹

⁴⁵ Nightingale, Notes, 9.

⁴⁶ *Ibid.* and Nightingale, Addresses to Probationers and Nurses, 120.

⁴⁷ *Ibid.*, Preface.

⁴⁸ *Ibid.*, 10.

⁴⁹ *Ibid.*, 11.

Notes on Nursing was a book on sanitary science, as it was then understood. Nightingale listed cleanliness, ventilation, light, warmth and diet among the vital criteria of good health⁵⁰ and she identified the dominant sources of disease as dirt, drink, diet, damp, draughts and drains.⁵¹ On this basis Nightingale devised principles of sound nursing technique. At a time when medicine was pursuing such scientific discoveries as Lister's theory of antiseptics and Cohn's work in bacteriology,⁵² Florence Nightingale staunchly advocated cleanliness and fresh air as essential to good health, for she believed in the dictum that 'cleanliness is next to Godliness.' "True nursing ignores infection, except to prevent it. Cleanliness and fresh air from open windows with unremitting attention to the patient are the only defence a true nurse either asks or needs."⁵³ Effective nursing care, in Nightingale's eyes, related primarily to cleanliness rather than to the germ theory.

⁵⁰ Nightingale, Notes, Table of Contents.

⁵¹ Nightingale, "Sick Nursing and Health Nursing" in Papers and Discussions from the International Congress of Charities, Correction and Philanthropy, Chicago, 1893. Reprinted in Nursing the Sick, 1893, National League of Nursing (New York: McGraw Hill, 1949), 31.

⁵² Cook, 441.

⁵³ Nightingale, Notes, 34.

These laws of health and nursing required strict obedience. In this way nursing could enact God's will and further push mankind toward spiritual salvation on earth. Thus Nightingale advised her nurses:

Whether in having a drain cleaned out, or in ventilating a hospital yard, or in urging the principles of healthy construction of buildings, or of temperance and useful occupation, or of sewerage and water supply, I always considered myself as obeying a direct command of God, and it was with the earnestness and reverence to God's laws that I urged them [nurses].... For mankind to create the circumstances which create mankind through these His Laws is the way of God.⁵⁴

With Notes as her guide, Nightingale created a training system for nurses at St. Thomas Hospital.

To Nightingale, nursing was more than merely an occupation for women. It existed as a religious calling--a vocation: "Does not the apostle say '...I press toward the mark for the prize of the higher calling of God in Jesus Christ'; and what higher 'calling' can we have than nursing?"⁵⁵ As a vocation imbued with a sense of divine purpose, an occupation once

⁵⁴ Nightingale, Address to Probationers and Nurses, viii-ix.

⁵⁵ *Ibid.*, 4.

considered immoral would become sacred. With this certainty Nightingale meticulously devised a system of training which emphasized religious commitment to service. Superior moral character along with sound training became the prescribed traits of Nightingale nurses. As an expression of God's will each nursing student was expected both to act and to perform her tasks perfectly: "Prudence is doing your nursing most perfectly: aiming at perfection in everything This is the 'seeking God and his righteousness' of the Scriptures."⁵⁶

To ensure superior nurses, Nightingale promoted strict student evaluations which emphasized 'perfection'. Nursing students were judged according to a "Monthly Sheet of Personal Character". On it were five headings: punctuality, quietness, trustworthiness, personal neatness, cleanliness, and ward management.⁵⁷

Of crucial importance to Nightingale's training program was that students train in a hospital setting and that they live in a residence or home which contributed to a disciplined moral character. Nightingale's ideal nurse's residence was "a place of moral religious and practical

⁵⁶ Nightingale, "Addresses to Probationers and Nurses," 79.

⁵⁷ Cook, vol. 1, 460.

training; a place of training character, habits, intelligence; a place to acquire knowledge, both technical and practical."⁵⁸ Nightingale believed that if nurses could be taught to live in moral purity then through their example their patients could be likewise influenced. Thus she instructed all nurses:

Alas! We nurses all know how very many of our patients, men and women, come in for two sins--those against temperance and morality; to speak plainly, from drinking and unchaste conduct.... It is by the silent influence of a consistent Christ-like life that a nurse in charge of wards makes her ward say--Go and sin no more.⁵⁹

At the same time that she emphasized moral education, Nightingale devised a two-tiered system of nursing enlistment which reflected her class bias. She separated nurses into "Nurse Probationers" and "Lady Probationers".⁶⁰ The "Nurse Probationers", the larger group, came from the middle and working classes, and were generally less well educated than

⁵⁸ Seymer, 35.

⁵⁹ Nightingale, "Letter to Her Nurses at Edinburgh Infirmary," 1873, 3.

⁶⁰ Seymer, 37.

their "Lady" counterparts. Nightingale eventually concluded that the "Lady Probationers" were more successful as directors and superintendents because of a superior education. They were also attractive nursing candidates because they paid for their training and board. Unlike the "Nurse Probationers" they received no salary.⁶¹ Nightingale considered them an inexpensive but valuable asset to the nursing school because she believed that through their influence every nurse would become a "lady".

Nightingale's religious outlook provided nursing with another kind of bias--patriarchy. Student nurses served Him, their master, through their endeavour to serve humanity. Their roles embraced humility and obedience within a hierarchy dominated by the male. They were expected to carry out the doctor's orders under the watchful eye of a female supervisor, the matron. Nurses' roles paralleled those of wives. Within the Victorian family, the man headed the family as the chief provider. His complement, the wife, remained in the home, self-sacrificing and maternal.⁶² Similarly, nurses were considered the handmaidens of physicians. While doctors removed the specific obstruction to health, nurses provided the conditions

⁶¹ Ibid.

⁶² Horowitz-Murray, 9.

for healing. This female-male relationship included the patient and formed an ideological triad. The nurses became "mothers"; the doctors were "fathers"; and the patients turned into "children."⁶³ Furthermore, Nightingale was adamant that effective nursing care hinged on the nurse's willingness to obey her superiors from doctor to matron. She considered this obedience not mindless slavery but rather consent based on intelligent discernment of God's laws. In her obedience a nurse really "seconded" all the rules and orders she received.⁶⁴ In this respect, a nurse was analogous to a soldier for Nightingale. In an "Address to Probationers and Nurses" she wrote:

And what is to obey? To obey means to do what we are told, and to do it at once. With the nurse as with the soldier, whether we have been accustomed to it or not, whether we think it is right or not, is not the question.... We are not in control, but under control.⁶⁵

⁶³ Eva Gamarnikou, "Sexual Division of Labour: The Case of Nursing," Feminism and Materialism: Women and Modes of Production, ed. Annette Kuhn and Anne Marie Wolpe (London: Routledge and Kegan Paul, 1978), 110. Gamarnikou quotes the medical journal Hospital (April 28, 1894: xxxv and July 8, 1905: 237) which alludes to the nurse-doctor-patient triad.

⁶⁴ Nightingale, "Addresses to Probationers and Nurses," 3.

⁶⁵ *Ibid.*, 11.

Nightingale expected nurses to fight the battle against disease like any soldier at war. The exigencies of life and death situations compelled them to obey unquestioningly. The major difference between the two, she reasoned, was that the nurse learned the reason behind the command.⁶⁶

Although physicians commanded nurses, they feared the idea of a trained nurse. For example, the Senior Consulting Surgeon in St. Thomas's Hospital criticized Nightingale's program because he believed that more education would encourage nurses to move beyond their subordinate positions within the hospital establishment.⁶⁷ In spite of the negative attitude toward nursing education from many physicians, various doctors did cooperate in the provision of "consultant lectures" for student nurses.⁶⁸ In this way doctors retained significant control over the content of nursing curriculum and functioned as the scientific chiefs Nightingale envisioned. Thus she asserted: "Nursing is performed usually by women, under

⁶⁶ Ibid., 137.

⁶⁷ Cecil Woodham-Smith, Florence Nightingale, 1820-1920 (London: Constable, 1950), 345.

