Caring and Curing
Dodd, Dianne, Gorham, Deborah

Published by University of Ottawa Press

Dodd, Dianne and Deborah Gorham.
Caring and Curing: Historical Perspectives on Women and Healing in Canada.

For additional information about this book
https://muse.jhu.edu/book/6551

For content related to this chapter
https://muse.jhu.edu/related_content?type=book&id=147974
In 1905, the Canadian-born nursing reformer Isabelle Hampton Robb lamented that the "good nurses do in hospitals is now unquestioned, but outside the hospital the trained nurse is still regarded as a not altogether unmixed blessing." At the root of the problem, she suggested, was the public’s failure to distinguish between the professional, modern nurse and her old-fashioned competitor, “the well-meaning, enthusiastic, but untaught amateur.”

One group of Canadians who did grasp the difference between these two classes of nurses was the National Council of Women of Canada. In the early 1900s, the National Council of Women adopted the registration of trained nurses as one of its many reform concerns. In the trained nurse, the women of the National Council saw reflected a measure of themselves. Like many of them, the trained nurse was middle-class, educated, and perhaps most importantly, a full-time caregiver. Moreover, the popular association of trained nursing with the middle-class social ideals of efficiency, order, and cleanliness made these new professional women the natural allies of the many National Council affiliates engaged in organized charity and moral uplift among the “deserving” urban poor.

The National Council of Women’s decision to ally itself with professional nursing in the 1900s marked the culmination of its decade-long struggle to reconcile two competing constructions of “woman’s work,” one trained, remunerative, and professional, and the other domestic, voluntary, and evangelical. From its inception in 1893, the National Council defined “woman’s work” as the moral and spiritual guardianship of society, and asserted that women’s traditional responsibility for homemaking and motherhood accounted for the growing social influence of Victorian women. As a result, during the 1890s, the National Council responded to the self-conscious professionalism of
North American nursing leaders with a predictable degree of ambivalence. While its members looked upon the development of trained hospital nursing as confirmation of the importance of "woman's sphere," they were initially reluctant to accord middle-class nurses the kind of professional status claimed by male-dominated occupations such as medicine and law. Instead, sacred images of trained nursing as an "avocation" and "refuge" for women who chose to serve a higher master than man dominated their initial deliberations on the subject.

This kind of sentimental imagery complemented Council women's own sense of responsibility for the physical and spiritual welfare of their less affluent urban neighbours. Evangelical sentiment permeated the benevolent nursing enterprises sponsored by societies federated with the National Council in the last decade of the nineteenth century. In general, Council women carefully distinguished between the work of trained nurses and the act of nursing itself. While they acknowledged that only women specially trained in hospitals should be engaged professionally as nurses in well-to-do households, many evangelical women within the National Council believed that any woman called to God's service could nurse among the poor. For members of affiliated societies like the Order of King's Daughters and the Toronto Nursing-at-Home Mission, nursing the sick poor in their own homes was a peculiarly feminine form of social service. Whether calling their workers "friendly visitors" as in the case of the King's Daughters or "missionary nurses," these evangelical women hoped that their organized nursing work would not only bring middle-class standards of physical care and hygiene into the households of the urban poor, but spread the transformative influence of the gospel as well. In this way, both bodies and souls would be "saved" in the poor neighbourhoods of urban Canada.

The National Council's decision to found a national district nursing order in the latter half of the decade ultimately forced its members to confront the limitations of defining the work of middle-class women solely in domestic and voluntary terms. Although Council women discussed nursing extensively, they paid very little attention to the needs of trained nurses themselves until Lady Ishbel Aberdeen, the British social reformer and Canadian social leader who presided over the Council between 1893 and 1898, founded the Victorian Order of Nurses for Canada in 1897. For an organization wary of public notoriety, the experience of founding and defending a controversial institution such as the Victorian Order proved a crucible of sorts for the National Council. The fierce campaign mounted by the organized medical profession and by segments of the popular press against the Council's
initial proposal to establish a “Victorian Order of Home Helpers”—whose members would be skilled birthing attendants but not necessarily trained nurses by Canadian standards—took Council women by surprise and forced them to concede that the question of who nursed was as important as the act of nursing itself. The persistence of medical opposition to the reformulated “Victorian Order of Nurses,” a district nursing institution to which only trained hospital nurses would be admitted, fully awakened Council women to the need for a definition of female professionalism that would neither undermine their own status as voluntary workers nor impede the expertise of trained nurses as a group.

This study considers the National Council’s discussion of nursing and the advent of the “modern” trained nurse at its annual meetings in the 1890s. The first part explores Council women’s use of conventional middle-class domestic ideology to define and delimit the meaning of trained hospital nursing in the early 1890s. The second part explores the class and gender assumptions inherent in the distinction made by some Council women between the work of trained nurses and the act of nursing as an expression of evangelical sentiment. The third part outlines the terms of the maternal welfare scheme sponsored by the National Council in 1897, and considers its reasons for employing “home helpers” rather than trained nurses to safeguard the lives of childbearing women in the Canadian Northwest. And finally, the fourth part considers the Victorian Order controversy and its impact on the National Council’s domestic construction of nursing at decade’s end.

The “Modern Nurse”

The education, social bearing, and financial independence of the “modern” nurse marked her as a new kind of woman worker. She was middle-class, and though she might work from necessity, she might also work from choice. For most of the nineteenth century, however, nursing had been a form of domestic service undertaken in well-to-do homes and in urban charity hospitals by working-class women of varying degrees of social “respectability.” The handful of nursing schools established in Canada during the 1870s and 1880s attracted a small number of middle-class students and public attention, but it was not until the 1890s—when over thirty established and newly constructed hospitals opened training schools—that nursing was widely accepted as an occupation suitable for Canadian women of the middle classes. Despite the growing popularity of trained nursing in this and subsequent decades,
the perception that nursing was a natural feminine calling and that nurses, trained or otherwise, were domestic workers persisted. The medical profession’s representation of trained nurses as subordinate helpmeets, and hospital reformers’ exploitation of them as symbols of middle-class domesticity, merely reinforced the popular image of nursing as a specialized department of female domestic labour.

During the 1890s nursing reformers began a concerted effort to distance the work of nursing from its association with domestic labour by identifying themselves and other graduates of “recognized” hospital training schools as “professional” workers. In North America, this impulse led to the formation of the American Society for Superintendents of Training Schools for Nurses in 1893, to which sixteen superintendents of Canadian hospital schools belonged by 1899.5 Using the medical profession as their model, these nursing elites attempted, first, to raise the educational calibre of nurses and prevent overcrowding by lobbying hospitals to implement a standard three-year nursing curriculum; second, to rationalize nursing practice by forging a set of recognizable nursing skills; and third, to evolve a code of ethics that would clearly identify public well-being with an exclusionary and hierarchical model of nursing professionalization. These reforms were designed to legitimate trained nursing as a form of paid work for middle-class women, on the one hand, and to imbue its practitioners with an occupational status commensurate with both their social rank and their medical role as “handmaids to science,” on the other.6

Trained nurses were not the only middle-class “women workers” to organize in the 1890s. Like organized nurses, most of the women who joined the National Council of Women of Canada after 1893 also represented themselves as workers. But unlike nurses, who shared an acknowledged occupational identity that was forged by a common institutional training and publicly valorized by wages, the work of National Council women was intuitive and voluntary, and its value asserted rather than formally recognized. The work identity of National Council members derived from their assimilation of conventional ideas about women’s responsibility for the home and family life. The evangelical sense of mission that underlay the social work of so many National Council affiliates and individuals during the 1890s further defined womanhood itself as a special and morally suasive force within the public sphere. At the first annual meeting of the National Council in 1894, Lady Aberdeen asked her audience,

how can we best describe this woman’s mission in a word? Can we not describe it as “mothering” in one sense or another? We are not all called
upon to be mothers of little children, but every woman is called upon to "mother" in some way or another; and it is impossible to be in this country, even for a little while, and not be impressed with a sense of what a great work of "mothering" is in a special sense committed to the women of Canada.

