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Nursing Education at St. Joseph's Hospital London, Ontario, 1899-1977

by Alan Mark Gorth
Faculty of Graduate Studies, University of Western Ontario

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NURSING EDUCATION AT ST. JOSEPH'S HOSPITAL,
LONDON, ONTARIO, 1899-1977

by

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Department of History

Submitted in partial fulfillment
of the requirements for the degree of
Master of Arts

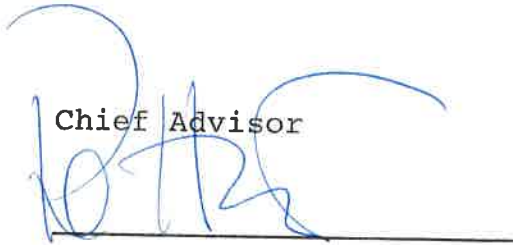
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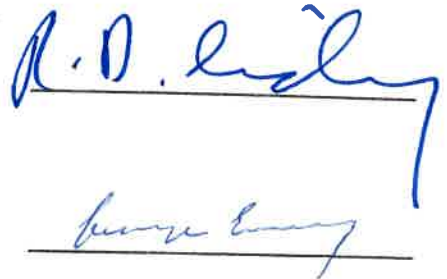
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ABSTRACT

The Sisters of St. Joseph established St. Joseph's Hospital in London in 1888 at the urging of the Inspector of Prisons and Public Charities. A nursing school opened at the hospital in 1901 to provide staff for both St. Joseph's Hospital and the rapidly expanding network of hospitals throughout Ontario. This nursing school developed into one of the best in the province, until changes in government policy caused its closure in 1977.

Sources studied indicate that St. Joseph's Hospital School of Nursing was dedicated primarily to teaching its students rather than extracting cheap labour from them. Its teaching staff contained well-educated professionals, and its clinical facilities ensured that its students received practical nursing experience in a wide variety of health problems. St. Joseph's attracted students with a better-than-average high school education on the basis of its fine reputation.

Research also shows that a close relationship existed between federal and provincial governments, professional nursing associations, and schools of nursing from as early as 1906. A post-World War II shortage of nurses brought about an even closer cooperation among these players, which finally resulted in a reassignment of nursing education from the hospital schools under the aegis of the Department of Health to community colleges administered through the

Ministry of Education.

Existing records of the St. Joseph's Hospital Nursing School are incomplete. Apparently the transfer of authority over the nursing school from St. Joseph's Hospital to Fanshawe College in 1973 occasioned the destruction of many possibly valuable records. Several small unpublished histories of the school of nursing exist, but none exceeds seven pages in length. Many pieces of information contained in these histories were found to be in error when closely scrutinized.

Although secondary sources provided much general information on nursing education, they contained little specific information on St. Joseph's Nursing School. Primary sources located in the Archives of the Sisters of St. Joseph's, Government Documents, the Archives of Ontario and local London newspapers, together with interviews of former graduates and teachers of the school, allowed a much fuller account of St. Joseph's Hospital Nursing School to be compiled. St. Joseph's Hospital did not keep any financial records concerning its nursing school, or if it did they were not made available. A few scraps of financial information were garnered in the Ontario Archives, but these only threw a partial light on the financial operation of the nursing school.

ACKNOWLEDGEMENT

This thesis would not have been possible were it not for the kind assistance of the Sisters of St. Joseph. Special thanks go to Sister Esther, Archivist at Mt. St. Joseph, who spent many hours helping me locate articles and who proved invaluable in answering the myriad questions I posed.

Mrs. Florence Lindemann, a 1936 graduate of St. Joseph's Nursing School, also deserves my sincere thanks. A former nursing instructor at St. Joseph's and an active Alumnae Association member, Mrs. Lindemann was my initial contact with the nursing school. Over an entire morning and afternoon she spoke to me about the history of the nursing school, giving me an outline that allowed me to start my work. There were several other former teachers and graduates who aided me as well, though they are too numerous to mention individually.

Three people deserve special thanks for helping me turn the thesis from a rough manuscript into a finished work. The first is my thesis advisor, Dr. Paul Potter, whose helpful criticisms kept me from rambling. The second is my close friend, Bruce English, A.O.C.A., whose skill as a graphic designer greatly improved the quality of my tables and figures. Finally there is Chris Speed, whose dexterity with a word processor is simply amazing.

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TABLE OF CONTENTS

	Page
CERTIFICATE OF EXAMINATION	ii
ABSTRACT	iii
ACKNOWLEDGEMENT	v
TABLE OF CONTENTS	vii
LIST OF TABLES	viii
LIST OF FIGURES	ix
LIST OF APPENDICES	x
INTRODUCTION	1
CHAPTER I - HISTORY OF THE ORDER AND ITS ESTABLISH- MENT IN LONDON (1648-1893)	11
CHAPTER II - EARLY NURSING EDUCATION IN CANADA AND THE INCEPTION OF ST. JOSEPH'S HOSPITAL NURSING SCHOOL, LONDON, ONTARIO (1860-1899)	34
CHAPTER III - FROM OPENING TO ACCREDITATION (1899-1929)	52
CHAPTER IV - GROWTH AND PROGRESS OF THE NURSING SCHOOL (1929-1951)	108
CHAPTER V - THE FINAL DOMINANCE OF EDUCATION (1951-1960)	141
CHAPTER VI - THE CLOSING OF ST. JOSEPH'S NURSING SCHOOL (1960-1977)	153
1. General Changes in the Organization of Nursing Education in Ontario	153
2. The Situation at St. Joseph's	160
CHAPTER VII - CONCLUSIONS	176
APPENDICES	187
BIBLIOGRAPHY	191
VITA	199

LIST OF TABLES

Table	Description	Page
I	Graduate Nursing Staff, St. Joseph's Hospital, 1929	85
II	Schedule of Class Instruction, 1929	89
III	Comparison of Hours of Instruction at St. Joseph's Hospital with the Ontario Average, 1929-1932	91
IV	Students' Practical Service in the Various Departments of St. Joseph's Hospital	93

LIST OF FIGURES

Figure	Description	Page
1	Growth of Government Supported Hospitals in Ontario (1873-1903)....	37

LIST OF APPENDICES

Appendix		Page
I	Chronology of St. Joseph's Nursing School	187
II	St. Joseph's Hospital Nursing School Superintendents	189
III	St. Joseph's Hospital Superintendents ...	190

INTRODUCTION

The history of St. Joseph's Hospital School of Nursing is closely tied to the development of hospitals and training schools throughout North America. Though this thesis concentrates solely on St. Joseph's Hospital School of Nursing, a full understanding of its development cannot be gained without reference to forces which influenced the growth and evolution of hospitals and nursing in general.

By the late nineteenth century, rapid technological and scientific developments brought about the industrialization of the Canadian economy.¹ These economic transformations were accompanied by the breakup of many rural communities and led to a new urban order.² A considerable portion of the population left their farms and village industries for the slums and factories of the city to sell their only remaining resource--their labour. In this new urban setting, the family alone could not provide the disciplined, literate, healthy worker industry required: the state intervened.³ In the larger Ontario centres, the expansion of industry without concern for the squalor it created left growing slums, high morbidity and mortality rates, vagrancy and large numbers of destitute old and sick.⁴ The Ontario government realized that more hospitals were needed, since the working poor

...when overtaken by sickness or accident,

might [be] permanently withdrawn from the working and wealth-producing population of the Province, and placed upon the charity of friends or the public [if there were not enough hospitals] (5).

Between 1880 and 1914, ninety-six new hospitals were built in Ontario.⁶ Although provincial grants to hospitals increased during this period, a large number of hospitals were financed by charitable organizations, mainly run by women.⁷ St. Joseph's Hospital, London, Ontario, was one.

London, Ontario was no more immune to the effects of industrialization than was Hamilton or New York. In response to the needs of London's growing population, the Sisters of St. Joseph, a religious order dedicated to serving God through serving man, had arrived in London in 1868. Initially serving as teachers at St. Peters School, the Sisters soon expanded their charitable work by opening Mount Hope Orphanage in 1869. The Inspector of Prisons and Public Charities, Dr. W. T. O'Reilly, was so impressed with the running of the orphanage that he urged the Sisters to open a hospital: St. Joseph's Hospital, London, Ontario opened in 1888. St. Joseph's Hospital was, along with newly established hospitals throughout North America, immediately popular. This popularity was due in part to the shifting of medical care from patients' homes to hospitals.⁸ As the germ theory gained support, the techniques of antisepsis became widely used and hospitals could offer new therapies and safer care. Post-surgical mortality rates fell, and surgical intervention increased dramatically in frequency

and effectiveness. Patient care improved with growing knowledge of the causes and transmission of contagious diseases: isolation techniques helped to confine infections that had once swept through the wards.⁹ Becoming "safer" places, hospitals attracted more private physicians and a larger middle-class clientele. By the 1920's Canadian hospitals had changed from the turn of the century institutions that housed the destitute sick to centres of scientific research and of clinical application.¹⁰

Hospitals expansion created a need for more nurses. Led by Florence Nightingale in the 1860's, nursing reformers had shown the benefits of using trained nurses of high moral character instead of the working-class, often destitute and untrained women that had previously staffed hospitals.¹¹ Thus, hospital expansion coupled with the perceived need for trained nurses occasioned the opening of many nursing schools.

After 1890, training schools multiplied along with hospitals.¹² Motives for setting up training schools were a complex mixture of philanthropic ideals, personal interests and sheer economic sense.¹³ At this time in Canada, the public sector was small and hospitals were funded largely by private donations and municipal grants,¹⁴ or by charitable orders such as the Sisters of St. Joseph. Hospitals were hard put to find ways of controlling their costs and training schools for nurses provided economic advantages. Hospitals opened training schools offering maintenance and

training in exchange for two or three years of ward service. Graduates went onto private duty nursing and superintendents recruited new students for next year's hospital work.¹⁵ The popularity of this arrangement is illustrated by the fact there were seventy training schools in Canada by 1909. Furthermore, fifty-seven of these had extended their course of instruction from an original two to three years, a move of doubtful educational but definite economic sense.¹⁶ Frequent complaints appeared in the nursing journal, Canadian Nurse, about the wasted third year which contained no new academic material.¹⁷ The Toronto-General School of Nursing, the largest and one of the most reputable schools in Canada, typified the hospitals' use of students as labourers--their student nurses composed the whole nursing staff!¹⁸

St. Joseph's Hospital School of Nursing was founded in 1899. The Bishop of London, F. P. McEvay, stated that it would be in the best interest of the hospital to have nurses on staff who had a training school diploma; hence a training school was to be opened. The Bishop must, however, have had economic benefits in mind, too, for the only graduates of the nursing school who remained on staff after graduation were Sisters. These occupied supervisory positions, while new student nurses composed the rank and file nursing staff.

At this time, provincial authorities had no legal control over hospital schools of nursing, so the potential for abuse was large; any hospital, regardless of size, could

open a school of nursing. Many smaller hospitals (some under twenty-five beds) admitted students with no regard for their educational background;¹⁹ many students had not even completed public school. In 1912, in the United States, 45% of all schools of nursing had no paid instructor, and 43% had no library. Sixty percent of schools were located in hospitals with a daily patient average of under seventy-five. Often little provision was made for rotating students through the different hospital services.²⁰ Naturally, graduates of these schools could have little claim to competency in the many fields of nursing service. As late as 1929, the prime reason for the existence of training schools, especially in the minds of hospital boards, was to supply cheap labour.²¹

St. Joseph's Hospital Training School, although it did use its students to provide labour, was always careful to ensure that they received an excellent education. From the formal opening of the school in 1901, St. Joseph's was run by highly trained Sister-Instructors and served by qualified physicians. Sister Justina Podlewski, who took over the superintendency of St. Joseph's Nursing school in 1902, had completed her graduate training by an extended tour of the elite American schools of nursing. Extensive clinical facilities at St. Joseph's ensured that students received training in all branches of the art.

An indication of the high educational ideals that motivated St. Joseph's was its voluntary registration with

the New York State Board of Regents in 1910. At the time New York was the undisputed nursing capital of the United States, with more nurses and training schools than any other state.²² The Board of Regents was a government agency formed in 1784 to supervise all higher professional education in New York; by 1910 it regulated physicians, dentists, veterinarians and accountants. The Board held authority to certify both practitioners and educational institutions and so had become a powerful and respected agency.²³ The Regents' Office had strict rules and far-reaching supervisory powers: Inspectors demanded reports from schools of nursing under the Regents' auspices and periodically visited each school.²⁴ In return, graduates of approved schools were allowed to write the examinations of the New York Board of Nurse Examiners and to receive the qualification of "Registered Nurse". The fact that St. Joseph's Hospital Training School measured up to the strict requirements of the Regents in 1910 shows that it was a first-rate institution.

St. Joseph's Hospital Training School continued to develop its programme in the following decades, expanding affiliations with other London hospitals through the twenties, and in 1927 constructing a separate nurses' residence building which also housed classrooms and a laboratory. In 1929 the school easily obtained the newly established provincial accreditation.²⁵

St. Joseph's Hospital was among the leaders of Canadian nursing schools. In 1919 the Canadian Nurse had published an editorial in favour of eight-hour duty for nurses, but it was not until 1938 that the Canadian National Association of Trained Nurses began to actively campaign for this improvement.²⁶ In the mid-thirties St. Joseph's led the way by adopting eight-hour duty for its students, as did the Hamilton General Hospital (1937)²⁷ and the Montreal General Hospital (1935).²⁸ Eight-hour duty was also applied to graduate nurses.²⁹

Beginning in the twenties, nursing practice in Ontario began to move from private duty nursing to hospital nursing. During the thirties several smaller hospitals closed,³⁰ while the larger hospitals, such as St. Joseph's, grew even larger; the total provincial number of hospital beds increased by several thousand.³¹ Expanding hospitals needed nurses, and the development of more sophisticated medical therapeutics required the skills of graduates, not students.³² By the end of World War II, over half of all active graduate nurses held hospital positions.³³ St. Joseph's Hospital followed this trend, and after World War II began to hire graduate nurses.

The demand for graduate nurses after 1945 was so great that a shortage of nurses occurred all over North America. This development was a great concern to schools of nursing, nurses' associations and the various levels of government--

all these groups cooperated closely to find ways of educating more nurses. Early post-war studies in Canada (and the United States) indicated that the best solution lay in changing from what was in essence an apprenticeship model of education to a purely didactic method free of required labour on the hospital wards.³⁴ St. Joseph's further emphasized its commitment to providing education by adopting the Block System of education in 1952. This system consisted of time periods or "blocks" spent alternately in the classroom and on the wards. It allowed for a better correlation of theory and practice and acted to remove the student nurses from the service needs of the hospital.

Further studies by Royal Commissions and nursing associations recommended that nursing education be reduced to a two year course and that it be placed under the control of the Department of Education rather than the current Department of Health. After the 1948 Brown report in the United States, the transition to two year collegiate education for nurses slowly proceeded.³⁵ The three year nursing programme at St. Joseph's became a two-plus-one regional programme in 1965, then a two year programme in 1968.

In 1973 control of St. Joseph's Nurse Training School passed from the Sisters of St. Joseph to Fanshawe College, and in 1977 the school closed. In its seventy-eight year history, over two thousand eight hundred nurses trained at St. Joseph's.

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CHAPTER I
HISTORY OF THE ORDER AND ITS ESTABLISHMENT
IN LONDON, ONTARIO (1648-1893)

Reverend Jean Pierre Médaille, S. J., founded the Sisters of St. Joseph order at Le Puy, France in 1648.¹ On October 15, 1650,² Bishop de Maupas of Le Puy confirmed the establishment of the new congregation, and soon after Louis XIV granted letters patent, which gave the Sisterhood the sanction of the civil powers.³

The congregation founded by Father Médaille held unity among people and between God and His people to be its basic precept. The Wars of Religion had just ended and Father Médaille longed to heal the wounded and suffering. As a result of this desire, the interpretation of unity emphasized reconciliation and healing.⁴ The congregation was established "to unite in a body of religious...those most desirous of holiness" whose zeal would inspire them to try "to provide for all spiritual and temporal needs of the beloved neighbour."⁵ Initial works included service to orphans, prisoners, the destitute and the sick. The guiding principles of the congregation did not change over time, for upon their arrival in London, Ontario two hundred and eighteen years later, the Sisters of St. Joseph established an orphanage and a home for the aged.

Under Bishop de Maupas, who helped to found many houses in his diocese, the original congregation grew rapidly and flourished. The bountiful years continued until the French Revolution, when the government under Robespierre suppressed many religious institutions. The community of St. Joseph was scattered and the Sisters made to live as lay women.⁶ Before the Reign of Terror ended, five Sisters had been guillotined and five more were being held in the prison of St. Didier-Haute Loire.⁷ Among these five was Mother St. John Fontbonne, condemned to die on July 28, 1794; the fall of Robespierre on July 27, 1794 saved her.⁸ The other four Sisters were freed as well.

In 1807, Cardinal Fesch, Archbishop of Lyons, asked Mother St. John Fontbonne to establish a religious community in his diocese.⁹ She reorganized the community members at Lyons, thus maintaining continuity with the Community originally founded by Father Médaille.

Bishop Joseph Rosati of St. Louis, Missouri, requested nuns to run a school for the deaf of his diocese. With the financial support of Countesse de la Rochejacquelin, Mother St. John sent six Sisters of St. Joseph to St. Louis. They arrived on March 25, 1836 after a three month voyage.¹⁰

St. Louis was then a city of 8,000 inhabitants. The Sisters rested there briefly before establishing themselves at Carondelet, a town just south of the city. Carondelet, now a part of St. Louis, was also known as Vide Poche, meaning Empty Pocket, because of the poverty there

present.¹¹ Here the Sisters established the St. Joseph Institute for the Deaf and St. Joseph Academy. This was the beginning of the establishment of the Sisters of St. Joseph in North America. The six original Sisters planted a seed that blossomed into an organization numbering 14,000 nuns in thirty-one congregations.¹²

The mid-1840's saw the immigration of nearly 100,000 Irish to Canada. More than 20,000 of these immigrants died of typhus (ship's fever) and other diseases en route to their destinations.¹³ Most Irish immigrants were Catholic, and in response to their needs the Sisters of St. Joseph came to Canada from the United States. They established their first Canadian community at Toronto in 1851.¹⁴ Sisters Martha von Bunning, Mary Joseph McDonnell and Mary Aloysius Walker went to Hamilton the following year, their primary objective being the care of orphans.¹⁵ The cholera and later typhus epidemics of 1854 kept them busy in a temporary hospital made out of station sheds. In 1868 the parent body in Toronto sent Sisters to London. This tiny branch community would take root and flourish--twenty years later St. Joseph's Hospital would open.

Why did the Sisters come to Ontario in the first place? John Gibbon and Mary Mathewson, in Three Centuries of Canadian Nursing (1947), wrote "the motive...no doubt had its origin and incentive in the desire to provide nursing care for the English-speaking Canadians, and not leave this field of activity only to the French." By French, Gibbon

and Murray mean Quebec based orders such as Les Soeurs Grises de la Croix, better known as the Grey Nuns. Gibbon and Murray believed that as the majority of the English-speaking Catholics in Ontario were Irish, it followed naturally that there would be a considerable number of Irish among the novices and Sisters of St. Joseph.¹⁶ This argument is born out by the fact that the first Superior in London was Sister Theresa Brennan, and that many other nuns had Irish surnames as well.¹⁷ However, I do not agree that the prime incentive for the introduction of the Sisters of St. Joseph was to render nursing service unto English-speaking Canadians, thereby showing that not only the French could provide nursing services. This argument is not consistent with the tenets the Sisters hold. The Sisters of St. Joseph follow the charism or spirit of their founder, Father Médaille. That charism is a spirit of unity, that each and every person is a creation of God and that one way to serve God is to serve His people. Hence comes the Sisters' interpretation of unity as being the reconciliation and healing of human beings which involves teaching and the care of the destitute and sick. From these tenets nursing springs as a major element of caring. However, the provision of nursing care alone was not the only reason the Sisters came to Canada. The influx of immigrants, especially Irish Catholic ones, had created a need for teachers. The Taché Bill of 1841 granted permission for the establishment of separate schools, and nuns trained as teachers were needed to staff

them.¹⁸ Epidemics left many orphaned and destitute children that needed care as well. When the Sisters came to Ontario they were doing so to fill a void, a vacuum created when there were many new immigrants but not enough trained individuals to serve them. The Sisters of St. Joseph were not in competition with Quebec based nursing Sisterhoods. Not until 1861 did the Sisters establish their first hospital in Guelph,¹⁹ although in 1852 they were already caring for orphans in Hamilton.²⁰ Nursing care and hospitals grew out of caring for the destitute, orphaned and elderly--the Sisters did not have as a specific goal on arrival in Ontario the establishment of hospitals and nursing facilities. These institutions were rather the natural developments of a philosophy of caring for their fellow man.