⁶⁸ Seymer, 39.

scientific heads--physicians and surgeons."⁶⁹

Just as the Victorian home was to function as a refuge and spiritual haven, Nightingale intended the hospital to be a "House of God".⁷⁰ Here nurses' work was considered a form of prayer. Furthermore, as nursing "sisters" they were expected to possess a religious commitment to patient care. Beyond this, public recognition and material gain were practically insignificant. Indeed, such nurses were considered by Nightingale to be missionaries: "A nurse who makes religion the 'everyday business of life' is a Missionary."⁷¹

Nightingale promoted the missionary role of nurses out of a sense that nursing belonged to the larger community. Nurses could in fact reform the whole society through "systematic training for the ordinary mother."⁷² Nightingale maintained that sanitary projects required the supervision of nurses.⁷³ A healthy society depended as much on disease

⁶⁹ Nightingale, "Sick Nursing and Health Nursing," 24.

⁷⁰ Nightingale, "Addresses to Probationers and Nurses," 36.

⁷¹ Ibid., 87.

⁷² Ibid., 24.

⁷³ Ibid., 25.

prevention as on disease treatment. Therefore, the key to increased national health was the practice of home health which required nurses to educate the public about the elimination of the major threats to hygiene. If nurses could reach the home, and mothers in particular, a healthy society could be all but guaranteed. Nightingale's advanced views of public health anticipated both the method and philosophy of subsequent community nursing organizations. She provided this blueprint for progressive community health nursing:

The scheme contemplates the training of ladies, so-called health missionaries, so as to qualify them to give instruction to village mothers... The teaching by the health missionaries would be given by lectures in the villages, followed by personal instruction by way of conversation with the mothers in their own homes....⁷⁴

In addition to sending nurses into the community to educate the public, Nightingale intended St. Thomas's graduates to educate or teach future nursing students. She believed that Nightingale nurses were "trained to train"⁷⁵ and as a result meant to create offshoots of her school.

⁷⁴ Ibid., 31-32.

⁷⁵ Seymer, p.48.

Nightingale's preeminence in nursing reform encouraged hospitals in Canada and the United States to apply to the St. Thomas's Hospital Council for superintendents and educators. These requests were followed by extensive correspondence between St. Thomas's and the hospital applicant. Certain requirements dominated: the exclusive authority of the Matron, the accommodation to be provided for her and her nurses, the salaries and the available training facility. If conditions were not met St. Thomas's reserved the right to withdraw its nurses.

By the late nineteenth century Nightingale had successfully modernized nursing. She extended the Victorian stereotype of women as the "domestic angel" into the public sphere of care-giving. Nightingale nurses were the ideal Victorian women transplanted from the home to the hospital. As a reflection of God's will nursing could bring out the best in women. And as nurses women could be "the perfect mother, without bearing children, as well as the perfect sweetheart and daughter, ever-agreeable and solicitous."⁷⁶

Because of Nightingale's personal dissatisfaction with the lack of

⁷⁶ Boyd, 187.

choice for women in Victorian society, nursing emerged as an acceptable alternative to marriage and the religious life. She elevated nursing to an art form and in so doing raised the status of what was considered to be women's work to what could be acknowledged as God's work. Thus nursing became a secular expression of a religious ideal.

CHAPTER 2

THE INFLUENCE OF MODERN THOUGHT ON NURSING EDUCATION

Between the late nineteenth and early twentieth century the nature of higher education changed. It moved from a focus on individual moral character and accepted wisdom to a perspective characterized by scientific inquiry and social responsibility. Nursing education shared in these changes as nurses sought professional credibility through advanced education. As a result of these changes the religious idealism which once dominated the vocation of nursing receded although its moral imperative lived on to become the ethical underpinnings of the nursing profession.

Florence Nightingale's successful campaign to elevate nursing to the status of a respectable vocation substantially increased its occupational appeal to all women. By the end of the nineteenth century an increasing number of Canadian women began to move from the home into the work-

place in industries as well as in professions such as teaching and nursing.¹ Women pursued these employment opportunities despite a commonly held belief that women belonged in the home and men in the public work-place. This notion of separate spheres rested on the assumption that most women had a male protector and overlooked the fact that many women wanted to work and, indeed, had dependents for whom they were responsible.² Therefore, women continued to move into the paid work-force and into new women's "professions".

In keeping with expanding opportunities for women in the work-place a variety of nursing schools opened in Canada and the United States. The Mack Training School for Nurses located in St. Catharines, Ontario opened its doors in 1874³ as the first English Canadian nursing school. Its American counterpart, the Bellevue Training School in New York, had begun instruction in 1873.⁴ Both schools shared the Nightingale program

¹ Alison Prentice et al., Canadian Women, A History (Toronto: Harcourt Brace Jovanovich, 1988), 113.

² *Ibid.*, 130.

³ The Mack Training School for Nurses, St. Catherines Hospital 1874-1934, (N.p: n.p., n.d.), 6.

⁴ *Ibid.*, 13.

of modern nursing. The Mack functioned under the guidance of Nightingale trained superintendents, Sister Emma Linke and Sister Black.⁵ Bellevue engaged Sister Helen Bowden who belonged to an order of the Church of England. As nursing superintendent Sister Bowden received direction from the Training School Committee which drew heavily upon Nightingale's philosophy and methodology.⁶ The adoption of the Nightingale model by these early American and Canadian nursing schools demonstrated the link between the educational philosophies of nursing schools in Canada and the United States which continued to be shared well into the twentieth century.

Faithful to the Nightingale ideal, both the Mack and Bellevue attempted to attract women of superior moral backgrounds. As noted in its "Annual Report, 1875" Mack students were expected to "give satisfactory evidence of purity of motive, of good character and Christian conduct, and

⁵ There is little information about these women contained in the primary documentation about the Mack Training School.

⁶ Jane E. Mottus, New York Nightingales: The Emergence of the Nursing Profession at Bellevue and New York Hospital, 1850-1920 (Ann Arbor, MI: University of Michigan Research Press, 1980), 50.

of having received the elements of a plain English education."⁷ In the same way, Bellevue looked for women applicants who were the daughters and widows of clergymen, professional men or farmers, believing them to be of upright moral character. Moreover, only single or widowed women, not those separated from their husbands, were admitted into the school.⁸

The Mack School also provided by-laws for all its nursing students and graduates which demonstrated consistency with Nightingale's views of the ideal nurse as a "respectable lady." One by-law read: "The nurses in the daily discharge of their duties must observe the strictest secrecy, and carefully avoid 'gossip', their demeanor should be kind and respectful on all occasions."⁹

Hospital boards at the time, however, required more than model nurses; they needed nursing assistants to do menial labour. Hospitals operated on limited funds since they were not considered at the time to be the responsibility of governments or business to maintain. Instead, financial

⁷ "Mack Training School Annual Report, 1875," The Mack Training School of Nurses, St. Catharine's General Hospital, 1874-1934 (St. Catharine's, ON: n.p., n.d.), 20.

⁸ Mottus, 49.

⁹ "Mack Training School Annual Report, 1875", 20.

financial support fell to the community charitable organizations with their meager funds.¹⁰ Therefore, in order to sustain lower costs, hospital boards used nursing schools to provide cheap labour for hospitals. Thus from the beginning hospital schools for nurses were plagued with the dual and contradictory roles of educating ideal nurses and providing practical labour. The former fit into Nightingale's ideal while the latter compromised those ideals.

By 1909, there were seventy schools for nurses in Canada providing nurses with their own brand of training.¹¹ Because students provided the most inexpensive source of labour, graduate nurses were seldom employed by hospitals. Instead they nursed in private homes.¹² This trend would continue until the 1930's when this source of nursing employment disappeared.¹³ The economic depression simply forced most households to forfeit private nursing care.

¹⁰ Judi Coburn, "I See and Am Silent: A Short History of Nursing in Ontario," Women At Work: Ontario 1850-1930, ed. Janice Acton et al. (Toronto: Canadian Women's Educational Press, 1974), 133.

¹¹ Acton, 145.

¹² Ibid.

¹³ Ibid.