This special, "grand women's mission" to mother permeated the National Council's reform program and was regarded by Council members as the source of organized women's public, as well as private, authority. As a common definition of purpose, it embodied Council women's equation of homemaking with nation building, and cast their organization as a "new opportunity which he affords us of being fellow-workers with Him for all that makes for righteousness."

Coming of age in an industrializing and urbanizing society increasingly driven by waged labour and specialized knowledge, during its first few years the National Council eagerly appropriated the language of the paid labour market to redefine the household as a place of business and women's traditional domestic duties and benevolent activities as work. In this way, organized middle-class women entered the social sphere as skilled workers, armed with expert knowledge about the needs of the home circle and ready to shield it from the threats and temptations of the outside world. As a self-styled "representative" body of women workers, the National Council's special mission was to those women and children too weakened by poverty, disease, or moral transgression to help themselves. The missionary watchword, "woman's work for woman," guided the National Council's reform initiatives and defined a feminine work ethic built upon the cultural designation of women as the moral and spiritual guardians of society. From the viewpoint of the National Council, then, "woman's work," both in the home and in the community, was obligatory, and hence non-remunerative. It was also vocational, infusing the duties of womanhood, and particularly of motherhood, with moral and evangelical purpose. And, most importantly, its skills were those of domesticity, and as such, they were the exclusive purview of women.

Viewed through this ideological lens, the care of the sick was construed by Council women as both the private and the public responsibility of women. At their annual meeting in 1894, National Council delegates gathered to consider the question of "Women's Work in Connection with the Sick." The first speaker, Miss Agnes V. Harris of the Hamilton Local Council of Women, sketched the development of hospital nursing as an "avocation" for middle-class women and explored its relationship to a domestic and non-remunerative construction of
woman’s work. No longer a degraded occupation reserved for working-class women, nursing was now “a field of labor at once honorable and remunerative.” The burgeoning crop of hospitals offering instruction in nursing accounted for the elevated status of hospital nurses, according to Harris, and explained the recent and “remarkable” transformation of the public’s attitude toward nursing as an occupation for middle-class women. Trained to bring the skills of domesticity to the work of science, Harris argued that the “modern trained nurse” was

peculiarly an end of the century production, certified, armed cap-a-pie with technical knowledge, the handmaid and valued assistant of the great corps of workers who labor tirelessly in the interests of humanity and science when the healthy public is sleeping.

“The necessities of the modern physician,” then, had “created the modern nurse.” Harris most fully expressed her approval of this new breed of woman worker by contrasting her with that archetypal mid-Victorian nurse, Sairy Gamp. “No greater contrast can be conceived,” she asserted, “than the type presented by Charles Dickens in his delineation of Sairy Gamp, the typical nurse of his time.”

But training alone did not make a good nurse. The personal qualities of nurses themselves were equally important. Just as the drunkenness and disobedience implicit in the image of Sairy Gamp were meant to convey the socially degraded status of the untrained workhouse nurse, the wide range of feminine virtues attributed to the trained modern nurse were meant both to signify the social elevation of nursing work and to suggest the improved moral calibre of the women undertaking it. Only those women fully conversant with the intuitive skills of womanhood would be good nurses. It must be understood, Harris reminded her audience, that while the training school could teach the student how to learn and profit from “the ever varying experiences that unfold themselves as she advances in her profession,” only a fully developed feminine character would ensure success. “[A]s physicians too well know, there is the trained incompetent as well as the trained competent nurse, for tact and sympathy, and an intuitive sense of how to do the right thing at the right time, are natural gifts that cannot be learned in a training school.” In essence, the requirements of the “ideal nurse” were those of the ideal woman, whose personal qualities, Harris suggested, were summed up in a few lines by Wordsworth: “The reason firm, the temperate will, / Endurance, strength and skill; / A perfect woman, nobly planned, / To warn, to comfort and command.” This was not “an impossible combination of virtues,” Harris assured
delegates, for there were already "such women, both in hospital wards and outside them, and truly they make glad the waste places of the earth."¹⁰

This representation of the ideal nurse as a "perfect woman, nobly planned" underscored the ambivalence of National Council women toward hospital nursing as a source of income for women of their own social class during the early 1890s. The apparent disparity between a traditional construction of nursing as a feminine domestic duty and its reconstruction as an "honorable and remunerative" occupation was a potentially troublesome one, for it threatened to erode the very foundation upon which Council women's identity was built. Echoing contemporary attitudes about the cyclical nature of women's paid work, Harris suggested that, for some, nursing might prove to be a temporary occupation before marriage. A woman's early retirement from paid work would in no way diminish the value of her professional training, however: "Even if the nurse only followed the calling for a brief period, it would have a tendency to broaden her sympathies and increase her capacities for usefulness in her own home and among her own circle of friends." Because the path travelled by nurses was an arduous one that severely tested the strength of their characters, Harris cautioned her audience that only exceptional women should undertake the "avocation of the modern professional nurse," and only after giving the implications of their choice "serious consideration." A willingness to take charge of the care of strangers would in particular test the depth of her calling, for "tasks that are considered a labour of love in the home circle, become repugnant when undertaken for strangers, and only the strong persevere to the end, the strong in mind as well as body."¹¹

Although Harris described hospital nursing as a profession and referred to trained nurses as professionals, she used these terms not to suggest the similarity of men's and women's work, but to assert its difference. As a masculine construct, professionalism privileged education, public service, and self-fulfilment as the pillars of an elite occupational identity founded on the cultural and remunerative value of men's work. On a functional level, Harris used the term profession both to denote paid work appropriate for the "certified" daughters of professional families and to signal nurses' subscription to a corporate ethic of service. Yet here any similarity between male and female professional work ended. Culturally, women's work was predicated upon the value of personal rather than public service, and upon the unpaid, reproductive work of mothering rather than the waged work of male breadwinners. Accordingly, the religious and domestic construction of nursing as a "calling"
advanced by Harris rejected remuneration as the cornerstone of a female professional identity. While hospital training had “had the tendency to elevate the calling [of nursing] almost to the dignity of a profession,” Harris argued that the work of nurses belonged not to the “commercial world” of monetary exchange but to the “world of higher human effort.” Nursing was thus not principally a livelihood for those motivated by the “spur of necessity.” It was a “refuge from sad memories” and a sanctuary for “bruised hearts” who sought solace “in caring for those more unfortunate than themselves.”