The coming of the Sisters of St. Joseph to London was due to the direct request of Bishop Walsh. They were needed as teachers in the recently established (1857) Separate School system in London.²¹

In 1850 two hundred and fifty Roman Catholics lived in London.²² In 1857 the first Separate school opened to receive Catholic children previously attending the Common Schools. In London the school was unable to secure Brothers to teach the boys and there were perennial financial difficulties. The school, which was staffed by lay teachers, closed briefly in 1858, but donations and special church collections furnished funds that ensured the

permanent establishment of a Separate School system in London.²³

In 1861 there was still a shortage of teachers in the Separate Schools. That year the Pastor of St. Peter's Parish, Father O'Brien, made the needs of the poor and orphans the object of his work.²⁴

The second Bishop of London, Bishop Walsh, also had plans for the care of orphans and the education of the children in his diocese. He invited the Sisters of St. Joseph to come to London to fulfill his plans. On December 11, 1868, five Sisters from Toronto and their Superior General, Mother Antoinette, arrived in the city to establish a branch house of their community.²⁵ In January of 1869, three Sisters began teaching at St. Peter's School. Each Sister was paid one hundred dollars per year for her labours,²⁶ though grammar school teachers at the time received four hundred dollars per year.²⁷ The Sisters, however, had all their needs supplied by their order--they turned over their earnings to the order in return for this security.

Permanent quarters had to be found for the Sisters of St. Joseph. The original William Barker house, which later became the first London home of the Sacred Heart Sisters, was purchased.²⁸ The home was located on the block bounded by Burlington (now Richmond), Thomas (now College), Grosvenor and St. George Streets, and was named "Mount Hope", the name it still bears today. The original three

storey Barker home was demolished in 1962.²⁹ Mount Hope was an ideal location for the Sisters of St. Joseph as the previous owners, the Sacred Heart Sisters, had added classrooms and living quarters for the students who attended their boarding school there.³⁰ The Sisters of St. Joseph occupied Mount Hope on October 2, 1869 and on the same day admitted seventeen orphans into its orphanage. Soon after, the Sisters also began to care for the elderly poor at Mount Hope.

The rapid success of the Sisters at Mount Hope is evidenced by the fact that a little over a year after their arrival at Mount Hope they ceased to be a "branch community" of the Toronto house. Archbishop John J. Lynch of Toronto transferred his authority over the community in London to Bishop Walsh on December 10, 1870. Eight days later Sister Ignatia (Catherine Anne) Campbell was named Superior General of the newly autonomous six-member congregation.³¹ The congregation was incorporated by an act of the Ontario Legislature on February 15, 1871.³² This allowed the community to hold property up to an annual value of five thousand dollars, to make rules for its members through the Mother Superior and her Council, and to apprentice and have power over any children brought into their institution.³³ The Sisters were now permanently and successfully established in London.

Mount Hope Orphanage was a great success. The children followed the same course of study that was taught in the

Separate School.³⁴ Homemaking skills such as sewing and knitting were also taught to the girls. The Inspector's Report of July 28, 1875 indicates that forty-two girls and twenty-two boys were in Mount Hope at that time. The report also notes how overcrowded the orphanage was, though in excellent order and scrupulously clean.³⁵ To solve this problem plans to expand Mount Hope were drawn. October 7, 1877 saw the formal opening of the addition--Sir John A. MacDonald was present for the ceremony.³⁶

The orphanage also maintained a refuge for old people, sixteen being in residence in 1878.³⁷ After the expansion of 1877, the combined Motherhouse-orphanage-home for aged continued to grow in size. To help ease the overcrowding, the Sisters renovated the barn that had served the Barker House into a separate men's residence named St. Joseph House.³⁸ By 1900 the Mount Hope complex was again excessively crowded, and the motherhouse and orphanage were moved to what is now Mount St. Joseph, at the south-east corner of Richmond St. and Windermere Rd. in London. Mount Hope then became the House of Providence, which was entirely devoted to the care of the aged.³⁹

Government inspectors had nothing but praise for the institution. In 1878 Inspector Langmuir "found that the buildings...were fully completed.... The buildings appeared to be better than those of any other similar institution in the Province. ... the buildings and surroundings are a

credit to the community by whose efforts they have been erected."⁴⁰

In 1881 Inspector Langmuir found this House "in the very best condition of order and cleanliness"⁴¹ and in 1887, his successor, Dr. O'Reilly, "found everything about this Institution...to be, as usual, in a most satisfactory condition."⁴²

Dr. W. T. O'Reilly, who had succeeded Mr. J. H. Langmuir as Inspector of Prisons and Public Charities in 1882,⁴³ was greatly impressed by the high standard of care given to the orphans and aged at Mount Hope. The Globe, in its obituary report of July 14, 1890, described Dr. O'Reilly as "one of the most efficient and most respected of the officers of the Provincial Government...under his care the high state of efficiency of...Provincial prisons and asylums...was maintained."⁴⁴ Prior to 1882 Dr. O'Reilly was the inspector of insurance offices under the jurisdiction of Ontario and "in that, as in all his public duties, [he] earned the esteem and respect of all with whom he came into contact."⁴⁵ A perusal of reports made by Dr. O'Reilly in the Sessional Papers of various years shows that he was not biased in his approach or gratuitous with his praise.⁴⁶ Catholic institutions were not favoured over Protestant, for when he noticed faults in either, he reported them. When Dr. O'Reilly was impressed with a particular institution, that institution would know it was fully deserving of his

praise. Such was the case with the Mount Hope Orphanage run by the Sisters of St. Joseph.

Dr. O'Reilly urged Reverend Mother Ignatia Campbell to inaugurate hospital work. The exact date of his recommendation is difficult to ascertain. Dr. O'Reilly made no mention of the possibility of a new hospital in his Sessional Paper reports. Two newspaper reports and various short histories of the hospital, such as the one compiled by Sister Esther, the Community's Archivist, indicate that Dr. O'Reilly's suggestion was made during an inspectorial visit of 1888.⁴⁷ He inspected the orphanage on July 31⁴⁸ and November 1 of 1888.⁴⁹ The hospital opened on October 15, 1888⁵⁰--this excludes the latter date from consideration. The former date, July 31, 1888, is also excluded, because the purchase of the property for the new hospital had taken place on June 20, 1888.⁵¹ The Archivist of the Sisters believes the inspectorial visit in question occurred in January of 1888, but there is no documentary evidence in the Sessional Papers to prove this claim.

The most logical date appears to be October 9, 1887, the last inspectorial visit of 1887.⁵² This date would leave about one year between the conceptualization of the hospital and its opening. One year would be adequate time, as no construction was involved in the opening of the hospital. Instead of building a hospital, the Sisters bought and renovated a large home.

The home the Sisters chose was that of Judge W. P. R. Street. The surname Street often causes confusion amongst those studying the hospital, especially when written accounts refer to "the old Judge Street residence". For example, an article in the London Free Press asks "where was Judge Street, said to have been the location of the nurses' residence before 1927, and no longer mentioned by city maps and other directories?"⁵³ Suffice it to say that no thoroughfare in London was ever called Judge--Judge Street was a person.

William P. R. Street, Q. C. and Henry Becher, Q.C. were partners in the firm of Street and Becher, whose office was located at 124 Carling St., London, Ontario.⁵⁴ Both men were very successful--Becher lived at "Thornwood", a large mansion that still stands on St. George St., while Street maintained a large home on land bounded by Richmond, Grosvenor, Wellington and Cromwell (then Louisa) streets.⁵⁵

William Purvis Rochfort Street was born in London on November 13, 1841. Called to the bar in 1864, he was chairman of the commission sent to ascertain and settle Métis claims in the North West in 1885. In 1887 he was appointed a puisne judge of the Queen's Bench division of the High Court of Justice of Ontario. This appointment necessitated his removal to Toronto, where he died on July 31, 1906.⁵⁶

Judge street did not sell his property, assessed at \$7,200 in 1887, until 1888.⁵⁷ On June 20, 1888, the Sisters

of St. Joseph bought the Street property for \$7,500.⁵⁸ The City Directory of 1888-1889 states that St. Joseph's Hospital occupies the land on the block north of Grosvenor St. and east of Richmond St., the site of Street's former residence.⁵⁹

The availability of Judge Street's property at a time when the Sisters were looking for a hospital location was very fortunate. The property was an ideal site for a hospital, being across the street from Mount Hope. Bounded by Grosvenor, Wellington, Cromwell and Richmond Streets, it was on the outskirts of London. The following description, given in 1902, would just as well describe the property in 1888.

Winding away to the southward, hidden among the pines only a stone's throw away, is the sleepy old Thames. To the side and rear extend the finest farming country. In front lies the city-peaceful hereabouts as the broad acres to the northward, for it is a residence section and distant from the hub-bub of traffic and the smoke nuisance. It is a superb location and a lovely prospect(60).

The property was ideal, but the resources of the Sisters were limited and they could not afford it. Fortunately, a lawyer named Patrick Mulkern offered to buy the property for them--the money could be repaid at the Sister's convenience.⁶¹ The purchase price was \$7,500. This price was fair, for the 1887 assessment of the property had been \$7,200.

Mr. Patrick Mulkern was a lawyer in the firm of Gibbons, McNab and Mulkern. Their office was in the Albion Building on the northwest corner of Carling and Richmond Streets, a location which is now a parking lot.⁶² Throughout law school Mulkern had lived in the family home at 353 Horton St., continuing to do so after his graduation in 1881.⁶³ He had studied in the firm of McMahon, Gibbons and McNab in the Albion Building.⁶⁴ The firm must have been impressed by him, for on his graduation it became Gibbons, McNab and Mulkern.⁶⁵ McMahon either died or left London at the time, for there is no mention of him in the 1881 directory.⁶⁶ Patrick Mulkern did well in the law firm, for in 1888 not only did he advance the Sisters \$7,500, he bought a house at 534 Waterloo St.⁶⁷ Patrick Mulkern remained in the law firm until his death in 1899, when the name of the firm changed from Gibbons, Mulkern and Harper (McNab had been replaced by Harper) to simply Gibbons and Harper.⁶⁸ His widow, Fanny, continued to occupy his new residence at 504 Wellington St.⁶⁹

After securing the Street property with the help of Mr. Mulkern, Reverend Mother Aloysia appointed three Sisters to renovate and run the incipient St. Joseph's Hospital. Mother Aloysia Nigh became the Superior of the hospital and its administrator. She was assisted by Sisters Herman Murphy and Martha Toohey.⁷⁰ Mother Aloysia was a very capable woman, not averse to scrubbing floors and painting walls in order to convert the former home of Judge Street

into a hospital. Her aptitude at organization and administration was such that she was sent to Chatham in 1890 to oversee the opening of St. Joseph's Hospital there.⁷¹

St. Joseph's Hospital, London, opened on Monday, October 15, 1888. The following day a small article in the Local and District news section appeared in the London Daily Free Press:

The Sisters of St. Joseph have just completed a new hospital in connection with the Mount Hope Refuge capable of accommodating about twenty-five patients. Rev. Father Tiernan [from St. Peter's Cathedral] opened the institution with religious services this morning(72).

The following Saturday, the weekly Catholic Record also had a story on the new hospital. The story announced:

...that the good Sisters were now prepared to receive patients, and that their best endeavours and greatest care and attention will be employed to succour the sick and afflicted(73).

The article mentioned that a bazaar was to be held by the Sisters in December to help finance the hospital, and that an extensive enlargement of the facility was planned for the near future.

The new hospital served four patients in its first four weeks of operation. Two sisters staffed the hospital, one being the superintendent and the other her assistant.⁷⁴

The exact bed capacity of the new institution is uncertain, figures varying in different sources. All accounts written by the Sisters state the capacity was ten beds. Hospitals of Ontario, a 1934 government survey,

agrees with this.⁷⁵ The Catholic Record and London Daily Free Press state in their stories on the hospital's opening that the capacity was "about twenty-five" beds.⁷⁶ I find twenty-five to be a high number, especially considering that the house in Judge Street's time held nine people. The home simply was not big enough to hold twenty-five patients plus the staff and facilities necessary for their care.

The Bulletin of the Historical Committee of St. Joseph's Hospital gives a more realistic figure of fifteen beds.⁷⁷ This figure is in line with inspection reports from the Sessional Papers. The first inspection of the hospital occurred on September 18, 1891--fourteen patients were in residence.⁷⁸ It is interesting to note that St. Joseph's Hospital did not appear on the list of provincially aided hospitals until 1891.⁷⁹ From 1888 to that date the Sisters were solely responsible for the maintenance and funding of their hospital, as the City of London and County of Middlesex contributed nothing. Neither did the majority of patients--only about one-quarter paid a weekly fee.⁸⁰ These facts themselves stand as a testament to the economy and devotion of the Sisters.

The hospital inspection report of March 28, 1892 indicates there were thirteen patients undergoing treatment at the time, several of whom paid three to eight dollars per week.⁸¹ This report also states that "a new building on a much larger scale is in the course of erection, and when completed will make this a model hospital."⁸² The Sisters

had begun construction of the "extensive enlargement" alluded to in the announcement of the opening of the hospital in 1888.⁵⁰ Construction started by 1891, for on January 1, 1892 "the building situated at Mount Hope, and gradually assuming an imposing shape, was...blessed by...the Bishop of London on the occasion of the laying of the cornerstone."⁵¹

The Sisters of St. Joseph and later newspaper articles assert that the new addition was opened on October 15, 1892.⁸⁵ However, neither the London Free Press, London Advertiser nor the Catholic Record of or about that date carry a story about the opening. Surely the opening of a major addition to a local hospital would have been considered newsworthy. Further historical research has revealed that the hospital opened in October of 1893, one year later than previously believed.⁸⁶ The exact date is unknown, for I have been unable to find a reliable source that would contain it. However, the June 29, 1892 inspectorial report indicated that "the new building...will be ready in six months, and will afford accommodation to 60 patients."⁸⁷ Obviously some delay occurred, for the report of March 28, 1893 indicates that indicated that "the new building erected for this hospital is not yet ready for occupation but the board of management expect to move in during the coming fall."⁸⁸ This report proved correct, for the following report of September 29, 1893 notes that "the new hospital which has been under construction for some time

is about completed and soon to be occupied. It is being fitted up with all modern hospital appliances, and the Sisters will be enabled to carry on their work to much greater advantage in the future."⁸⁹

The Catholic Record printed a story on October 7, 1893 that it took from the London Free Press of September 30, 1893. Unfortunately no copy of the September 30, 1893 London Free Press has been located. The story stated that the new hospital "is about completed, and will be opened in the course of a few days."⁹⁰ This is as close to an actual opening announcement as I can find. The story gives a good description of the new hospital, concluding that "this home for the sick is fit for a regal palace."⁹¹ The Inspector of Hospitals visited on January 25, 1894, and gave a full description of the new hospital.⁹² It was five stories tall, including basement and attic, and was connected to the "old building" (Judge Street's former residence) by a covered passage on the first and second floors. This passage was described in the Catholic Record as a "sun bath", or elegant covered promenade sixteen feet wide with a closed glass passageway that [could] be used in the winter and removed in summer.⁹³ Apparently the old building was "used as an infirmary and for convalescents when required" and also held a seven-bed infectious ward.⁹⁴ The new building was heated by hot water, and many of the rooms also had fire grates. The operating room was in the attic, where many windows and a skylight provided illumination. The

basement contained two hot water heaters, the dining room, scullery and kitchen, as well as servants' rooms, laundry, store rooms and a committee meeting room. Two large wards held sixteen patients each, and there was a number of smaller wards and private rooms. Patients who could afford it were charged between four and fifteen dollars per week, while those on the public wards paid nothing. The cost of the new addition was between \$35,000 and \$40,000, a considerable outlay at the time.⁹⁵ Between October 1, 1893 and July 30, 1894 two hundred and sixty patients were admitted.⁹⁶ This indicates that the Sisters treated about twice as many patients in the new building as they had in the old.

What could have led to the one year discrepancy between believed and actual opening dates? The Daily Free Press of March 15, 1902 correctly states that the new addition was opened in 1893.⁹⁷ The same paper, on May 11, 1929 gives the date as October 15, 1892.⁹⁸ Hereafter, in all news articles and in all accounts written by Sisters, the incorrect date is used. Perhaps an early typographical error in a much read and believed early source led to the error. In any case, the incorrect date was accepted for over fifty years, until I exposed it.

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CHAPTER II

EARLY NURSING EDUCATION IN CANADA AND THE INCEPTION OF ST. JOSEPH'S HOSPITAL NURSING SCHOOL, LONDON, ONTARIO (1860-1899)

The influx of infection laden immigrants to Canada in the period 1820-1850 brought cholera, typhus, smallpox and other contagious diseases. One-seventh of the population of Montreal died in the single cholera epidemic of 1832.¹ This led to the establishment of a quarantine station and hospital at Grosse Isle in the St. Lawrence River. Lay nurses began to assist the medical staff, but they were untrained and unqualified for the job. No institutions in Canada outside of religious sisterhoods offered training in nursing skills, and nursing offered little that would attract intelligent, capable women. To fill the shortage in nursing personnel many sisterhoods expanded or were created. The Sisters of St. Joseph constitute one of these groups.

Secular English-speaking hospitals also sprang up to care for the poor, but these secular hospitals were often of dubious character, as were their nursing staffs. This is no surprise, for nursing was initially developed as a means of providing cheap labour in the infection-ridden hospitals of the early nineteenth century.² Students were actually apprentices, who learned by observing, assisting and finally

doing. Hospitals were unsanitary and many nurses died of diseases transmitted to them by their patients. Wages were very poor--in May of 1860 the Montreal General Hospital paid nurses \$6.00 per month, while the kitchen maid got \$5.00 per month.³ The low wages, arduous hours and chance of disease made nursing more unattractive than even factory work. The wealthy were nursed in their own homes--hospitals were for the poor and were inadequately financed. For all these reasons the quality of the nursing personnel was, in general, quite low. Dr. F. J. Shepherd, who worked at the Montreal General Hospital in the late 1860's and 1870's, considered that "age and frowsiness seemed the chief attributes of the nurse, who was ill-educated and was often made more unattractive by the vinous odour of her breath. Cleanliness was not a feature either of the nurse, the ward or the patient...".⁴ Dr. C. K. Clarke in "A History of the Toronto General Hospital" agrees with Dr. Shepherd:

The women who acted as nurses were, too often, crude, uneducated and, not unfrequently, alcoholic in their habits. Cleanliness was not a sine qua non, the pay was a mere pittance, and the work so repulsive and hopeless that there was little to attract a different class. Here and there were, of course, notable exceptions to all this, but the unpleasant truth was generally what has just been stated(5).

With the advent of Florence Nightingale, who struggled to improve English hospitals through the uplifting influence of genteel women, the "notable exceptions" slowly became more frequent.⁶ Nurses were to be caring professionals,

proud of their work and not lackadaisical coarse women or drunkards. The Nightingale system of nursing combined domestic and medical duties with a strict code of discipline and personal deportment.⁷ Character was a major constituent of the new professional Nightingale nurse. About this time, asepsis began to be accepted by physicians and nurses. It had become clear that no progress in health care would be made if hospitals and their employees were allowed to carry on as before. An illustration of the rapid changes in health care is found in the Report on Births, Deaths and Marriages for the year 1894. A comparison is made with the situation in 1871:

Local boards and medical officers of health were only emergency appointments, while spring cleaning, even in cities, was very partially enforced. Smallpox was treated in general hospitals, while isolation of the eruptive diseases, and still less disinfection, were measures as yet not appreciated or executed (8).

Coupled with the advances in knowledge was an increased concern with social welfare. Technological and industrial improvements allowed more people to turn their attention to practical humanitarian work.⁹ Wealthy individuals were encouraged to be generous toward hospitals--many were very liberal in their wills.