This dependency on student labour vitiated Florence Nightingale's initial intention for nursing education. She had insisted that the St. Thomas's nursing school function separately from the hospital since the purpose of practical hospital experience was in her mind to enrich student education, not control it.¹⁴ Because Nightingale possessed a private source of capital for the operation of the training school, it could remain independent of hospital demands.¹⁵ This was not the case for most other nursing schools. Usually English-Canadian hospitals funded nursing schools and as a result relegated the educational component to secondary position in nurses' training. Practical service, not education, was viewed as the essence of nursing.

In reality, practical service translated into domestic service because cleanliness was viewed as essential to patient recovery. In nineteenth century Canada, domestic work, or work concerned with the maintenance of the home, was believed to be 'women's work'. During the 1800's,

¹⁴ F. Nightingale, "Sick Nursing and Health Nursing," Papers and Discussions from the International Congress of Charities, Correction and Philanthropy (1893); reprinted as Nursing the Sick, 1893 (New York: McGraw-Hill, 1949), 26.

¹⁵ Kathleen Russell, "Fifty Years of Medical Progress," New England Journal of Medicine 244, no. 12 (March 22 1951): 1-9.

domestic servants in Canada were overwhelmingly women.¹⁶ This commonly held belief that only women maintained the home and family occupied a central position in traditional nursing education. Therefore, women were directly responsible for the maintenance of hygienic homes. Although Nightingale fervently believed that most women were 'naturally' suited to nurse because of this function as mothers and homemakers, she also argued that this natural predilection made for ineffective nursing unless coupled with well learned housekeeping skills.¹⁷ Hence cleanliness comprised the foundation of Nightingale methodology.¹⁸

In an attempt to duplicate her model of good nursing technique, English-Canadian hospitals established nursing schools around the principles of cleanliness and service. In its profile of a nurse, the Mack Training School placed hygiene next to astute patient observation as a fundamental nursing skill:

The skilled nurse, by minutely watching the
temperature, conditions of skin, pulse,

¹⁶ Prentice et al., 76.

¹⁷ Florence Nightingale, Notes on Nursing: What it Is and What it Is Not (New York: D. Appleton, 1918), 10.

¹⁸ Ibid., 8.

respiration, the various function of all the organs and reporting faithfully to the attending physician, must increase the chances of recovery two-fold.... She will likewise, by the proper precautions well recognized in hygiene, avert the evils of contagion or infection....¹⁹

Since hygiene was considered to be the most essential component of patient recovery, menial cleaning tasks dominated the work of student nurses. Students worked an average twelve-hour day or night shift, six and one-half days a week.²⁰ The proportion of the course dedicated to lectures was minimal and often formal classes had to be squeezed in after nurses completed their 'daily work'. In 1881, for example, the Toronto General, considered to be one of the most reputable nursing schools in Canada, reflected the actual training conditions for students. "Miss Snively (nursing superintendent) found time for the theoretical work by relieving the nurses of duties such as washing dishes and inaugurating evening seminar groups."²¹ The emphasis in nursing education at this time placed practice

¹⁹ Mack Training School for Nurses, 20.

²⁰ Coburn, 141.

²¹ John Murray Gibbon, Three Centuries of Canadian Nursing (Toronto: Macmillan, 1947), 154.

well ahead of theory.

The meager theory nursing students did receive followed from the Victorian view of higher education. Traditionally the purpose of higher education had been to shed light on God's earthly plan. The underlying assumption of academic activity was that knowledge included an "intuitive appreciation of spiritual ideals."²² As church-affiliated institutions, the university and small religious college became central institutions for social improvement.²³ The professor, often a cleric, acted as a 'moral tutor' and the student attended university to develop 'character'.²⁴ Through a good moral training and a sense that man belonged to a community, university students were expected to become virtuous citizens.²⁵ According to the process of a moral and Christian education, students became "the fellow-workers of God for the promotion of his glory and the best interest of

²² S.E.D. Shortt, The Search for an Ideal: Six Canadian Intellectuals and Their Convictions in an Age of Transition, 1890-1930 (Toronto: University of Toronto Press, 1976), 6.

²³ Doug Owram, The Government Generation: Canadian Intellectuals and the State, 1900-1945 (Toronto: University of Toronto Press, 1986), 18.

²⁴ Shortt, 6.

²⁵ A.B. McKillop, A Disciplined Intelligence: Critical Inquiry and Canadian Thought in the Victorian Era (Montreal: McGill-Queen's University Press), 12-14.

man."²⁶ Clearly students were expected to behave morally as well as to learn.

Nightingale replicated this religious approach to education and under her watchful eye students were expected not only to develop high moral character but also to demonstrate 'right action' through proper nursing care. Thus Nightingale's philosophy of nursing duplicated the goals associated with institutions of higher learning at that time. Nightingale's students were also expected to become "fellow-workers of God" in their capacity as nurses. Therefore she asserted:

Will He say to us some day; Well done, thou good and faithful Nurse; my ward was kept clean, and wholesome, and in order and quiet; my patients were all cared for, and kindly and patiently done by, as thou wouldst have done it for me; and a good example was set to all around; and Nurses are being trained up for me in my Probationers?²⁷

This overt religious impetus to higher learning suffered a decline in

²⁶ Ibid., 15.

²⁷ F. Nightingale, "Letter to the Nurses of the Edinburgh Infirmary," (Edinburgh, Scotland:n.p., 1873), 2.

popularity with the rise of Darwinian science.²⁸ Darwin's theory of the survival of the fittest questioned the religious belief that a direct and detectable link existed between man and God. The conflict between science and religion forced higher education into a period of transition between the late nineteenth and early twentieth centuries. Steadily the supremacy of religion gave way to scientific principles and methods. Strict biblical interpretation within academic study was replaced with a liberalized theory of intellectual idealism which respected intellectual inquiry but defended the ideas of faith.²⁹ While this system of thought abandoned a literal acceptance of the Bible, it retained an outlook which emphasized the importance of individual responsibility to God.³⁰ Christ-like citizens made for a Christian society and the individual, it was argued, must subordinate private interests for the larger social good.³¹ Therefore, personal moral training rather than scientific assessment continued to be viewed as the key to a better world. However, the evolving industrial era and the attendant

²⁸ Owram, preface, x.

²⁹ McKillop, Contours of Canadian Thought (Toronto: University of Toronto Press, 1987), 98.

³⁰ Owram, preface, x.

³¹ McKillop, Contours, 99.

social problems eventually rendered this philosophy obsolete³² as the intellectual community sought a more pragmatic role in the twentieth century. In order to address both the severity and complexity of industrial problems, Canadian educators gradually assumed a critical approach to learning. Critical inquiry--the need to question established beliefs--replaced the traditional religious focus of education with its emphasis on the individual cultivation of character.³³

To many academics the concept of social improvement through voluntary and individual moral reform seemed inadequate. The enormity of contemporary social problems like urban slums, poor working conditions and poverty testified to the lack of personal control over worldly destiny.³⁴ Hence some members of the academic community began to sense a need for a more pragmatic philosophy. They also realized that unless academia became more involved with the larger community the university would become irrelevant. Out of a desire to become active in social issues, academics joined the movement for social reform. Armed with respect for

³² Ibid., 14.

³³ McKillop, Disciplined Intelligence, 78.

³⁴ Ibid.

practical science they suggested, for example, that successful urban reform ultimately depended on efficient operation and administration of electricity, water and transportation.³⁵ To them the religious motivation behind these improvements did not contribute to practical or effective solutions to inadequate living conditions.

Out of a perceived need to make the university more functional within the community, academics also advocated structural changes to the university program.³⁶ They suggested the development of applied courses for arts students so as to reflect social concerns. By the 1920's, political economy which included economics, political science and sociology had become established in the curriculum of most Canadian universities.³⁷ In the context of a progressive learning institution, university scholars and educators fostered the rise of new areas of professional expertise.

Of these new social science disciplines, social work came closest to nursing in its objectives. The roots of social work existed in the Social Gospel movement in the form of religiously oriented voluntary

³⁵ Owram, 6.