In contrast to masculine professional ideology, which rationalized paid work as a form of public service, the vocational construction of nursing articulated by Harris expressed an ideal of womanly service undergirded by self-forgetfulness and personal self-sacrifice. According to Harris, this feminine notion of service was most fully actuated by the nursing sisterhoods of the Catholic Church. “To-day, as in the past, their deeds are ‘speaking deeds,’ wrought without desire for the approbation of the world, yet, crowned with the imperishable beauty of conscious self-sacrifice.” Their seclusion from the distractions of domestic life, and their training in “habits of self-repression and unquestioning obedience,” eminently fit Catholic sisters for the “duty” of nursing, for these circumstances enabled them “to labor for the love of their profession and not for the emolument connected with it.” Yet Harris’s conflation of the traditional nursing sister with the ideal modern nurse was more figurative than literal. The nursing sister’s disavowal of worldly goods and rewards, her spiritual vocation to serve, and her self-forgetfulness reveal less about nursing sisters themselves than about organized women’s idealization of modern nursing as a secular calling for women of their own social class.

As the only institutional model of female social service traditionally known to women of the “respectable” classes, such a comparison simultaneously enhanced the status of hospital nursing and emphasized the strength of its ties to a domestic and religious construction of women’s work. Thus while training of some sort was now required to master the work of nursing, only those exceptional women who eschewed domestic happiness, whether by design or by default, would choose to spend their lives “in deeds of direct beneficence” as nurses. Harris acknowledged that most middle-class women were not willing to travel “the rugged path of duty” followed by the modern nurse. But this did not mean that there was a lack of sympathy between trained nurses and the women workers of the National Council, and she urged delegates “to give earnest thought and practical aid to this noble calling.”
"[A]s women," she concluded, "the work belongs especially to us. Let us show ourselves worthy of the trust."  

Nurses and Nursing

Trained nurses had no clear voice within the National Council of Women during the early 1890s. Two groups of trained nurses, the Trained Nurses' Association of the Kingston General Hospital and the Hamilton Society of Trained Nurses, affiliated with the National Council in 1895 and 1896 respectively but their representatives did not take an active part in any of the Council's early deliberations on the subject of nursing. 16 In general, trained nurses pursued an alternative reform agenda within their own organizations during the 1890s. Aside from the American Society of Superintendents of Training Schools for Nurses, which limited its membership to nursing educators from large general hospitals, during the 1890s trained nurses in Canada and the United States began to forge the local links that eventually resulted in the formation of national organizations such as the Nurses Associated Alumnae Associations of the United States and Canada in 1896 and the Canadian National Association of Trained Nurses in 1908. Local nursing societies and hospital alumnae associations addressed, in varying degrees, the problems and issues specific to the work of trained nurses, and offered isolated graduate nurses engaged in private practice the kind of occupational identity and sororal associations they had enjoyed as students in their hospital schools. 17

The relationship of trained nurses to National Council workers was also explored in some detail by Council women in 1894. Mrs. Hodgins of Toronto attempted to marry a traditional construction of nursing as "woman's work" to the emergence of trained nursing as a skilled branch of modern medicine. Hodgins applauded the trained nurse as a positive development in elite health care, and enthused that "the new era has brought all that is most desirable in a nurse to our bedside." Tracing the broad strokes of Harris's portrait of the hospital nurse, she observed that "hundreds of noble and unselfish women of education and refinement have devoted their lives to the profession of nursing." This unique combination of personal and professional qualifications gave "thoroughly trained and efficient nurses" a role as crucial as that played by physicians in the care of the sick: "the doctors will tell us, that honestly speaking in nine cases out of ten the patient owes
everything, sometimes even life itself to their gentle and intelligent care.”

The development of this skilled band of workers did not relieve laywomen of their obligation to superintend the health care of their own families, however. The “professional skill” of a trained nurse made her an indispensable addition to the middle-class sickroom, but in times of emergency a trained nurse was not always on hand. While previously experience alone had prepared a woman to nurse her own family, Hodgins asserted that the specialized knowledge of the modern health care professions now precluded such a casual approach to nursing, and advised her audience that “a certain amount of training” was now required. A course of St. John Ambulance first aid lectures would equip laywomen to meet most emergencies and teach them to appreciate “the thousand and one little things” done by trained nurses to mitigate the suffering and soothe the pain of their patients.

Just as Harris had used the image of the Catholic sisterhood to illuminate a religious construction of trained nursing, Hodgins used the image of trained nurses to empower middle-class laywomen as skilled workers. Like other National Council commentators in the 1890s, Hodgins equated systematic training with skill; in turn, skill imbued an occupation with respectability and the worker who performed it with a recognizable vocation. As one Council member observed, “A vocation that requires no systematic or recognized training is not likely to be regarded as very high or respectable, or have an honored place in the field of labor.” Emergency training, despite its cursory nature, would give middle-class laywomen the authority to redefine themselves as skilled nurses within the confines of their own homes. Although she was careful to articulate a clear division of responsibility between “amateur” and “professional” nurses, Hodgins implied that the difference between the two groups of workers was more a matter of degree than of kind.

A quick, light hand, a firm though tender touch, and a cheerful and decided manner, are worth everything to a nurse, whether amateur or professional, and these are possible to all, but like the perfect rose or stately lily require and repay careful cultivation.

Thus while only the professional nurse would make the kind of personal sacrifice required of her vocation, both amateur and professional nurses, when tested, possessed the presence of mind and self-forgetfulness that trained workers needed to apply their knowledge effectively and skillfully.
While Hodgins’s paper suggests the extent to which trained nurses had become a fixture in the homes of the middle and upper middle classes, their services remained largely inaccessible to working-class families, except in urban charity hospitals. Many late Victorian social reformers nevertheless regarded trained nursing as the ideal antidote for the growing physical and spiritual degradation they perceived among the industrial urban poor. Beginning in the 1850s, English nursing reformers like William Rathbone and Florence Nightingale pioneered a system of urban home care known as district nursing, which they promoted as a specialized department within the new middle-class discipline of hospital nursing.22

Evangelical sentiment informed the efforts of trained district nursing advocates like Nightingale and Rathbone, as well as the practice of many of the earliest district nurses. Nightingale argued that trained district nurses would introduce order, cleanliness, and fresh air into the homes of the poor. As “health missionaries,” they would help eradicate the environmental causes of poverty by teaching the poor the basic principles of sanitation and hygiene.23 Throughout the latter half of the nineteenth century, however, the phrase “nursing the poor in their own homes” assumed many different meanings. Charitable societies, city missions, and churches in Great Britain and in many American cities employed a variety of women to nurse among the poor. Nightingale deplored the tendency of many charities and missions to offer the sick poor material relief rather than good nursing, and she was especially critical of organizations like the Raynard Biblewomen, whose “missionary nurses,” she charged, were better equipped with theological knowledge than with nursing skill. But, while the methods of district and missionary nursing advocates differed, the ultimate purpose of their work was the same: the creation of the Kingdom of God on earth.24

