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A Lesson in “leave no stone unturned”

Annie Laura Boggs: Missionary Nurse in India and Matron of Four BC Hospitals

By Irene Goldstone

In researching the history of the hospital schools of nursing in BC, I make every effort to identify the matrons and create a brief biographical sketch of each to bring to life otherwise dry information. Often, just finding the name of an early matron is success. But sometimes with persistence and a little help from friends and colleagues a remarkably rich biography emerges.

Annie Laura Boggs is an excellent example of a dedicated, cosmopolitan nurse in the first half of the 1900s. Not only did she serve as a Baptist missionary nurse in India, she was matron of four hospitals in British Columbia. She also served on the executive of the Graduate Nurses Association of BC, attended BC Hospital Association annual meetings, and was widely travelled. Melrose Scott's history of the Royal Inland Hospital School of Nursing provided a starting point. She identified Laura Boggs as matron of the hospital and school 1922-1927 and included a picture of

her with the nursing staff, students, and graduating class of 1922.¹ There was, however, no biographical information in Scott's history. Little was known about her other than this brief mention.

In these situations my approach has become standard: first search BC births, deaths, and marriages, then search Canadian Census records (1881-1921), followed by a search of archived issues of the Canadian Nurse and BC Directories online, and I conclude with a search of Vancouver/Victoria newspapers through the Vancouver Public Library. These searches confirmed that Laura Boggs also had a connection to the Penticton Hospital. I recalled a friend telling me that Ethel Warbinek was volunteering at the Penticton Archives and I wondered if Ethel had come across Laura Boggs; indeed she had. Ethel facilitated an inquiry with the archivist and, lo and behold, a treasure trove of detail was revealed. Of course, this led to more questions. All of which

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newsletter committee

Lynne Esson (chair), Beth Fitzpatrick, Ethel Warbinek, Sheila Zerr, Naomi Miller, Glennis Zilm, Lenore Radom. The BC History of Nursing Society Newsletter is published 3 times per year.

SUBMISSIONS ARE WELCOME.

Deadline for the Fall Issue is September 15, 2021.
Please send submissions to: esson1@shaw.ca



Archival Corner

Mary Ann Trethewey (1834-1908): Mission's First Nurse

NAN MARTIN, Archives Chair

Mary Ann is the oldest nurse in our archival biographical files (not in age but in the fact that she nursed in Mission, British Columbia in the 1880s!).

Born in England, Mary Ann was hired in 1855 as a certified nurse to care for Eliza Trethewey of Crich, England, and came to Canada in the same year. Her family were pioneer farmers in Ontario, where Mary Ann resumed nursing. In 1882 she came to BC, where she was hired by the CPR as a nurse.

In 1884, she advertised her services as a "duly qualified and certified nurse" and took patients in for nursing care at a nursing home that included a store and a small hotel on the banks of the Fraser just below Mission. For many years she was the only nurse in the area.

The Trethewey family were well known BC pioneers in logging and mining in the lower mainland. The females of the family seem to have nursing in their blood as we also have the biographical files of Mary Ann's granddaughter, Cora Trethewey and another family member, Grace Trethewey – their interesting stories can be found on our website bcnursinghistory.ca in our biographical files section!

By coincidence, British Columbia Historical Federation's BCHF BUZZ May 2021 features a photograph of Trethewey House as Heritage Abbotsford launches online collections catalogue!



PRESIDENT'S MESSAGE

KATHY MURPHY

As I write this message, many of us are waiting for our second vaccination and eagerly anticipating the restrictions imposed by the ongoing COVID-19 pandemic to be reduced or lifted soon. What a year it has been.

Like many other organizations, we have adapted to the use of technology in order to carry on many society functions. The Annual General Meeting and regular Board meetings have been conducted via Zoom which has allowed for others to join us. As you will read in the annual reports from the Committee Chairs, we have been coping although we do miss the personal contact.

At the recent UBC School of Nursing Gala, the new Gateway Health Building was mentioned as this will be the new home of the School of Nursing after August 2024.

The BC History of Nursing Society has been assured that there will be space available for our group. This provides hope for the future but also means that members will still be needed to carry on the actual activities described in our constitution.

I encourage you to consider sharing the work of our group with others and to consider becoming involved in the various committee work. I am very appreciative of the time and talents of the members of the Board of Directors who carry out this important work of preserving and sharing Nursing history.



EDITOR'S DESK

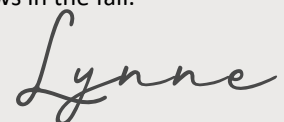
LYNNE ESSON

As I write this we have had a couple of days of warm sunny weather, let us hope it continues. We are now slowly starting to emerge from the Third Wave of Covid-19, I suspect many of us did not imagine that the fall and spring would be so challenging. Let us hope that with ongoing vaccinations, warm sunny weather (where we can safely gather together) and lowering case numbers, that this will be a summer to remember and enjoy.

This summer edition contains our annual reports which provide information on the ongoing work of our Board of Directors and our Committees. Our feature article by Irene Goldstone looks at the life and times of Annie Laura Boggs. Another article by Glennis Zilm and Margaret Scaia discusses geographical place names in BC that honour nurses. Both are fascinating reads. You will also find a number of short historical articles that reflect the times we are living in.

We have a superb collection of biographies, oral histories on BC nurses as well as artifacts. See our website: www.bcnursinghistory.ca As always we will be taking a break for the summer and look forward to providing you with our news in the fall.

On behalf of us all have a wonderful summer. Be safe!



led me to archives in the United States, Nova Scotia, Library and Archives Canada, and several theses on single women missionaries of the Maritimes. I dig deeper into Google search and the story comes together!

The Missionary Spirit

Annie Laura Boggs was a direct descendant of United Empire Loyalists whose immediate and extended family had strong connections to India, to Baptist missionary work in India and to nursing. Laura was the third of nine children born in 1876 in Truro, Nova Scotia, to Thomas and Louisa Hamilton Boggs. Thomas worked for the Intercolonial Government Railway and the Dominion Atlantic Railway, in Nova Scotia. In 1884-1885, he was engaged in the construction of the Southern Mahratta Railway near Madras, South India. When war between India and Russian was threatened on the North-western frontier in 1885-86, all construction stopped and he returned to Nova Scotia, becoming a prosperous business man. By 1912, he was farming in Coldstream, Colchester County, NS.²

Perhaps as a Baptist growing up in the Evangelical Christian environment of the later part of the 19th century,³ Laura was committed to missionary nursing service at an early age. Flora Annie Eaton, although “promised” to Rev William Bombrick Boggs, went to India in 1873 as a single woman Baptist missionary. They married in 1875 in Siam and served in India, with interruptions due to Rev Boggs’ ill health, until at least 1913.⁴

Laura’s oldest sister, Jessie Edna (born 1873), graduated as a nurse, age 25, from the Boston City Hospital in 1898. Laura graduated from the New England Baptist Hospital School of Nursing in August 1906, age 30. This hospital, located in Boston, was established in 1893 to serve the community’s poor.⁵ An inquiry to the Howard Gotlieb Archival Research Center holding the archives of the school of nursing remains unanswered (likely due to COVID-19); they may well hold a graduation picture.⁶

At the time, access to nurses training in the Maritimes was limited. The two earliest Maritime schools of nursing opened in 1890: the Victoria General Hospital in Halifax and Prince Edward Island Hospital in Charlottetown.⁷ Several researchers have shown that, as early as 1880, the majority of Maritime women wishing to become nurses travelled to the New England states.⁸ The pattern of migration amongst young women had begun about 1860 and was largely due to the need to send remittances to struggling farm families.⁹ This was not the case for the Boggs women; theirs was the search for education to fulfill a calling of service to the church.