³⁶ Ibid., 63.

³⁷ Ibid., 122.

organizations such as the YMCA.³⁸ In keeping with the spirit of Social Gospel, social work claimed a philosophy which motivated individuals to "undertake to fight the battles of the poor, the oppressed, the exploited, the victimized of every class and kind."³⁹ This religious tone found expression in articles by Social Gospellers, Prohibitionists, and 'moral uplifters'. But by the early 1920's, an increasing percentage of the articles reflected the work of social scientists, either in applied social work or in the universities.⁴⁰

Social work was becoming professionalized as social workers formed associations and pursued university affiliation.⁴¹ They believed that the practice of social work constituted a science since 'case work' required a rigorous collection of 'facts' and the objective use of 'evidence' in decision making.⁴² Through professionalization social work separated itself from its religious beginnings.

³⁸ Ibid., 125.

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Ibid., 123.

⁴² Ibid., 124.

Nursing education reflected similar changes in education between the late nineteenth and early twentieth century. While social scientists reached out to the community to find their moral purpose and fulfil their social responsibilities, nurses sought out the university for increased expertise and professional credibility. By the last decade of the nineteenth century, nurses in key hospital positions believed that the welfare of the patient and the relevance of trained nurses in the modern era depended more on an advanced and science-oriented education than on religious fervour. Eventually nursing education would move into the university in response to nursing demands for an improved level of education. In an appearance before the Commission on Medical Education in Ontario in 1915, Adelaide Nutting,⁴³ the professor of nursing education at Columbia University, reminded her listeners of the reason for the movement of nursing education into the university:

The hospital establishes a training school not primarily for the purposes of training nurses, but for its own convenience, as a measure of

⁴³ Canadian Nurses Association, Leaf and Lamp, 32. Adelaide Nutting, a native of Quebec, became the first full-time director of the nursing department at Columbia University from 1907-1925. She was also the first nurse in the world to hold a professorship in nursing.

economy, to get its work done easily, conveniently, and inexpensively. The other--the university--starts out with the idea that the primary purpose of a school is to educate, and its work is planned and conducted solely with that end in view. It thinks of the needs of the student nurse, and her preparation... rather than the current needs of the hospital for labour...⁴⁴

As nursing education moved with the twentieth century and toward the university, the religious idealism fostered so vigorously by Nightingale became overshadowed by principles of practical science. The nursing commitment to service which had once rested substantially on an individual religious imperative gradually shifted to what A.B. McKillop has termed the 'moral imperative'⁴⁵ of the twentieth century. In Canada nursing service evolved into a moral and social commitment grounded in Christian beliefs but increasingly informed by a scientific education.

This transition occurred while the nursing profession was still relatively unorganized. Although many nursing superintendents recognized the effectiveness of trained nurses in the improvement of patient care and

⁴⁴ Helen Carpenter, A Divine Discontent: Edith Kathleen Russell, Reforming Education (Toronto: University of Toronto Press, 1982), 12.

⁴⁵ McKillop, Disciplined Intelligence, epilogue.

hospital hygiene, they lamented the profession's inability to ensure a quality education for all nurses. Any hospital could open a school and did so without regard for educational standards and without qualified graduates to administer or to teach.⁴⁶ Until nursing achieved a singular definition, professional organization, and a strong 'sense of direction', nursing leaders felt that the profession would be unable to direct the course of its education let alone its future.

At the beginning of the 1890's there was no official organization of nurses in North America, which undermined the ability of nursing to influence and control nursing education. The World's Fair held in Chicago in 1893 provided the starting point of organizational development.⁴⁷ During that time Isabel Hampton,⁴⁸ Superintendent of Nurses at Johns Hopkins, chaired a committee to form a Congress of Nurses. As part of the

⁴⁶ Theresa Christy, "A History of the Division of Nursing Education of Teacher's College, Columbia University, 1899-1944" (PhD thesis, University of Michigan, 1970), 19.

⁴⁷ *Ibid.*, 21.

⁴⁸ Canadian Nurses Association, The Leaf and the Lamp (Ottawa: CNA, 1968), 32. Isabel Hampton, a native of Ontario, graduated from Bellevue but remained in the United States. She became Superintendent of Nurses at Johns Hopkins and pioneered the first graduate program for nurses in North America at Teachers College, Columbia University in 1899.

program on nursing organized for the fair, Hampton delivered a paper on the educational standards for nurses which decried "the overwhelming lack of uniformity in the system of instruction in schools of nursing."⁴⁹ Hampton further stated that in light of an undetermined standard of training, the term 'trained nurse' could mean "anything, everything, or next to nothing."⁵⁰ Furthermore, without the protection of enforced standards of education, trained nurses would continue to lose employment opportunities to untrained and practical nurses who provided a less expensive nursing alternative for private homes and hospitals.⁵¹ In response to Hampton's appeals, the Association of Superintendents of Training Schools was formed and held its first convention in 1894.⁵² Nursing education was the premier concern in the annual meetings which followed.

During successive conventions of the Association of Superintendents,

⁴⁹ Ibid.

⁵⁰ Isabel Hampton et al., "Educational Standards for Nurses," Papers and Discussions from the International Congress of Charities, Correction and Philanthropy (1873). Reprinted in National League of Nursing, Nursing the Sick, 1893 (New York: McGraw Hill, 1949), 32.

⁵¹ Coburn, 145.

⁵² Christy, 23.

a sample curriculum was presented by Agnes Snively,⁵³ superintendent of nursing from the Toronto General, and an Education Committee was struck to implement it.⁵⁴ Eventually the Committee concluded that a uniform curriculum could be best achieved through uniform training of teachers.⁵⁵ As a result of committee efforts, the Teachers College at Columbia University adopted a nursing program in 1899 referred to as Hospital Economics.⁵⁶ Consistent with the popular view that nursing was essentially a woman's occupation, Hospital Economics was located within the Department of Domestic Science.⁵⁷ Nevertheless, the aim of the post-graduate course was to prepare nurses to teach. Therefore, the major

⁵³ Jean E. Brown, "A Daughter of Canada," The Canadian Nurse 20, no. 10 (October 1924): 681-683. Agnes Snively, a native of Ontario, graduated from Bellevue and was a close friend to Isabel Hampton. Snively became Superintendent of nurses at the Toronto General in 1884. She was instrumental in nursing education and promoted the standardization of curriculum. Snively founded the Canadian National Association of Trained Nurses in 1908 which changed its name in 1924 to the Canadian Nurses Association. Until the establishment of the Canadian Association, Snively forcefully participated in the American Association of Nursing Superintendents.

⁵⁴ Christy, 25.

⁵⁵ *Ibid.*, 36.

⁵⁶ *Ibid.*, 34.

⁵⁷ *Ibid.*

portion of the eight-month program emphasized instruction from the faculty of Teachers College.⁵⁸ Through this university affiliation nursing began to move beyond its nineteenth century concept of "vocation" to its modern status as a profession.

Isabel Hampton vigorously supported professional status for nursing because of the demands on it from scientific medicine.⁵⁹ She, along with other nursing leaders, believed that nursing duties needed to expand beyond simple duties of bed-making and temperature-taking to include expertise in surgery and disease treatment. In 1916 Hampton highlighted the changed perspective towards the professional nurse:

...To be sure there are still to be found among the very conservative those who cannot become accustomed to the new order of things and who are not yet prepared to find the refined educated woman in the trained nurses; who do not comprehend the real difference between nursing as an occupation and as a profession... [T]hey still labor under the impression that nursing consists chiefly in manual labor and there is no necessity or scope afforded by it for a high degree of education... [T]hey hold that the duties required of a nurse are very simply, that

⁵⁸ Ibid., 36.

⁵⁹ Isabel Hampton Robb, Nursing Ethics for Hospital and Private Use (Cleveland: E.C. Koeckert, 1916), 34-5.

her education is complete when she has learned to make a bed... To distinguish between this popular idea of the care of the sick and to justify us in our pretensions to the rank of a profession we must consider the demands made by scientific medicine of today.⁶⁰

Consequently, nursing educators perceived the future of nursing as a profession fully endorsed by an institution of higher learning--the university.