At the National Council of Women’s Conference in 1894, Elizabeth M. Tilley of the London Local Council of Women,25 outlined two schemes by which local councils might take up the work of nursing. Tilley argued that an organized service to nurse the poor in their own homes was urgently needed. As the Dominion Secretary of the Order of King’s Daughters, an “interdominational religious organization” whose members laboured in witness to Christ, Tilley assumed that the needs of the sick poor were spiritual as well as physical in nature.26

It is a problem that constantly comes before the minds of the women who go in and out of the homes of the brothers and sisters who have not much of this world’s goods. In times of sickness, while not being cases
for hospital treatment, they are in need of proper care, medicine and nourishment. 27

Like many of her contemporaries, Tilley regarded nursing the sick poor as a branch of organized charity. In this sense, nursing the sick poor in their own homes was an extension of the kind of “friendly visiting” work undertaken by middle-class women’s groups like the Order of King’s Daughters, whose members offered themselves “for service, in personal and friendly visitation among the poor, regarding those they visit as friends and neighbors.” 28 By extending the hand of personal friendship across class lines, friendly visitors hoped to inculcate the ethic of self-help among the needy poor and, in the case of overtly evangelical groups like the King’s Daughters, to sow the seeds of religion in previously untilled soil. 29

But what constituted “proper care” and who was qualified to give it? The most “efficient” method of meeting the health needs of the sick poor, Tilley suggested, was to enlist the services of “a corps of trained nurses” whose members, in tandem with a diet and medical dispensary, would care for the poor. Her “vision” included the erection of a nurses’ home, “a centre where they could be found, and from which they would go forth to the homes of the sick poor to nurse and carry nourishment.” The latter would be prepared by “those in charge of the home,” a Board of Women. While the skill of trained nurses was clearly acknowledged in this scheme, their authority as “woman workers” was not. The hierarchical relationship foreseen by Tilley between the home’s female board of management and its nursing staff privileged the “efficiency” of organized middle-class women, not that of their paid agent, the trained middle-class nurse.

A second, less efficient, but also less expensive scheme would establish a diet and medical dispensary, along with a central information bureau for “women who are willing and able to nurse” among the sick poor. Although Tilley suggested that the only difference between this plan and her initial suggestion was the absence of a nurses’ home and its consequent expense, more was at stake than she implied. Without the formalization of their authority within an institutional framework like a Home, organized laywomen would likely lose control of the venture. The establishment of a medical dispensary depended upon the “generosity” of medical men, not the will of organized women. Similarly, as free agents within a medicalized authority structure, trained nurses themselves would no longer be required to labour under the supervision of a hierarchy of laywomen. 30
Tilley suggested that the absence of a corps of trained women to nurse among the poor constituted an “emergency.” The same circumstance that made the amateur nurse described by Hodgins necessary in the family circle thus also compelled some laywomen to care for strangers in the social circle. Although Tilley sought to provide the poor with the same kind of trained nursing care to which members of her own class were becoming accustomed, she also regarded a member’s willingness to nurse among the sick poor as a measure of her assimilation of the Order’s motto, “Not to be ministered unto, but to minister.” In this sense, nursing the poor in their own homes was the duty of all women called to God’s service. A laywoman’s willingness to give physical care to strangers was widely interpreted as a concrete expression of spiritual grace and of individual responsibility “to The King, Our Lord and Saviour Jesus Christ”—the avowed object of the Order. Unlike Hodgins, however, Tilley did not refer to her workers as nurses; this designation was clearly reserved for the graduates of hospital schools to whom the King’s Daughters turned for advice and training. But for evangelical women like Tilley, the skill or proficiency of the women who volunteered to nurse the poor was not the principal concern. It was hoped that nursing the poor in their own homes would offer them spiritual solace as well as physical relief. Caring for both “the souls and bodies of our fellow creatures” was, Tilley informed the Council, the singular purpose of the Order. Tilley described for her audience the steps taken by London-area “circles” of the King’s Daughters to meet the medical needs of their less fortunate neighbours. Helping poor women and children was the principal focus of their efforts. Some circles, which varied in size from six to onwards of twenty women, lent parturient women maternity bags, which provided “all articles needed by mother and infant, including sheets, pillow cases and towels,” and visited them daily until they were able to care for themselves. Another very large circle “composed mostly of working girls,” engaged in night nursing among the poor. Tilley praised the willingness of these “sisters” to sacrifice their own interests in the care of others. This, in her estimation, marked them as true students of Christ:

In their desire to help their fellow creatures in the name of Christ, they were willing to take two days of hard, steady work in the factory or shop without a night between for sleep, the night being given to nurse the sick. All honor to these dear sisters who were willing to make personal sacrifice to carry out their Master’s teachings. “Bear ye one another’s burdens and so fulfill the law of Christ.”
Tilley's narration of another episode implied that the nursing labour of the King’s Daughters revealed more than the spiritual grace of its workers; it was also a means of evangelizing among the sick poor and their families. Tilley recounted the efforts of yet another circle to “save” a woman suffering from consumption and neglect, whose brood of small children was too young to care for her or tend to the upkeep of her house. Although the pair of King’s Daughters sent to the house found “a scene of dirt and confusion,” their daily visits soon restored order and cleanliness, and gave the woman physical as well as spiritual relief:

For three weeks they gave several hours each morning to teaching and directing the children how to do the work, often doing a good deal of it themselves. They cared for the sick woman and made nourishment for her, and after attending to her bodily wants one or the other would sit down and read God’s Word to her, thus providing food for her soul.

The impact of this care was spiritually transformative, Tilley declared. “The woman’s husband, who was a sceptic, told the doctor with tears in his eyes of all the loving care shown to his dying wife, and added, I’ll say no more against Christians.”

Another missionary nursing service, the Nursing-at-Home Mission of Toronto, was briefly affiliated with the National Council of Women at mid-decade. According to Mrs. Helliwell, a mission worker who attended the annual meeting of the National Council in 1894, the Nursing-at-Home Mission employed “trained nurses capable of giving most efficient care to women.” Her use of the adjective “trained” brings into relief the variable meanings attributed to the term “trained nurse” during the 1890s, and indeed in subsequent decades. Although Mission nurses were reputedly trained “in the latest ideas of nursing,” they did not receive the kind of training advocated by nursing leaders who joined the American Society of Superintendents after 1893. Instead, after passing a two-month probationary period and completing a further one-year and ten-month apprenticeship—which included a course of medical lectures in the “rudiments of obstetrical, medical and surgical nursing”—they were examined and awarded the diploma of the Nursing Mission Training School. In contrast to “recognized” hospital training schools, which were increasingly concerned with the educational and social backgrounds of pupil nurses, the principal qualifications for prospective Mission nurses were spiritual:
No one will be accepted as a nurse unless she is an earnest, evangelical Christian, and is seeking to enter the service in order to glorify the Lord Jesus Christ, and with a view to leading souls to Him through ministering to the bodies of the sick whom she visits.