The number of hospitals increased dramatically. Figure 1, which follows on the next page, illustrates this growth. It should be understood that Figure 1 notes the increase in the number of hospitals receiving aid and being subject to

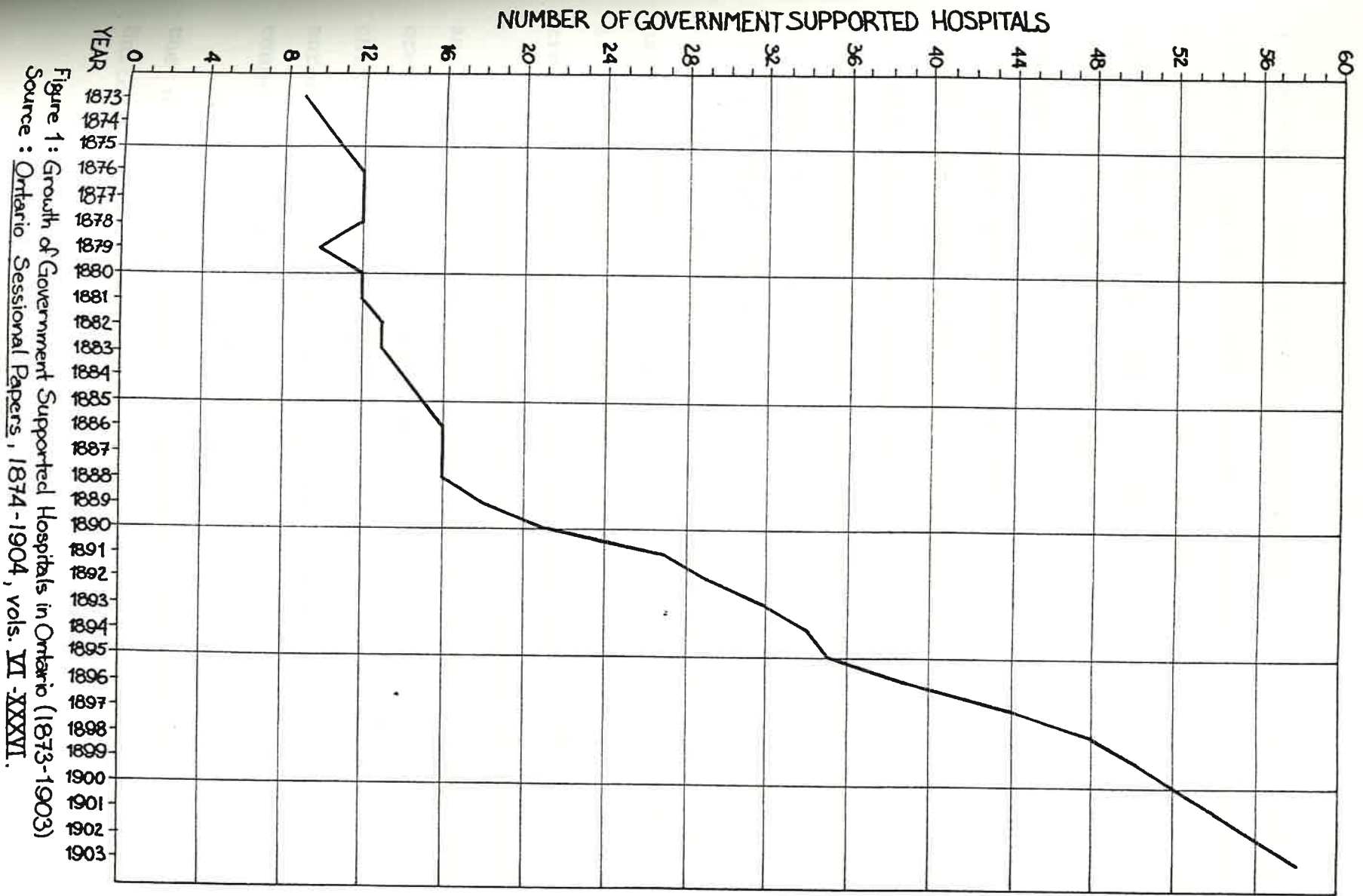


Figure 1: Growth of Government Supported Hospitals in Ontario (1873-1903)
 Source : Ontario Sessional Papers, 1874-1904, vols. VI -XXXVI.

inspection by the provincial government in any year, not the number of new hospitals opened. However, once a hospital became established, its board of management generally did not hesitate in applying for support. Hence, Figure 1 is a valid measurement of the rapidity of hospital growth in Ontario.

In 1873 Ontario had nine hospitals receiving government aid.¹⁰ Ten years later there were thirteen hospitals¹¹, and in 1893 Ontario was supporting thirty-two hospitals.¹² The greatest increase occurred when six new hospitals, including St. Joseph's, London, Ontario were added to the roll between 1890 and 1891. By 1903 Ontario was aiding in the support of fifty-eight hospitals.¹³ The increased concern with health care in Ontario is shown by the fact that between 1873 and 1903 the number of hospitals increased by more than six times while the population did not quite double.¹⁴

The tremendous increase in both the number of hospitals and the quality of care the public expected from them created a staffing problem. Where could the hospitals obtain suitably trained nurses of good quality? These nurses could not be mere servants, but would have to be competent in carrying out doctors' orders.

The domestic supply of such nurses was miniscule, and the number that could be imported from England and the United States was likewise small. The solution was the

introduction of Training Schools for Nurses, which became almost automatic for any progressive hospital in Canada after 1890.¹⁵ The first nursing school established in Canada was the Mack school at St. Catharines, Ontario, known officially as "The St. Catharines Training School and Nurses' Home". It was organized in 1874 by Dr. Theophilus Mack in connection with the General and Marine Hospital, and consisted of two Nightingale nurses from England as instructors and two students.¹⁶ Dr. Mack had earlier built a hotel and sanitorium to accommodate patients who came to take treatment at local salt wells--he had been very successful in promoting the medical value of these salt wells by writing in various medical journals. Between 1860 and 1865 he promoted the idea of a marine hospital for those working on the Great Lakes. Eventually, both the Federal and Provincial Governments supported this idea,¹⁷ the result being the General and Marine Hospital.

Dr. Mack felt that the popular prejudice against public hospitals would be overcome by creating a profession of trained lay nurses. The by-laws of the training school were influenced by Florence Nightingale's principles and the outlook was progressive:

The skilled nurse, by minutely watching the temperature, conditions of the skin, pulse, respiration, and the various functions of all the organs, and reporting faithfully to the attending physician, must increase the chances of recovery two-fold.

She will, likewise, by the proper precautions well recognised in hygiene, avert the evils of contagion of infection,

and the spread of disease by noxious miasma(18).

The Mack School was a success. The government inspection of the hospital on July 4, 1877 records that:

On the south side of the property, a residence had been erected and used as a Training School for Nurses, which was reported to be in most successful operation(19).

The Inspector was impressed with the quality of the nurses graduated from the Mack School, for on February 7, 1878 he wrote the following:

A most commendable feature in the management of this Hospital is the superiority of the nursing service. The partial affiliation to the Hospital of a school for nurses has been the chief factor in promoting efficiency in this branch of the Hospital administration. It would be well if other Hospitals would adopt the same means of obtaining trained nurses, instead of putting up with incapable and inexperienced persons(20).

Apparent from the above statement is the fact that many other lay hospitals were still employing the old type of nurse. Probably this was not from choice but rather necessity, as adequately trained professional nurses were still few in number. Religious hospitals were not so poorly staffed, as they regularly took it upon themselves to train their own members as nurses. It is to be noted, that since religious hospitals did not train outsiders, lay hospitals had no benefit from their expertise. The inspector is clearly advocating the establishment of more nursing schools by lay hospitals to fill their need for professional nursing staff. Further government support, morally if not

financially, is apparent in the following quote from the Sessional Papers of 1884. The London General Hospital had just opened the third training school in the province (there was a total of thirteen hospitals in Ontario at the time).

Another important feature in connection with the hospital system of the Province, is the establishment of a training school for nurses at the London Hospital, thus making three such schools now in operation, viz.: one at the Toronto General Hospital, one at the St. Catharines Hospital and one at London. The two former schools have been in operation for some time past and are doing a good work in turning out each year a certain number of thoroughly well trained nurses. It would be well if more of these schools were established, so as to ensure a supply of skilful nurses whenever needed, for there is hardly any more important factor in the proper care of the sick than good nursing. The lack of nursing of such a character has been noticeable throughout the Province, but I hope the day is not far distant, when a thoroughly efficient staff of trained nurses will be found in every hospital, and also that graduates from the different training schools may be available for service in private houses when needed, and thus supply a long felt want. It is to be hoped that the managers of those larger hospitals which have as yet no training schools connected with them, will note these remarks and take steps to make the hospitals under their charge more complete(21).

Evidently there was still a lack of competent nurses in Ontario. However, the last sentence of the above quote did not go unheeded, for by 1904 Ontario had forty-one schools of nursing connected to various hospitals.²² St. Joseph's Hospital Training School for Nurses, London, was one of these forty-one establishments.

The Right Reverend Fergus Patrick McEvay, consecrated Bishop of London on August 6, 1899, was instrumental in the

opening of the Nursing School at St. Joseph's Hospital, London.²³ The Bishop was sensitive to the forces of popular opinion--by the turn of the century many new hospitals had been opened and society was demanding that they be staffed with qualified nurses. The Bishop realized that it would be in the best interest of the hospital to have nurses on staff who possessed a diploma earned through the successful completion of a set course of study. To this end he advised Mother Ignatia Campbell to send two Sisters to a standardized hospital where they could train to equip themselves for competitive work. The exact date of the Bishop's correspondence with Mother Ignatia Campbell is unknown, but the Chronicles state that his "first interest in the community [of the Sisters of St. Joseph] was shown in his desire to see trained nurses with proper qualifications in the hospitals."²⁴ The Bishop was consecrated on August 6, 1899, and two Sisters were sent for training on January 6, 1900.²⁵ Thus, the foundation date of the Training School at St. Joseph's Hospital, London, is 1899. This date is not the opening date of the school, but is considered by the Sisters to be the date when the first concrete steps were taken toward the opening of the school.

In addition to increased stature in the public eye, there was another more practical benefit that the hospital would gain by the opening of a nursing school. This benefit was an augmented work force. From 1888 until the opening of the school, the Sisters themselves did almost all of the

labour associated with running the hospital--laundry, cooking, cleaning and nursing. Primary records of these early years no longer exist, but there do exist a few personal accounts and short undocumented descriptions. Among these descriptions, I rely primarily on the Chronicles of the Sisters of St. Joseph in the Diocese of London, Ontario, 1868-1928 cited hereafter as the Chronicles. Sister M. Genevieve Hennessy, C. S. J. wrote this account for the diamond jubilee of the London Congregation of the Sisters of St. Joseph in 1928. The Chronicles were written by Sister Genevieve in her spare time, starting several years prior to 1928. She continued making additions to the Chronicles until her death in 1958. Although the Chronicles are extensive in scope, they contain no scholarly references and are sometimes vague, often listing surnames only and giving no dates in circumstances where a date would be helpful to the historical researcher. The Chronicles therefore are a framework to which I add information gathered from other sources, mainly city directories and newspaper articles. I will give the best description of the early non-religious work force prior to the opening of the nursing school possible under these circumstances, in an effort to show how hard the few Sisters had to work, and how the labour of student nurses would be a boon to them.

Prior to the opening of the new hospital in 1893, the Sisters of St. Joseph were almost solely responsible for the operation of the hospital in Judge Street's former

residence. All laundry was washed at Mount Hope because there were no laundry facilities available at the hospital. The Chronicles state that "old Martin Sheridan trundled his wheelbarrow laden with two heaping baskets of clothes to and from the hospital to Mount Hope. This was continued until [laundry] machinery was installed."²⁶ Laundry facilities were installed in the new hospital in 1893, so Mr. Sheridan would have been employed prior to that time. He is therefore the earliest recorded "employee" I can identify. Martin Sheridan is listed only once in city directories between 1888 and 1904. His name appears in the 1897-1898 edition where he is listed as: "gardener, St. Joseph's Hospital, [boards at] same."²⁷ This one listing, however, does not mean that Mr. Sheridan was employed only between 1897 and 1898. The exclusion of his name from earlier directories could be explained by his insignificance --the Chronicles describe him as old, and he is listed by the city directory as being a boarder at St. Joseph's Hospital. These facts strongly suggest that Mr. Sheridan was not an employee in the normal sense of the word, but an elderly man for whom the Sisters of St. Joseph in their charity provided a home. In exchange, he did whatever he could to help out--transported laundry and tended to the gardens.

The hospital staff of 1893 numbered nine Sisters. Despite the opening of the new larger hospital, Bishop Dennis O'Connor felt that six Sisters would be sufficient to

manage the work.²⁸ Even today, with modern labour-saving devices, six women, no matter how dedicated and selfless, could not run a sixty bed hospital alone. Help had to be obtained on a permanent basis.

The Chronicles describe the domestic help as initially a "few drifts" on whom the Sisters could not depend, until Annie Duffy and Minnie Edwards became the first regular help.²⁹ They were probably hired sometime in late 1893 or early 1894. No mention is made of Annie Duffy in sources other than the Chronicles. Minnie Edwards is listed in the 1895 city directory. She is classified as a domestic at St. Joseph's Hospital.³⁰ She is not listed in the 1896 to 1900 editions, but reappears between 1901 and 1904 as a maid, employed by St. Joseph's Hospital.³¹ Minnie Edwards was respected by her employers, for the Chronicles state that "no one can estimate the worth of Minnie Edwards as an inmate [employee] of St. Joseph's."³² She is further described as being interested and industrious in her work in the laundry and basement, and as being the "house detective" too.

Perhaps she remained an employee at the hospital beyond 1904. I looked no further than 1904 in the directories, because by that time both the nursing school and the practice of hiring outside help were well established. Whether or not Minnie Edwards remained an employee past that date is irrelevant to the present work.

The available evidence indicates that prior to 1893, when St. Joseph's Hospital was housed in the former residence of Judge Street, no domestic help was employed. The only exception is Martin Sheridan, but as I have argued he was probably not an employee in the normal sense of the word. Until the opening of the new hospital in 1893 and the concurrent reduction in staff from nine to six Sisters, the Sisters of St. Joseph were able to do all the domestic work necessary for the maintenance of the hospital themselves. Were they able to do all the nursing as well?

The paucity of records again presents difficulty in determining how many professional lay nurses were hired prior to the opening of the nursing school. The Chronicles state that "the first trained nurse to assist the Sisters was Miss Collins, a graduate from New York City. She undertook the charge of the operating room while Mother Agnes was Superior [of the hospital]." ³³ Mother Agnes McGrath became hospital Superior in 1891, and we may conclude that Miss Collins was hired the same year. ³⁴ No other mention of Miss Collins exists either in the Chronicles or in city directories. Even her first name remains a mystery. Unfortunately the date of Miss Collins' departure from the staff of St. Joseph's Hospital cannot be determined. If she had still been on staff when Bishop O'Connor reduced the number of Sisters in the hospital from nine to six in 1893, the negative impact on nursing in the hospital would have been lessened to some degree.

The Chronicles state under the heading "A Day in the Hospital in the late Nineties" (meaning 1890's) that the operating room was the responsibility of Mrs. Giroux, a graduate nurse from the Carney Hospital of South Boston.³⁵ The city directory of 1896 shows that Mrs. Elizabeth Giroux, widow of Cosmas Giroux, was head secular nurse at St. Joseph's Hospital.³⁶ Since she was named head secular nurse, it is implied that there were other secular nurses employed by the hospital too. Mrs. Giroux again appears in the 1900 city directory, but listed simply as nurse.³⁷ One of the secular nurses in the charge of Mrs. Giroux is cited in the 1897-98 city directory as Jane McBain.³⁸ The Chronicles list a Joan McBain as playing a very important role in the early days of the Nursing School.³⁹ The 1902 city directory contains Jean McBain as head nurse, St. Joseph's Hospital.⁴⁰ For these reasons, I conclude that Jane, Jean and Joan McBain were all the same person, and that she was an employee of the hospital before the establishment of the Nursing School.

There are three time periods in the history of the labour force of St. Joseph's Hospital. The first is from establishment in 1888 to the opening of the new hospital in 1893. In this period the Sisters did almost all the work, domestic and nursing, the only documentable exceptions being Mr. Sheridan and the nurse Miss Collins. The second period is from 1893 to the establishment of the nursing school in 1901. During this period professional lay nurses such as

Mrs. Giroux and Miss J. McBain were hired to supplement the nursing Sisters. Domestic help was also hired on a permanent basis.

The third period begins with the establishment of the school. As the following chapter deals with this time in detail, the following quote will suffice at present as a summary:

The hospital had no instruments for the operating room at that time [1890's]. Each doctor used his own and these had to be sterilized and left in order after each operation. The [establishment of the] Training School relieved the Sisters of much of this labour(41).

NOTES TO CHAPTER II

1. Leaf and Lamp, p. 30.
2. Mary Q. Innis, ed., Nursing Education in a Changing Society, Toronto, 1970, p. 150. Hereafter cited as Innis, Nursing Education.
3. H. E. MacDermot, History of the School of Nursing of the Montreal General Hospital, Montreal, 1940, p. 11.
4. Ibid., p. 8.
5. Dr. C. K. Clarke, A History of the Toronto General Hospital, Toronto, 1913 cited in Three Centuries, p. 151.
6. Barbara Melosh, "The Physician's Hand" Work, Culture and Conflict in American Nursing, Philadelphia, 1982, pp. 29-30.
7. John R. Sullivan and Norman R. Ball, Growing to Serve... A History of Victoria Hospital, London, Ontario, London, 1985, p. 33. Hereafter cited as Growing to Serve.
8. Sessional Papers, 1896, vol. XXVI, part III, no. 11, p. 9.
9. Innis, Nursing Education, p. 161.
10. Sessional Papers, 1874, vol. VI, part I, no. 2, p. 124.
11. Sessional Papers, 1884, vol. XVI, part VI, no. 16, p. 2.
12. Sessional Papers, 1894, vol. XXVI, part V, no. 29, p. 10.
13. Sessional Papers, 1904, vol. XXXVI, part IX, no. 40, p. 7.
14. Sessional Papers, 1894, vol. XXVI, part III, no. 11, p. 9. In 1871 the population of Ontario was 1,618,245.
15. Three Centuries, p. 144.
16. Ibid.
17. Ibid.
18. The First Annual Report of the St. Catharines Training

- School and Nurses' Home, July 1, 1875, cited in Three Centuries, p. 145.
19. Sessional Papers, 1878, vol. X, part II, no. 4, p. 198.
 20. Sessional Papers, 1879, vol. XI, part III, no. 8, p. 212.
 21. Sessional Papers, 1884, vol. XVI, part VI, no. 16, p. 2.
 22. Thirty-sixth Annual Report of the Inspector of Prisons and Public Charities Upon the Hospitals and Charities Etc. of the Province of Ontario, 1905., Toronto, 1906, p. 11.
 23. Catholic Record, August 12, 1899, p. 4.
 24. Sister Genevieve Hennessy, C.S.J., Chronicles of the Sisters of St. Joseph in the Diocese of London, Ontario, 1868-1928, unpublished, Mt. St. Joseph Archives, London p. 6. Hereafter cited as Chronicles. Different parts of the Chronicles were typed at different times, so the pagination is variable. I use an unpublished extract of the Chronicles in this thesis, from which I take the pagination.
 25. Ibid.
 26. Ibid.
 27. Foster's London City and Middlesex County Directory, 1897-1898, Toronto, 1897, p. 349. Hereafter cited as Foster's London Directory.
 28. Chronicles, p. 5.
 29. Ibid., pp. 5-6.
 30. The London City and Middlesex County Directory, 1895, Toronto, 1895, p. 189.
 31. London city directories, 1896-1904.
 32. Chronicles, p. 6.
 33. Ibid.
 34. The London City and Middlesex County Directory, 1891, Toronto, 1891, p. 14.
 35. Chronicles, vol. 4, p. 25.

36. Foster's London Directory, 1896, p. 223.
37. Ibid., 1900, p. 215.
38. Ibid., 1897-98, p. 283.
39. Chronicles, p. 6.
40. Foster's London Directory, 1902, p. 71.
41. Chronicles, p. 12.

CHAPTER III

FROM OPENING TO ACCREDITATION (1896-1929)

A small booklet entitled Rules and Regulations of St. Joseph's Hospital, London, Ontario, published by the hospital in 1915, states that the training school was formally inaugurated in 1901.¹ It continues: "As previous to this date, a recognized training both practical and theoretical was given to qualified young ladies..."; it also gives 1896 as the date when this unofficial (no diploma) and informal (no set course of study) form of training began.²

Between the August 6, 1899 consecration of Bishop McEvay and January 6, 1900, the Sisters decided to establish a formal nursing school and took concrete steps toward doing so, for on that date Sisters Justina Podlewski and Monica Coyle departed for training in Guelph, where they took the courses that would equip them to be nursing instructors.³ St. Joseph's Hospital in Guelph, Ontario, had opened its training school in 1899,⁴ organized by two Sisters that had been sent for post graduate training to a hospital in Kalamazoo, Michigan--one graduated as a registered pharmacist and the other became a graduate nursing specialist.⁵ After Sisters Justina and Monica completed their training in Guelph, they visited American hospitals in New York, Chicago, Baltimore and Detroit to learn the most modern practices of hospital economics and administration.⁶

On May 4, 1902 Sister Justina Podlewski was appointed Superintendent of St. Joseph's Hospital Training School, London, Ontario⁷ and Sister Monica Coyle was given charge of the St. Joseph's Training School in Chatham, Ontario.⁸

While Sister Justina was in training, the School had been under the direction of Miss J. McBain,⁹ a 1900 graduate of St. Michael's Hospital, Toronto,¹⁰ which had established its nursing school in September, 1892.¹¹ Miss McBain is listed as a nurse in the 1897 city directory.¹² She is not mentioned in any previous city directories, so she probably entered St. Joseph's in 1897 to be privately instructed in nursing before transferring to St. Michael's Hospital, an institute also controlled by the Sisters of St. Joseph, to obtain an official diploma.

A 1952 Bulletin of the Historical Committee states: "The School was officially opened May 4, 1902..."¹³ and a subsequent Bulletin indicates "that a [nursing] school was created in 1902...."¹⁴ but 1901 must be the correct date, for a story in the March 15, 1902 edition of The Daily Free Press states that "St. Joseph's made another noteworthy forward step when in 1901 the training school for nurses was formally opened by Rt. Rev. Bishop McEvay."¹⁵ May 4, 1902, was, however, a significant date since on that day Sister Justina Podlewski was appointed Superintendent replacing J. McBain, the first Superintendent.¹⁶

The first graduate of St. Joseph's Nursing school was Frances Rankin, who had been nursing in the hospital for

several years before the nursing school was established. Though she had received little formal instruction, the doctors at the hospital recommended that she be recognized. The hospital presented her privately with a professional nursing diploma in 1901.¹⁷ Frances Rankin was hired by Victoria Hospital, London, in 1903,¹⁸ and went on to become, somewhat fittingly, the first president of the Alumnae Association of St. Joseph's Hospital School of Nursing, an organization founded in 1912.¹⁹

Gertrude Dumaresque, a London native who was a domestic before she became a graduate nurse,²⁰ and Jean Pye, a native of Wyoming, Ontario,²¹ formed the class of 1902. They received their diplomas in a private graduation ceremony, but unlike Miss Rankin they had received some formalized instruction and sat examinations.²² Though both women first appear in a 1901 city directory, I believe they had been working at the hospital prior to that date, since their training, even if mainly practical, would have extended to more than one year. Jean Pye was for several years superintendent of a hospital in Lacombe, Alberta before returning to London in 1915.²³ She died at St. Joseph's Hospital, London, on October 6, 1943.²⁴

Subsequent to the private graduations of the Misses Rankin, Dumaresque and Pye, all of whom were trained in somewhat informal ways, the Nursing School entered its formal phase with the class of 1903 which consisted of eight students.²⁵

The curriculum prior to 1910 has not been recorded, though the Chronicles state the students "received a thorough theoretical and practical training."²⁶ The lecturing staff at the school in 1902 and 1903 included seven physicians: John Wishart, Henry (Harry) Meek, James MacArthur, Walter A. Thomson, William J. Weeks, William J. Tillmann and George Hodge.²⁷

Dr. John Wishart (University of Toronto, 1871)²⁸ was intimately involved with the hospital from its inception: he treated the first patient, when he set the broken hip of a Mrs. Wells,²⁹ and he also performed the first operation at St. Joseph's Hospital, when, the operating room not yet being completed, he had recourse to the kitchen table where, assisted by Sister Assumption Murphy, he removed a kidney from a certain Mr. English from Wardsville.³⁰ Dr. John Wishart most likely taught surgical nursing and perhaps anatomy to the student nurses.