Yet the focus on scientific and professional advancement did not eliminate the traditional religious idealism which had always been at the foundations of nursing education. When nurses met for the first time in Chicago in 1893, Isabel Hampton's presentation on standardized instruction met with stiff opposition from Florence Nightingale who viewed standardization as "the greatest danger of all" to nurses training.⁶¹ In her letter to the convention, Nightingale staunchly defended the idea that nursing excellence was a matter of practice not theory. Moreover, she believed that 'good nursing' could not be tested by formal examination because the 'art' of nursing was not altogether tangible. Therefore, testing

⁶⁰ Ibid., 34-5.

⁶¹ Nightingale, "Sick Nursing and Health Nursing," 33.

the intellectual capacity of the nurse did not provide an accurate or complete indication of nursing skills and moral character. Thus Nightingale provided this critical comment:

It is said that you give examinations and certificates to plumbers, engineers, etc. But it is impossible to compare nurses with plumbers... The main, the tremendous difference is that nurses have to do with these living bodies and no less living minds; ...If you examine at all, you must examine all day long, current examination, current supervision.....⁶²

To Nightingale, standardization undermined the importance of the intuitive skills she believed were vital to skilled nursing. Nightingale then went on to also reaffirm her earlier conviction that nursing was a calling from God: "What is it to feel a calling for anything? Is it not to do our work in it to satisfy the high idea of what is right..."⁶³ Thus Nightingale continued to promote the religious idealism of nursing. In her mind, the practice of nursing was part of a larger religious commitment.

Twenty-three years later Isabel Hampton would use the same

⁶² Ibid., 34.

⁶³ Ibid., 32.

religious idealism in describing nursing. The difference, however, was that this idealism was no longer considered to be the essence of nursing but instead formed the underpinnings of its professional ethics. She elaborated as follows:

... there is another side to nursing--the ethical.... From this standpoint the nurse's work is a ministry; it should represent a consecrated service, performed in the spirit of Christ, who made himself of no account but went about doing good.... The scientific and educational side is important and should certainly receive its due consideration but nonetheless should each nurse see to it that the spirit of love for the work's sake is fostered and developed, in order that we may have a professional code of ethics of an eminently practical and helpful nature.⁶⁴

Clearly the professional code of ethics for nurses remained essentially a religious code. There was a profession of "applied Christianity", an ideal which students of the twenties both understood and welcomed. In a submission to The Canadian Nurse one young nurse observed in a rather fulsome way:

⁶⁴ Isabel Hampton Robb, Nursing Ethics, 37-8.

There are numerous definitions regarding the word "ethics". It has been said to mean the science which teaches the right thing to do, think, or say, at the right time; but perhaps one of the best means of expressing the word may be found in the words of Christ, "A new commandment I give unto you, that ye love one another as I loved you..." All nurses will at some time or other come in contact with the miseries of humanity.... Strive to shrink from no human creature, however loathsome; remember that the Creator loved them and sent a Son to die for them.... If the young nurse can only learn this human sympathy, then the nursing profession will realize its highest ideals, and be worthy of its pioneers....⁶⁵

Differing views regarding the nursing ideal created tensions within modern nursing. Just as Nightingale had disagreed with Hampton on the educational direction for nursing, a large body of nurses did not share their leadership's enthusiasm for increased education as the basis for professional advancement. With the advent of university affiliation many hospital trained nurses resented what they perceived as preferential treatment of

⁶⁵ Enid Greenham (junior nurse at Children's Hospital, Winnipeg General), "Essay on Nursing Ethics," Canadian Nurse 69, no. 5 (May 1923): 288-290.

university graduates.⁶⁶ To those nurses trained in smaller schools it appeared that they were to be eliminated from the ranks of nursing. Moreover, most nurses could not afford to take five-year degree programs and instead chose the shorter hospital programs.⁶⁷ Those nurses who opposed increased educational standards considered altruism to be the essence of nursing, not education. To them "the act of nursing" related to what they saw as inherent maternalism and more education hardly seemed necessary to good nursing.⁶⁸ Nightingale's image of the nurse as "mother" still appealed to many nurses in the early twentieth century.

Although the rank and file nurses often disagreed with nursing leaders on the role of altruism,⁶⁹ it seems clear that they agreed that it played a critical part in the "art" of nursing. Consequently, the views of those few nurses who saw no contradiction between the right to better wages, for example, and the traditional commitment to service to others were deemed by their peers to be unprofessional, excessively materialistic,

⁶⁶ Susan Reversby, "A Caring Dilemma: Womanhood and Nursing in Historical Perspective," Nursing Research 36, no. 1 (1987): 5-10.

⁶⁷ Coburn, 135.

⁶⁸ Reversby, 9.

⁶⁹ *Ibid.*, 9.

or lacking womanly devotion.⁷⁰ It was not until the 1930's that Canadian nurses began to view issues of wages and work conditions as an integral part of the profession of nursing and as such did not necessarily conflict with the view of nursing as an art.⁷¹

The period between the late nineteenth and early twentieth century was a transitional one within Canadian intellectual thought. Although nursing education largely existed outside the university, it shared in the secularization of education. Consequently, religious idealism ceased to be as a central theme within nursing education although it did continue to inform the fundamentals of nursing practice. Equally, nursing began its transition from vocation to profession and debated the criteria under which it should operate as a profession. For these reasons many nurses welcomed the opportunity to participate in the health-oriented reform movement of the early twentieth century as a means to fulfill their "moral imperative" and to advance their professional status.

⁷⁰ Ibid.

⁷¹ CNA, 34; Coburn, 154.

CHAPTER 3

SOCIAL REFORM AND NURSING EDUCATION

Canadian nurses participated in the social reform movement at the turn of the century out of a longstanding commitment to human welfare. They viewed their expertise as uniquely fitted for a major role in the health reform movement. In keeping with the progressive mood of the country, nursing education changed both in substance and nature. Once a vocation imbued with divine purpose, nursing transformed into a profession guided by principles of practical science and social responsibility.

The twentieth century offered Canadians a country changed by rapid economic growth and maturation. Along with an economic boom, attendant problems emerged associated with rapid urbanization, heavy

foreign immigration, and the consolidation of industry.¹ A country once primarily rural in nature had become urbanized.² Unprepared for massive migration, Canadian cities became overcrowded and slums, poverty, and disease became visible realities of Canadian life. Moreover, Canadians experienced a shift from the traditional order of the rural life to a complex, impersonal, industrial urban structure.³

Many Canadians joined associations or movements in order to moderate the pace of change while limiting or removing the developments which were most disturbing.⁴ Urban reform associations sprang up which advocated a "cohesive organic community, bound together by an enveloping web of shared moral and social values."⁵ Middle-class men and women led the reform movement as it was their families who lived mostly in towns

¹ Carol Lee Bacchi, Liberation Deferred? The Ideas of the English-Canadian Suffragists, 1877-1918 (Toronto: University of Toronto Press, 1983), 9.

² Ibid.

³ Ibid., 8.

⁴ Ibid., 10.

⁵ Ibid.

and cities.⁶ The Canadian middle-class included prosperous farmers, skilled artisans and craftsmen, public employees, business people and professionals such as ministers, lawyers, dentists, doctors and high school teachers.⁷ Members of this class also dominated the new professions, especially teaching, nursing, social work and public health medicine.⁸

These middle-class reformers followed an agenda which maintained the family as the cement of society.⁹ They believed that the welfare of society, indeed the improvement of society, revolved around the ability of the family to rear healthy future citizens. The words "take care of the children and the nation will take care of itself" rang clear in the ears of many reform activists.¹⁰

The majority of women in the reform movements agitated for social change on the basis of their experience as mothers and managers of

⁶ Neil Sutherland, Children in English-Canadian Society: Framing the Twentieth Century Consensus (Toronto: University of Toronto Press, 1976), 15.

⁷ Ibid., 14-15.