It was hoped that their peculiar combination of training and spiritual resolve would counter the unsanitary conditions that bred the ignorance, crime, and vice that managers of the Mission associated with the poorer homes of Toronto.38

In common with the King’s Daughters, Helliwell noted that the Nursing-at-Home Mission ministered “to the souls as well as to the bodies of these poor people.”39 To the homes of the “sinful, sick and sorrowing” Mission nurses brought with them “the message of a loving Saviour whose heart was ever filled with compassion and love.” Mission supporters likewise believed that nursing the sick poor in their own homes would exert a potentially transformative influence over their lives: “However much of the dark side of life is seen in the work, there are yet many bright spots, where the kindly influence of a kindly nurse has led to right thinking and right doing. Who can estimate the far-reaching influence of kind words and deeds done in the name of the Master?”40 As Helliwell told her co-workers in the National Council, many of the homes in which the light of Christ had been ignited by nurses “could have [been] reached in no other way.”41 This comment underscores the ancillary status of nurses themselves in the world view of the women who founded the nursing service. Theirs was primarily a mission of spiritual relief; the nurses whom they hired and trained were but one means to this wider end.

Helping Heroines

Poor urban dwellers were not the only beneficiaries of the National Council of Women’s considerable charitable and spiritual resources in the 1890s. Just as local council affiliates in London and Toronto hoped that friendly visiting and missionary nursing would save urban Canada for Christ, the Council’s national leadership looked to nursing—although not necessarily to trained nurses—as a way to empower prairie women as nation-builders. Members of the National Council strongly identified with the new generation of largely Anglo-Saxon women who were building farms and communities in the Canadian Northwest before 1900. Like their own pioneer “foremothers” who had helped “tame” the wilderness of central and eastern Canada in the eighteenth
and early nineteenth centuries, Council women described prairie women as “civilizers” and as nation builders.

That women played a crucial role in the nation-building process was repeatedly asserted by National Council members throughout the decade. They conceived of nation building as a gendered enterprise. While men made a new region productive by tilling the soil and generating economic wealth, only women’s reproductive capacity could truly establish a new community and provide it with the moral and spiritual sustenance it needed to survive. This common bond of mothering that Council women projected upon prairie women not only anchored their understanding of nation building as “woman’s work,” it also made the maternal welfare of isolated homesteading women one of the most pressing national responsibilities of their new women’s “parliament.”

In February 1897, Lady Ishbel Aberdeen, the president of the National Council of Women, announced that “the women of Canada” would commemorate Queen Victoria’s diamond jubilee by sending skilled maternity attendants to pioneer women residing in the Canadian Northwest and other “outlying districts.” The name of the new organization was to be the Victorian Order of Home Helpers. According to Lady Aberdeen, women trained in midwifery, housewifery and simple nursing would “go from house to house doing all sorts of mercy and kindnesses.” Such a band of helpers was urgently needed by women in the Northwest in particular, where, as one National Council member observed in 1896, adequate health care was needed to attract “desirable” women as wives for “our settlers.” “It would be impossible to speak too strongly about the need of a wife and mother for the settler’s home,” she asserted. “As a sympathetic companion, an economical manager, an actual helpmeet in the farm work, as a mother of future citizens, and as a standard bearer of civilization, she will always be invaluable.”

Through the Victorian Order of Home Helpers, the middle-class women of the National Council would help prairie women fulfil their patriotic duty as heroic nation builders by helping them survive childbirth.

The immediate catalyst for the Home Helper scheme was a resolution moved by the Vancouver Local Council of Women at the third annual gathering of the National Council of Women in 1896. Spurred on by the growing number of local councils in the western reaches of the country, delegates to this meeting turned their attention to the medical needs of women and children on the Canadian prairies. While public health issues like the containment of typhoid were discussed, delegates agreed that the most pressing health problem within the
region was the all too frequent incidence of maternal mortality among women on isolated prairie homesteads. Accordingly, the original resolution asked the governments of Canada to alleviate women’s suffering in childbirth, “either by offering inducements to medical men and women and efficiently trained nurses to settle in those districts, or in any other way which they may see fit.” A majority of delegates, however, believed that the National Council of Women itself should act on behalf of prairie women. Thus, while the original resolution had effectively divested Council women of any further responsibility for the welfare of their pioneer sisters, the amended resolution passed by delegates was worded very differently. It required the National Council of Women, acting in concert with its local councils, to devise and implement what members called a “practical” solution to a problem that imperilled not just individual lives, but the very health of the nation itself.

Significantly, the final resolution omitted all references to doctors, as well as to “efficiently trained nurses.” The women sent to help parturient pioneer women in the Canadian Northwest would have to be more than nurses. Adelaide Hoodless of the Hamilton Local Council of Women urged the creation of a “Dominion” scheme that would recruit “sober and reliable” young women to “take care of and cook for sick persons.” The training they would receive would not qualify them as nurses; instead, they would be practical workers, well versed in housewifery as well as nursing care. Their domestic status was reinforced by her proposal that candidates for “this North-West work” be trained in a special department of Ontario’s new Normal School of Domestic Science. Although such a system of training might undermine contemporary standards of nursing education, it would help to elevate the new field of household science, a cause to which Hoodless herself had devoted much time and energy.

Although the specific terms of the scheme outlined by Hoodless did not find expression in the Victorian Order of Home Helpers, the sentiments that underlaid them did. The ostensible model for the Victorian Order of Home Helpers was the Queen Victoria Jubilee Institute for Nurses, a district nursing organization founded in 1887 to provide the urban poor of Great Britain with the services of hospital-trained nurses. Like the Jubilee Institute, the Victorian Order would commemorate the reign of Queen Victoria. But, here, the similarity between the two groups ended. In practice, the Victorian Order of Home Helpers had more in common with the system of village or cottage nursing pioneered in rural England during the 1880s to provide isolated communities with “semi-skilled” or “less ambitious” nursing and
maternity aid. Like village nurses in Britain, home helpers in Canada would not qualify as trained nurses. Instead of the two- or three-year hospital apprenticeship required of graduate nurses in Canada, home helpers would train in hospital for only one year, during which time they would learn the basic skills needed to gain admission to the order, including the rudiments of first aid to the injured, simple nursing, and basic cookery. A three-month course of training in “midwifery” would further distinguish home helpers from regularly trained nurses. The great need for health care workers in the Canadian Northwest justified the expediency, Lady Aberdeen asserted.

The training of home helpers in midwifery likewise precluded their designation as “nurses.” In Canada, no system of formal midwifery training existed as it did in England, where many trained district nurses, including the first superintendent of the Jubilee Institute, were qualified both as nurses and as midwives. Training in obstetrical nursing taught pupil nurses how to assist a doctor; it did not prepare, or authorize, them to act as autonomous birthing attendants. But members of the Victorian Order of Home Helpers would no more be “midwives” than they would be “trained nurses.” By the late nineteenth century, “midwifery,” or “obstetrics” as it was increasingly known, had been appropriated as a branch of masculine medical science, and its traditional female practitioners largely discredited. As Mrs. O. E. Edwards of the Montreal Local Council of Women observed in 1900, “Midwifery as a profession for women is almost a thing of the past. Her work is now largely divided between the trained nurse and the doctor.”