Dr. Meek, who had been house surgeon for a year at St. Joseph's Hospital sometime before March of 1902,³¹ was responsible for the teaching of obstetrical and gynaecological nursing to the students. The term "house surgeon" is synonymous with the "surgical resident" term in use today, and in no way corresponds to "chief of surgery". House surgeons at St. Joseph's were recent though talented graduates of medical schools, described as "earnest young physicians."³² They received one year appointments to the St. Joseph's staff.

Dr. William J. Weeks taught medical jurisprudence for twenty-five years, beginning in 1894, to University of Western Ontario medical students and often gave medical evidence in court.³³ Since medical jurisprudence was not taught to nursing student, I assume Dr. Weeks taught them hospital ethics.

Dr. George Hodge taught materia medica (pharmacy) and later clinical medicine at the U.W.O. medical school until his death in 1908.³⁴ He probably taught the student nurses at St. Joseph's Hospital materia medica as well.

Dr. William J. Tillmann, Western gold medallist of 1898, taught practical chemistry at the medical school from 1903 to 1908, when he undertook postgraduate work in paediatrics in London, England. Later he was professor of paediatrics at the medical school until his retirement in 1938.³⁵ Dr. Tillmann probably instructed the student nurses first in basic chemistry which included urinalysis, then later in the nursing of children.

The above physicians, together with Drs. MacArthur and Thomson, taught the student nurses surgical nursing, anatomy, obstetrical-gynaecological nursing, chemistry, materia medica and paediatric nursing. Topics such as household economy, massage, dietetics and kitchen supervision and bandaging and dressing would have been taught by the nursing Sisters or other graduate nurses.

Concurrent with the opening of the school for nurses was the planning of a new addition to the hospital. The

need for an addition had become apparent between late 1901 and early 1902 when the Sisters began to refuse admittance to patients on account of lack of space.³⁶ In 1897 the Sisters had treated 365 patients.³⁷ By 1899 this number had risen to 487 patients; it remained at this level in 1900 and 1901 before hitting 573 in 1902.³⁸

A Daily Free Press article of March 15, 1902 reports not only the need for an addition to the hospital, but also the condition of student nursing accommodations. The story indicates that when Bishop McEvay opened the nursing school in 1901, there were twelve nurses on staff. The article continues:

In a year the number has all but doubled, and would have increased still more rapidly were the nurses' apartments not also limited. The original St. Joseph's Hospital [Judge Street's residence] is now practically a nurses' home(39).

With the opening of the new 40-bed wing of the hospital in 1903, the original hospital of 1888 became solely a nurses' residence.⁴⁰

By 1905 forty-one hospitals in Ontario had nursing schools in operation.⁴¹ The Inspector of Prisons and Public Charities reported that the majority of those hospitals gave excellent courses based on practical teaching and didactic lectures. Although some smaller institutions operated schools of nursing solely as a source of cheap labour, St. Joseph's Hospital never fell into this category, as the most laudable comments the Inspector applied to it indicate:

Many of our hospitals have excellent facilities for affording nurses in training the instruction required and there are satisfactory evidences that these facilities are year by year being improved(42).

St. Joseph's Hospital Training School for Nurses was one of those facilities that kept improving itself through time. In 1910 the Training School was registered with the Regents of the University of the State of New York, and undertook to follow the course of study recommended by that institution.⁴³ Registering the Hospital with the Regents allowed any graduate of the training school to write the New York State Board Examination and become a registered nurse in the State of New York. The choice of New York for the registration of St. Joseph's Training School was natural for Ontario's progressive nursing schools. New York had enacted nursing legislation in 1903 that provided for an inspectional service that would give scope in developing educational programmes, advise superintendents and represent government in nursing affairs.⁴⁴ The New York system had a strong influence on the later development of Ontario's own system of registration,⁴⁵ which came into existence with the passage of The Registration of Nurses Act, 1922.⁴⁶ By registering the training school in 1910 in New York, the Sisters showed the sense of professionalism with which the school was run.

The Sessional Papers of 1916, covering the year 1915, report that:

St. Joseph's Hospital, London, has erected

a new wing of fireproof construction containing 45 private wards and has also undertaken other extensive reconstruction, which provides a solarium and roof-garden as well as additional wards(47).

The new addition consisted of a basement and three floors which gave the hospital sixty new beds, as well as a new chapel.⁴⁸ The basement held a dining room and some rooms for student nurses, while the first floor was used as private rooms for house surgeons. The second and third floors held male and female wards respectively.⁴⁹

Two excellent sources, both dated 1915, give the earliest definite information available concerning the St. Joseph's Nursing School administration and curriculum. The first source is a booklet published by the hospital in 1915 entitled Rules and Regulations of St. Joseph's Hospital, London, Ontario. This booklet outlines the administrative hierarchy of the hospital and the responsibilities of each administrator, rules concerning the admittance and behaviour of patients and visitors, and a final section subtitled "St. Joseph's Hospital Training School for Nurses, London, Ontario". This latter section gives the entrance requirements of the school, the curriculum and a brief history that includes a list of graduates from 1902 to 1915.

The second source is a questionnaire from the Graduate Nurses' Association of Ontario dated June 30, 1915. The purpose of the questionnaire was to gather information on Ontario training schools to further the Association's quest for an Ontario registration act for nurses.⁵⁰ The

questionnaire asked general questions concerning the length of the course and the number of students and instructors, then asked for specific information on the curriculum. From the Rules and Regulations and the questionnaire, a good description of early nurse-education at St. Joseph's can be assembled.

The first article of the Rules and Regulations states, in block print, that "THE INSTITUTION IS UNDER THE MANAGEMENT AND CONTROL OF THE SISTERS OF ST. JOSEPH."⁵¹ No outside agencies exerted any control over the administration or financing of St. Joseph's Hospital. The hospital was subject to inspection by the Inspector of Hospitals and Public Charities, but this was only to ensure that minimum standards were maintained. How the hospital maintained these standards was entirely its own affair.

A Training School Committee was chosen from the Executive Board, the Executive Board consisting of the Superintendent of the Hospital, the Supervisors of the Nursing Departments, the Supervisor of the Operating Room, the Superintendent of the Training School and the Financial Secretary.⁵² The Executive Board was responsible for the general control of the hospital in all its aspects.

The Superintendent of the Training School was responsible for the direct supervision and control of the duties and behaviour of the student nurses as well as the details of the curriculum of the school. All the student nurses were responsible to her in and for the performance of

their duties.⁵³ The Superintendent received all admission applications and admitted, in consultation with the Hospital Superintendent, all those applicants deemed eligible. At the expiration of the students' probationary term, she submitted to the Training School Committee a report on each probationer's fitness for work and decided whether or not to retain the probationer as a Pupil Nurse. From time to time the Superintendent formulated and recommended to the Executive Board regulations concerning student nurses and nursing school government, as well as arranging the lecture and teaching course for each school year, under of course the guidelines set forth by the Regents of the University of the State of New York. She also had the power to dismiss or suspend any student nurse for sufficient cause after first making a report to the Training School Committee.⁵⁴ Sufficient cause for dismissal or suspension consisted of misconduct, inefficiency in practical or theoretical work, physical unfitness for the work or any other reason deemed sufficient by the superintendent of the Training School.⁵⁵ The School also reserved the right to recall the graduation medal and diploma of any graduate "who, in their [Hospital Board's] opinion shall in any way bring discredit on the School."⁵⁶

The Superintendent of the Training School also oversaw the operation of each nursing department and operating room. In essence, she was the superior to both the supervisors of the Nursing Departments and Operating Room. She issued

monthly directions listing what staffing changes would be made in each of those departments after considering their particular needs at the time.⁵⁷ She and the Superintendent of the Hospital were the two "executive directors" of the hospital responsible for its day to day functioning. Incidentally, none of the reports made by the Superintendent of the Training School to the Executive Board, Training School Committee or Nursing and Operating Room Departments have survived.

Single women between the ages of twenty and thirty were the applicants preferred by the School of Nursing in 1915. Applicants' height, weight and physique were considered, since the applicants needed to possess "mental and physical capacity for the duties of a Trained Nurse."⁵⁸ Applicants were required to have at least one year of high school or its equivalent, but preference was given to women of "a superior education and culture."⁵⁹ Applicants had to appear personally before the Superintendent of the Training School or, in the case of considerable distance, apply by mail. Each applicant had to provide a letter from her clergyman testifying to her moral character and a letter from a high school teacher showing the completion of the first form of said school or its equivalent.⁶⁰ Two certificates were required from the applicant's physician, one of sound bodily health and the other confirming successful vaccination within three years.⁶¹ Note that the the letter of moral character had to be from a clergyman, not necessarily a

priest. Though a Roman Catholic organization, St. Joseph's Hospital and its Training School accepted students of all denominations. If accepted into either the January or September class, the candidate was to provide herself with various pieces of clothing and certain items as outlined in the letter of acceptance.⁶² While I could not find any St. Joseph's Training School acceptance letters, I did locate a letter of acceptance from Victoria Hospital, London dated 190_. This hospital required its new students to provide themselves with four caps, a watch with a second hand, nurse's scissors, a lead pencil, Kimber's Anatomy, Hampton's Book on Nursing, latest edition, Dock's Materia Medica, Hopkin's Book on Bandaging, Hampton's Nursing Ethics and Dorland's Pocket Dictionary.⁶³ St. Joseph's probably required its students to furnish themselves in a similar manner.

Accepted applicants entered the nursing school for a three month probationary period during which the Training School Superintendent decided on their suitability. If the applicant was satisfactory, the school gave her her cap. However, she was not formally enrolled as a student nurse until three more months had passed.⁶⁴

Students were expected to give their total attention to the hospital and school. The Rules and Regulations clearly state that "pupils will not be allowed during training to absent themselves to nurse sick relatives at home or for personal reasons."⁶⁵

After the completion of the probationary term, students were given an allowance of twenty-seven dollars for the remaining nine months of the first year, forty-eight dollars for the second year and sixty dollars for the third year.⁶⁶ This worked out to three, four and five dollars per month for the first, second and third year of training--a total income of one hundred and thirty-five dollars over three years. An annual vacation of two weeks was granted to the students, so they had little chance to supplement this income with summer work. Working while in training was not permitted, and would have been too much strain on even the heartiest of students due to the long hours spent training. Day duty, which included both lecture and ward work, commenced at 7 a.m. and ended at 7 p.m.. Night duty, when assigned, was from 7 p.m. to 7:15 a.m.⁶⁷ Two hours per day were allowed for study and recreation, as well as one half-day off per week. Thus the students worked six and one-half days per week, ten hours per day for a total work week of sixty-five hours! No charges were made for food, lodging or laundry to the student nurses in 1915. They covered the costs of their education by the hours of hard work they performed in the hospital.

The curriculum of the school, based on a three year programme, followed the course of study outlined by the New York State Nursing Registry. Students received instruction through two methods--lectures and recitation.⁶⁸ "Recitation" meant that in the academic subjects such as

anatomy students would literally recite in class what the instructor had taught them. In practical subjects such as surgical nursing, the student first attended class and then "recited" the work learned by performing it on patients on the ward. Students had no instruction in a laboratory at all. Students received six to twelve hours of lectures and "twice as many" hours of recitation in each subject studied except anatomy, in which they received six lecture hours and fifty-six hours of recitation.⁶⁹ Exclusive of practical demonstrations of nursing procedures, students received a maximum of five hundred and twenty-four hours of class instruction in the entire three year programme: only three-and-one-half hours per week.⁷⁰ Since the work week was at least sixty-five hours and often more, students in 1915 spent most of their time providing labour on the wards, being in reality nursing apprentices and not nursing students. The few classes they did attend were held "at various times", which means whenever a physician could fit a lecture into his schedule, or whenever the students could be spared from ward work. Staff nurses, of whom there were ten, taught practical nursing procedures, a masseuse taught massage, the director of the school, Sister St. Roch Costello, taught hygiene and physicians taught the remainder of the courses.⁷¹

During the probationary term students studied hygiene, general medical nursing and nursing procedures such as bed making, bandaging and housework.⁷² The object of this

training was to enable the student to do useful work on the wards in as short a time as possible. New students were a distinct economic burden on the hospital until they could begin to contribute by working on the wards.

Student nurses spent far more time on the wards doing "practical" work than they did in class. Over the three year programme, they spent forty-four weeks on the medical wards, forty-six on the surgical, sixteen to twenty in the obstetrical ward, twelve to twenty in the operating room, four to eight on the children's ward and eight weeks in the diet kitchen, for a total of between one hundred and thirty and one hundred and forty-six weeks.⁷³

After successfully completing the three month probationary period, the students received their caps in a small ceremony. The remainder of the first year was spent on principles of nursing, anatomy and physiology, bacteriology and urinalysis, medical and minor surgical nursing and a study of drugs and their administration. Practical ward work in the first year consisted of the nursing of surgical patients and medical nursing.⁷⁴

In the second year, the study of medical nursing was continued, while operating room experience and major surgical nursing were added. The needs of patients requiring special nursing, such as long term care, were studied as well. Second year work also included materia medica (pharmacy), surgery, gynaecological nursing and a study of contagious diseases, as well as anaesthetics. A

total of three months night duty was assigned to all second year students.⁷⁵

In a student's third year at nursing school she would study obstetrics and obstetrical nursing, paediatrics and paediatric nursing, more special nursing topics and massage.⁷⁶ As well she received instruction in dietetics and nutrition, along with eight weeks of practical work in the hospital kitchen preparing special meals. She also learned the ethics of private duty nursing.⁷⁷

The study of private duty nursing and the actual preparation of special meals would seem strange to the nurses of today. The situation, however, was quite different in the early decades of this century. Most graduate nurses then became private duty nurses who were hired by families to look after an ill relative in their own home. As late as January 1, 1930, there were 2,639 nurses in Canada employed by institutions such as hospitals and asylums, 1,521 public health nurses and 6,370 private duty nurses in active practice.⁷⁸ Sixty percent of all nurses active in Canada were self-employed private duty nurses in 1930. The 1964 Royal Commission on Health Services reports:

...nursing is practised mainly in an institutional setting, the hospital. Most other nurses are employed by public or private agencies with few practicing independently. In the early part of this century the practice of nursing was more independent than it is today; in those days the nurse usually worked alone providing care in the home ranging from the actual care of the sick to the care of the children(79).

The above figures and quote indicate clearly how high the need was to train nurses in the skills necessary for household nursing in the early decades of this century, and how that need became very insignificant by the sixties.

In 1920 Alex McKay, the Inspector of Prisons and Public Charities, estimated there were five thousand graduate nurses in Ontario and that an additional five hundred were graduating annually from various training schools in the province. Notwithstanding the above facts, he added that there was a shortage of private duty nurses in many areas throughout Ontario. The cause of the problem was two-fold. Many graduates left the profession to get married, enter other fields of nursing or emigrate to the United States; at the same time fewer girls applied to enter Ontario training schools.⁸⁰ Perhaps there were fewer applicants because:

...unless the present conditions in our hospitals and Training Schools are improved, the young women of the province will not be attracted to the nursing profession in this province.... The hours on duty will have to be shortened, the remuneration increased and living conditions improved. We have in many of the hospitals throughout the Province beautiful nurses' Homes, while in others the nursing accommodation is most unsatisfactory (81).

In closing, Inspector McKay noted that "we [in Ontario] have no standard of Registration and consequently none of our training schools are Registered Training Schools."⁸² He strongly recommended that the provincial government grant the regulations governing nursing registration which "for

many years the graduate nurses of the Province have been petitioning."⁸³

Nursing registration was indeed a step forward in the status of Ontario nurses. Without a provincial registration act, Ontario nurses had to write certification exams in the various states in the United States that would accept the training they had received. If they did not write these exams, they could not call themselves "registered nurses", and could be viewed as less professional by those nurses who had written the exams. Sister St. Elizabeth Wilkinson, a 1919 graduate of St. Joseph's Nursing School, reports that while she was in Michigan she was "a bit" embarrassed about having no "R.N." status, so she wrote the Michigan Board State Exams at Lansing in 1922.⁸⁴

As Inspector McKay noted, the lack of a registration act in Ontario was not due to inactivity on the part of Ontario nurses. In 1904 the Graduate Nurses' Association of Ontario (G.N.A.O.) was established. It was incorporated in 1908.⁸⁵ It was a voluntary organization which aimed to advance the standards of nursing education, maintaining the standing and honour of the profession, and further necessary legislation in the public, medical and nursing interests.⁸⁶

In 1906 the G.N.A.O. asked the Ontario legislature to enact Bill 106, an act respecting the Graduate Nurses' Association.⁸⁷ At the first reading of the bill, the G.N.A.O. asked to be allowed, once incorporated, to administer a form of compulsory membership which would

affect all nurses employed in hospitals. At the second reading, this request was modified to encompass only graduates of organized courses, not all hospital employed nurses.⁸⁸ Unfortunately the G.N.A.O. asked that the bill be withdrawn since the members of a special committee of legislators which had convened to discuss the changes proposed between the first and second readings decided they were unable to promote the bill.⁸⁹

Specific reasons for the defeat of Bill 106 are not clear, since the government had generally supported it even though it had not committed itself one way or another. Smaller hospitals, whose training schools were often little more than cheap labour pools, feared their training schools would be closed. The very thought of an organized group of women caused apprehension to some.⁹⁰ Florence Nightingale herself had spoken against the registration of nurses, feeling that nursing was "too young, too unorganized and contained divergences too great for a standard to be applied."⁹¹ To Miss Nightingale, qualifications by examination did not take into consideration the character training which she held to be most important. Rather, she thought reform and progress should come about by example rather than by compulsory regulation.⁹² There was also a larger question that faced Ontario legislators. Could a voluntary organization obtain legal authority to administer a system of registration for all nurses?⁹³ Apparently the government did not wish to confer such authority in 1906.

Despite the disappointing setback of 1906, the drive for nursing registration did not die. In 1912 the government inserted Clause 18 in the Hospitals and Charitable Institutions Act, 1912, for the registration of graduate nurses.⁹⁴ However, Clause 18 regulations concerning graduate registration were not put into effect since not all hospitals with training schools were contained under the scope of the Act.

In 1917 the Report of the Royal Commission on Medical Education in Ontario contained a section on nursing.⁹⁵ Inspector McKay, in his report covering 1920, noted that the 1917 Royal Commission "strongly recommended that the nurses be given the requested status [registration] through Governmental regulations with uniform curriculum and uniform examinations."⁹⁶ The report itself stated the need for "uniform preliminary educational qualifications, standardized comprehensive professional training with outside inspection and strict examinations."⁹⁷ The report advised that registration be administered under the existing statutes and that nurses have a voice in nursing matters.⁹⁸

The recommendations of the 1917 Royal Commission greatly aided the cause of the Graduate Nurses' Association of Ontario. Their efforts came to fruition with the passage of The Registration of Nurses Act, assented to May 18, 1922.⁹⁹ The act allowed a training school to be established, maintained and conducted in any hospital, sanitorium or sanatorium. A graduate nurse of such a

training school became eligible for registration under the direction of the Provincial Secretary; all others were forbidden to affix the title "Registered Nurse" to their names.

Unlike the failed Bill 106 of 1906, the Registration Act of 1922 gave the administrative authority of the Act to the office of the Provincial Secretary rather than to the professional association of graduate nurses. Since the development of nursing registration legislation is beyond the scope of this thesis, suffice it to say that the G.N.A.O. viewed the Act as a compromise, since it had sought for itself the authority to administer the Act. In 1924 the Nurse Registration Branch was transferred from the Department of the Provincial Secretary to the Registration Division of the new Department of Health.¹⁰⁰ With the passage of the Nurses' Registration Act in 1951, responsibility for registration was passed from the Department of Health to the Registered Nurses' Association of Ontario, the successor to the Graduate Nurses' Association of Ontario.¹⁰¹ The Department of Health, however, did not yet delegate its statutory responsibility to inspect schools of nursing. Not until the establishment of the College of Nurses of Ontario on January 1, 1963 under authority of the Nurses' Act, 1961-62, was the entire responsibility for nursing education, including registration and training school standards, relinquished by the provincial government.¹⁰² With the delegation of authority

to the self-governing College of Nurses of Ontario, the government acknowledged that the profession itself knew better than any other group what standards were required and how best they could be implemented.¹⁰³ The College of Nurses of Ontario was the culmination of the work begun by the G.N.A.O. some fifty-nine years earlier.