⁸ Ibid., 15.

⁹ Bacchi, 11; Sutherland, 15.

¹⁰ Sutherland, 17.

families.¹¹ Since the reform ethic emphasized the importance of the home and the family, reformers underscored the mother's contribution and demanded political recognition on these grounds.¹² Thus the ascendancy of motherhood was directly related to a changed attitude towards children.

Earlier, children were seen in terms of their contribution to family economies.¹³ They were treated as small adults with little regard given to their individuality or their inner emotional life as youngsters.¹⁴ When, for example, Canadians accepted mass export of 'pauper children' from England during the late nineteenth century, they usually viewed these youngsters as adjuncts to the household economy.¹⁵ New interest in the maintenance and improvement of society caused childhood to be seen as the ultimate source of sustained social betterment. Parents now learned that children were "but a seed of divine life for them to nurture and tend."¹⁶ At the

¹¹ Bacchi, 11 and A. Prentice et al., Canadian Women: A History (Toronto: Harcourt Brace Jovanovich, 1988), 68.

¹² Bacchi, 11.

¹³ Sutherland, 16.

¹⁴ Ibid., 6.

¹⁵ Ibid., 11.

¹⁶ Ibid., 17.

same time mothers took on an important role as providers of a firm but loving environment for the child. If mothers answered for the health and welfare of the nation's children they did so with much guidance from reform associations.

According to historian Neil Sutherland, the public health movement had the most immediate and measurable effect on the lives of Canadian children.¹⁷ Three aspects dominated the movement: protection and improvement of the health of school pupils; reduction of infant mortality; and elimination of what was described as 'feeble-mindedness'.¹⁸ The state enshrined principles of protection or guardianship within Canadian society through the public health legislation passed by all provinces between 1887 and 1909.¹⁹

The health reform movement included nurses along with a professional core of public health physicians and sanitary inspectors. But the nurse was seen as the linchpin between society and improved standards of health. In the words of one physician interested in the work of nurses

¹⁷ Ibid., 39.

¹⁸ Ibid.

¹⁹ Ibid., 40.

in health reform:

...the work of the nurse is by far the most important in its direct results, and most far reaching in its direct influence. In the first visits made by the nurses it was amply proved how often the efforts of the medical inspectors were defeated by the ignorance of the parents.²⁰

In 1897 the profile of nurses within health reform was substantially raised through the formation of the Victorian Order of Nurses (VON). Under the leadership of Lady Aberdeen, founder of both the National Council of Women (NCW) and the VON, the 'women's movement' attracted nurses.²¹ This relationship duplicated the link already established between the International Nursing Association and the International Council of Women.²² The traditional view in nursing that women were the guardians of family health and welfare ideally complemented the women's council's objectives which their constitution proudly stated:

²⁰ T. Darlington, M.D., "The Trained Nurse as a Factor in Municipal Health Work," The Canadian Nurse 3, no. 9 (September 1907): 469.

²¹ Prentice, et al., 180.

²² For a full description of the link between the International Council of Women and the International Nursing Association see Daisy Bridges, A History of the International Council of Nurses, 1899-1964 (Toronto: J.B. Lippincott, n.d.).

We, women of Canada, sincerely believing that the best good of our homes and nation will be advanced by our greater unity of thought, sympathy, and purpose, and that an organized movement of women will best conserve the greatest good of the Family and State, do hereby band ourselves together to further the application of the Golden Rule to society, custom and law.²³

As a group of professional care-givers, the VON joined nurses to the secular branch of the reform movement concerned with practical changes in the environment rather than enforced personal improvement.²⁴ Unlike temperance activists who engaged in religious ideological battles over the prevention of alcohol consumption, the VON nurses entered the ranks of professional motherhood. Along with the nation's mothers they dedicated their efforts to social improvement through the establishment of a more protective and nurturing environment for children. These nurses provided district nursing services and cottage hospitals in rural areas.²⁵ Through

²³ Prentice et al., 180.

²⁴ Bacchi, 86.

²⁵ Ibid., 84.

home visits to mothers and the establishment of baby clinics, the VON participated in a health reform movement inspired by prevailing ideas of social progress. Moreover, they acted on their historical commitment to human welfare predicated on Nightingale's philosophy which anticipated the Social Gospel's belief in the creation of God's kingdom on earth. As a secular organization, the VON represented a group of women--nurses--whose religious idealism had already prepared them some time ago for a large role in the reform movement of early Canada.

In reality, nurses saw their training as an important preparation for the greater role of motherhood. A mother who was also a nurse could contribute even more substantially to the common good. As the following excerpt demonstrates, nursing was promoted as training beneficial to all women:

The great objection raised to many of women's occupations is that they... do not help in fitting a young woman for her probable future as a homekeeper and mother. Nursing is the best possible preparation for these vocations. It gives training in management, in cookery and dietetics, in sanitation, in the care of children, and in many other branches which are of distinct value in the keeping of a home. In addition nurses have abundantly shown that their unusual opportunities for knowing human

nature and observing social problems, and their practical grasp of effective measures, make them especially valuable citizens in any community. From these points of view, one would be inclined to recommend the training for almost all women.²⁶

The maternalism which informed nursing logically linked nurses to its larger expression within the 'women's movement'. As nurses, women could therefore implement specific reform measures within the field of public health.

Nurses therefore regarded their contributions as vital to the success of the national health movement, since they were uniquely equipped to blend cure with care and education. Nursing provided the link between medical science and society. Various articles appeared in The Canadian Nurse which testified to the self-image of the public health nurse:

...the development of science, however, has discovered many causes of misery, and pointed out many remedies. Consequently a public health nurse or any person interested in the great campaign of public health today, not only tries to relieve the suffering of the individual... but to prevent its recurrence by removing the

²⁶ Isabel Maitland Stewart, Opportunities in the Field of Nursing (New York: National League of Nursing Education, 1922), 25.

cause. This she undertakes through propaganda of education.

Whereas science has pointed out many causes and many remedies, science alone... is of little or no value to the masses of our people... We must look for an interpreter of science. This is the most important role perhaps that the public health nurse is to play... She is an interpreter of science to her people. More than that she is an interpreter of her people and their needs to law makers and to others of political influence.²⁷

Clearly, nurses considered their role in health reform an expansive one. As "workers in a noble army,"²⁸ their responsibilities ranged from the instructive to the protective. Moreover, their mission in the Canadian community equalled that in remote places of the world. Such were the sentiments expressed in The Canadian Nurse, "Our nurses are doing mission work not only in far-away places, but in our very midst."²⁹

In their capacity as health care teachers, nurses conscientiously instructed Canadian women in the tasks of motherhood and home-making.

²⁷ Ella Phillips Crandell, "The Nurse's Part in the Promotion of Public Health," The Canadian Nurse 9 (July 1913): 444.

²⁸ Louise Brent, "The Work of the Trained Nurse in the World Today," The Canadian Nurse 4 (November 1908): 530.

²⁹ Ibid.

This was expressed with lofty idealism by one contributor to The Canadian Nurses:

All of us have had under our care the girl who has suffered from the lack of proper home-training... We cannot reform the world, but let us see to it that our little corner is such that the women who leave our care are so imbued with this idea of responsibility and of setting the example of honor, love and loyalty that the homes they make will help keep Canada in the front of the battle for right... Can we not instill into them the spirit of self-sacrifice and love which will make them hear the "cry of the children"?³⁰

Following World War I and the ensuing Spanish flu epidemic, three agencies which required the assistance of trained nurses intensified their activity in public health: the VON, the Canadian Public Health Association, and the Red Cross.³¹ The Canadian Red Cross was uniquely concerned with the health of veterans and the devastating effect of the influenza epidemic of 1918. Through its provincial branches, the Red Cross offered financial support to six universities to establish post-graduate courses in

³⁰ Ibid., 530-531.