Although middle-class women like Edwards and her colleagues in the National Council of Women had long ceased to employ midwives and, as a social class, welcomed the medicalization of childbirth, the practice of female midwifery continued to flourish in many rural areas and in some urban working-class neighbourhoods of Canada at the end of the nineteenth century. But, largely as a result of the organized medical profession’s persistent campaign against the unregulated competition of midwives, the traditional female midwife was now popularly associated with images of dirt, ignorance, and danger. Like the archetypal workhouse nurse, she too had become an “old-fashioned” foil for the cleanliness, training, and medical subordination of the “modern” nurse. Thus, just as an apparent lack of skill would deprive Home Helpers of the designation “trained nurse,” their proposed training in a masculinized branch of knowledge known as midwifery would also set them apart from the degraded image of the midwife. Midwifery, then, was simply one skill that Home Helpers would need to
supplement and even replace the work of doctors in remote pioneer districts; Home Helpers would not themselves be "midwives."

But, as their name implied, Home Helpers would be domestic workers. As such, they would be subject to the authority of elite laywomen, rather than part of a gendered medical hierarchy. The name chosen by the National Council for these workers also implied a lack of social hierarchy. As James Hammerton has argued, in the rhetoric of late nineteenth-century imperialism a home help was a domestic servant of equal social rank to the family in which she served. Use of the term therefore implied that neither party suffered a loss of caste in the exchange of labour. By calling their workers "home helpers," National Council women hoped to neutralize any association of the order with urban poor relief. Moreover, in contrast to urban district nurses whose duties took them into several poor households in one day, the home helper at work on the Canadian prairie would necessarily reside for an extended period of time in the household of the woman she was assisting. The National Council's adoption of this well-known title suggests that it was meant to reassure pioneer homemakers that the woman entering her household would endeavour to lighten her burdens, not add to them.

Local women would make the best Home Helpers, Lady Aberdeen argued. Women "who have already lived in these country districts, and who are respected, and have the confidence of their neighbours, would be preferable to all others." As a domestic worker and as a "neighbour," the home helper would integrate herself into the fabric of family life, performing the domestic chores of the household while superintending the two- to four-week lying-in period that sometimes followed childbirth at the turn of the century. Lady Aberdeen declared that hospital-trained nurses who could pass the prescribed examinations would be welcome in the order, but implied that neither home helpers nor trained nurses were the real heroines of this great Northwest work. That status was reserved for the nation-building prairie mothers whose lives they would safeguard. Thus, like evangelical missionary nurses, home helpers' special combination of practical skills, would be the means by which organized benevolent women would empower their "less favored sisters"—as well as themselves—as maternal builders of the Kingdom of Canada.
Trained District Nurses

The medical response to the “Home Helper” scheme was immediate, decisive, and largely negative. Supporters and opponents alike condemned the implication that “half-trained” helpers could be employed in place of fully trained “professional nurses.” Little appreciating the line drawn by Council women between the work of trained nurses and nursing as one of women’s numerous domestic responsibilities, medical commentators represented Home Helpers as substandard nurses. The editors of the Montreal Medical Journal, who were among the Victorian Order’s supporters, argued, however obliquely, that the training provisions of an unidentified health care scheme would undermine the professional standing of fully trained nurses. While they applauded that “so much thought and energy should be expended to relieve the necessities of suffering humanity,” the scheme would, they suggested, create two “classes” of nurses. Members of the best class of nurses would be graduates of a three-year course of training at a recognized hospital school, and would find employment in the homes of well-to-do families where their justifiably higher wages could be paid. Members of the other class of nurses, whose year-long training was considerably briefer and therefore less thorough, would work only in poor households where the service of a well-qualified nurse was a “luxury.” This kind of arrangement was a “dangerous experiment”:

Much time and labour have been expended in bringing trained nursing to its present high state of efficiency and this proposed scheme seems like a retrograde step and we very greatly fear will prove to be such. To a large portion of the laity a nurse is a nurse no matter how long or short a time she has spent acquiring her training, and the public mind would utterly fail in many instances to grasp the difference between the two classes of nurses.

The existence of the lesser class of nurse that the editors clearly associated with the Victorian Order of Home Helpers would eventually undermine the authority and livelihood of the best class of nurse, for “if a nurse with one year's training is good enough to nurse some people she may be considered good enough for all people.”

The support expressed by the Montreal Medical Journal for the Victorian Order scheme was exceptional. Most organized medical men in Canada took extreme exception to the Home Helper scheme’s implicit censure of their ability to meet the health care needs of the nation. The Winnipeg Medical Society, for example, resolved that their
“more necessarily perfect knowledge of the requirements of the country in attending the sick” led them to believe that the scheme would “prove an entire failure.” The Ontario Medical Association concurred, and passed a particularly damning resolution at its annual meeting in June 1897:

The Ontario Medical Association feels that it would be neglecting a serious public duty if it failed to express its most unqualified disapproval of the scheme, on account of the dangers which must necessarily follow to the public should such an order be established.

Medical commentators took particular exception to the Council’s suggestion that even specially trained female birthing attendants were an adequate substitute for male medical expertise, but, in general, they attacked the Victorian Order as yet another form of unregulated female competition that was apparently—and quite inappropriately—beyond medical control. Medical commentators expressed their fears most fully by representing the concerns of urban doctors about uniform educational standards, overcrowding, and adequate financial compensation for expertise as identical to the interests of trained or graduate nurses already at work in Canada’s cities.

The editors of *The Canadian Practitioner* argued that “competent professional nurses should be encouraged and protected from the warfare of unqualified nurses just as regular physicians and lawyers are protected from the rivalry of the irregular in both professions.”

There were already too many trained nurses in the cities, where there were “numbers of nurses, graduates of our best hospitals, who have spent their best time in careful preparation for their work, and who are unable to obtain enough to do to support themselves; the supply is already much greater than the demand.” The introduction of “half-trained ‘helpers’ entirely free of charge” would adversely affect the livelihood of professionally trained nurses by undercutting their fees, which, because of their superior training, were necessarily higher than the “bargain day prices” that would be charged by Victorian Order “charity nurses.” Although the editors of *The Canadian Practitioner* and several other Canadian medical journals assured readers that they wished to ensure that the fees charged by trained nurses remained “moderate,” they defended these higher fees as adequate compensation for the extended course of disciplined training to which nursing professionals had subjected themselves.

The vehemence of the attack mounted by doctors against the Victorian Order surprised Lady Aberdeen, who, rightly or wrongly,
attributed much of their irritation to a personal dislike of herself and Lord Aberdeen. The effect of this opposition on the National Council’s understanding of the relationship of trained nurses to middle-class women’s work for woman was profound, however. Nursing leaders’ reservations about the Home Helper scheme also helped reshape their attitudes. In February 1897, Lady Aberdeen received a letter from Nora Livingston, the superintendent of nurses at the Montreal General Hospital. Livingston urged Lady Aberdeen to consider the value of thoroughly trained nurses for the work she contemplated. The work of district nursing, she contended, required more than mere skill. Echoing the views of Florence Nightingale and other prominent champions of district nursing, Livingston wrote: "It should not only be the trained applicant but the exceptional woman who should be chosen to serve in the highest of all service, that of God’s poor. She must have breeding, tact, courage, self-control." Moreover, Livingston continued, "May I be pardoned if I suggest another title than that of ‘Home Helpers.’ The word is misleading, for if the organization is to be a success, it must stand for something definite, must express at least an approximate standard of attainment, or it will be chaotic and of limited influence."