The Missionary Experience

In November 1908, after a year of study at the Missionary Training Home, “Hasseltine House,” Newton Centre (Greater Boston), and after completing a rigorous screening process,¹⁰ Lau-

ra made the lengthy journey to the Telugu area of south India on the western shore of the Bay of Bengal. Telugu had become the permanent mission field for Canadian Baptists in 1874. She was sponsored by the Maritime Woman’s Baptist Missionary Union. The mission theology was “women’s work for women,” which Shelly Nelson describes as based in “an unfaltering belief in the superiority of Western culture and as part of the larger imperial movement.” Maritime women missionaries were well educated, beyond the norm for women during this time period. In responding to the calling to missionary work women were stepping out of the domestic realm and into the public realm. On the one hand, they were dedicated to reaching women and children within Indian domestic life who male missionaries could not reach. On the other hand, Maritime women, whether fundraisers at home or missionaries abroad, were challenging the patriarchal structure of the church and of society and creating an independent life for themselves.¹¹

Initially, Laura was stationed at Tondiarpet, Madras. According to the mores of the time, single women missionaries were usually assigned to live with a missionary family, but later a bungalow apart from the family residence was mandated by the Missionary Board to ease interpersonal tensions. Typically missionaries were confronted with the poverty of the population, their own loneliness and depression, and threats to their physical safety. But all was not trial and tribulation; tea parties, evenings in dress-up, and retreats to mountain lodges were also part of the missionary experience.¹² Laura would have spent the first year learning the language before engaging in outreach.¹³ Later she was transferred to the American Baptist Mission Hospital for women and children in Nellore, where she spent two years. In April 1913, after 4 ½ years of service, she was “compelled under medical orders” to return to Canada because of failing health.

A rich international and Canadian research literature focuses on the missionary activity of 19th and 20th century single women. Shelly Nelson studied 84 single women missionaries of the Maritimes active between 1870-1925. They were engaged in missionary work in India (Baptist, 35), Japan (Methodist, 19), West China (Methodist, 19), and North Korea (Presbyterian, 10). While Laura Boggs was not part of the sample, the research findings are instructive. The analysis showed that service in India created a greater risk of ill health, which led to forced retirement or resulted in death in the field. Of the single women missionaries who served in India, 44% were lost to missionary service due to ill health or death in the field. These were young women with an average age of 28.6 years when they entered missionary service. This study identified eight nurses, of whom two served in India; the majority were teachers.¹⁴ This may have been because the Missionary Society was unable to recruit nurses because of the high demand for their services or because women teachers were preferred as evangelists.

Lorraine Coops argues that “... the rendering of educational and, to a lesser extent, minor medical services to women



Old Pentiction Hospital, staff on steps are identified as Front row L-R: ?, ?, ?, Miss Boggs, Dr. H. McGregor, James Rolfe. Photographer is identified as "Blair." Used with Permission, PMA4570, Date: March 31, 1921.

Based on Canada Census, April 14, 1921 two unidentified nurses wearing the veils of military nursing sisters are Grace Burhan, enlisted January 1918 and served at the Spadina (Toronto) Military Hospital, and Isabel Ida Smith, enlisted January 1918 and served at Shaughnessy (Vancouver) Military Hospital.

and children, ... were always seen as a secular means to a religious end. In keeping with the Baptist principles that guided their own lives, the missionaries expressed far more concern for the welfare of the soul than the Telugu body. During the thirty-two years from 1880 to 1912, the missionaries had little to show in the way of converts. However, despite the poor results ... the single women cherished the chance they were given to spread the "glad tidings" and grew to consider the Telugu mission fields as their true home."¹⁵

Not deterred by Laura's experience in India, her cousin Ethel Ashmore Boggs, who was born at Ramayapatnam, South India, in 1890, became a nurse missionary. Ethel graduated from New England Baptist Hospital, School of Nursing in January 1914. After experience as a graduate nurse, she completed a postgraduate course at the Sloane Maternity Hospital, New York City followed by study at the Bible School, in New York City. She then "offered herself as a missionary" to the Women's Baptist Foreign Missionary Society of America and planned to sail for India in the autumn of 1916.

Returning to Canada

On her return, Laura chose to live in Pentiction, BC, likely because her brother, Lewis Bain Boggs, a school teacher, had relocated to Pentiction in 1912. His move may have been due to a combination of economic opportunity and a commitment to domestic missionary service. A Baptist church opened in Pentiction in 1907 as did a Baptist college in Summerland. The hope was to create a college comparable to Acadia or McMaster; the plan was abandoned as the University of British Columbia developed.¹⁶ In April 1918 Thomas Boggs and his wife, Louise Hamilton Boggs,

and youngest children moved to Pentiction.¹⁷ Laura's youngest sister, Grace Alison, graduated from Vancouver General Hospital school of nursing in 1925 and settled in Pentiction.¹⁸ By 1916 all her siblings and many members of the extended family had settled in BC, except Jessie who had married Rev Asa James Crockett, a Canadian Baptist minister, in 1900. They lived in the US and Nova Scotia.

There are no records to account for Laura's career 1913 - 1918. She may have required a prolonged convalescence and engaged in private duty as her health permitted. After the war she served at the Balfour Military Sanatorium for Returned Soldiers.¹⁹ The Sanatorium was converted from a Tudor and chateau style CPR hotel on the shores of Kootenay Lake into a 70-bed (later 120-bed) military sanatorium in 1917. The Sanatorium was one of a number of institutions opened across Canada to treat the estimated 3,125 veterans who had contracted tuberculosis while serving in WW1. The hotel, built in 1911, was closed in 1916 because of the decline in tourism due to the War. The patients and staff, with assistance from citizens of Nelson, created the Balfour Golf Club. It was the only recreation the patients were permitted. The last patient was transferred to Tranquille Sanatorium in 1921; the building was demolished in 1929.²⁰

Laura Boggs then served as Matron of the Pentiction Hospital (1920-1922), succeeding Mary G. Runions who left to be matron of the VON hospital at Kaslo.²¹ A newly built hospital, with a capacity of 20 beds, had opened in 1916. A 15 bed maternity wing was added in 1923.²² The hospital was staffed by graduate nurses and did not ever have a school of nursing.²³ Typically matrons of BC hospitals attended the annual BC Hospital Association meetings; her predecessor (Mrs) Mary Runions did so. At these meetings, Laura would have been introduced to the wider world

of nursing and health care in BC.²⁴

Laura Boggs succeeded Minnie Macmillan as matron of the Royal Inland Hospital and School of Nursing in July 1922 and she remained in this position until 1927.²⁵ She was first elected as a councillor to the Graduate Nurses Association of BC in 1923 and continued to be active on the executive until 1932.²⁶ Laura Boggs brought stability in leadership to the school of nursing and the hospital because between 1906 and her appointment in 1922 there were at least eight matrons with an average length of service of two years. The turnover was largely due to marriage and service during World War 1. A number of important changes took place during her tenure as matron: significant expansion of surgical capacity because of the arrival of Dr MG Archibald, who also taught anatomy to the student nurses; a free-standing nurses' residence was opened, greatly improving the quality of life for the students and nursing staff. The opening of the residence freed up space for a maternity ward and nursery. A laboratory was opened, allowing specimens to be tested on site rather than sending specimens to Vancouver. Although patients with tuberculosis were treated at the nearby Tranquille Tuberculosis Sanatorium, patients requiring surgical treatment of tuberculosis by artificial pneumothorax, or starting in 1922 by thoracoplasty and collapse of the lung, and, later, lobectomy were treated at the Royal Inland Hospital.²⁷

Dr Burris stated nursing care of thoracoplasty patients "was a difficult problem."