³¹ Sutherland, 84.

public health. In addition, it provided salary assistance to municipalities in need of nurses.³²

The role of nurses in public health once again focused the attention of the profession on the issue of education. The introduction of university courses in public health not only allowed nursing to align itself more firmly with the university, but also reflected the prominence of public health reform within nursing education. By 1912, Columbia University had two separate majors in post-graduate nursing education: "Public Health" and "School Nursing". The underlying assumption in these programs was that preventative medicine could assist in the achievement of a better society. The modern "visiting nurse" promoted what Florence Nightingale had once advocated to be "the health of the unity."³³ Adelide Nutting thus assessed the educational status of nursing in the first decade of the twentieth century:

Nowhere... has the growth of opportunity for nurses been so great as in the field... of social welfare. Under the form and title of district and

³² Helen Carpenter, A Divine Discontent: Edith Kathleen Russell, Reforming Education (Toronto: University of Toronto Press, 1982), 13.

³³ F. Nightingale, "Sick Nursing and Health Nursing," Nursing the Sick, 1893, 35.

visiting nursing, a system of activities has been developed which makes of the nurse not only a skilled agency for the relief of suffering, but a teacher of sanitary and healthful living, and a power for the prevention of disease. This is looked upon as one of the most promising movements of modern times for social betterment.³⁴

This emphasis on public health reform encouraged Canadian universities to add advanced nursing programs to their academic calendars. The earliest nursing degree program in Canada began at the University of British Columbia in 1919, followed in the 1920's by programs at McGill University and the University of Toronto. Prior to 1919, Canadian nurses had usually pursued post-graduate courses at Columbia University in the United States.³⁵

The early university nursing programs shared similar views of nursing education.³⁶ Thus an examination of the nursing philosophy

³⁴ Theresa Christy, "A History of the Division of Nursing Education of Teacher's College, Columbia University, 1899-1944" (PhD thesis, University of Michigan, 1970), p. 80.

³⁵ Acton, 153.

³⁶ For a full description of the earliest university nursing programs in Canada see Methods and Problems of Medical Education (New York: The Rockefeller Foundation, 1932).

demonstrated by Kathleen Russell, director of public health nursing at the University of Toronto, can be used to understand trends that emerged within progressive nursing education.

As director, Russell intended to "modernize" nursing education. In Russell's mind a progressive nursing program required independence from both the university and the hospital. Her recommendations to improve nursing education required a university standard of education and admission. As well, nursing needed access to the resources of both university and hospital while maintaining its independence from both. Finally, the student nurse required a separate residence which offered an appropriate social milieu.³⁷ Ironically, Russell's ideas of nursing shared much with those of Florence Nightingale. In fact, Russell believed that the Nightingale program had been progressive in nature, but that through hospital application it had been distorted:

... the Nightingale school had been organized as an independent institution, self-supporting and distinct from the hospital... But when copied the school lost its essential characteristic of independence and was turned into what is now

³⁷ Kathleen Russell, "Fifty Years of Medical Progress," New England Journal of Medicine (March 1951): 7-8.

called a hospital school of nursing...³⁸

Like Nightingale, Russell believed in the necessity of well-trained nurses. However, since Russell's vision of nursing placed nurses within the larger community as health teachers as well as bedside caregivers, in her opinion nurses required a liberal education.³⁹ She was convinced that the traditional emphasis on practical service must give way to an emphasis on advanced education.⁴⁰ Consequently, she came to advocate the divorce of all nursing schools from hospital administrations.⁴¹

Although Russell believed that a broad education was desirable for all professional nurses, she also understood that not all nurses wanted to undertake a lengthy education process. Reminiscent of Nightingale's two-tier system, Russell advanced the idea that two types of nursing schools were necessary--the shorter technical school or junior school program and the university program. The majority of students would emerge as a clinical corps of nurses from a junior school still located on hospital

³⁸ Russell, 1.

³⁹ Ibid.

⁴⁰ Ibid., 7.

⁴¹ Russell, 7.

grounds but independently administered and financed.⁴²

The longer program offered at the university would prepare three special groups of nurses: the executive staff for hospitals, the teaching staff for all nursing schools, and the medical social workers known as public health nurses.⁴³ In Russell's view, the university would provide the majority of nursing leaders.

In spite of her commitment to a scientific and liberal education for nurses, Russell continued to support the idea that the 'art' of nursing was an essential part of nursing education. She concluded that the components of art and science in nursing education created a dichotomy which set it apart from what was considered to be a traditional liberal university education. Thus she stated:

It is fairly evident that training in the technique and art of nursing is a piece of work which differs radically from that of the traditional work of a university course which indicates the pursuit of scholarship. The two may be looked upon as mutually exclusive for each is a jealous mistress in her own domain....⁴⁴

⁴² Ibid., 7-8.

⁴³ Ibid.

⁴⁴ Carpenter, 33.

Because of her dedication to the improvement of nursing education, Russell was one of the three nurses who formed a committee to investigate the condition of modern nursing in Canada.

In 1929 the Canadian Nurses Association, along with the Medical Association, commissioned a report to study the acknowledged shortcomings of nursing education. The Weir Report, released in 1932, provided the profession of nursing with an extensive analysis.⁴⁵ This report, largely sponsored by the Canadian Nurses Association, was prepared by G.M. Weir, head of the Department of Education at the University of British Columbia and a committee of three doctors and three nurses.⁴⁶ It officially declared the importance of a broad-based and scientific education to the professional development of nursing.

The Weir Report also affirmed the role of nurses as teachers or guides in disease prevention within a society Weir described as "familiar with the gospel of healthful living."⁴⁷ As public health practitioners, nurses

⁴⁵ G.M. Weir, Survey of Nursing Education in Canada (Toronto: University of Toronto Press, 1932), introduction.

⁴⁶ Ibid.

⁴⁷ Ibid., 129.

functioned much as the "health missionaries" Florence Nightingale had envisioned. Clearly, nurses were committed to social service but their skill, ability, and dedication reflected a scientific and secular education rather than overt religious commitment. This trend in modern nursing education crystallized within the pages of the Proposed Curriculum for Nursing Schools in Canada prepared in 1936 by the Canadian Nurses Association. Within the first chapter nursing is defined as: "...a community service which includes the health supervision of individuals and families, as well as nursing the sick in the home and the hospital."⁴⁸ As in the Weir Report, there is no explicit reference to a "noble profession" nor is there the suggestion that nursing students be particularly virtuous. Rather nurses are asked to:

...be able at all times to invite confidence, to manifest a real interest in human problems and to render the kind of assistance which typifies the spirit and practice of an indispensable professional service.⁴⁹

⁴⁸ Canadian Nurses Association, Proposed Curriculum for Schools of Nursing in Canada (Montreal: CNA, 1936), 9.

⁴⁹ *Ibid.*, 10.

Such a description also contrasted sharply with Isabel Hampton's statement in 1916 about the underlying purpose of nursing:

But there is another side to nursing--the ethical--without which all the work accomplished would be dead and spiritless and which is the antidote for a too pronounced professional attitude. From this standpoint the nurse's work is a ministry; it should represent a consecrated service, performed in the spirit of Christ.⁵⁰

While Hampton cautioned nurses not to overlook the long-standing religious connection to nursing education, the CNA no longer considered this link as pertinent to nursing education. The official transformation from vocation to profession indeed was complete.

Further testimony of this metamorphosis rested in the recommended courses contained in the Proposed Curriculum for Nursing Schools in Canada. Here bacteriology, chemistry and pharmacology ranged alongside paediatrics, obstetrics, psychology and community health.⁵¹ Clearly, nursing education had joined the interests of social and scientific progress.

⁵⁰ Isabel Hampton, Nursing Ethics (1916), 37-38.

⁵¹ CNA, Proposed Curriculum (1936), 54.