Two questionnaires, each entitled Province of Ontario Training School for Nurses Questionnaire and completed by Sister Patricia Coughlin, St. Joseph's Nursing School superintendent from 1921 to 1924, give insight into the operation of St. Joseph's nursing school in the early twenties. Both questionnaires follow the format of the G.N.A.O. questionnaire of 1915, and both are undated. One, however, states that two hundred and sixty-three students had graduated from the school.¹⁰⁴ This statement dates it to 1923. I refer to it as "Questionnaire (1923)". Questionnaire (1923) indicates the hospital had one hundred and sixty beds. The other questionnaire states the hospital contains one hundred and fifty beds¹⁰⁵ thereby dating it before 1923 but after 1921, the year Sister Patricia became superintendent. I refer to it as "Questionnaire (1921-1922)".

Questionnaire (1921-1922) indicates that a student had to be twenty-one years old, possess at least one year of high school education and have a character recommendation. The probationary period was three months, as in 1915. Sister Patricia Coughlin gave the students instruction with

the aid of Sister Theda, the assistant superintendent, and the supervisors of the various departments. St. Joseph's contained medical, surgical, obstetric, paediatric and laboratory and X-ray departments at the time. There was no contagious ward, except "for cases arising in house."¹⁰⁶ A university professor lectured in dietetics and chemistry, and the students spent one month in the "Diet Kitchen" doing practical work. St. Joseph's Training School was not affiliated with any other institution for purposes of nurse instruction.¹⁰⁷

Questionnaire (1923) is much more detailed than Questionnaire (1921-1922). The students, residing in the former Street home, lived three to eight per dormitory.¹⁰⁸ A reception room was provided, as well as one classroom and a demonstrating room. There was still no laboratory provided for students' instruction. The students received free care in the hospital if sick, had two weeks vacation each year and received the same stipend as in 1915. Students had to provide their own uniforms and textbooks.¹⁰⁹

The probationary period was now four months long. During this time students studied theoretical work for four hours per day and practical work in the demonstrating room for one hour per day. The balance of the day was spent observing and occasionally helping in the wards.

Over the three year course students spent one hundred and thirty-four weeks on the hospital wards, not including the sixteen week probationary period.¹¹⁰ This is comparable

to the total time spent on wards in 1915. Four new areas of experience had been added to the curriculum since 1915. Four weeks were spent working in the hospital pharmacy, eight weeks on the new contagious wards and another sixteen weeks on the gynaecology wards. Also, St. Joseph's Training School was now affiliated with the Byron Sanatorium so St. Joseph's students spent eight weeks there working on the tuberculosis wards.¹¹¹ By affiliating the school with outside institutions, the Sisters assured that their students received as broad an education as possible at the time.

In addition to the time spent on the various wards, student nurses attended lectures given by physicians and graduate nurses. These lectures often occurred in the evening so that the doctors could devote their time to their practices during the day. Drs. William P. Tew and F. R. Clegg taught obstetrics and gynaecology. Dr. William J. Tillmann, with the nursing school since its inception, lectured on paediatrics, while bacteriology was the domain of Dr. John R. Armstrong. Drs. Suveney and Schaefer instructed the students in anatomy and physiology, while Dr. E. K. Loughlin taught about communicable diseases. Sisters Patricia and Theda gave lectures on Ethics and Nursing History. Courses in public health, chemistry, surgery and pharmacology were also taught.¹¹²

In addition to classes, which averaged twelve hours per week, the students worked the same hours on the wards that

they had in 1915. The average work week, including classes, varied between sixty-six and seventy-five hours. Night duty was assigned to the student seven times during her three year training. Each assignment lasted one month. While on night duty the student was responsible for twenty patients; this number was reduced to six during day duty.¹¹³

Though the hours of work seem excessive, they were normal for the nursing student of the twenties and thirties. In Ontario between 1929 and 1931, the average student nurse each day spent nine hours on duty, eight hours sleeping, two hours relaxing, one and a half hours studying, two hours at meals and one and a half hours at class.¹¹⁴ St. Joseph's students spent twelve hours per week in class, which is greater than the provincial average.

Following the passing of the Nurse Registration Act of 1922, the Provincial Secretary's office had Miss E. MacPherson Dickson organize a branch for the inspection of training schools.¹¹⁵ The choice of Miss Dickson for the job is not surprising, since she had been an early and active member of the G.N.A.O.. Under her name as head of the eligibility committee of the G.N.A.O., the 1915 questionnaire had been sent to St. Joseph's Hospital.¹¹⁶ Miss Dickson's branch was organized primarily to set a standard of registration for nurses graduating from the various hospitals of the province, and to improve the living and teaching conditions of students generally.¹¹⁷ Miss A. M. Munn was appointed Inspector of Training Schools for

Nurses. Unfortunately none of her inspection reports survive in the Archives of Ontario. St. Joseph's Hospital has not kept or has lost any copies of inspection reports concerning it, so these potentially invaluable sources remain untapped.

The need for improvement of living conditions of the student nurse had been mentioned by Inspector McKay in his 1920 report to the Ontario government. Now the Inspector of Training Schools for Nurses held the improvement of living accommodations to be a major responsibility of her job.

St. Joseph's Hospital had always been limited in the amount of space it had available for accommodating student nurses. In 1902 the London Free Press noted that "the number [of student nurses] has all but doubled, and would have increased...were the nurses' apartments not also limited."¹¹⁸ By the early 1920's the need for expanded nursing accommodation was pressing. Not until December, 1925, however, was any action taken toward building a new nurses' residence. I believe this delay was not due to inaction on the part of the Sisters, but rather to opposition from the Bishop of London, Rev. M. F. Fallon.

The Chronicles state:

The new St. Joseph's nurses' home on the corner of Richmond and Louisa [now Cromwell] Streets adjoining the hospital provides for a want long felt. The accommodation for nurses had been for many years inadequate, and crowded apartments had added much to the inconvenience of the nurses and Sisters(119).

The want had indeed been long felt. Bishop Fallon, in a speech made at the laying of the cornerstone of the new residence on September 30, 1926, makes reference to his own initial opposition to the construction of the residence:

This building has long been necessary - I'll admit that now, although I would not admit it before. But building it has been deferred until conditions were more satisfactory(120).

I do not know the conditions to which Bishop Fallon was referring - the Chronicles and the local newspapers naturally do not mention any divergence of views between the Bishop and the Sisters of St. Joseph. Perhaps simply not enough funds were available, for the London Free Press of November 7, 1925 reports that ten thousand dollars of improvements were already underway at the hospital.

In any case, the first mention of a new residence occurs in December of 1925. The London Advertiser announced on December 19, 1925 that Watt and Blackwell, a London architectural firm, had been instructed by the Sisters to prepare plans for a new nurses' home.¹²¹ The decision to build the home had been made only "a few days" before.¹²² A story in the London Free Press on the same date indicates that the new residence would cost around \$250,000 and would be built in the frontage along Richmond Street directly north of the new (1915) addition.¹²³

The contracting firm of John Hayman and Sons Co., Ltd. began construction on April 3, 1926.¹²⁴ The building, which is still standing today at the south-east corner of Richmond

and Cromwell Streets, is laid out in the shape of the letter "H". The parallel sides of the "H" run north and south along Richmond Street, while the connecting bar runs parallel to Cromwell Street.

On Thursday, September 30, 1926 and in the presence of some six hundred laity and clergy, Bishop M. F. Fallon laid the cornerstone,¹²⁵ which today lies partially obscured by bushes at the north-west corner of the residence, facing Richmond Street. The cornerstone is inscribed:

St. Joseph's Nurses' Home
Right Reverend M. F. Fallon D.D.
Bishop of London
Blessed and Laid this Stone
September XXX A.D. MCMXXVI
Watt and Blackwell Architects

After the cornerstone was in place, Bishop Fallon received an inscribed silver trowel from Mayor Moore on behalf of the City of London, the Sisters and nurses of St. Joseph's and citizens generally.¹²⁶ This trowel is now housed in the archives of the Sisters of St. Joseph in London.

Construction continued without interruption into June of 1927. The formal opening of the new nurses' home occurred on June 27, 1927. Bishop Fallon celebrated mass at 9 o'clock that morning in the hospital chapel.¹²⁷ After mass, a procession of clergy formed in the hospital and marched to the home, where the Bishop passed from corridor to corridor invoking divine blessing on the new building.

The main entrance to the residence is located on Richmond Street.¹²⁸ To the left of the main entrance is the reception room, which is still furnished as such today. Across the hall was the office and private parlour of the Training School Superintendent and the library. To the right of the library and Superintendent's rooms were the Sisters' living quarters. Along the corridor connecting the two parallel wings was the graduates' restroom, where lockers were provided for graduate nurses who were taking care of special cases.¹²⁹ At the end of the corridor were two big classrooms with windows facing the east. Adjoining these two classrooms was the demonstrating room, where students received some practical training in setting up beds and bedside equipment.

The student nurses lived on the second, third and fourth floors of the residence. Most of the rooms were single rooms, and there were about thirty of these rooms per floor.¹³⁰

The basement of the new residence was fully utilized as well. The students at last had a properly equipped chemistry laboratory, located to the left of the front door, one floor down. The cost of equipment alone in the laboratory was \$1,200.¹³¹ Behind the laboratory there was a kitchenette. Across the hall but still in the front of the basement was storage space for the students' trunks and suitcases.¹³² The hospital auxiliary and the students had a sewing room in the basement as well. The connecting

corridor contained a private laundry for the students. The rear section of the basement held a room ninety feet long and thirty-seven feet wide. This was the students' recreation room.¹³³

After 1927 nurses no longer lived in the old Judge Street residence. That building was finally torn down in 1931 to make way for a new addition.

The newspaper stories of the day failed to mention that there was an elevator shaft in the new residence, but no elevator! There were very many stairs between the basement and the fourth floor, and the students traversed them many times per day. Access to the hospital was either through the chapel or along passages near the classrooms.¹³⁴

The opening of the St. Joseph's Nurses' Residence not only provided living space but classroom, laboratory and recreational space as well. The new residence should be viewed as an improvement to the educational status as well as the accommodation status of the Training School. The construction of the nurses' residence was the fulfillment of all government requirements for standardization of St. Joseph's as a first class nurse training hospital. It is no surprise that Miss Munn, the Inspector of Training Schools, was notified forthwith.

On June 26, 1929 Sister St. Elizabeth Wilkinson, the Superintendent of the Nursing School, made "application for the registration of St. Joseph's Hospital Training

School...as an approved school, under the Registration of Nurses' Act of 1922."¹³⁵

The covering letter of this application is in itself quite interesting. The nursing school did not have a dietician at the time of application. The students instead received their course of lectures and practical work in dietetics at the "local Technical School,"¹³⁶ which would mean H. B. Beal Technical School. Apparently a Miss Thompson had been appointed to commence as hospital dietician in July, 1929, but had been unable to accept the appointment. Sister St. Elizabeth, the School Superintendent, asked Miss Munn, the Training School Inspector, if she could recommend any qualified dietician.¹³⁷

By 1929 St. Joseph's Hospital was affiliated with the Queen Alexandra Sanatorium, London, and Victoria Hospital London. After receiving theoretical instruction in tuberculosis, at St. Joseph's Hospital, four to six St. Joseph's students per year went to the sanatorium for eight weeks of practical experience in the nursing of tuberculosis patients. Eight students per year, sent two or three at a time, studied the practical aspects of nursing patients with communicable diseases at Victoria Hospital. Again, this experience lasted eight weeks and all theoretical instruction was delivered by St. Joseph's staff.¹³⁸ Fortunately for London, but not for the student nurses' education, so few communicable disease patients were

admitted to Victoria Hospital in 1928-1929 that Victoria Hospital had only enough cases to give nursing experience to their own students. Sister St. Elizabeth added, however, that:

We [St. Joseph's Hospital] had a great many cases of Influenza and a number of cases of other infectious diseases which gave experience to some of the nurses(139).

St. Joseph's Hospital provided affiliation services for nursing students from the Ontario Hospital, London, now known as the London Psychiatric Hospital. Each year four students from the Ontario Hospital studied surgical, obstetric and paediatric nursing at St. Joseph's. Each of the three areas was studied for eight weeks. St. Joseph's gave no theoretical lectures to these students--their home hospital supplied all the theory before sending them out for practical work.¹⁴⁰

In addition to the covering letter, a mandatory Training School Report accompanied the application for training school registration. This six page report was completed by the superintendent of the nursing school, Sister St. Elizabeth Wilkinson, who reported that she herself had graduated from St. Joseph's on May 27, 1919. She lists her nursing experience as three years of private duty nursing, six months of institutional nursing and one year as the assistant superintendent of the training school. Sister St. Elizabeth indicates that she has held the superintendency of St. Joseph's Training School for two

years, making her appointment date 1927. Sister St. Elizabeth had a long association with St. Joseph's School of Nursing. She served as its superintendent for three terms, 1927-1933, 1947-1950 and 1954-1957.¹⁴¹ She became a life member of the American College of Hospital Administrators, was a Canadian representative at the headquarters of the Catholic Hospital Association of the United States in St. Louis, Missouri, and served two terms as president of the Ontario Conference of the same organization. She also received diplomas in Nurse Instruction and Nursing School Administration from the University of Western Ontario.¹⁴² As superintendent in 1929, she taught student nurses about materia medica, obstetrics, paediatrics, public health and psychiatric nursing; surgical nursing of general, gynaecological, orthopaedic, and eye, ear, nose and throat disorders; medical and skin disease nursing, communicable disease nursing and professional problems and nursing ethics.¹⁴³ Sister St. Elizabeth was assisted in her teaching duties by Sister Ruth Fleckser, another graduate of St. Joseph's, London. Sister Ruth is listed in the Training School Report as instructor--there was no assistant superintendent at the time. Sister Ruth had been a school teacher for one year before becoming a nurse. She taught all probationary term and first year subjects to the student nurses.¹⁴⁴ Later Sister Ruth would serve three terms, encompassing twenty-three years, as school superintendent.

The terms were 1933-1947, 1950-1954, and 1957-1962.¹⁴⁵ No other superintendent served for so long.

Table I below lists the remaining graduate nursing staff at St. Joseph's Hospital in 1929. Only Sisters appear in Table I, and in the Training School Report their names all appear under the heading "Supervisors".

TABLE I. GRADUATE NURSING STAFF, ST. JOSEPH'S HOSPITAL, LONDON, 1929.*

<u>Name</u>	<u>Graduate Of</u>	<u>Teaching Duties</u>
Sister Remegius	not given	
Sister M. Austan	St. Joseph's, London	Night Supervisor Preparation of feed- ings in Children's Ward.
Sister M. Theodora	St. Joseph's, Chatham	
Sister Theda	" , London	
Sister Bernadine	" "	
Sister Petronilla	" "	
Sister Bernice	" , Chatham	
Sister Veronica	" "	
Sister Mercedes	" , London	Supervisor, special diet preparation Supervizes all deliveries on obstetrics ward
Sister St. Joseph	" "	Supervisor of Eye, Ear, Nose and Throat operating room. Teaches practical procedures in connection with Eye, Ear, Nose and Throat lectures.
Sister Leanora	St. Joseph's, London	
Sister Theophane	" "	
Sister Ligouri	" "	Teaches physical therapy and massage. She took courses in these subjects at Ann Arbor and Battle Creek, Michigan.

* SOURCE: Training School Report, June 26, 1929, p. 2 and p. 6.

In 1929 seventy-three nursing students were in training at St. Joseph's. Twenty-five were in first year, twenty-six in second year and twenty-two in third year. Eighteen was the minimum entrance age. Eighteen (24.7%) of these students possessed only the minimum entrance requirement of two years of high school, twenty-three (31.5%) had three years of high school, eleven (15%) had four years but no certificate, seven (9.6%) had all or part of their senior matriculation, six (8.2%) had pass matriculation, and seven (9.6%) had normal school entrance education.¹⁴⁶ The total number of students here is seventy-two!--apparently one was either left out or counted twice.¹⁴⁷ In the average Canadian nursing school at the time, 27.3% of student had two years of high school education, 23.8% three years, 21.3% four years and 7.3% five years education; of the remaining 20.3% the majority held less than two years of high school education, although a few had some normal school or university training.¹⁴⁸ St. Joseph's Hospital clearly attracted better than average young women to its training school.

The student nurses were still working long hours in 1929. The average day duty was fifty-two to fifty-four hours per week; night duty was sixty-six to sixty-eight hours per week. The allowance given--three, four and five

dollars per month in first, second and third years--remained as it had in 1915.¹⁴⁹ In this aspect, St. Joseph's lagged behind the median monthly allowance paid to Canadian student nurses--\$6.83, \$8.36 and \$10.62 per month in the years 1929 to early 1931.¹⁵⁰ Nursing students had to provide their own uniforms at St. Joseph's as well, so without resources other than the allowance, students could not afford training.

The 1929 Training School Report gives additional insights into the new nurses' residence. There were eighty-six rooms for students, eighty being single and six double, giving a total capacity of ninety-two places. There were no dormitories. Since there were only seventy-three students at St. Joseph's in 1929, each girl would have had the luxury of her own room, each room having a wash basin with hot and cold water.¹⁵¹

In residence facilities, classrooms and laboratories for student nurses, St. Joseph's Hospital compared most favourably to other nursing schools in Canada. According to the Weir Survey of Nursing Education in Canada (1932) many small hospitals and several large ones housed students in attic rooms which were inadequately heated, lighted and ventilated, and provided few facilities for privacy or recreation. Even among the better nurses' residences, over half were overcrowded despite being neat and sanitary.¹⁵² St. Joseph's had a modern residence with all the amenities, and in 1929 had room to spare.

Table II, which follows on the next page, is compiled from information presented in the Training School Report. The total hours of instruction required by the Ontario Department of Health is given as well.

TABLE II. SCHEDULE OF CLASS INSTRUCTION, 1929*

SUBJECTS	NO. OF CLASS HOURS			HOW TAUGHT		INSTRUCTORS				TOTAL HOURS	REQUIRED HOURS**			
	PRELIMINARY TERM	2 ND YEAR	3 RD YEAR	LECTURE	LAB	RECITATION	PHYSICIAN	NURSE	PAID		UNPAID			
ANATOMY AND PHYSIOLOGY		86					30	9	47	✓		✓	86	32
BACTERIOLOGY			34				12	12	10	✓		✓	34	5
CHARTING		9		2	2						✓	✓	13	2
CHEMISTRY		44					15	4	25	✓		✓	44	10
COMMUNICABLE DISEASES				15			9		6	✓		✓	15	4
DERMATOLOGY				12			3		9	✓		✓	12	2
DIETETICS			52				12	16	24		✓	✓	52	24
DRUGS AND SOLUTIONS		16					2	8	6		✓	✓	16	
EYE, EAR, NOSE, THROAT					16		5	1	10	✓		✓	16	4
GYNAECOLOGY				18			8		10	✓		✓	18	4
HISTORY OF NURSING AND ETHICS		9					3		6		✓	✓	9	12
HOSPITAL HOUSEKEEPING		8					2	4	2		✓	✓	8	3
HYGIENE AND SANITATION		8					2		6		✓	✓	8	6
GENERAL MEDICINE				16			8		8	✓		✓	16	15
MASSAGE				16			4	12			✓	✓	16	
MATERIA MEDICA				30			10		20	✓		✓	30	25
MENTAL DISORDERS					22		8	CLINIC 2	12	✓		✓	22	4
MORALETHICS	TWENTY LECTURES GIVEN OVER THREE YEARS													
NURSING PRINCIPLES AND PRACTICE		115					21	28	66		✓	✓	115	110
NURSING IN TUBERCULOSIS				28			8		20	✓		✓	28	8
OBSTETRICS					24		12		12	✓		✓	24	10
ORTHOPAEDIC SURGERY				11			6		5	✓		✓	11	4
PAEDIATRICS					22		12	2	8	✓		✓	22	6
PROFESSIONAL PROBLEMS					8		4		4		✓	✓	8	
PUBLIC HEALTH					23		11		12	✓		✓	23	8
GENERAL SURGERY				33			13		20	✓		✓	33	8
URINALYSIS		6					4	1	1	✓		✓	6	4
VENEREAL DISEASES					8		4		4	✓		✓	8	6

* SOURCE : TRAINING SCHOOL REPORT OF ST. JOSEPH'S HOSPITAL, LONDON. JUNE 26, 1929.

** SOURCE : MINIMUM CURRICULUM FOR APPROVED TRAINING SCHOOLS FOR NURSES IN PROVINCE OF ONTARIO. DEPARTMENT OF HEALTH, TORONTO, 1925.

The following figures are all derived from Table II. St. Joseph's Hospital gave its student nurses a total of six hundred and ninety-three hours of instruction over the three year programme. In addition twenty lectures on ethics were delivered by the Rev. A. P. Mahoney, though no time allotment is given for them.¹⁵³ The Department of Health required a minimum of three hundred and sixteen hours of instruction, assuming each public health lecture was one hour long. St. Joseph's delivered more than twice the minimum required hours of instruction. In general medicine, St. Joseph's gave just one lecture hour more than required, while in bacteriology it conducted almost seven times the minimum requirement of five hours of instruction! Only in the history of nursing and ethics did St. Joseph's appear to fall below the allowed minimum, giving nine hours of instruction instead of twelve, but Rev. Mahoney's unofficial twenty lectures on ethics more than made up this deficit. As well, St. Joseph's provided its students with sixteen hours of instruction in both drugs and solutions and massage, and eight hours devoted to the study of professional problems. The Department of Health did not require any of those courses; rather, these additional courses were the result of the Sisters' desire to produce well-trained and competent nurses.