*"None of the nursing staff had had experience in TB nursing and though they were told how, they found it difficult to protect themselves properly. Nevertheless, none engaged in this nursing became infected. And it was hard nursing. These sick and weak patients had to be lifted frequently to a sitting position and proper, up-to-date beds were not available. The nursing staff and the whole institution gave excellent and devoted attention to all patients."*²⁸

Laura Boggs served as matron of the new Nanaimo General Hospital from the summer of 1928 to September 1931.²⁹ She entered a particularly challenging environment. The old hospital was closed May 31, 1927 because it was dilapidated and beyond use. The nearest hospital, Ladysmith, was one hour away "by motor." Despite three attempts to raise the necessary funds to complete the new hospital, efforts failed. Clara E Jackson, as matron, with the assistance of Registrar Helen Randal, placed the graduate staff and the students. Miss Jackson was then appointed acting matron at King's Daughters, Duncan.³⁰

The women of Nanaimo then took the lead in raising the outstanding funds. Laura Boggs participated in the annual BC Hospital Association meeting in August of 1928 and the official opening of the new hospital on October 10, 1928. She staffed the new hospital with graduate nurses, who now had improved living conditions.³¹ As matron of Nanaimo General Hospital and as a delegate to the concurrent the annual meetings of the BC Hospital Association and the GNABC in 1929, she hosted nursing delegates

for tea and a tour of the new hospital.³² The new Nanaimo hospital is considered a good example of a Classical Period Revival style building and is now registered as a national historic place and a BC historic site.³³

The Board of Directors and the Ladies Auxiliary honoured Laura Boggs with a reception and gift when she left Nanaimo in the fall of 1931 to assume the position of matron at Acadia Private Hospital, Vancouver. It is not clear how long Laura Boggs remained as matron.³⁴ With the resignation of Elizabeth Harrison, Laura Boggs returned to the position of matron of the Penticton Hospital in 1935. An operating room and case room had been added in 1930; by 1938 the hospital had a capacity of 40-57 beds.³⁵ Laura Boggs continued as matron until 1943, during the difficult years of the Depression and the nursing shortage due to the Second World War.³⁶ There are no further records to trace her career; she may well have retired at this point because she would have been 67 years of age.

Laura Boggs remained an active and committed Baptist. Her 95th birthday was celebrated and noted in the Penticton newspaper. She died in Penticton Extended Care in 1976, age 99. Her sister, Grace, worked as a staff nurse at the Penticton Hospital (but never when Laura was matron), as a private duty nurse, cared for their elderly parents and, later, as a salesperson at the Christian Literature and Supply Room in Penticton. When Grace died in 1983 they were interred together.³⁷

Reflecting on Laura's career and life, my first thought is that we are familiar with the leadership shown by Roman Catholic orders in establishing hospitals and schools of nursing in Vancouver, Cranbrook, and Victoria and the role Methodist missionaries played in building small hospitals with schools of nursing in the isolated communities of Port Simpson, Bella Bella, and Hazelton. What was new to me was the role a former Baptist missionary



Baptist Church 60 year anniversary with 3 ladies contemplating anniversary cake L-R: Miss Sarah Leekie, Miss Laura Boggs, Mrs E.P. Corner. Photographer: unknown. Used with Permission, PMA23641, June 24, 1967.

nurse played in leadership positions in secular hospitals in BC, with the Graduate Nurses Association of BC, and undoubtedly her church community. Shelly Nelson notes that the single women missionaries of the late 19th and early 20th century were forced to navigate, rather than reject, the oppressive ideologies of the patriarchy that dominated missionary service.³⁸ Given the nature of hospitals and health care, I can't help thinking that this was a useful skill as a matron in achieving her goals in the provision of patient care and the education of student nurses. I also think that Laura Boggs story shows us that, as nursing historians, it behooves us to make every effort to go beyond a simple recounting of the benchmarks of a nurse's career to find a richer story and reclaim a life from obscurity.

Acknowledgments

I am grateful to BCHNS colleague Ethel Warbinek who, in these times of COVID-19, facilitated access to the archives and staff of the Penticton Museum and Archives. The staff kindly supplied the photographs and newspaper clippings that were key to unravelling the story. Thanks also to the Reference Librarians of the Vancouver Public Library and Kira Baker, Archivist, the City of Vancouver Archives. To Jack Lawrence, Archivist of the Esther Clark Wright Archives of Acadia University Library, many thanks for leads to new sources of information. Post pandemic, further information may come from the Howard Gotlieb Archival Research Center ([Howard Gotlieb Archival Research Center](https://howardgotlieb.org/)), Boston; the Canadian Baptist Archives held at McMaster University (<https://mcmasterdivinity.ca/canadian-baptist-archives/>); and the Colchester Museum and Archives (<https://colchesterhistoreum.ca/archives/>). As always, I am indebted to the editorial assistance of Glennis Zilm, with whom I am working on a History of BC Hospital Schools of Nursing.

Author Note

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Footnotes

1. Scott, Melrose. (1974). n. p.
2. Boggs, 1916. pp. 62-64. Note that all subsequent details about Laura Boggs and the Boggs family up to 1916 are drawn from this source unless otherwise stated.
3. Nelson, 2008, p.8.
4. Boggs, 1916 pp. 62-66; see also Nelson, 2008, pp. 51, 87, 361.
5. Now an orthopedic hospital and a teaching affiliate of Tufts University School of Medicine. <https://www.nebh.org/who-we-are/history/> .
6. Howard Gotlieb Archival Research Center . The New England Baptist Hospital School of Nursing collection includes manuscripts, printed materials, photographs, correspondence, legal materials, professional materials, memorabilia, and other items. The school closed c 1970s.
7. Gibbon and Mathewson, 1947, p. 157.
8. Gagan, 1992, pp. 39-40; Nelson, 2008, p. 93; see also Beattie in Nelson p. 94.
9. Beattie, 2000.
10. Nelson, 2008, p. 104, pp. 311-312; 387-390. The screening included experience of a personal calling and questionnaires related to medical and emotional health, and character assessment.
11. Nelson, 2008, p. 49, pp. 281, 291. See also Ross, 1995, pp. 77-98. Maritime Baptist women organized themselves into a Woman's Baptist Missionary Society (also Union) without waiting for a request from the male Foreign Missions Board. Funding for the single women missionaries was raised by Maritime women donating money over and above what might have been given on behalf of the family. During this period five hospitals, two seminaries, and several schools in addition to hundreds of churches were built in India. By 1900 the Maritime Telugu mission consisted of 20 missionary men and women; see <https://www.cbmin.org/our-story/our-history/> . See also Nelson, 2008, pp. 8, 15.
12. Nelson, 2008, pp. 183-184.
13. Nelson, 2008, pp. 311-312.
14. Nelson, 2008, p. 49, pp. 375-382; See also Ross 1995, pp. 77-98; see also Coops, 1997. Thesis available on microfilm; abstracts available online Library and Archives Canada.
15. Coops, 1997. Thesis available on microfilm; abstracts available online Library and Archives Canada. *Note that Glad Tidings was the name of the Society's newsletter.*
16. Richards, 1964, pp. 91-96. Note that both Acadia and McMaster were originally Baptist colleges.
17. Cooper, 1980.
18. BC births, deaths, and marriages. Lewis Bain Boggs died aged 84 in 1968 in Vernon. Thomas Boggs died 1931, his wife Louise died 1939, no trace of George could be found; Grace Alison Boggs, born March 3, 1898, in Truro, Nova Scotia graduated from Vancouver General Hospital School of Nursing in 1925; Personal communication Ethel Warbinek, March 30-April 1, 2021.
19. Honored at party on 95th birthday, newspaper clipping 1971, no date; Penticton Archives. BC Directories does not list any nurses who served at the Sanatorium 1917-1921.
20. Warbinek and Zilm, 2006. See also MacGregor, 2017; Nesteroff, 2012; and <https://www.independentsportsnews.com/2017/05/25/golf-100-years-ago-balfour/> .
21. Canada Census, 1921.
22. Ethel Warbinek, Personal Communication, May 12, 2021.
23. Penticton Museum and Archives; See also Hospitals and Nurses, British Columbia, Canadian Nurse, 1921, January, 17, 1, p. 48, "Miss Boggs has recently taken charge ... the nursing staff now consists of graduate nurses Misses Beattie, Travis, Reed, Ross, Burnham, and Mrs C. Smith." See also BC Directories and Goldstone IL, (1989). Reclaiming our artifacts: graduation pins from the schools of nursing of British Columbia, 1891-1987. Bulletin, History of Nursing, Royal College of Nursing; 2(8): 6-14.
24. These records are currently not accessible due to COVID-19 restrictions.
25. Scott, 1974. n. p.
26. BC Directories; see also Hospitals and Nurses, Canadian Nurse, 1923, May, 14, 5, p. 298-299 and Annual Reports, Provincial Meetings, Canadian Nurse, 1929, May, 15, 5, p. 257.
27. Willoughby, 1991, pp. 67-69.
28. Burris, 1967, pp. 177-181.
29. BC Directories; See also Duncan news item, (August 8, 1928), Victoria Daily Times, p. 13; About Town news item, (September 30, 1931), The Vancouver Sun, p. 14.
30. Aid thrice removed, Nanaimo's Hospital closes, Old building unfit for use and money lacking for new wing, Hour's motor trip necessary to reach Ladysmith institution. (June 1, 1927). The Daily Province British Columbia, p. 22.
31. GNABC Annual Minutes, April 9, 1928, based on a report from Registrar Helen Randal.
32. News Notes, British Columbia, Canadian Nurse, 1929, 25 (11), 684. See also Lieutenant - Governor Bruce supported by WC Shelly to open Nanaimo Hospital, The Daily Province Vancouver (Oct 10, 1928), p. 27.
33. Canada's Historic Places: Register. (2002). Retrieved from <https://www.google.com/url?q=http://www.historicplaces.ca/en/rep-reg/place-lieu.aspx?id%3D1427&sa=D&ust=1523998609625000&usg=AFQjCNExCETGms9cZcFC-77xwKOrMmGb8A>
34. About Town, news item, The Vancouver Sun, (September 30, 1931), p. 14. See Davies, 2003, for a discussion of the role these institutions played in care of the infirm elderly and chronically ill in BC. Acadia Private Hospital is not listed in BC Directories, Vancouver. Laura Boggs is not listed in BC Directories, Vancouver.
35. Eaton, 1938, p. 4; Ethel Warbinek, Personal Communication, May 12, 2021.
36. BC Directories.
37. BC Directories 1934-1944; Honoured at 95th birthday, Newspaper clipping in Penticton Archives, n.d.; Obituaries (Newspaper clipping) in Penticton Archives, n.d. See also Cooper, 1980; Grace was identified as a home care nurse on her death certificate; she provided the information for Laura's death certificate. Grace died, aged 84, in 1983 at Penticton Hospital. See BC births, deaths and marriages. Personal communications with Ethel Warbinek, March 30-April 1, 2021.
38. Nelson, 2008, pp. 30-36.