Moreover, nursing education imbued students with a sense of social responsibility appropriate for a belief in the continued progress in health reform. Thus this suggestion from a nursing superintendent in 1928 seemed fitting:

It is while the nurse is taking her obstetrical training that her sense of duty and her responsibility to the future generation must be awakened. There never was a time when the importance of prenatal and infant care was so emphasized as it is today, and it rests with us to see that the experience and training received in this branch of nursing is such that it will enable her to... realize that a nation's greatest asset is the health of its children.⁵²

In the journey from vocation to profession, nursing education had become secularized. In response to the exigencies of the modern industrial era where a variety of social problems accompanied increased material wealth, nurses offered their particular expertise. As school nurses and public health nurses, they argued that their roles were vital to human progress. Moreover, in light of scientific advancement, hospital nursing had

⁵² C. Barrett, Superintendent, Royal Victoria Hospital, "The Mother on the Maternity Ward," The Canadian Nurse 24 (September 1928): 480.

become more complex and specialized. Doctors required the service of a highly trained nurse in order to effectively serve the patient. Many nurses were convinced that increased education provided the means to keep pace with both science and humanity. Within a Canadian society attuned to progress, nurses continued to serve humanity not from a sense of religious commitment but from a sense of social responsibility for the qualitative improvement of that society.

CONCLUSION

The image of the modern nurse changed substantially between the writing of Notes on Nursing (1860) and the Weir Report (1932). Under the leadership of Florence Nightingale, nineteenth century nursing altered its appearance. Nightingale grasped the situation of the pre-Nightingale nurse as one of degradation, low pay and poor training. Out of an intense interest to change nursing into a respectable and competent occupation, she once wrote from a hospital in Crimea: "I must bar these fat drunken old dames (from nursing)."¹ And a report from a Nightingale graduate at the Montreal General around 1875 confirmed Nightingale's most nightmarish

¹ John M. Gibbon, Three Centuries of Canadian Nursing (Toronto: Macmillan, 1947), 110. See also Judi Coburn, "I See and Am Silent: A Short History of Nursing in Ontario," Women at Work: Ontario 1850-1930, ed. Janice Acton et al. (Toronto: Canadian Women's Educational Press, 1974), 136.

images of hospital environments and the implications for patients and nurses:

Hospital funds were taken to purchase champagne to be used in building up the reserve forces of patients to be operated upon, while ragged ticks filled with straw were the only beds provided for the patients.... The nurses were sleeping in cubicles built into an old ward, and after a stormy night their beds were often festooned with snow...²

Nightingale's desire to improve the status of nurses largely stemmed from her need to escape from the social confinement of upper-class Victorian womanhood. Yet she did not seek to enhance the lot of women for strictly earthly reasons. When John Stuart Mill invited her to sign a petition in support of the rights of women to vote, she responded with the comment that there were causes more significant than votes for women.³ While she eventually signed the petition, Nightingale really believed that a better life for women rested with their relationship to God not to mortal

² Gibbon, 147 and Coburn, 136.

³ Nancy Boyd, Josephine Butler, Octavia Hill, Florence Nightingale: Three Victorian Women Who Changed Their World (London: Macmillan, 1982), 222.

men.⁴

This strong religious and spiritual sentiment infused the Nightingale vision of nursing. According to her dictum, nurses served humanity out of a love of God. From this premise followed the guidelines for the 'proper' behaviour and attitudes of modern nurses. The hallmarks of a superior nursing education were obedience, dedication and skill. Moreover, nursing students were expected to carry out their work perfectly since Nightingale understood perfection to demonstrate a closeness to God. The ideal nurse strongly resembled a saint.

This model for nursing education found its way to Canada and the United States through hospital employment of Nightingale graduates and superintendents who adhered to this philosophy. The Mack Training School in St. Catharines, Ontario represented the first successful training school in Canada.⁵ There the Nightingale nursing spirit emerged in the form of hospital bylaws for nurses. Predictably, the suggested profile for nurses was a saintly one.⁶

⁴ Ibid.

⁵ Acton, 136.

⁶ "First Annual Report, July 1, 1875," The Mack Training School for Nurses, St. Catharines General Hospital, 1874-1934 (St. Catharine's, ON:

Hospitals relied heavily on the labour of student nurses and for that reason the number of nursing schools in Canada grew rapidly in the early years of the twentieth century. Senior nursing staff believed in the value of a trained nurse and they were alarmed by the poor quality of education most hospitals offered students. Clearly, hospitals valued service above education. Nursing superintendents gradually acknowledged the need for a standardized nursing education in order to ensure a higher quality of education for all nurses.

When various American and Canadian nursing superintendents met in 1893 at the Chicago World's Fair, nursing education occupied the center of attention. In a speech from Isabel Hampton, Superintendent of Nurses and Principal of the Johns Hopkins Training School, two themes dominated: the need for uniformity in nursing instruction and the importance of additional education for superintendents.⁷ As a result of the Chicago meeting, the Association of Superintendents of Training Schools

n.p., n.d.), 22.

⁷ Theresa Christy, A History of the Division of Nursing Education of Teacher's College, Columbia University, 1899-1947 (PhD thesis, University of Michigan, 1970), pp. 21-22.

was formed to establish a standardized system of training.⁸ The outcome of subsequent meetings and presentations on curriculum needs resulted in an affiliation with Teachers College at Columbia University. A course in hospital economics for nursing superintendents officially began in 1899.⁹ This seminal affiliation with a university served to move nursing a step closer to professional status and away from the exclusive jurisdiction of the hospital. Moreover, traditional nursing education which had stressed individual moral character as the substance of good nursing began to adopt principles of scientific thought as the signposts of a well-trained nurse. Previously, Nightingale's Notes on Nursing had provided the criteria for both the nature and purpose of modern nursing. But scientific advancement and a changing social context encouraged nursing leaders to revise notions of traditional nursing education. They concluded that in order to keep pace with a wealthier and increasingly problematic society, nurses required a better and more sophisticated education. Both the Weir Report of 1932 and the Proposed Curriculum for Nursing Schools in Canada in 1936 captured the sentiment that nursing education must be

⁸ Ibid., 23.

⁹ Ibid., 31.

oriented towards the contribution of science and the demands of society. Therefore, in the words of the Weir Report, "the modern nurse should be given an adequate liberal, as well as technical, education."¹⁰

The journey from a traditional religious centered education to a modern liberal education paralleled the evolution of nursing from vocation to profession. The image of nurses as women dedicated to the service of man through a commitment to God transposed into a view of nurses as women engaged in a profession concerned with the health of the community.

A recently published Alberta Nursing Association pamphlet suggests that nursing is "more than a job"¹¹ not because it is a vocation dedicated to God but because it is a profession that can "make a significant difference where it counts--in people's lives."¹² The pamphlet also refers to nursing philosophy as unchanged, whereas, in fact, contemporary nursing philosophy is quite different from its Nightingale origins. It has shared in

¹⁰ G.M. Weir, Survey of Nursing Education in Canada (Toronto: University of Toronto Press, 1932), 393.

¹¹ Alberta Nursing Association pamphlet, "Nursing... An Ancient Art and a New Science", 1989.

¹² Ibid.

an intellectual metamorphosis which has been described elsewhere as "the Sacred [becoming] the Secular."¹³ Like many nineteenth century Christian reformers, Nightingale believed that men and women could create the Kingdom of God on earth. Therefore, she viewed nursing as a means to make religion relevant to society. She preferred religious action over religious thought which had the effect of separating religious practice from religious theory. Religious doctrine gave way to sociological doctrine as nineteenth-century reformers pursued religious relevance through "practical tasks of social regeneration."¹⁴ Although Nightingale attempted to maintain the religious connection between the practice and theory of nursing, nursing education responded to the voice of a society which demanded pragmatic solutions to public health problems. Consequently, science replaced religion as the ideological regenerator of a health-conscious society and Nightingale's Laws of Health gradually gave way to more scientific theories of nursing practice. Because current nursing philosophy is essentially secular in nature, it differs dramatically in tone and substance

¹³ Ramsay Cook, The Regenerators: Social Criticism in Late Victorian English Canada (Toronto: University of Toronto Press, 1985), 228.

¹⁴ Ibid.

from its religious predecessor. In the late nineteenth and early twentieth centuries English Canadian nursing was represented as a religious vocation committed to the service of God. It now stands in general as a secular profession dedicated to the advancement of a healthful society.

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