Table III, which follows on the next page, indicates that St. Joseph's Hospital gave its students two hundred and

forty-two hours more instruction than did the average Ontario training school.

TABLE III. COMPARISON OF HOURS OF INSTRUCTION AT ST. JOSEPH'S HOSPITAL WITH THE ONTARIO AVERAGE, 1929-1932.*

<u>St. Joseph's Hospital</u>		<u>Average Ontario Hospital**</u>	
Hours of Instruction	% of Total Hrs. in Course	Hours of Instruction	% of Total Hrs. in Course
Prelim. Term 301	43.4	200	44.3
Remainder of First Year 86	12.4	94	20.8
Second Year 181	26.1	88	19.5
Third Year 125	18.0	69	15.3

*SOURCE: Training School Report, June 26, 1929

**SOURCE: Survey of Nursing Education in Canada, G. M. Weir, 1932

Though St. Joseph's students received more hours of instruction, the timing of the delivery of the instruction was similar to that in the average Ontario training school. Students at St. Joseph's received over forty percent of their total hours of instruction in the preliminary phase of their training. This procedure was not surprising, for

before a student nurse could commence working on the ward she had to know something about basic nursing. Nursing principles and practice received one hundred and fifteen of the three hundred and one hours of instruction given student nurses in the preliminary term at St. Joseph's. This too makes sense, since students needed to know how to make beds, give injections, clean the wards, and operate apparatus used in nursing before they could begin work on the ward. Anatomy and physiology comprised another eighty-six hours of preliminary study--if the student was to understand the physicians and the reasons behind their treatments, and to communicate effectively, she would have to know the names and functions of the organs. Chemistry, with forty-four hours of instruction, made up the third most time-consuming course in the preliminary curriculum, but only four of those forty-four hours were spent in the laboratory! Courses in hospital housekeeping, hygiene and sanitation, charting, urinalysis, drugs and solutions and the history of nursing rounded out the preliminary term curriculum. After successfully completing these basic courses, the student nurse was allowed on the wards to begin her practical training.

Classes continued throughout the three year course. The remainder of the first year was spent studying bacteriology and dietetics. The hospital dietitian taught the students dietetics--she was the only paid teacher on the staff. Unpaid physicians taught the distinctly medical

subjects while unpaid nurses (Sisters) taught nursing arts such as charting, massage and hospital housekeeping. The second and third years were devoted to the study of more specific types of nursing such as communicable diseases, dermatology, diseases of the eye, ear, nose and throat, orthopaedic surgery and public health.

Table IV below illustrates the number of weeks the student nurse spent in the various hospital departments over her three year course, as well as the average daily number of patients in each department.

TABLE IV. STUDENT'S PRACTICAL SERVICE IN THE VARIOUS DEPARTMENTS OF ST. JOSEPH'S HOSPITAL, 1929.*

<u>DEPARTMENT</u>	<u>WEEKS OF STUDENT SERVICE</u>	<u>DAILY AVERAGE NUMBER OF PATIENTS IN DEPARTMENT</u>
SURGICAL: General	28-30	39
Gynaecological	6	4
E.E.N.&T.	4	7
MEDICAL: General	28	37
Communicable	8	Victoria Hospital
Tuberculosis	8	Queen Alexandra Sanatorium
Mental	-	
PAEDIATRICS: Surgical	4	4
Medical	8	19
OBSTETRICAL: Mothers	12	14
Babies	4	13
X-RAY	2-4	
OPERATING ROOM:	14-16	1,686 operations/year
DIET KITCHEN:	4	

* SOURCE: Training School Report, June 26, 1929

There were few major changes made in the allotment of these weeks of clinical experience between 1923 and 1929. Apparently the four week period of work in the hospital pharmacy ended. This was no loss, since student nurses usually had cleaned bottles or performed other menial tasks in this department. In place of pharmacy work, students spent four weeks in the X-ray department.¹⁵⁴

St. Joseph's had several patients in each of its departments. If there had been very few patients in any particular department, the student nurses could not have received much practical experience in nursing them. This is one of the reasons the Weir Survey of Nursing Education in Canada (1932) is critical of nursing schools in hospitals of less than seventy-five beds with a daily average of less than fifty patients.¹⁵⁵ Graduates of small schools would simply not have enough practical experience to make them competent nurses. St. Joseph's in 1929 had one hundred and sixty beds and a daily average of one hundred and thirty-seven patients.¹⁵⁶ Thirty-one years later in 1960, some training schools were still providing the inadequate clinical experience which Weir had criticized. A study conducted in 1960 by the Canadian Nurses' Association found a hospital with a twelve bed paediatric ward containing ten children, nine of whom were post-operative

tonsillectomies!¹⁵⁷ Thirty-one years earlier St. Joseph's paediatric ward had more than doubled that number of patients.¹⁵⁸ Its student nurses had a very good opportunity to gain all the clinical experience they needed.

Student nurses at St. Joseph's Hospital received on average 33.5% of their instruction via lecture, 14.6% via laboratory work and 51.9% via recitation.¹⁵⁹ Only one school out of eighty-nine surveyed by Weir used the lecture method of teaching as sparingly as did St. Joseph's.¹⁶⁰ Most training schools in Canada delivered 74.8 percent of their instruction via the lecture method.¹⁶¹ Weir is very critical of the lecture method in teaching student nurses. He writes that the lecture method requires:

... complete [intellectual] passivity on the part of the student. It does not of necessity give the student any exercise in the thought process.... It deadens interest and is less liable to make the deeper impression which discussion produces. It assumes...a considerable facility in note-taking (162).

Though St. Joseph's staff used the lecture method sparingly, they gave over half their instruction via recitation. Weir in Survey of Nursing Education in Canada (1932) recommends that students be given supervised study assignments and the occasional assigned project.¹⁶³ "Recitation" did not entirely encompass these recommendations. Recitation involved the students learning a process in class then performing it in the laboratory, demonstration room or patient wards under close supervision.¹⁶⁴ By actively

involving the students in the learning process, recitation was a better method of education than a sole reliance on didactic lectures.

To aid students learning, St. Joseph's Hospital Nursing school possessed a one hundred and ninety-six volume library, as well as subscriptions to Canadian Nurse, American Journal of Nursing and Hospital Progress.¹⁶⁵ A list of texts in the library accompanies the Training School Report; it indicates that the library had texts covering all aspects of nursing, often with several works by different authors on the same subjects.

Student nurses in 1929 still performed the same long hours of work as they had done in 1923. According to the Ontario College of Nurses, many students who withdrew from the nursing programme at the time did so because their health broke down under the strain.¹⁶⁶ St. Joseph's attrition rate for the years 1921 to 1929 averaged 14.4% per year.¹⁶⁷ Weir's Survey of Nursing Education in Canada (1932) states the average attrition rate in Canada between 1929 and 1931 was 14%,¹⁶⁸ so St. Joseph's Hospital Training School's attrition rate was not exceptional.

The Weir Survey of Nursing Education in Canada (1932) recommended in 1932 that schools of nursing replace twelve-hour days with eight-hour days.¹⁶⁹ The Sisters of St. Joseph realized that twelve-hour days of intense work involving at least nine hours of ward work and three hours of supervised instruction placed too much strain on students

to allow them to learn and work efficiently. St. Joseph's Hospital, as the next chapter will indicate, was one of the first hospitals in Ontario to switch to eight-hour work days for its students.

St. Joseph's Hospital Training School for Nurses was one of the best training schools in the province at the time it submitted its Training School Report of 1929. Shortly after registration with the government, St. Joseph's Hospital became officially affiliated with the University of Western Ontario (October 25, 1929).¹⁷⁰ St. Joseph's affiliation with the university permitted the university's nursing students to obtain practical training with the hospital's training school. St. Joseph's and Victoria Hospitals took the bulk of the university nursing students.¹⁷¹ St. Joseph's students also attended classes at the Faculty of Public Health, established in 1917, so the affiliation worked both ways. By 1944 there were ninety-three students from St. Joseph's Hospital, Victoria Hospital and the Ontario Hospital training in the Faculty.¹⁷² Throughout the thirties and forties St. Joseph's students received lectures in Public Health from the Faculty.¹⁷³

The decade beginning in 1920 was one of growth and improvement for St. Joseph's Hospital Training School for Nurses. During that decade St. Joseph's became affiliated with Victoria Hospital, the Queen Alexandra Sanatorium, the Ontario Hospital and finally the University of Western

Ontario. These affiliations were all designed to give the student nurses more varied clinical experiences than were available in St. Joseph's Hospital alone.

The 1920's also witnessed the construction of the new nurses' residence, a major improvement to the entire nursing education programme. Not only were adequate living arrangements finally provided, but classrooms, a chemistry laboratory, diet kitchen and recreation room too.

With the construction of the new residence, St. Joseph's was able to apply to the Department of Health to be registered as an officially approved training school under the provincial Registration of Nurses Act, 1922. Inspection reports from 1921 or 1922, 1923 and 1929 all indicate, on comparison with national and provincial figures from the 1932 Survey of Nursing Education in Canada, that the training school operated at St. Joseph's Hospital was very much better than the average training school in Canada. Students at St. Joseph's received more instruction and more varied clinical experiences than most other student nurses. Even the advent of the Depression did not reduce these high standards of training.

NOTES TO CHAPTER III

1. Rules and Regulations of St. Joseph's Hospital, London, Ontario, St. Joseph's Hospital, London, 1915, p. 28. Hereafter cited as Rules and Regulations.
2. Ibid.
3. Chronicles, p. 6.
4. Three Centuries, p. 158.
5. Chronicles, p. 6.
6. Chronicles, p. 7 and Bulletin, vol. 2, no. 10, December, 1952, p. 19.
7. Ibid.
8. Chronicles, p. 7.
9. Bulletin, vol. 2, no. 10, December, 1952, p. 19. Various sources give her name as Jane, Joan or Jean McBain. Prior to 1916, records at St. Michael's Hospital, Toronto, only list the initial, so the mystery remains unsolved.
10. Sister M. Camilla, Letter to Author, October 29, 1986.
11. Three Centuries, p. 158.
12. Foster's London City and Middlesex County Directory, 1897-1898, Toronto, 1897, p. 238. Hereafter cited as Foster's City Directory.
13. Bulletin, vol. 2, no. 10, December, 1952, p. 19.
14. Ibid., vol. 3, no. 7, November, 1953, p. 13.
15. The Daily Free Press, London, Ontario, March 15, 1902, p. 13. The following works also give 1901 as the opening date:
History of St. Joseph's School of Nursing, 1899-1969, unpublished, prepared by the Alumnae Association of St. Joseph's Hospital. Hereafter cited as History, 1899-1969.
History of St. Joseph's School of Nursing, London,

1899-1974, unpublished, presented by Sister St. Elizabeth Wilkinson to the Women's Auxiliary of the First Baptist Church, London, March 21, 1974. Hereafter cited as History, 1899-1974.

Collected Clippings: St. Joseph's Hospital, scrapbook located in the Treasure Room, Medical Sciences Library, University of Western Ontario. (call no. HRA 964.H6). Hereafter cited as Collected Clippings.

16. Chronicles, p. 7.
17. Bulletin, vol. 2, no. 10, December, 1952, p. 19. She appears in a city directory of London for the first time in 1901 as well.
18. Foster's City Directory, 1903, p. 40.
19. London Free Press, February 21, 1931, in Collected Clippings.
20. The London City and Middlesex County Directory, 1894, Toronto, 1894, p. 170. Hereafter cited as Might's City Directory. Also, Foster's City Directory, 1896, p. 203.
21. London Free Press, October 7, 1943, p. 9.
22. History, 1899-1969, p. 1.
23. London Free Press, October 7, 1943, p. 9.
24. Ibid., October 7, 1943, p. 24.
25. Rules and Regulations, p. 28; Chronicles, p. 7.
26. Chronicles, p. 12.
27. Foster's City Directory, 1902, p. 30.
28. Murray L. Barr, A Century of Medicine at Western, London, 1977, p. 112. Hereafter cited as Barr, Century of Medicine.
29. Chronicles, p. 3.
30. Ibid.
31. The Daily Free Press, London, Ontario, March 15, 1902, p. 13.
32. Ibid.

33. Barr, Century of Medicine, p. 196.
34. Ibid., p. 188.
35. Ibid., p. 195.
36. The Daily Free Press, London, Ontario, March 15, 1902, p. 13.
37. Sessional Papers, 1898, vol. XXX, part IV, no. 13, p. 71.
38. Ibid., 1900, vol. XXXII, part IX, no. 36, p. 57.
Ibid., 1901, vol. XXXIII, part VII, no. 37, p. 41.
Ibid., 1902, vol. XXXIV, part VIII, no. 40, p. 32.
Ibid., 1903, vol. XXXV, part VIII, no. 40, p. 32.
39. The Daily Free Press, March 15, 1902, p. 13. An accompanying photograph shows sixteen nurses, four religious and twelve lay. Several do not have black cap bands, indicative of graduate nurses. The doubling of staff mentioned in the article can be attributed to the admission of eight more students in 1902 (Rules and Regulations, p. 28).
40. Catholic Record, May 23, 1903, p. 4.
41. Thirty-eighth Annual Report of the Inspector of Prisons and Public Charities Upon the Hospitals and Charities Etc. of the Province of Ontario, 1907, Toronto, 1908, p. 11.
42. Ibid., p. 12.
43. Chronicles, p. 7.
44. Innis, Nursing Education, p. 24.
45. Ibid.
46. Statutes of Ontario, 1922, "The Registration of Nurses Act, 1922", No. 60, Chpt. 60, p. 241.
47. Sessional Papers, 1916, vol. XLVIII, part VIII, no. 25, p. 15.
48. Rules and Regulations, p. 23 and inspection of the building by the author, May 12, 1986.
49. Chronicles, p. 14.
50. Graduate Nurses' Association of Ontario Eligibility

Committee, Cover Letter to Questionnaire Sent to Hospitals, June 30, 1915. In the Mt. St. Joseph Archives, London, Ontario.

51. Rules and Regulations, p. 8.
52. Ibid.
53. Ibid., p. 11.
54. Ibid., p. 12.
55. Ibid., p. 25.
56. Ibid.
57. Ibid., p. 12.
58. Ibid., p. 23.
59. Ibid., p. 24.
60. Ibid.
61. Ibid.
62. Ibid.
63. Growing to Serve, p. 72.
64. Rules and Regulations, p. 24.
65. Ibid.
66. Ibid., p. 25.
67. Ibid.
68. Graduate Nurses' Association of Ontario, Questionnaire, p. 2. This questionnaire sent to St. Joseph's Hospital on June 20, 1915. Located at the Mt. St. Joseph's Archives, London, Ontario. Hereafter cited as Questionnaire, 1915.
69. Ibid.
70. Ibid.
71. Ibid., pp. 1f.
72. Ibid., p. 2.
73. Ibid., p. 3.

74. Ibid., p. 2.
75. Rules and Regulations, p. 27.
76. Questionnaire, 1915, p. 3.
77. Rules and Regulations, p. 27.
78. G. M. Weir, Survey of Nursing Education in Canada, Toronto, 1932, p. 55. Hereafter cited as Survey of Nursing Education.
79. Royal Commission on Health Services, vol. 1, Ottawa, 1964, p. 263.
80. Fifty-First Annual Report of the Inspector of Prisons and Public Charities Upon the Hospitals and Charities Etc. of the Province of Ontario, 1920, Toronto, 1921, p. 15.
81. Ibid., p. 16.
82. Ibid.
83. Ibid.
84. History (1899-1974), p. 1.
85. Innis, Nursing Education, p. 19.
86. Graduate Nurses' Association of Ontario, Constitution and Bylaws, Toronto, 1910, Article II, p. 1.
87. Innis, Nursing Education, p. 21.
88. Ibid., p. 22.
89. Ibid.
90. Ibid., p. 19.
91. Cecil Woodham-Smith, Florence Nightingale, 1820-1910, London, 1950, p. 570.
92. Brien Abel-Smith, A History of the Nursing Profession, London, 1950, p. 242.
93. Innis, Nursing Education, p. 21.
94. Ibid., p. 23.
95. The Hon. Mr. Justice Hodgins, Commissioner, Royal

- Commission on Medical Education in Ontario, "Supporting Statement H: Nurses", Toronto, 1918. Hereafter cited as Royal Commission, 1917.
96. Fifty-First Annual Report of the Inspector of Prisons and Public Charities Upon the Hospitals and Charities Etc. of the Province of Ontario, 1920, Toronto, 1921, p. 17.
 97. Royal Commission, 1917, p. 162.
 98. Innis, Nursing Education, p. 23.
 99. Statutes of Ontario, 1922, "The Registration of Nurses Act, 1922", No. 60, Chpt. 60, p. 241.
 100. Miss A. M. Munn, Inspector of Training Schools for Nurses, Memorandum to the Royal Commission on Public Welfare, December 11, 1929, p. 1. Located at the Archives of Ontario. Hereafter cited as Munn, Memorandum.
 101. College of Nurses of Ontario, Historical Background of Ontario Nurse Registration, March 30, 1964, unpublished p. 1.
 102. Ibid., p. 3.
 103. Innis, Nursing Education, p. 39.
 104. Province of Ontario Training Schools For Nurses Questionnaire, 1923, p. 1. In the Mt. St. Joseph's Archives, London, Ontario. Hereafter cited as Questionnaire, 1923.
 105. Province of Ontario Training Schools for Nurses Questionnaire for Training School, 1921 or 1922, p. 1. In the Mt. St. Joseph Archives, London, Ontario. Hereafter cited as Questionnaire, 1921-1922.
 106. Ibid., p. 1.
 107. Ibid.
 108. Questionnaire, 1923, p. 2.
 109. Ibid., pp. 1-2.
 110. Ibid., p. 1.
 111. Ibid.

112. Barr, Century of Medicine, p. 355 and Questionnaire, 1923, p. 2.
113. Questionnaire, 1923, p. 1.
114. Survey of Nursing Education, p. 176.
115. Munn, Memorandum, p. 1.
116. Cover letter to Questionnaire, 1915, June 30, 1915. In Mt. St. Joseph Archives, London, Ontario.
117. Munn, Memorandum, p. 1.
118. The Daily Free Press, London, Ontario, March 15, 1902, p. 3.
119. Sister G. Nenenssey, Chronicles, vol. 4, p. 475. In Mt. St. Joseph Archives, London, Ontario. Hereafter cited as Chronicles, vol. 4.
120. Catholic Record, October 9, 1926, p. 5.
121. London Advertiser, December 19, 1925, p. 9.
122. Ibid.
123. London Free Press, December 19, 1925, p. 1.
124. Chronicles, vol. 4, pp. 475-476.
125. Catholic Record, October 9, 1926, p. 5.
126. Ibid.
127. London Advertiser, June 29, 1927, p. 10.
128. London Free Press, June 30, 1927, p. 8. This article contains a full description of the furnishings of the new residence.
129. Chronicles, vol. 4, p. 477.
130. London Free Press, June 30, 1927, p. 8.
131. Ibid.
132. Chronicles, vol. 4, p. 476.
133. Chronicles, vol. 4, p. 477.
134. Chronicles, vol. 4, p. 478 and London Free Press, June 30, 1927, p. 8.

135. Inspector of Training Schools, Form Letter of Application of a Training School, completed by St. Joseph's June 26, 1929. Located at the College of Nurses of Ontario, Toronto.
136. Cover letter of the above Application, Sent to Miss A. M. Munn, Inspector of Training Schools, by Sister St. Elizabeth Wilkinson, Superintendant of St. Joseph's Training School, June 26, 1929. Located at the College of Nurses of Ontario, Toronto. Hereafter cited as "Cover Letter, 1929".
137. Ibid.
138. The Province of Ontario, Department of Health, Inspector of Training Schools-Nurses Registration Branch, Training School Report, completed June 26, 1929 by Sister St. Elizabeth Wilkinson and enclosed with the Letter of Application of a Training School, June 26, 1929, p. 5. Hereafter cited as "Training School Report, 1929".
139. Cover Letter, 1929.
140. Training School Report, 1929, p. 5.
141. Interview with Sister Esther, Archivist of Mt. St. Joseph Archives, London, Ontario. See Appendix II.
142. History 1899-1974, p. 6.
143. Training School Report, 1929, p. 2.
144. Ibid.
145. See Appendix II.
146. Training School Report, 1929, p. 3.
147. Ibid.
148. Survey of Nursing Education, pp. 71, 97, 99, 120, 121.
149. Training School Report, 1929, p. 3.
150. Survey of Nursing Education, p. 283.
151. Training School Report, 1929, p. 3.
152. Survey of Nursing Education, p. 298.
153. Training School Report, 1929, p. 7.