DESIGNING FOR CONTAGION

Taken from Windows in Time Fall 2020

BY HENRY K. SHARP

www.nursing.virginia.edu/media/Fall2020WindowsinTime.pdf



The challenges of contagion and infection control are nothing new for nurses, yet the global spread of SARS-CoV-2 has brought these issues to the forefront of public consciousness. And in fact, since we're curators of contemporary history, too, the Bjoring Center is collecting COVID-19 pandemic stories from the nurses on the front lines today. This is history as it is happening, and will form a critical body of evidence for scholars to come.

For students of the past, understanding how prior generations of medical professionals and the public confronted these topics is a challenge of a different nature. Our UVA Hospital history project has brought to light evidence of attitudes toward infection and contagion in the era around 1900. Two local examples that speak to the larger context of the campaign against infection are informative.

An early stage in the establishment of the hospital actually concerns a purpose-built facility called the Dispensary. When it opened on UVA's Corner in 1892, a reporter for *The Times* of Richmond lauded its "advantage and convenience" over "the old hospital" located in an old city-owned house on Vinegar Hill. That "old hospital" refused to take contagious patients—one way to address the problem—and the Dispensary, likewise, since neither building had room for isolation. Yet by 1905, other debilitating infectious issues had developed. The Dispensary was, the physician in charge reported, "a disgrace to the University.... The flooring of the amphitheater is wood, partially decayed. In it is soaked the accumulated filthy discharges for a number of years," a "repugnant" condition that did not safeguard patient health or provide an effective learning environment.

Contagious disease did strike the community, too, and nurse Charlotte Martin, who became manager of UVA Hospital when it opened, was also responsible for the Infirmary, which provided clinics and inpatient services for sick students, and had been designed in the 1850s with a sophisticated ventilation system through a cupola on the rooftop. In February 1901, she had to manage the effects of a smallpox outbreak. "Your duties are very trying at this time," wrote Dr. Paul Barringer, chairman of the faculty, urging her to take "utmost care to see that all clothing and other material is not sent out without thorough and absolute disinfection." Ms. Martin also sought the hire of immune staff,

and Barringer complied, arranging for an immune cook and others. Later, the Rector of the Board of Visitors opined to Barringer, "I feel that if the City and County authorities had adopted measures for the suppression of this disease in any sense as practical as those that you have put into effect that the whole situation would have long since been relieved."

It is no surprise, then, that issues of infection control influenced the design of the new University Hospital from the very beginning. Architect Paul J. Pelz chose the "pavilion form" in which freestanding wards or wings are linked by corridors, instead of concentrating activities in a single structure. Florence Nightingale had been the earliest and most vocal advocate for this type of design that allowed for ample, independent ventilation of the wards and other interior spaces. Although we lack the original working drawings for the hospital, early photographs reveal a pattern of small, horizontal slots beneath most of the windows in the ward buildings, which would have linked to conduits opening behind the radiators to provide constant fresh airflow to the interior, heated in wintertime. Whether there were exhaust ducts that led to the cupola on the roof of each wing, as in the Infirmary, is unknown but likely, since the cupolas had louvered vents to allow air to escape. The availability of rooms apart from the wards allowed separation of contagious cases, too. In a similar mode, Pelz's design of the surgical amphitheater corrected the worst problems of the Dispensary. Instead of wood, this main hospital operating room had waterproof terrazzo floors with drains, a sink operated with foot treads, and ready access to in-house sanitizing and laundry facilities.

There will be more to report as this project proceeds, but the University's century-old concerns for sanitary facilities, adequate ventilation, and sufficient space for potentially contagious patients seem altogether modern, today!

The University Dispensary in 1910. Located on West Main Street, the building was torn down about 10 years later.



B.C. History of Nursing Society 2020 Annual Reports

The following reports were presented at the Annual Meeting on April 13, 2021. Due to space restrictions, some reports may have been edited. If you wish to see the entire report, please contact us or the committee chair.

01. President's Report – by: Kathy Murphy, President

It is now over a year since the COVID pandemic impacted the many functions of our society. In the 31st year of operation, the members have continued with activities that could be carried out while following the regulations imposed by the Public Health Officer. The purchase of a Zoom package has allowed the Board and other committees to continue to meet and has provided members and guests to join the Bursary winner presentations at two of the Board meetings.

The Board of Directors has met five times since the last Annual General Meeting. The various committees carried out the activities that were possible with the restrictions in place. Unfortunately, the annual Nursing Symposium had to be cancelled.

We were saddened to learn of the passing of Helen Shore in November. Helen was a founding member of the BC History of Nursing group, a former President and also an Honourary Life Member. Helen enjoyed a rewarding career as a nursing leader, nursing advocate, historian, and philanthropist.

In these difficult times, the dedicated volunteers have carried on and for this I am so grateful.

We look forward to a time when more members can consider some of the leadership positions.

02. Treasurer's Report – by: Suzanne Forshaw, Treasurer

The financial status of the History of Nursing is very stable.

- The membership went up in 2020 (49 - 51) from 2019.
- The donations went down approximately \$553.96 from 2019.

The following activities are complete or will be before the end May:

- 2020 BCHoN Income Tax
- 2020 BCHoN Financial Statement-see attached
- 2020 financial review done by Wendy Orvig (paid consultant)
- 2020 T4A tax forms filed with the CRA

The bank account was \$4,677.41 as of the end of December 2020.

The investment total was \$85,634.63 as of the end of December 2020.

The 2021 budget has been presented for information at the annual meeting.

03. Archives – by: Nan Martin, Chair

Members: Francis Mansbridge (Archivist), Jennifer Stephens (Biographies), Sally MacLean (Oral Histories April – November 2020), Nan Martin (Chair).