Propelled by the objections of medical practitioners, and by the competing reform agendas of the elite businessmen, civil servants, politicians, and clergymen whom she had recruited to shepherd the foundation of the Victorian Order of Home Helpers, Lady Aberdeen accepted that the Home Helper organization must be reconstituted as the Victorian Order of Nurses and only fully trained hospital nurses be employed. The first circular advertising the scheme was published in March 1897, and asserted that the principal object of the new Victorian Order of Nurses was to place “the aid of trained skilful nurses within the reaches of all classes of the population.” Rather than a practical helper to pioneer women, the Victorian Order nurse was to be an envoy of middle-class values among the urban poor, teaching them the rules of “scientific cleanliness” in order to combat ill health in the home and in the city at large. Lady Aberdeen continued to champion the scheme’s original purpose as a maternal welfare measure for rural women facing the “unspoken fear of approaching the gate that swings both ways—into new life or into death—without competent skilled help.” But mounting pressure from some eastern local council leaders and from her hand-selected lay and medical advisors ultimately forced her to concede that the Victorian Order would, at least initially, function primarily as an urban nursing order.
Ironically, the tenaciousness of the medical opposition to the Victorian Order of Nurses helped the National Council of Women forge a viable line of defence for its new worker, the trained district nurse. By the time the National Council of Women met again, in June of 1897, the focus of its Victorian Order work had changed decisively. Members of the Victorian Order were now no longer the agents of middle-class women's organized benevolence, but rather heroines and co-workers in their own right. In their jubilee address to Queen Victoria, National Council women remarked,

Your Majesty's reign has been marked by a material and social progress unparalleled in any age of the world. . . . Coincident with this movement and inherent in it is that single and momentous advance in thought and opinion which has so heightened the ideas and enlarged the possibilities for women. And in that wider sphere of usefulness and activity now happily opened to women no service is more honourable or more blessed in its results than that of the trained nurses—a calling which Your Majesty has done so much to elevate and promote. . . .

Although at this meeting Lady Aberdeen continued to equivocate about the level of training that the Victorian Order would demand of its nurses, by the following year, after the training provisions and constitution of the Order had been finalized, her assimilation of the nomenclature and standards of trained district nursing was complete.

All references to home helpers and partially trained nurses were banished from the National Council's 1898 annual meeting. Council and platform speakers repeatedly characterized the Victorian Order as "a system of district nursing" and described its personnel only as "district nurses." As in 1897, the National Council devoted its entire public meeting to the Victorian Order and the subject of nursing. Lady Aberdeen began by introducing the first Chief Superintendent of the Victorian Order of Nurses, Charlotte Macleod, a Canadian who had had charge of the Waltham Training School for Nurses near Boston, Massachusetts, before her appointment to the Victorian Order. Macleod, she said, was both "a very exceptional woman and a very exceptional nurse." The other nurses recruited into the Victorian Order were to be hardly less remarkable: "We take only nurses who have previously attained the highest possible degree of efficiency in hospital work, and who have full diplomas; they then have six months' training in district homes and are ready to be sent out to work in the country or wherever the work may be." Victorian Order nurses, in other words, were more than simply
good nurses; they were extraordinary women whose work was distinguished by "enthusiasm, devotion, and self-sacrifice."  

While the educational standards advocated by North American nursing leaders were met and even exceeded by the reformed Victorian Order, its nurses did not necessarily adopt the "masculine" professional credo promulgated by elite nursing organizations such as the American Society of Superintendents of Training Schools for Nurses (ASSTSN). The model for the Victorian Order's training regimen was the Waltham Training School for Nurses, a special school for district or visiting nurses that was not recognized by the ASSTSN. Its founder, Dr. Alfred Worcester, defined district nursing as "nursing in its very highest form" and suggested that district nursing work—undertaken by an elite corps of specially trained nurses under medical supervision—would "surely help forward that time when the kingdom of this world shall become the kingdom of God and of His Christ."  

Macleod seems to have been motivated by the same evangelical desire to serve that underlay the social work of so many National Council women, embracing what Barbara Melosh calls the "traditional" nursing ethic that regarded womanliness or feminine character as the essential quality of a good nurse. "The greatness of our work is overwhelming," Macleod confided to Florence Nightingale about the Victorian Order, "but I can only try it trusting for the blessing."  

At the 1898 annual meeting, the expertise of trained nurses was formally acknowledged by the National Council for the first time when it invited a socially prominent St. John nurse to speak. Lady Aberdeen told the public meeting that Elizabeth Robinson Scovil, an honorary member of the St. John Local Council of Women, was "a Canadian nurse who has highly distinguished herself and who is coming to tell us what district nursing means." Scovil described the district nurse as "a reformer" who married the traditional skills of domesticity with the modern principles of sanitary science. In contrast to the evangelical charity nursing undertaken by some Council affiliates, district nursing was not intuitive. The systematic acquisition and application of knowledge distinguished the district nurse from the untrained middle-class "amateur." "Of course," she observed, "the carelessness of the friends is sometimes exasperating but it is no more trying than the efforts of the amateur nurse in some of the highest walks of life." But district nurses shared organized women's concern for woman's welfare. In particular, the trained district nurse had "a special mission to the mothers" as a teacher of enlightened maternity and infant care. And, like the
organized middle-class woman, the chief duty of the district nurse was to exert her "influence for good."

No person is so degraded, so destitute, so sunk in the filth and wretchedness, as to be beyond the ministrations of the district nurse. It is part of her business to restore them to the decencies of life, and her training shows her how to do it in the easiest and best way.

It was not the job of the district nurse to dispense relief, however. Although Scovil identified the district nurse as a member of the almsgiving class, in cases where she judged relief warrantable, her only role was to notify those persons "whose duty it is to attend to it." Thus, the district nurse did not usurp organized women's moral obligation to care for the poor; instead, armed with specialized knowledge, she became the natural ally of the many philanthropic and evangelical women at work within the National Council of Women in the late 1890s.74

Conclusion

One member of the National Council worried in 1900 that so "remunerative, honorable and even fashionable has nursing become that there is some danger of the restless and dissatisfied seeking in it a refuge from themselves rather than opportunities for service."75 As this statement suggests, at the turn of the century, the National Council of Women continued to reject a male professional standard to validate the work of middle-class women. Instead of paid work and self-fulfilment, its members articulated a gendered ethic of service grounded in a vocational construction of women's traditional domestic, familial, and community responsibilities to care for the needs of others. To embrace the kind of "masculine" professional identity advocated by North American nursing elites during the 1890s would have denied the domestic and evangelical foundations upon which Council members had constructed their public authority as women.

The trained district nurses whose expertise and opinions were so anxiously sought in the wake of the Victorian Order controversy, reaffirmed these basic tenets of the National Council's construction of "woman's work" with one important exception: only women committed enough to obtain a systematic training as nurses were qualified to nurse. But, while being a woman was no longer an adequate preparation to nurse, even among the sick poor, an ideal of "feminine" self-sacrifice and self-forgetfulness still undergirded the Council's construction of
nursing as one of the "female" professions. Thus, despite the changed status of trained nurses within the National Council at decade's end, its members were not forced to abandon the domestic bases of their collective identity as women workers entirely. Instead, they opened their ranks to include a new kind of middle-class woman worker, the efficiently trained district nurse, whose social class, training, and womanly desire to serve made her a heroic confederate of that "splendid army of organized womanhood," the National Council of Women of Canada.