154. Ibid., p. 1.
155. Survey of Nursing Education, p. 299.
156. Training School Report, 1929, p. 1.
157. Canadian Nurses' Association, Spotlight on Nursing Education: The Report of the Pilot Project for the Evaluation of Schools of Nursing in Canada, Ottawa 1960, p. 71. Hereafter cited as C.N.A. Spotlight.
158. Training School Report, 1929, p. 1.
159. Derived from Table II.
160. Survey of Nursing Education, p. 325.
161. Ibid.
162. Ibid., p. 328.
163. Ibid., p. 339.
164. Interview with Mrs. Florence Lindemann, 1936 graduate of St. Joseph's School of Nursing, May 12, 1986.
165. Training School Report, 1929, p. 4.
166. Telephone conversation with Mrs. Marchildson of the College of Nurses of Ontario, Registrar's Office, November 25, 1986.
167. Based on statistics kept by Mrs. Lindemann.
168. Survey of Nursing Education, p. 184.
169. Ibid., p. 197.
170. History, 1899-1969, p. 1; History, 1899-1974, p. 1.
171. Hendrick Overduin, People and Ideas, Nursing at Western 1920-1970, London, n.d., p. 53. Hereafter cited as People and Ideas.
172. J. R. W. Gwynne-Timothy, Western's First Century, London, 1978, p. 399.
173. Interview with Mrs. Lindemann, May 12, 1986.

CHAPTER IV

GROWTH AND PROGRESS OF THE NURSING SCHOOL (1929-1951)

On May 11, 1929, St. Joseph's Hospital announced that a new sixty-bed, two hundred thousand dollar addition would be built on the east side of the hospital, parallel to the 1915 addition.¹ In 1931 the addition, containing one hundred beds in four storeys and a basement, opened. Costs had risen to four hundred thousand dollars, though this included a new laundry and nurses' cafeteria in the basement. The hospital nursing staff at the time consisted of twenty-six nursing Sisters and ninety lay nurses, most of whom were students.² As a community service, the hospital began offering free tuberculosis clinics in November, 1932.³

Despite the economically depressed times, St. Joseph's Hospital maintained its high standards of care. Due to careful management, the daily per capita expenditure in 1933 was \$2.78. This figure may be compared with \$3.22 for Victoria Hospital, London, and a provincial average of \$3.28.⁴ The total collective days' stay of all patients at St. Joseph's in 1933 was 44,197 days,⁵ so the savings of fifty cents per day per patient in comparison with the average provincial cost meant St. Joseph's saved \$22,098.50. In addition to this, total revenues for 1933 were \$183,292.56, while expenditures were \$122,693.00.⁶ The \$60,599.56 surplus indicates the sound basis on which the

Sisters managed their hospital. Unfortunately, no financial records of the nursing school itself are available; nor are non-governmental hospital budgets.

The Depression did not affect the number of student nurses enrolling in the training school. During the 1920's the average graduating class contained twenty students. Throughout the 1930's the average class of graduates rose to twenty-five. The graduating class of 1935, however, numbered only twelve students, the smallest class since 1914! During the early 1930's, students still worked long hours. The following account was provided by Mrs. Florence Lindemann, a 1936 graduate of St. Joseph's.

A prospective applicant to the nursing school provided her latest academic record and a letter from her school principal to the nursing school superintendent. She also had to supply a letter from her minister and a certificate of health from her doctor. Little had changed since 1915, at least in St. Joseph's admission policy!

On entering the school of nursing, girls received a booklet of rules containing requirements such as lights out by ten o'clock, slippers with soft heels to be worn, and water use restrictions in the nurses' residence.

Catholic students rose early enough each morning to attend mass at six o'clock. Others slept until 6:30. A bell sounded at 6:45 to signal the students to go to the refectory. Here they lined up for inspection by the superintendent, who checked their shoelaces, bib, hair and

appearance. Seating for breakfast was by rank--senior students, intermediates, juniors then probationers. Junior students did not request extra helpings of food, they waited until a senior offered them. A Sister rang another bell and the breakfast was over.

Student nurses were on the wards by 7:30. There they received their patient assignments and a report from the night nurse. In the 1930's students were assigned to all types of patients, not just those who had problems related to what they were currently studying in the classroom.

During the morning hours the students gave breakfast to their patients, bathed them and performed such treatments as massage. They also dusted the patients' rooms. They never had to scrub floors, however, and were not the hospital drudges in the guise of students often mentioned in Weir's Survey of Nursing Education in Canada (1932). The operating rooms and the area outside it where stretchers were kept were the only places where students had to scrub the floors. This was part, however, of learning "general cleanliness in the operating room," and was only required of those students nursing in the operating rooms. During Mrs. Lindemann's student days, a man on the janatorial staff was often bribed to do the operating room floors!

Preparation for the serving of patients' lunches began at 11:00. There were two actual servings of the afternoon meal, one at 11:30 and the other at noon.

Regulations allowed the students two hours off the wards each day. Students asked the floor supervisor who granted them permission, if they could be spared, to be off the wards from either 1:00 p.m. to 3:00 p.m. or 3:00 p.m. to 5:00 p.m. Students received about one hour of classroom instruction each day--the student had to attend class even if she were on her two hour off-ward break. According to Mrs. Lindemann, few teachers assigned readings or extra work to the students during the thirties. The curriculum had changed from that which was taught in 1915, but the methods of teaching had not. Students still were hospital apprentices, there to work instead of learn.⁷ Though students did learn nursing, they learned through ward work, not through the classroom. This method of nurse-education did not change until the early fifties. Students had to use their own initiative in the library to discover new information. Many used the library, though there was not yet a librarian to assist them as there would be at a later date.⁸

After 5:00 p.m. the students went back to the wards to serve their patients' dinners. After their own meals, students returned to the wards to settle their patients, do the required charting, and prepare any necessary reports. Their day finished between 7:00 and 8:00 in the evening.

The day just described is typical of the twelve hour days worked by student nurses. Probationers received every Saturday afternoon off, while student nurses after the

probationary term received one-half a day off per week. This half day could be granted anytime during the week; if a class was scheduled on your half day vacation, you had to attend the class! The luxury of Saturday afternoon vacations for the probationers was offset by the extra menial tasks they had to do. Probationers washed and removed old labels from bottles in the pharmacy, cleaned the bedpans, and rinsed out soiled diapers before sending them to the laundry.

St. Joseph's students received part of their clinical experience at night. During the 1930's night duty was assigned for one month periods possibly three to four times per year. No specific schedule for night duty existed--some students received more than others.⁹

St. Joseph's Hospital was one of the first hospitals in Ontario to adopt eight-hour duty for its student nurses.¹⁰ The exact date of the adoption of eight-hour duty is, however, not recorded. It definitely was in effect by January of 1937, when Sister Alphonses Mary, came to St. Joseph's to be a head nurse.¹¹ The London Free Press of May 10, 1947 gives 1933 as the date, but some former graduates remember working longer hours after 1933. The archives of the Sisters and their collective recollections can supply no more definite information. Some believe that Madalene Baker, a 1922 graduate of St. Joseph's, had something to do with the adoption of eight hour duty for student nurses. An interview with her sister, Sister St. Anthony, disclosed

that Madalene Baker had been instrumental in obtaining eight-hour duty for graduate nurses engaged in private duty nursing, not for students. Miss Baker, until her death in 1952, was an active member of the Registered Nurses' Association of Ontario and a ringleader behind the establishment of nursing registries for professional nurses throughout Ontario.¹² Thus, the date of the introduction of eight hour duty for students can only be said to be between 1933 and late 1936. Eight hour duty was much less strenuous on the student nurses, and was one of the major recommendations of Weir's 1932 Survey of Nursing Education in Canada:

From the viewpoint of the education of the nurse more than eight hour duty is largely ineffective....medical evidence indicates that the average patient would gain much more than lose in being nursed by the more alert and physically vigorous [student] nurse(13).

St. Joseph's Hospital once again showed its progressive educational attitude by adopting eight-hour duty for its students.

The Archives of Ontario contains a few government files from the 1930's that refer to St. Joseph's Hospital. I have mentioned before that the Weir Survey of Nursing Education in Canada (1932) was very critical of the quality of education available to students in small hospitals containing fewer than seventy-five beds and a daily average of fifty patients. Weir felt students in these hospitals were cheap labour sources rather than students. Government

letters and tables indicate the Ontario Government was equally concerned with this problem by 1934, but that the concern was based on economics more than education.

C. J. Telfer, Inspector of Hospitals, reported to Dr. J. A. Faulkner, the Ontario Minister of Health, in a letter of May 8, 1935 that:

A review of fifteen hospitals, having a bed capacity ranging from twenty to fifty, which have discontinued their training schools, most of them in 1932, indicates in almost every case a substantial reduction in the per diem costs of caring for their patients....it would appear that the question of operating small Training Schools should be given very careful consideration by Hospital Boards, particularly with respect to the economic aspect(14).

The closing of the training schools in small hospitals did not generally please the members of the communities which they served. A "memo to file re: Closing of Nurses Training Schools" speaks of a meeting Dr. Faulkner held with delegates from Wingham, Clinton, Seaforth and Goderich at the Lions Club, Goderich, on October 19, 1934.¹⁵ The group complained that hospital costs had risen in their respective hospitals since their training schools had closed--a definite proof of the cheap labour provided by "students" in return for at best a mediocre education. Complaints about local girls being unable to secure training in their community's hospital were made as well. The delegates, to their credit, were aware of the educational shortcomings of their local training schools. They stated:

that they would be willing to insist

on all students having matriculation before entering, that they desired permission to affiliate with a larger general hospital for certain work and a definite statement from the Department [of Health] that they could continue to operate their training schools or re-open them as the case may be, provided they meet these and other standards set by the Department (16).

In spite of this progressive outlook, the delegates added that young women with good academic training were still being trained by the closed nursing schools with the understanding that they would not be able to write the registration exams to obtain registered nurse status. Later, they would emerge from the schools as "practical" nurses. Local physicians declared they would engage these practical nurses in preference to outside graduate nurses, and added that the general standard of nursing was being lowered by the closing of small training schools!¹⁷

Dr. Faulkner replied to the delegates, in typical political fashion, that he would take the matter under advisement and that a ruling could be expected in the near future. He indicated to the delegates that he believed that the "organized nursing profession had gone too far in their demands to centralize the nurses' training in the larger centres only."¹⁸

Naturally the "organized nursing profession" (Registered Nurses' Association of Ontario), whose main aim was to advance educational standards in nursing, wanted nurses trained at larger centres.¹⁹ Larger centres had

larger hospitals, like St. Joseph's in London, that had sufficient beds and patients to afford the student nurse a broad training. A student could not learn if she were not exposed to many and varied cases requiring all the various types of nursing care. Dr. Faulkner was missing the point when he laid the blame on professional nurses.

The parochial attitude of the small hospital training school delegates was actually threatening to set the practice of nursing back. By training unregistrable practical nurses they were going against every recommendation of the Weir Survey of Nursing Education in Canada (1932), which stated:

Nursing should be regarded as a profession, however immature in the attainment of professional standards, rather than as a potential member of a trades union(20).

One final government document shows that in 1935 of the eighty-three students at St. Joseph's Hospital, fifty-one of them (61.4 %) had Normal Entrance or better education. This compares favourably both with the provincial average of 41.6%,²¹ and with the fourteen out of seventy-three (19.2%) of St. Joseph's students possessing the same level of education six years earlier. Of the remaining thirty-two students in 1935, twenty-seven had four to six years of high school but no diploma, four had one to three years and only one was under the heading "substitutes."²² "Substitutes" indicates the student was admitted on the basis of work

experience or some factor other than her achieved level of education.

The culmination of the nurse's education was her graduation. Graduations were first held in the recreation room of the old nurses' residence, then in St. Peter's Parish Hall. The Masonic Hall was used in 1919 because St. Peter's was serving as a shelter for flood victims that year.²³ In 1932 graduation exercises moved from St. Peter's to the London Technical and Commercial High School, known now as H.B. Beal Technical School.²⁴ By 1932 St. Peter's Parish Hall had become too small to accommodate all the parents, friends and relatives of the graduates.

During the thirties the Bishop of London, the Most Rev. John T. Kidd, usually officiated at the graduation ceremonies. If the Bishop could not attend, Msgr. A. P. Mahoney or Msgr. L. M. Forristal represented him. Often the Mayor of London and a prominent speaker were present, along with Major A. H. Murphy, K. C. who acted as chairman. In 1932 the guest speaker was Dr. Harvey Agnew, secretary of the Department of Hospital Service of the Canadian Medical Association. Dr. Agnew, during his speech, urged the necessity for higher standards and a higher education for nurses, and praised St. Joseph's on its high entrance requirements.²⁵ The following year Bishop Kidd delivered the graduation address. The chairman, Dr. P. C. Banghart, again remarked upon the high standards of education maintained by the Sisters of St. Joseph.²⁶

In 1935 graduation exercises were at St. Joseph's Hospital due to the small number of graduates. Twelve nurses, carrying sheaves of red roses, received their diplomas and medals. The year 1935 is also the first in which mention is made of gifts from the hospital auxiliary, founded 1926, being given to the student nurses. In 1935 the students each received a subscription to the Canadian Nurse and membership in the Registered Nurses' Association of Ontario. In the graduating exercises of 1936, the Hospital Auxiliary gave a prize of twenty-five dollars to Margaret McLean for general proficiency.²⁷ This prize became a regular feature of graduations. On June 2, 1936 the Hospital Auxiliary established a one hundred dollar scholarship to allow a graduating nurse to study public health nursing at the University of Western Ontario.²⁸ Miss Aileen Ashwell was the first recipient of the scholarship. She was a member of the class of 1937. Miss Elizabeth Lovegrove received the general proficiency prize that year.²⁹ In 1937 there were forty-three graduates; over one thousand people attended the graduation ceremony!

The year 1937 also saw the addition of a new department of radiology to St. Joseph's at a cost of \$25,000. The new addition was located on the ground floor of the connecting wing near the main entrance of the hospital. The formal opening of the addition was December 16, 1937, when members of the London Academy of Medicine toured the structure. A room for X-ray treatment of disease, a new dark room, a room

for radium treatments, a portable X-ray machine, a fracture room and changing and waiting rooms for both in- and outpatients were provided.³⁰

The decade closed with the graduation of the class of 1939 on May 3, 1939. In a setting of gayly coloured flowers, the graduates were presented with their diplomas by Bishop Kidd, and their pins by Mayor Johnston. P. M. Dewan, the provincial Minister of Agriculture, spoke about expanding opportunities for nurses at Red Cross Outposts in Ontario's north. Miss Rhea Alexandra McRae won the public health scholarship, while Miss Norma Eileen Spence got the prize for general proficiency. The evening was closed by the curious words of Chairman Murphy, who pointed out:

through an ideal, Germany has built a
great and powerful nation from the ashes
of an old one.... Keep before you high
standards and high ideals(31).

Four months later his words would have a different ring!

World War II affected both the hospital and its student and graduate nurses. During the war years, no new construction occurred at the hospital--materials were too scarce. Though construction was delayed, planning was not. Rev. F. J. Brennan, chaplain of the Ontario Conference of the Catholic Hospital Association, outlined the aims of the federal government's National Health Program to the graduating class of 1943. The Program, he said, would play a large part in making health care services available to all

Canadians through the construction and improvement of numerous hospitals and health care facilities.³²

The Ladies Auxiliary of the hospital offered the only guaranteed scholarship to graduates of the nursing school. All other awards depended on the generosity of outside donors, who often donated the awards only once or twice. The Auxiliary Scholarship, now worth one hundred and twenty-five dollars, allowed the student who had the highest average in both theory and practical nursing to attend the University of Western Ontario for one year. There the student would study either Public Health Nursing, Nursing Education or Hospital Administration, while receiving free room, board and laundry at St. Joseph's Nurses' Residence for the duration of her course.³³

The guest speaker at the 1942 graduation exercises was Col. The Rev. J. T. McCarthy. Col. McCarthy had been overseas with the First Division organizing its Roman Catholic Chaplaincy. Speaking with "gloves off", Col. McCarthy impressed on the graduates that:

Our homes, our families, our right to worship God, our very lives are up against the greatest force of evil ever created. The menace is so great, Christian civilization hangs in the balance...nurses have a duty to themselves, their hospital, King and country to fulfill(34).

That year the Auxiliary Award went to Marianne Coleman. The Auxiliary also awarded smaller prizes to the top students in the junior and intermediate years.³⁵ H. B. Beal's auditorium, both balcony and main floor, were filled to

capacity for the graduation ceremony, and for the first time a choir of student nurses sang at the event.³⁶ A graduate of 1942, Katherine Taepke of Detroit, joined the Maryknoll Sisters after graduation. She then went to Tanzania where she taught a midwifery course, delivered babies, performed minor surgery and even extracted teeth in a small hospital and clinic. She remained in Tanzania over twenty years.³⁷ Another 1942 graduate, Mary Elizabeth Campbell, joined the St. Joseph's Community as Sister Mary Elizabeth. She was one of the first two students to enrol in the newly established Master of Science in Nursing (M.Sc.N.) programme at the University of Western Ontario in 1959. She was the first to complete the program, and was the first person in Canada to receive, in 1961, an M.Sc.N. from a Canadian university. Her thesis was entitled A Method of Evaluating Patient Care in a Surgical Unit. The thesis showed that quality of nursing therapy could be measured in a valid and reliable way by using criteria based on scientific principles applied to nursing.³⁸ Later, in 1961, Sister Mary Elizabeth became the head of hospital administration at St. Joseph's in London, a post she held until 1969.³⁹

A story from the London Free Press of January 19, 1943 speaks of the contributions and heroic deeds of Canadian Army Nurses. Some fourteen-hundred had so far enlisted in the Royal Canadian Army Medical Corps and many were dispatched overseas. Some were on loan to South Africa, and several were prisoners of war in Hong Kong. Graduates of

St. Joseph's Hospital served mainly with the No. 10 Canadian General Hospital unit of the medical corps.⁴⁰ On November 9, 1942, the Sisters of St. Joseph entertained seven St. Joseph's graduates who were about to leave for overseas duty with the No. 10 Canadian General Hospital. The dinner took place in the nurses' residence and Sister St. Elizabeth extended to the graduates the best wishes of the hospital. The student nurses provided the entertainment. The seven graduates about to embark overseas were Mary MacWhirter, Agnes Conroy, Barbara Syerson, Helen Grieve, Betty Smith, Barry Bowles and Jessie Bateman.⁴¹

Barry Anne Bowles, one of the seven nurses, achieved great distinction in both her war work and her later nursing service. Born in Wingham, Ontario in 1915, she first attended Westervelt Business School before entering the St. Joseph's Nursing School in 1936. She graduated in May, 1939 and entered the Royal Canadian Army Medical Corps in 1940. Her commission as a Lieutenant is dated November 5, 1943, though her active duty commenced long before then. During the war, she served in eight countries on three different continents. When Germany surrendered she was nursing in a field hospital on the border between Holland and Germany. Instead of being discharged, she left soon after for the Pacific theatre, remaining there until 1946. During her years of war service she was awarded eight medals, which are housed in the Sisters' Archives at Mount St. Joseph, London. Miss Bowles won the Red Cross Medal, the Italy Star, the

France and Germany star, three campaign medals, the 1939-1945 Service star, and the Italian Merito di Guerra.

Upon discharge, Miss Bowles entered the Bachelor of Science in Nursing programme at Western, and upon graduation she worked as a public health nurse. Then she entered the Sisters of St. Joseph's order as a novitiate on January 3, 1952. She took the religious name Sister St. Philip Neri, and embarked on a distinguished career as a Sister. She administered a hospital in Galahad, Alberta, worked at St. Joseph's Hospital in Sarnia, and was administrator for several years of St. Mary's Hospital in London. Her work with geriatric patients led to her election as President of the Ontario Association of Homes for the Aged between 1972 and 1973. A certificate of appreciation from that association, dated September 19, 1973, attests to the good work she did. Sister St. Philip Neri was also involved with the Red Cross and the Victorian Order of Nurses, as well as with Marian Villa and the Mount St. Joseph's Infirmary for older Sisters. She lost much of her sight in 1979, the result of diabetes and war related problems, and died on November 28, 1984.⁴² The Sisters remember her as one who always spread joy and happiness, even after the loss of her sight.

St. Joseph's graduates as a whole were well represented in the Second World War. Thirty-eight served with the Canadian Forces, and another eight enlisted in the United

States.⁴³ Fortunately none was killed in action or disabled as a result of her war service.

The war also caused a severe shortage of medical interns and residents. Necessity forced nurses and student nurses to assume duties previously done only by physicians. Dr. F. W. Luney, of the hospital's pathology department, showed the nurses how to give intravenous injections and do blood tests. Many times only one intern was available for the entire hospital--when life-threatening situations arose, the nurse often had to decide upon and administer treatment without the supervision of a physician. Though this practice was in theory forbidden, by necessity it was accepted.⁴⁴ The competent handling and assumption of new responsibilities necessitated by war showed the competency and professionalism of the nurses.