- Pandemic restrictions since March 2020 resulted in new methods of communicating with members. Thus, the 2020 AGM was carried out by teleconference and regular Board meetings via Zoom. Our 2021 AGM is also scheduled via Zoom. Archives committee meetings are on hold.
- School of Nursing offices are essentially closed but Francis and I have permission to enter our space as necessary. The packed boxes fill the office awaiting transfer to UBC Library Rare Books Special Collections. They may well be there for several more months.
- Although Francis completed 9 (nine) years in June 2020 as our archivist, he continues to attend to the details for the transfer of our holdings and will assist with the actual transfer whenever that happens. The BC History of Nursing Society sincerely thanks Francis for his archival expertise and guidance in dealing with our treasured collections.

- Since June 2020, “contact us” inquiries have included four requests for copies of papers in the content section of Biographical files: Nan Kennedy, May Komiyama, Trenna Hunter and Martha Twiddy. Each has been responded to explaining our situation with packed boxes and that once transferred to Special Collections it should be possible to retrieve them (Of course we will be discussing this matter with Krisztina Laszlo – hopefully in the Fall of this year). Most people understand and are prepared to wait. Certain other requests can be dealt with and Francis goes into the office as required.
- Biographies: Jennifer is following up on preparing a Biographical file for Morrie Steele as requested by Lenore Radom, Website Chair.
- Oral Histories: Sally completed the process of reviewing oral history recordings and now over 100 cassettes are on MP3 format. Krisztina will take all oral histories to Rare Books Special Collections as part of the transfer of our archival holdings. Thank you, Sally, for your work and wise counsel on the archives committee.

04. NEWSLETTERS – by: Lynne Esson, Chair

Committee: Lynne Esson (chair) Beth Fitzpatrick, Ethel Warbinek, Naomi Miller, Sheila Zerr, Lenore Radom and Glennis Zilm

Meetings: At the call of the chairperson, no meetings held all communication was by email.

Committee Activities:

Three full issues of the history of nursing newsletter were published in 2020. All issues were guided by Anita Petersen’s design and graphics. We thank Sue Forshaw for her assistance with the membership list. Also thanks to Lenore Radom who works with the printer and facilitates the mailing of newsletters for those who do not have e-mail and Lynne Esson who sends out the newsletters electronically. I would like to express my sincere thanks and appreciation to all who contribute information and articles for the newsletter.

Editors for 2020

- Winter: Membership renewal/Presidents message mailed out by Lenore Radom
- Spring: No newsletter due to a late distribution of the fall (2019) Newsletter
- Summer: Lynne Esson
- Fall: Lynne Esson

Overall, the costs for the printing and mailing of the newsletter for 2020 is approximately \$400 dollars. Anita Peterson for the two newsletters receives an honorarium in total of \$400 dollars

Future Plans:

We will continue to issue 3 newsletters per year with the winter issue being replaced by a special membership mailing.

05. Pages of History – by: Sheila Zerr, Chair committee: Sheila Zerr (Chair), Lenore Radom

There are 104 pages of history, 80 hard copy and 24 on the web site. There are three sets of display albums. Two sets of display albums are used for History of Nursing Society displays. One set is archival and contains consents. Consent forms have been revised to obtain consent for web site and future digital access.

- Barbara Owen 1929 -2016 from Victoria
- Priscilla Lockwood living in Nanaimo
- Lynette Best living in Vancouver.

Currently:

1. Under development, Lynne Esson, and Glennis Zilm.
2. Executive members pages to come, Cheryl Entwistle and Sue Forshaw.

Recommendations:

1. We recommend that we complete the pages of history of our executive members and place them on our web site.
2. The web site pages have been slow to catch on but interest is growing so we recommend continuing the project.

06. PROGRAM – by: Margaret Scaia

We decided to add presentations of past scholarship and award winners from BCHNS and sent out a request to these recipients inviting them to attend in person to our upcoming Board meetings. The options were to attend and present by Zoom 'live', or to record their presentation which could then be played at the Board meeting. We also asked about recording the presentation. One presenter agreed to this recording and one declined. It was felt that the recording could be archived for our use and possibly for distribution to other sites – this is still under discussion. To date, we have had two presentations, with one pending June 8th.

1. January 12, 2021 – Lydia Wytenbroek

Title: American Nursing (Inter)Nationalism in Iran

Bio: Lydia Wytenbroek is a social historian of health and nursing. She is an Assistant Professor in Nursing at UBC. She is currently working on a monograph about American mission nursing in Iran.

2. March 9th 2021 – Sarah Cook

Title: "Accepted in Bella Bella: A Historical exemplar of a missionary nursing education, in British Columbia 1921-1925."

The focus of the presentation will be on private collection documents and radical changes that were taking both place in BC nursing education and in the Bella Bella School of Nursing at that time. The presentation was recorded.

Bio: Sarah Cook graduated from the University of Victoria in 2005 and has been working in Pediatrics ever since. Sarah has recently published from her thesis: QANE <https://qane-afi.casn.ca/journal/vol6/iss2/10/>.

3. June 8th 2021 – David Yacoubian

Title: "A History of Nursing and Humanitarianism in the Near East, 1890-1930: a synopsis of my dissertation project"

Bio: TBA

07. Membership – by: Suzanne Forshaw

The membership up 2 from 2019

IN 2018 THERE WERE:

Full Members:	33
Affiliate Members:	5
Student Members:	4
Honorary Members:	7
Total:	49

No one died in 2019

IN 2020 THERE WERE:

Full Members:	33
Affiliate Members:	5
Student Members:	8
Honorary Members:	5
Total :	51

Two died in 2020

08. Memorial Book – by: Lynne Esson, Chair

During the year (2020), the History of Nursing Society did not submit any nominations to the Nurses and Nurse Practitioners of British Columbia Memorial Book. There were no nominations for the CNA Memorial book. Nominated individuals will be recognized during the Awards Ceremony and will be entered into the book.

There were Two (2020) nominees for the NNPBC

(Formerly the ARNBC, RNABC) Memorial Book:

- Helen Shore
- Nancy Wright

This year (2020) the following names were inducted into the CNA Memorial Book:

- Kay Dier (1922-2018)
- Joanne Wooldridge (1967-2019)
- Patricia "Pat" (Rogers) Pocock (1940-2020)
- Joan Gilchrist (1928-2020)
- Shirley M. Stinson (1929-2020)

Due to Covid-19 the above names have not yet been publicly announced, they will be included in an announcement during the 2021 AGM in June.

If you know of or hear of someone who should be nominated please let the Chair of the Committee know.

**Please note that the ARNBC is now known as the Nurses and Nurse Practitioners of British Columbia. This change happened September 2018.*

08. Website – by: Lenore Radom, Chair

Committee: *Lenore Radom (chair), Beth Fitzpatrick, Jennifer Stephens, Margaret Scais, Glennis Zilm.*

The website committee kept busy through the pandemic with 24 postings to the Blog during the year. We believe that is an impressive number and shows the continuing work and efforts to communicate electronically with our membership during this challenging time. Many of the blogs were also posted by Jennifer on Facebook and Twitter as well as additional interesting pictures and pertinent articles.

In January, the revised Monument Document was added to the website, while we were waiting for a new format that would enable us to add new monuments directly ourselves. Margaret Scaia appreciates any “monuments” you could suggest from your area and pass along to her mrgtrtscaia@gmail.com

November 4, 2020, we held our first website committee meeting by Zoom, hosted by Jennifer. This meeting generated many good ideas & planning for 2021.

2020 Newsletters were added to website as well as Pages of History for Shirley Riddalls & Donald Ransom.

It should also be mentioned, we had approximately 20 queries come through Contact Us, many of these require quite a lot of time

& several emails to process through, we are excited when we have helped someone. Glennis is our major “go to” person providing the details. Nan Martin has also provided assistance with sending cards, and Archive information.