Endnotes


3. Pauline Jardin has constructed a profile of nursing students at the Toronto General Hospital School of Nursing between 1881 and 1914, see "An Urban Middle-Class Calling: Women and the Emergence of Modern Nursing Education at the Toronto General Hospital 1881–1914," *Urban History Review/Rueve d'histoire urbaine* 17, 3 (February 1989): 177-190.

4. No reliable statistics for the number of hospitals opening nurse training schools in the last third of the nineteenth century are available. This figure is based on a compilation of data from two sources: John Murray Gibbon and Mary Mathewson, *Three Centuries of Canadian Nursing* (Toronto: Macmillan of Canada, 1947), and the National Council of Women, *Women of Canada: Their Life and Work* (Ottawa: Department of Agriculture, 1900): 80-83. Between 1891 and 1911 the number of nurses and nursing students in Canada nearly quadrupled; see Marjorie Griffin Cohen, *Women's Work, Markets, and Economic Development in Nineteenth-Century Ontario* (Toronto: University of Toronto Press, 1988), 215, n. 120.


6. In her presidential address of 1898, Agnes Snively, the Superintendent of the Toronto General Hospital School for Nurses, raised these and other "professional" issues; see *Annual Conventions 1893–1899* 5-10. See also Barbara Melosh, "The Physician's Hand": Work Culture and Conflict in American Nursing (Philadelphia: Temple University Press, 1982), chap. 1; and Celia Davies, "Professionalizing Strategies as Time- and Culture-Bound: American and British Nursing, Circa 1893," in Ellen Condliffe Lagemann, ed.,

8. *Women Workers of Canada* (Ottawa, 1894): 140–152. Although not a member of the executive of the Hamilton Local Council of Women in 1894, Miss Harris is identified as the President of the Arts and Craft Association of Hamilton in 1896. See *Women Workers of Canada* (Montreal, 1896): 5.


11. Harris, 141, 143.

12. Harris, 142.


15. Harris, "Hospital Nursing." 143.

16. The Trained Nurses' Association of the Kingston General Hospital affiliated with the Kingston Local Council of Women in 1895 and remained a member throughout the 1890s. The Hamilton Society of Trained Nurses affiliated with the Hamilton Local Council of Women for only one year.


19. Emily Stowe, "Domestic Problem: Cause and Cure," in *Women Workers of Canada* (Ottawa, 1894), 166. See also Harriet Boomer, "The Problem of Domestic Service from the Mistresses [sic] Point of View," 156.


21. In addition to Florence Nightingale's ever popular *Notes on Nursing* (London, 1860), which was intended as a manual to instruct women at home, other sources of "expert" nursing advice were available to Canadian laywomen in the 1890s. See, for example,


25. In 1894, Elizabeth Tilley was the vice-president of the London Local Council of Women and the General Secretary of the Dominion Branch of the International Order of King’s Daughters and Sons.

26. The International Order of King’s Daughters and Sons was founded in New York City by two laywomen in 1886. The first Canadian “circle” was formed later that same year and, in 1891, a Dominion branch was established. By 1900, the group had approximately 6,000 members in Canada, virtually all of them women and most of them resident in Ontario.

27. Elizabeth M. Tilley, "Nursing the Poor in Their Own Homes," in Women Workers of Canada (Ottawa, 1894), 143.


32. In Canada, the Order of King’s Daughters established Homes for Friendless Women, for Aged Men and Women, a Young Women’s Guild, and a House for Young Women Wage-Earners. In addition, they built and furnished hospitals, organized an annual summer crèche, and supported district nursing work. See Helen R.Y. Reid, comp., "Organized Societies," in National Council of Women of Canada, Women of Canada: Their Life and Work (Ottawa: Department of Agriculture, 1900), 263–264.


34. Tilley, "Nursing the Sick Poor in Their Own Homes," 145.
35. The Nursing-at-Home Mission affiliated with the Toronto Local Council of Women in 1895. Along with many other affiliated societies in Toronto, it withdrew its support after losing the Silent Prayer vote at the annual meeting of the National Council of Women.

36. Mrs. Helliwell, "Women's Work in Connection with the Sick: Discussion," in Women Workers of Canada (Ottawa, 1894), 150.


41. Helliwell, "Women's Work in Connection with the Sick," 150.


45. By 1896, local councils of women had been founded in the following nine western centres: Winnipeg (1894), Victoria (1894), Vancouver (1894), East Kootenay (n.d.), Regina (1895), Vernon (1895), Calgary (1895), Brandon (1895), and Rat Portage (1895). In 1896, a total of twenty local councils of women were affiliated with the National Council of Women.

46. "Need of Medical Aid in the North-West Territories," Women Workers of Canada (Montreal, 1896), 459.

47. Ibid., 439-440, 445.


49. Adelaide Hoodless was the Treasurer of the National Council of Women of Canada. As a result of her efforts, the National Council adopted "industrial" or "manual" training
for girls as one of its earliest reform concerns. See Adelaide Hoodless, "Industrial Training for Girls in Public Schools," *Women Workers of Canada* (Ottawa, 1894), 114–123.


56. Wortley argued that, in England, "less ambitious" nurses were needed in rural areas because rural homemakers expected nurses to care for the domestic needs of the family as well as the medical needs of their patient; see "On Nursing," in Baroness Burdett-Coutts, ed., *Woman's Mission*, 221.


58. Drs. James Stewart and Thomas Roddick, the editors of the *Montreal Medical Journal*, were among the ten specialist and academic medical practitioners recruited by Lady Aberdeen to serve on the Victorian Order's Medical Advisory Council. Their public criticism of the scheme was therefore circumspect and limited to this one instance. Their concerns about both the name and level of training of the Order's personnel, as well as their refusal to allow Victorian Order nurses to practise midwifery, shaped the final version of the scheme in a way that was denied other medical men. For a fuller discussion of the medical response to the Victorian Order, see "'An intelligent handmaid and not an interfering interloper': Gender, Medical Authority, and the Founding of the Victorian Order of Nurses for Canada," paper presented to the annual meeting of the Canadian Historical Association, Queen's University, Kingston, Ontario, June 1991.


66. Ibid. Immigration advocates within the National Council also continued to represent the Victorian Order as a rural health care scheme. See, for example, "Resolution IV—Immigration," *Women Workers of Canada: Being a Report of the Fourth Annual Meeting and Conference of the National Council of Women of Canada* (Halifax, 1897), 156.

67. For a fuller discussion of these changes, see my forthcoming Ph.D. dissertation, "Gender, Organized Women, and the Politics of Institution Building in the 1890s: Founding the Victorian Order of Nurses for Canada" (in progress).


69. Ibid., 109-114.


72. Melosh, "The Physician's Hand," 10-11, 27. Martha Vicinus has also identified a clear division between nursing reformers' use of "maternal" rhetoric in the nineteenth century and "professional" rhetoric after the turn of the century; see, Vicinus, *Independent Women*, 85-120.