Stats for website:

- Users: 5,396
- Sessions: 6,690

Top Pages: in order of most hits

1. Archives - up 36% over last year
2. Newsletter - up 52% over last year
3. Pages of History - down 10% over last year
4. Blog
5. Biographical Files - up 15% over last year
6. Events - down 30% - which makes sense because of COVID.
7. Artefacts...note* look under Grad Pins & Insignia for new E-Book.
8. About Membership
9. Nursing Presentations [under Online exhibits *New: Monuments & Commemorations]
10. Bursaries [under Resources for Students]

Most visitors came from Canada, the USA, and the UK, Then Asia - including China, India, and South Korea

10. Displays - by: Linda Quiney, Chair

Members: *Linda Quiney (chair), Nan Martin, Geertje Boschma and Francis Mansbridge*

Physical displays remain dormant while COVID restrictions apply. Regardless, Nan Martin has been doing stellar duty in changing and posting photographs for both seasonal and commemorative dates. Nan can elaborate on the current display. This is particularly appreciated while I am unable to fully participate in BCHNS meetings. The lonely wagon still resides in my laundry room waiting for the day when it can be called into action, or at least to its proper home in the storage cupboard in the Nursing School.

11. Bursaries - by: Kathy Murphy, Chair

The Bursary Committee was pleased to award three Bursaries in 2020.

In March, Hrag (David) Yacoubian, a Doctoral student at UBC, received an award but was unable to carry out his research due to the COVID pandemic. He is studying Nursing Humanitarianism in the Near East 1890-1930.

In November there were two winners:

- Michelle Danda, a Doctoral student at the University of Alberta, is studying the evolution of Psychiatric Nurse Education in BC from the years 1913-2018.
- Ismailia De Sousa, a Doctoral student at UBC, is studying Black Nurses in British Columbia: Exploring Their (in)visibility between 1850 and 1940.

Jane A. Delano (1862-1919), Red Cross Nursing Service

Recruiting and training nurses to serve in war and peace

BY NICOLE SMITH

Taken from: <https://www.workingnurse.com/articles/Jane-A-Delano-1862-1919-Red-Cross-Nursing-Service>

Jane Arminda Delano found her calling as a nurse and a volunteer with the American Red Cross, helping to recruit thousands of nurse volunteers for World War I and to bring desperately needed health-care to rural America.

Yellow Fever

Born in Townsend, N.Y., in 1862, Jane Delano was the descendant of an English colonial family and the daughter of a Union soldier who died of yellow fever during the Civil War. Delano attended a Baptist boarding school, and in her 20s, moved to New York City to attend Bellevue Hospital Training School for Nurses.

She later said her reason for becoming a nurse was nothing “romantic or sentimental,” declaring simply, “I think the nurse’s profession is a fine one, and I like it.” Upon graduating in 1886, Delano dove into her role as a nurse, moving to Jacksonville, Fla., to treat patients with yellow fever, the same disease that had killed her father during the war.

She instituted innovative ideas such as putting mosquito nets around patients and window screens in the sleeping quarters. (At the time, it hadn’t yet been proven that mosquitoes carry disease.) Delano then moved to Brisbee, Ariz., where she treated copper miners suffering from typhoid fever. After three years in Arizona, she moved back East, where she accepted a position as superintendent at a nursing school in Pennsylvania.

The Army Nurse Corps

In 1898, the United States went to war with Spain over Cuba and other Spanish possessions in the New World. The Spanish-American War was the first major U.S. conflict in which American nurses were assembled as a unit. It was also the initial time the American Red Cross mobilized to aid the sick and wounded. During the conflict, Delano served as secretary of enrollment for the Red Cross’s New York chapter.

In 1902, Delano and several of her colleagues joined the reserves of the new Army Nurse Corps. Recognizing the importance of training and preparing nurses for wars and natural disasters, Delano became superintendent of the Army Nurse Corps in 1909.

The recruitment and enrollment programs she initiated helped the corps — which had been on the verge of disbanding following the Spanish-American War — to later recruit the 21,480 Army nurses who served in World War I. During this same period, Delano was also president of the board of the American Journal of

Nursing; president of the Associated Alumnae, forerunner of the American Nurses Association; and chairman of the National Committee on Red Cross Nursing Service. Her work helped to make nursing a recognized and respected part of the healthcare field.

Serving During War and Peace

In 1912, Delano decided to give her full attention to the American Red Cross, with the goal of establishing a national reserve of Red Cross nurses who could support both the military nurse corps and the U.S. Public Health Service. She traveled across the country, speaking, promoting and inspiring nurses to volunteer for the Red Cross.

These efforts proved prescient when the U.S. entered World War I five years later. By 1917, the Red Cross nursing reserve was about 8,000-strong, a number that would more than double by war’s end. The Red Cross played a pivotal role during the war, sending medical supplies, doctors and nurses to aid military and civilian casualties both overseas and in the U.S.

Delano’s earlier rural assignments had helped realize the urgent need for healthcare and health education in all communities. To that end, she established the Red Cross Town and Country Nursing Service (later called the American National Red Cross Public Health Nursing Service) to serve rural populations. Delano also developed curriculum and cowrote textbooks for Red Cross courses on home healthcare and hygiene.

Burial at Arlington Cemetery

In 1919, following the Armistice that ended World War I, Delano traveled to France to inspect hospital bases that had been used during the war and to battle Spanish Influenza, which had killed an estimated 22 million people.

During her trip, she contracted mastoiditis, a complication of acute otitis media in which the infection spreads to the mastoid bone behind the ear. Although she underwent surgery, she died shortly afterward at the age of 73. Even on her deathbed, her main concern was getting “back to my work.”

Although she was originally buried in Savenay, France, her body now lies in the Nurses’ Corner of Arlington National Cemetery, where a bronze memorial is dedicated “To Jane A. Delano and the 296 nurses who died in the War — 1917–1918.”

She posthumously received the Distinguished Service Medal and in 1982 was inducted into the ANA Hall of Fame.

ARCHITECT-NUN BUILT EARLY INSTITUTIONS

BY STEPHEN HUME

First Published in the Province Friday June 9, 2017



Esther Pariseau designed St. Mary's hospital in New Westminster, which opened in 1886.

VANCOUVER SUN

Esther Pariseau was B.C.'s first female architect, although her commitment to plumb bob and carpenter's square was a means to an end. Her real mission as Mother Joseph du Sacré-Coeur of the Sisters of Providence was to serve the Kingdom of Heaven — building the earthly structures required to care for the sick and alleviate ignorance and poverty.

Over 45 years, says women's historian Merna Forster, she designed and built more than 30 hospitals, schools, orphanages and libraries across B.C., Washington, Montana, Idaho and Oregon. She displayed, said Roman Catholic leaders, "the kind of lofty ideas, the kind of fertile inspirations that are the mark of genius: never-ending work, incalculable sacrifices, vast undertakings, nothing was too much for her energy and her generous initiative."

Born to Joseph Pariseau and Françoise Rousseau on April 16, 1823, at Laval, Lower Canada, her father was a carriage maker. As a child, she learned his skills. Her mother tutored her in the wifely domestic skills of weaving, cooking and embroidery. But the day after Christmas 1843, she joined the Sisters of Charity of Providence, a new order devoted to providing health care, education, child care and services to the poor.

In 1856, she was sent to Fort Nisqually, Washington. Two months after arriving, she had built a convent and school and was taking in orphaned children. Sisters cared for the sick, elderly and

mentally incapacitated in their own homes. In 1858, just as the Fraser River gold rush began, she opened a hospital.

In 1866, she was asked to build similar missions across the Canadian and American northwest, but there was a catch. She had to raise the funds. She organized "begging missions," promising miners their donations ensured future access to health care should they ever need it. Some argue her idea was the genesis of Medicare.

In 1873, she built the Académie de la Providence in Vancouver, then St. Mary's Hospital in New Westminster in 1886, then a 25-bed St. Paul's Hospital for Vancouver in 1894. Even in her late 70s, she could be seen in her black habit, climbing ladders to scrutinize construction work on her buildings — and ordering corrections.

She died of cancer in Vancouver, Wash., on Jan. 19, 1902. Her legacy endures. Our own St. Paul's Hospital is today a teaching hospital particularly famous for its innovative work in treating HIV/AIDS and its tireless service to the city's poorest communities.

For Photo

Esther Pariseau was B.C.'s first female architect, she designed the original St. Mary's Hospital in New Westminster in 1886.

BC GEOGRAPHICAL PLACES NAMED *for* NURSES

BY GLENNIS ZILM AND MARGARET SCAIA

British Columbia has at least five geological places – including two mountains – named to honor nurses. These include: Mount Florence, Mount Taylor, Marion Rock, Goodwin Point, and Barrat Shoal. The names are officially recognized by Heritage BC and the Geographical Names Board of Canada. As well, another mountain is named for the wife of a Prime Minister because of her association with the Victoria Order of Nurses.

Mount Florence is the earliest of the non-Indigenous place names in BC associated with a nurse. Named for Florence Nightingale (1820-1910) in 1863, the small (just over 1,500-foot) forested mountain is within the Sir Harry Range, a sub-range in the Coastal Mountains of British Columbia. It is located between Seymour Inlet and Grappler Sound on the BC mainland opposite and slightly north of the top of Vancouver Island. The area is located in the traditional territory of the Gwa'Sala'Nakwaxda'xw First Nation.

The names for mountains within the range were suggested in honor of his father by Lieutenant Commander Edmund Verney, who commanded HMS Grappler. This gunboat was frequently stationed at the Royal Navy's Pacific Station at Esquimalt, BC, from 1862 to 1865. In October 1863, the Grappler met with the Hudson Bay Company's ship The Beaver, on which was Lt. Daniel Pender, a former shipmate of Cdr. Verney. Lt. Pender was charting the BC waters and coastline and the various names were assigned.

Sir Harry Verney was Florence Nightingale's brother-in-law. Other mountains in the 18-square-kilometre sub-range include Mt. Verney, Mt. Parthenope (Florence's sister and Sir Harry's second wife), Mt. Embly (the Nightingale home), and Mt. Claydon (the Verney home). Nearby Mt. Nightingale was named for the Nightingale family. At the time, Florence Nightingale was being honored for her work in the Crimean war and her lobbying for improvements in the British military hospital care and for sanitary improvements. She later became even more famous for her improvements in nursing education.

The names of Mt. Florence and Mt. Nightingale are frequently confused and occasionally given as "Mt. Florence Nightin-

gale." However, both names were formally registered in 1958 by the Geographical Names Board of Canada.

Marion Rock and Goodwin Point are both named for Mrs. Marion Goodwin Collison (1850-1919), wife of Anglican Missionary Reverend (later Archdeacon) William Henry Collison (for whom Collison Bay was named). The Collisons established the first permanent mission in Haida territory at Massett in 1873. She was the first white woman to live on the Queen Charlotte Islands (now renamed Haida Gwaii for the traditional territory); he reputedly was the first missionary to preach to Haida, Nisga'a, and Tsimshian in their own languages.

Following in the footsteps of Florence Nightingale in Crimea, Marion Goodwin became a battlefield nurse with a group of deaconesses during the Franco-Prussian war (1870-1871). She had returned to Ireland to nurse in the smallpox epidemics and assist in Anglican missionary work with children. After her marriage, she came with her husband to BC's Queen Charlotte Islands where Rev. Collison established the first mission at Masset in 1876.

Mrs. Collison was well prepared for her tasks as the first white woman nurse and social worker, and her skill in caring for the sick and injured among the Haida greatly aided the missionary cause. She was highly respected among the First Nations peoples despite her adherence to the missionary and social mores of the times.

Marion Point and Marion Rock are located at the SE entrance to Collison Bay on the SE side near the south end of Moresby Island (52°17'00" 131°06'00"). A map is available at http://www.canmaps.com/topomaps/nts250/jpg-50s-50q/103b_1_0.jpg.

Barrat Shoal was named for Elizabeth June Barrat in about 1927. This was while Miss Barrat was a nurse in training in the program at Port Simpson Hospital. This hospital and several others on the northern BC coast were run by the Methodist Missionary Society and she would also have spent some of her program on the mission boat visiting fishing and logging camps.

We have not been able to find out why the shoal – which is a natural, submerged bank, bar, or ridge that rises near enough to the surface of a body of water as to constitute a danger to navigation – was named for Miss Barrat. Barrat Shoal (54°37'59"N, 130°29'06"W) is located off the NW end of Tsimpsean Peninsula, north of Prince Rupert, near the BC / Alaska Panhandle boundary

Miss Barrat completed the Port Simpson nursing program, which at that time included a one-year affiliation with the School of Nursing at Vancouver General Hospital; she graduated in 1929. We also know she had been born at Winnipeg 8 June 1907. Name record for more place name information: <https://apps.gov.bc.ca/pub/bcgnws/names/36077.html>. If anyone can add to this information, please get in touch with the authors.

Mount Taylor was named for Ada C. Taylor, a long-time resident and pioneer of Pemberton and the first nurse in the community (1920-1950). Miss Ada Taylor, often referred to as “Granny Taylor” for the old-fashioned way of referring to nurse-midwives,” was a registered nurse and midwife who arrived in 1920 and oper-

ated a Red Cross outpost first aid station in Pemberton.

Mount Taylor (50°19'43"N, 122°29'57"W) is a 2,318-metre (7,605-foot) mountain summit located in the Coast Mountains of southwestern BC, in Joffre Lakes Provincial Park. It is situated 21 km (13 mi) due east of Pemberton and is visible from Highway 99 between Pemberton and Lillooet. Hiking trails lead into the area for those who like hiking. The mountain's name was submitted by Karl Ricker, geologist and legendary mountaineer of the Alpine Club of Canada; the name was officially adopted in 1979 by the Geographical Names Board of Canada.

Mount Lady Laurier was named for Zoe (Lafontaine) Laurier (1841-1919), wife of Sir Wilfrid Laurier, seventh Prime Minister of Canada (1896-1911). Her only connection to nursing is that she was one of the vice presidents on the formation of the National Council of Women of Canada and was honorary vice president of the Victorian Order of Nurses. The mountain (56°40'59"N, 123°37'05"W) is in the northwest end of Graham-Laurier Provincial Park in the Cariboo Land District. Geographical Place Name record: <https://apps.gov.bc.ca/pub/bcgnws/names/7322.html>

Acknowledgements

The names came to light while I was researching information about Mount Florence for the newly expanded “Monuments and Commemorations” pages on the BC History of Nursing Website. Warren Wulff, Library Manager, Natural Resources Canada, Vancouver, assisted greatly with information, especially on Mount Florence, and Trent Thomas, Project Coordinator, BC Geographical Names Office, BC Heritage, advised me his Ministry (Lands and Forests) had recently adjusted its database to identify for whom places were named and he could do a keyword search internally on their files to help identify places named for nurses. Our sincere thanks to both as their major contributions led to our research for this article.

Authors' Note

Both authors are long-time and active members of the BC History of Nursing Society. Dr. Scaia is doing research for expanded and enhanced “Monuments and Commemorations” pages on the BCHNS Website. Most of the research for this article was done using keywords on the Internet; many archives (e.g., UBC Libraries, Pemberton Museum and Archives) are closed to researchers because of the Covid-19 protocols. Much of the research related to Mount Florence is from personal files of Dr. Zilm dating back 30 years to when she was a consultant to the late Peg Leighton, a retired nurse and UBC Woodward Librarian who was working on a biography of Florence Nightingale and who had chartered a flight to fly over Mount Florence. Full information on the references is available from Dr. Zilm. If you can add any additional information on these nurses, please get in touch with the authors. Or if you have suggestions related to “Monuments and Commemorations,” please get in touch with Dr. Scaia through the Website's “Contact Us” link or with Dr. Zilm at glenniszilm@gmail.com



Ada Taylor. Pemberton Museum and Archives

Nurses' Struggles During the Great Depression:

Prelude to Professional Status

BY: BARBARA BRODIE PHD RN, ASSOCIATE DIRECTOR

Taken From https://www.nursing.virginia.edu/media/CNHI_Windows_in_Time_2012-05.pdf

After the U.S. stock market collapsed in October, 1929, the country's economy spiraled out of control leading to massive business failures, the closing of the nation's banks, social unrest, high unemployment, and increasing poverty among the people. By 1932, the lowest point of the depression, 15,000,000 people (one-third of the country's workers) were without jobs or even the prospect of future jobs. Leaders from government, business, and social agencies struggled to find effective ways to restore the health of the economy and help its citizens survive.

Private duty nurses were among the earliest casualties of these turbulent times because of an overabundance of them and the advances in medicine in the 1920s that had moved patients from their homes to hospitals. Hospitals now offered nursing care given by student nurses whose costs were included in the hospital's bill. This move left too many private duty nurses seeking too few jobs even in the early stages of the depression. As the economy worsened, many more Americans lost their jobs, businesses, homes, and their savings. Soon millions of people who needed medical care found themselves unable to pay for the services of physicians, private duty nurses, or hospitals.

Prior to today's government or private health care insurance coverage, hospitals depended on patients to pay for their care and charitable donations to defray any shortfalls. During the depression, hospitals were forced to devise ways to remain open and operating. They began a series of cost-cutting measures that included closing smaller non-viable ones, cutting their staff and its pay, increasing their collection procedures, and closing their nursing schools whose nursing students had staffed the hospital. To offset the loss of students, hospitals hired aides and some graduate nurses who were begging for jobs. Unemployed for months or longer, graduate nurses were forced to agree to work for minimum wages and in some hospitals offered only room, board, and laundry services as wages. These arrangements helped many nurses through the worst of the depression and taught them ways to exist on very little money. Stories abound of the ingenuity of nurses to survive under these conditions, such as taking the leftover soap of a discharged patient for their own use and devising ways to keep their white uniforms, cap, and shoes intact and presentable. For some however, the experience left them bitter because they were not treated as professionals in the hospital and forced to live in substandard housing under the rules of house mothers and the nursing superintendent.

In 1932, at the height of the depression, it was estimated that between 8,000 and 10,000 nurses in the country were searching for work. Some nurses unable to live on their own returned to live with their families and find employment. Others desperate for work traveled to other states in hopes of finding positions as floor nurses. However, so intense was unemployment in every state that concerned officials of nursing organizations placed notices in the American Journal of Nursing warning fellow nurses not to come to their state for a job. "Nurses who are contemplating coming to Binghamton, New York, to work, are advised not to do so as there is not enough work for nurses already here."¹ Because of the lack of jobs for Michigan nurses their State Board of Examiners of Nurses temporarily suspended issuing licenses to out-of-state nurses.²

As soon as the magnitude of the depression was recognized in 1930, health care leaders at both the local and national levels organized to find ways to relieve the hardships of unemployed nurses. State nursing relief groups worked to find nurses jobs and provide them temporary funds. State Nurse Associations and the American Nurses Association worked with hospitals to promote the hiring of more graduate nurses and encouraged hospitals to cut their nursing training programs. They also encouraged hospitals and nurses' employment agencies to adopt an eight-hour working day and to devise ways to pay graduate nurses hourly wages for part-time work. Some of these ideas were partially successful but it took the federal government's relief programs, beginning with the National Relief Act of 1933, to provide employment for nurses and the health services needed by the public. Thousands of nurses applied for positions in these new federally sponsored programs. So destitute were some nurses, they had to be outfitted with new uniforms and shoes before they could take these new positions.³

Bolstered by the federal government's help and the country's recovering economy, hospitals and public health agencies began to add registered nurses to their staffs. At the beginning of the depression, hospitals employed about 4,000 graduate staff nurses—by 1937 the numbers rose to 28,000 and in 1941, 100,000 graduates were employed in staff nurse positions.⁴ From this point on graduate nurses became the mainstay of hospitals' nursing services and nursing students only supplemented their numbers. This growth was due to not only the increasing income of hospitals but more importantly, changes in the hospital had

been instituted to provide more medical specialty care with its new technology and clinical diagnostic laboratories. These changes demanded the services of professional nurses to care for patients, support physicians, and to manage the increasing complexity of a modern hospital.

As graduate nurses entered hospitals to assume leadership and clinical positions the profession entered the next crucial phase of its development. The challenges it faced included developing its own clinical domain and autonomy, establishing interdependent relations with physicians, and creating within a rigid hospital system an environment that respected and valued professional nurses—including compensating them with professional wages and allowing them to significantly shape the standards of care provided to hospital patients.

Footnotes

1. "Binghamton is Over-Crowded." American Journal of Nursing. Vol 30, January, 1930. 344
2. "News", American Journal of Nursing, Vol 33. March, 1933. 2873.
3. Mary M. Roberts. American Nursing: Its History and Interpretation (Macmillan Company: New York: New York, 1954) 223–229.
4. Susan M. Reverby, Ordered to Care (Cambridge University Press; Cambridge, New York, 1987)188.



Trethewey House, constructed between 1908 and 1909 for lumber baron Joseph Ogle ("J.O.") Trethewey and his third wife Reta, sits in Mill Lake Park in the heart of Abbotsford, B.C. was President of the Abbotsford Lumber Company during its boom years in the 1920s.

Today, visitors to the Trethewey House Heritage Site are invited to discover the importance of the Trethewey family's lumber business and its impact on the region. Tours of the house are provided by the Abbotsford Heritage Society, the non-profit agency responsible for the operation of the house, and for the preservation and exhibition of artifacts and archives for the benefit of the public. The mission of the Society is to be the memory of the community. As such, the staff and Board of Directors are pleased to add this current book, "Pioneers in Petticoats: The Trethewey Women 1800-1900" to its list of publications.



Julia Rohan is a writer, singer-songwriter, visual artist, wife and mother. Born in St. Catharines, ON, and raised in Toronto, she lived in Quebec for 25 years before moving to Abbotsford with her husband and dog in 2008.

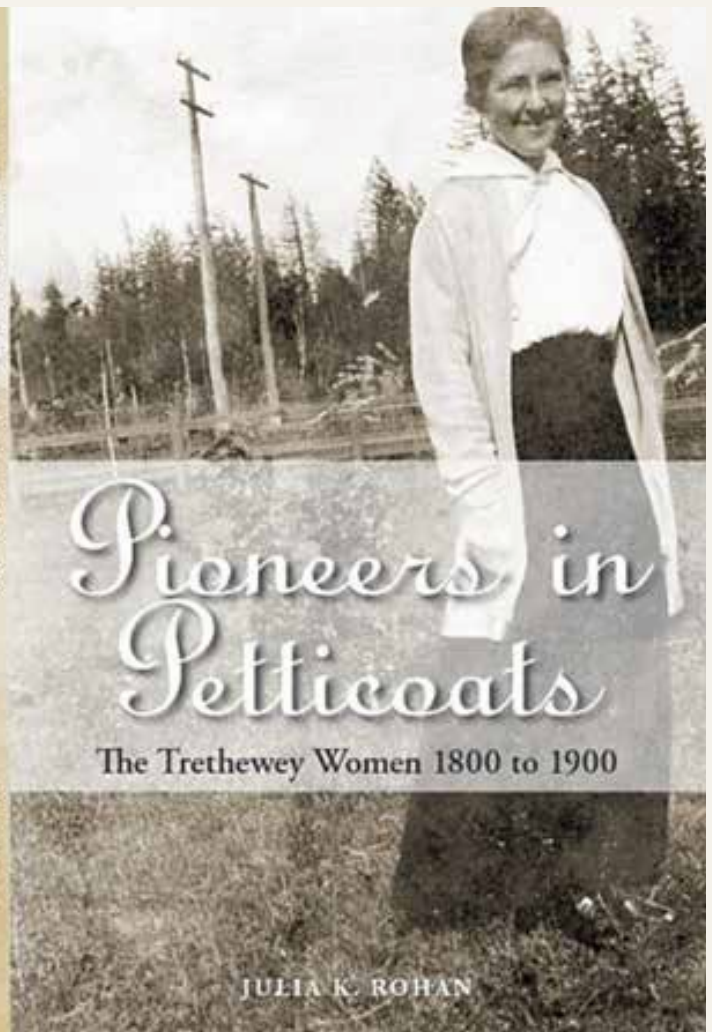
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Articles, news, and ideas for items to be included in the Fall 2020 issue should be sent to
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