On May 8, 1945, forty-six nurses graduated from St. Joseph's School of Nursing. One week later the Alumnae gave a dinner and dance at the Hotel London for their new members. The winner of the Auxiliary Scholarship that year was Miss Rita Heenan of Lucan.⁴⁵ Later she joined the Sisters of St. Joseph as Sister Rita (St. Roch) Heenan. Sister Rita was another of the earliest graduates of the University of Western Ontario's Master of Science in Nursing programme, graduating with five others in 1962. Her thesis was entitled Proposed Method of Evaluation of Administrative Behaviour in Nursing Education.⁴⁶ Her thesis was relevant to her work, for Sister Rita served as the superintendent of

the nursing school between 1962 and 1969, before moving to St. Joseph's Hospital in Sarnia, Ontario to become its hospital administrator.⁴⁷

The first class reunion of St. Joseph's graduates occurred in January, 1947, when all but four members of the class of 1922 returned to London to celebrate their twenty-fifth anniversary. Miss Madalene Baker, of eight-hour duty renown and a member of the class of 1922, entertained the alumnae at her home on Victoria St.. A dinner was held at the Hotel London, and the Sisters of St. Joseph held a tea for them as well.⁴⁸

At the graduate exercises of 1947, Major A. H. Murphy, K.C., chairman of the ceremonies, made reference to a "recent agreement reached between the hospital and the University of Western Ontario whereby the medical school facilities are more available to the staff and students of the nursing school."⁴⁹ This, in reality, meant greater access to the medical library at Western; the access to an excellent library was definitely a step forward in the progress of the nursing school.

In 1947 a serious shortage of nurses caused problems in many parts of Canada and the United States.⁵⁰ St. Joseph's, however, faced no such problem. A hospital official was quoted as saying "the chief reason that aspiring students come to us is that our school and our graduates have earned a high standing, and our graduates are proud to claim St. Joseph's as their Alma Mater."⁵¹ A reason for the

nation-wide nursing shortage can be illustrated by considering the hospital-use statistics of St. Joseph's Hospital, London.

In 1946 St. Joseph's admitted 3,622 more patients than in 1941; there were 1,466 babies delivered at St. Joseph's in 1946 while only 841 deliveries in 1941. The number of admissions to the children's department in 1946 was double that of 1941, and the number of operations increased by 1,500 in the same five-year period.⁵² The situation at St. Joseph's was applicable to most other hospitals throughout Canada. Thus, the nursing shortage was not due to a decrease in the number of nurses, but rather to an increase in the number of patients in hospitals. Nursing schools could not keep up with the demand for nurses needed to serve these extra patients. It was this demand for nurses that initiated the movement toward two year nurse-training with an emphasis on education rather than service, a phase of nursing history to be covered later in this thesis.

The earliest academic calendar of St. Joseph's School of Nursing I have been able to obtain dates from the nineteen forties. The exact date is not given in the calendar, but a picture of the hospital and the amount of the Women's Auxiliary Scholarship (\$125) given in the calendar dates it to this period. The calendar would have been issued prior to 1947, however, since it lists three certificates (Public Health Nursing, Hospital and Administration, Teaching in Schools of Nursing) available

through affiliation with the University of Western Ontario. After 1947, these three programmes were changed.⁵³

Each student had to have complete medical and dental examinations prior to acceptance; further medical examinations were performed on all students in at least yearly intervals. The minimum educational requirement was a grade twelve education, though preference was given to girls "possessing a grade thirteen diploma or better and a practical knowledge of household affairs."⁵⁴

The calendar clearly states that St. Joseph's Nursing School was a Catholic school, permeated by the Catholic philosophy of life and education. However, non-Catholic students were provided with opportunities to attend their own church on Sunday--they were in fact encouraged to go to their own church.

By the forties, the students were represented by a Students' Council along with an organization called the Sodality of the Blessed Virgin Mary. The Students' Council was not like that at a university, but was responsible for the social side of student life. By the forties the residence's recreation room held two pianos, a radio, a record player and a movie projector, which was also used for teaching purposes. In May, 1946, the Soldality presented five hundred dollars to the hospital toward the installation of an elevator in the Nurses' Residence.⁵⁵ On March 19, 1948 the elevator began operation.⁵⁶ No longer did students

have to walk up the many stairs to the top floor of the residence.

Once accepted, a student was admitted to the four month preliminary term of the first year. Here she received practical and theoretical instruction to fit her for ward work. She was examined and evaluated at the end of this term, to determine whether or not she was suitable to continue as a student nurse. The passing mark in all examinations was sixty percent.

Students spent one hundred and seventy-nine more hours in class in the nineteen forties than they had in 1929. One hundred and eighteen of these extra hours are accounted for by the addition of six new fields of study: anaesthesia, dentistry, pathology, psychology, religion and case studies. The last addition, the case study method, was a method of teaching strongly recommended by Weir's Survey of Nursing Education in Canada (1932).⁵⁷ The reasons listed in the Calendar for using the case-study method are to improve the actual nursing care of patients by helping students to understand them as individual personalities, and to help students consciously plan a programme of nursing care adapted to the individual needs of the patient. Though only four hours long,⁵⁸ the inclusion of the case-study method was a step forward in the improvement of the quality of nurse-education at St. Joseph's, and a sign of the impending move from "nursing apprentice to nursing student".

With the exception of the above six courses, the subjects taught were the same in the nineteen-forties as in 1929.⁵⁹ The emphasis, however, on some courses changed. Chemistry, for example, was studied for forty-four hours in 1929 but only eighteen hours in the nineteen-forties.⁶⁰ This reduction was due mainly to the removal from the curriculum of chemical information unnecessary for nurses, while increasing the emphasis on physiological chemistry such as digestion, disinfection, drug administration and energy changes performed by the body. Likewise, the time spent studying the nursing of tubercular patients was reduced from twenty-eight to sixteen hours.⁶¹ The development of new methods of treatment of tuberculosis decreased the amount of time necessary to learn about it. The study of general medical nursing went from sixteen hours in 1929 to forty hours in the forties; orthopaedic surgery increased from eleven to twenty hours while the study of nursing principles and practice increased from one hundred and fifteen to one hundred and thirty-six hours.⁶²

It is interesting to note that students only spent seventy-nine hours in class during their third year of study in the nineteen-forties as compared to one hundred and twenty-five in 1929.⁶³ Also, these seventy-nine hours were spent entirely in the first term of the third year. All the rest of their time in third year was spent gaining supervised nursing experience on the wards by being responsible for the major part of many patients' care.⁶⁴

This constituted almost an internship for the senior students, as was recommended in A Proposed Curriculum for Schools of Nursing in Canada.⁶⁵ St. Joseph's Hospital School of Nursing was clearly "maintaining close and constant touch with every advancement in the profession, and keeping abreast of progress in its field."⁶⁶

Further insight into the operation of the hospital and its nursing school is to be found in St. Joseph's Hospital's response to the Provincial Health Survey of 1949.⁶⁷ When the survey was completed there were one hundred and forty-one student nurses at the hospital--thirty-four in the preliminary term, eighteen in first year, forty-four in second year and forty-five in their final year.⁶⁸ Two nursing school instructors taught them basic sciences for a salary of \$175 per month; the same salary was paid to a clinical and a nursing arts instructor.⁶⁹ There were twelve supervisors, all but two of whom were Sisters. The operating room and nursery supervisors received \$175 per month while the obstetrical supervisors were paid \$190 per month.⁷⁰ Any salaries received by sisters went to their Community, not to themselves personally. Thirteen head nurses, all of whom were lay women, each received \$175 per month. Orderlies received \$110, ward aides \$85 and kitchen staff \$50 per month; every six months most salaries increased by five dollars. Student nurses apparently did not receive their customary monthly allowance anymore--this practice had been discontinued at St. Joseph's definitely by

1950.⁷¹ However, students still received free medical care, hospitalization, drugs, laboratory and X-ray services. They were also the only "employees" tested for syphilis when they entered the nursing school!⁷²

St. Joseph's Hospital kept its nursing staff informed of advancements in their field through staff conferences and special lectures. A library, two classrooms, laboratories, mannikins, models and a skeleton constituted the facilities available to teach the students and to keep graduates up to date. In 1949 the hospital had just applied to the Department of Health for approval of its proposed course for laboratory technicians.⁷³ St. Joseph's Hospital was always expanding its range of services in very many directions.

Despite the expansion of the nursing curriculum and the overall improvement of the hospital itself, the nursing school again faced a problem comparable to that which it suffered before 1927. This problem was a lack of housing space for student nurses.⁷⁴ An annex at 249 Grosvenor St. had been purchased to house more students, but more still could be trained if they could be housed.⁷⁵

The solution to this problem was the addition of a fifth floor to the nurses' residence. Though completed by February of 1951,⁷⁶ planning for the new residence had commenced much earlier.

An undated newspaper story from the London Free Press states that:

Blueprints are in existence for a projected

additional floor to the nurses' residence, but will not be undertaken until building trades are in a "more settled" condition, hospital authorities said.

An additional sleeping floor will be added to the three sleeping floors already at the nurses' residence as soon as building conditions make it practical... (77).

I believe that the plans for the additional floor had been made sometime in late 1947 or earlier 1948, though no documentation exists to prove this. The firm of Watt and Blackwell were the architects. This was the same firm responsible for the design of the nurses' residence in 1926. In a letter dated August 31, 1949, John M. Watt informed the Inspector of Hospitals, C. J. Telfer, that construction was to commence on the morning of September 6, 1949.⁷⁸ A letter from Telfer to Sister St. Elizabeth, superintendent of the nursing school, on September 7, 1949, required the addition of three more fire escapes, a sitting room and diet kitchen, and gave specifications for fire hoses and standpipes.⁷⁹ Obviously tentative plans for the new addition had been submitted to the Department of Health some time before construction began.

The continuing construction of the fifth floor of the nurses' residence was the first major event of the fifties in the nursing school. Between June 15, 1950 and September 11, 1950, ten letters passed between the architect, John Watt, and the Department of Health or Fire Marshal's office.⁸⁰ Each letter concerned the addition or location of fire escapes in the new addition. Apparently there was much

misunderstanding between the architect and the government over over the interpretation of the fire regulations.

Work on the new floor of the nurses' residence ceased on December 30, 1950. Minor alterations, however, continued until February of 1951. These alterations consisted of partitioning the large bathrooms on the other three floors into bedrooms, each capable of accommodating six student nurses. The total number of additional beds was forty-one.⁸¹

On July 8, 1951 Sister Fabian Slattery wrote to the Hon. MacKinnon Phillips, Ontario Minister of Health. Sister Fabian referred to Phillips' recent announcement that funds were available for hospital expansion, and enquired if St. Joseph's could get a grant to cover the costs of its recent addition to the nurses' residence.⁸² C. J. Telfer, the Inspector of Hospitals replied, asking for more details. Sister Fabian answered on August 8, 1951 that the work had taken from September of 1949 to February of 1951 to complete, and had cost a total of \$124,355.00.⁸³ This figure is of interest since it is one of the few exact amounts spent by the Sisters that is available to me. In fact, the Sisters' archives contained no accessible financial data. Such data was only available through the Archives of Ontario, which are by no means complete.

Mr. Telfer replied that, on consultation with the Minister, it was decided that the funds were not available for projects started before April 1, 1951.⁸⁴ Thus, the

Sisters had to pay for the addition to the nurses' residence out of their own funds. No government monies were available. The addition of the extra floor improved the accommodation situation immensely at the time, but by the end of the decade all residence spaces were again filled.

By 1951 classes had grown to the point where an average of fifty students graduated each year. The auditorium at H.B. Beal Technical School was now unable to accommodate all those who wished to attend graduation ceremonies, so as of May 1951, graduations took place at Thames Hall, University of Western Ontario.⁸⁵ The last graduation held at Beal occurred on May 16, 1950, when forty-four students graduated. The winner of the Auxiliary Scholarship was Rose Heenan of Lucan, sister of Rita Heenan who won the same award in 1945.⁸⁶

The year 1951 also saw the opening of a new emergency ward at St. Joseph's Hospital. Located at the west side of the hospital on the ground floor, the new department was open twenty-four hours per day and staffed by a graduate nurse, with a doctor always on call.⁸⁷ Students now had a new area of nursing in which to train.

Between 1929 and 1951 the situation of student nurses at St. Joseph's improved in both the physical and educational sense. The adoption of eight-hour duty allowed the students more time to concentrate on their education rather than simply on tiring, repetitive ward duties of little educational value. The progressive nature of the

nursing school attracted better educated students, and the high standards of the school produced better nurses. The establishment of scholarships for further education allowed the best graduates to study further aspects of nursing, including administration. St. Joseph's graduates further showed their abilities by being among the first recipients of Masters of Science degrees in nursing.

Throughout the period 1929-1951 the curriculum studied by the students continued evolving. The advent of new therapies rendered parts of older courses obsolete--they were replaced by new courses covering current issues. The introduction of the case-study method signaled the beginning of a new emphasis on education. Practical work, though still very important, became less service-oriented and more attuned to the needs of the student, not the hospital. Due to the quality and scope of its training programme, St. Joseph's Nursing School did not suffer from the nationwide shortage of applicants during the post-war period. This shortage of nurses however would prove to have long reaching effects on the future of nurse-education at St. Joseph's.

NOTES TO CHAPTER IV

1. London Free Press, May 11, 1929. In Collected Clippings.
2. History, 1899-1974, p. 2. A complete description of the new addition may be found in Col. W. J. Brown's St. Joseph's Hospital, A Social History, 1934, pp. 1f. Located in the Mt. St. Joseph Archives, London, Ontario.
3. London Advertiser, November 15, 1932. In Collected Clippings.
4. Sessional Papers, 1934, vol. LXVI, part V, no. 17, p. 11.
5. Ibid.
6. Ibid., pp. 11, 13.
7. Interview with Mrs. Lindemann, May 12, 1986.
8. Ibid.
9. Ibid.
10. Bulletin, vol. 2, no. 10, December, 1952, p. 19. History, 1899-1974, p. 3.
11. Interview with Sister Alphonses Mary at Mt. St. Joseph, London, Ontario, January 6, 1987.
12. Interview with Sister St. Anthony Baker at Mt. St. Joseph, London, Ontario, January 6, 1987.
13. Survey of Nursing Education, p. 197.
14. Letter from C. J. Telfer, Inspector of Hospitals, to Dr. J. A. Faulkner, Ontario Minister of Health, May 8, 1935. Located in the Archives of Ontario, RG 63, A-7, Box 742, File 2.
15. "Memo to file re: Closing of Nurses Training Schools", 1934. Located in the Archives of Ontario, RG 63, A-7, Box 742, File 1.
16. Ibid.
17. Ibid.

18. Ibid.
19. Innis, Nursing Education, p. 19.
20. Survey of Nursing Education, p. 65.
21. Educational Qualifications of Nurses-in-Training Schools, October, 1935. Located in the Archives of Ontario, RG 63, A-7, Box 742, File 3.
22. Ibid.
23. History, 1899-1974, p. 2.
24. Newspaper Clipping, 1932. In Collected Clippings.
25. London Advertiser, May 19, 1932. In Collected Clippings.
26. London Free Press, May 17, 1933, p. 12.
27. Newspaper Clipping, 1936. In Collected Clippings.
28. London Free Press, June 2, 1936. In Collected Clippings.
29. Ibid., May 15, 1937, p. 14.
30. Ibid., December 17, 1937. In Collected Clippings.
31. Ibid., May 3, 1939. In Collected Clippings.
32. Ibid., May 6, 1943. In Collected Clippings.
33. Calendar, St. Joseph's School of Nursing, London, Ontario, n.d., n.p.. Located in the Mt. St. Joseph Archives, London, Ontario. Though undated, its contents date it to between 1940 and 1947. Hereafter cited as Calendar, 1940's.
34. London Free Press, May 21, 1942. In Collected Clippings.
35. Ibid., May 13, 1942. In Collected Clippings.
36. Ibid., May 21, 1942. In Collected Clippings.
37. History, 1899-1974, p. 4.
38. People and Ideas, p. 91.
39. See Appendix III.

40. London Free Press, January 19, 1943. In Collected Clippings.
41. Ibid., Nov. 10, 1942. In Collected Clippings.
42. Biography written by Sister Esther, Archivist of the Sisters of St. Joseph, London, Ontario. Located in the Mt. St. Joseph Archives.
43. G. F. Jones, Honour Roll Scroll, 1946. Located in the "Corridors of Time" at Mt. St. Joseph, London, Ontario.
44. Interview with Mrs. Lindemann, May 12, 1986.
45. London Free Press, May 9, 1945. In Collected Clippings.
46. People and Ideas, p. 145.
47. See Appendix II, and History, 1899-1974, p. 4.
48. London Free Press, January 28, 1947. In Collected Clippings.
49. Ibid., May 7, 1947. In Collected Clippings.
50. Ibid., May 10, 1947. In Collected Clippings.
51. Ibid.
52. Ibid.
53. People and Ideas, p. 52.
54. London Free Press, January 19, 1943. In Collected Clippings.
55. Interview with Sister Esther. Information from the Chronicles.
56. Ibid.
57. Survey of Nursing Education, pp. 330-333.
58. Calendar, 1940's, n.p.
59. Ibid. in comparison with Table II.
60. Ibid.
61. Ibid.
62. Ibid.

63. Ibid.
64. Ibid.
65. Canadian Nurses' Association, A Proposed Curriculum for Schools of Nursing in Canada, Montreal, 1936, p. 55.
66. London Free Press, May 10, 1947. In Collected Clippings.
67. St. Joseph's Hospital's Response to the Provincial Health Survey, 1949, April 19, 1949, p. 35. Located in the Archives of Ontario, RG 10, Series 154, Reel 240. Hereafter cited as Provincial Health Survey, 1949.
68. Ibid.
69. Ibid., p. 37.
70. Ibid.
71. Interview with Betty Lou Finch, 1953 graduate of St. Joseph's Hospital Training School, January 29, 1987.
72. Provincial Health Survey, 1949, p. 39.
73. Ibid., p. 69.
74. London Free Press, May 10, 1947. In Collected Clippings.
75. Ibid.
76. Letter to C. J. Telfer, Director of Public and Private Hospital Division, Ontario Department of Health from Sister Fabian Slattery, St. Joseph's Hospital Administrator, August 8, 1951. Located in Archives of Ontario, RG 10, Ser. 154, Central Files, Reel #149. Hereafter cited as Letter, August 8, 1951.
77. London Free Press, n.d., in Collected Clippings.
78. Letter to C. J. Telfer, Inspector of Hospitals from John M. Watt, Architect at St. Joseph's Hospital, August 31, 1949. Located in Archives of Ontario, RG 10, Ser. 154, Central Files, Reel #149.
79. Letter to Sister St. Elizabeth Wilkinson, superintendent of the nursing school, from C. J. Telfer, September 7, 1949. Located in Archives of Ontario, RG 10, Ser. 154, Central Files, Reel #149.
80. Series of letters between John Watt, Architect at St.

Joseph's Hospital, and the Department of Health and the Fire Marshal's Office. June 15, 19, 21, July 14, 17; August 22; September 2, 5, 6, 11; 1950. Located in Archives of Ontario, RG 10, Ser. 154, Central Files, Reel #149.

81. Letter to Hon. MacKinnon Phillips, Ontario Minister of Health, from Sister Fabian Slattery, St. Joseph's Hospital Administrator, July 9, 1951. Located in Archives of Ontario, RG 10, Ser. 154, Central Files, Reel #149.
82. Ibid.
83. Letter, August 9, 1951.
84. Letter to Sister Fabian from C. J. Telfer, September 4, 1951. Located in Archives of Ontario, RG 10, Ser. 154, Central Files, Reel #149.
85. History, 1899-1974, p. 2.
86. London Free Press, May 17, 1950. In Collected Clippings.
87. Ibid., January 26, 1951.

CHAPTER V

THE FINAL DOMINANCE OF EDUCATION (1951-1960)

A major change in the instruction of student nurses took place in 1952 when St. Joseph's switched to the "Block System" of education.¹ Prior to the introduction of the block system, the school had tried to arrange classroom and clinical experience concurrently. Though theoretically this system would give the best correlation of theory and practice, in reality it did not. Under the old system, students had to divide their attention between the practical and classroom phases of their course each day. Since the emphasis had been placed on the service aspect of nurse education, the student often received assignments to patients whose problems did not relate to those being currently studied in the classroom. The demands of the hospital nursing service superceded those of education. The patient had to come first, and the resulting long hours of duty left the student too tired to be attentive in class, and often too exhausted to be able to devote time to any type of study. The block system took an entirely different approach to classroom and ward work. In this system, alternating periods of classroom and ward experience were arranged throughout the three year course. A period of intensive classroom work with no ward responsibilities preceded a period of concentrated ward work during which no

classes were given. The aim was to correlate classroom instruction with experience--after attending classes on paediatric nursing, students were assigned to the children's ward. Usually students were divided at any given time into two sections, one in class and one on the wards. At the end of their section, they switched places.²

The advantages of adopting the block system were many. The student could devote her entire energy to study, or could concentrate on her nursing work without interruption by classroom lectures. She was less likely to be inattentive to her classroom studies due to the demands of nursing, which often required more time than allotted. From the administrative point of view, the new system relieved the head nurses from having to arrange for students to leave the wards to attend classes.³ It also meant better continuity in the nursing service, and hence aided physicians who happened to be on the wards at the time. The block system was a much more efficient means of education.

The following year brought another change to the Nursing School. From its opening the School had always admitted two classes per year--one in January or early February and one in September, though only one graduation per year was held. Commencing in 1953 only one class per year was admitted, the month of admission being September.⁴ This eliminated the need for duplicate lectures and allowed teachers to better organize and carry out a course of instruction. Also, the introduction of the block system in

1952 made two admission dates less feasible, since they would further complicate the system of allocating students to classroom and ward blocks. A student admitted in January could obviously not be expected to join the "block" in which a student admitted the previous September was studying. Also, the need to admit students twice per year in order to meet the demands of the hospital nursing service had diminished. Nursing education was, by the fifties, beginning to be seen more as education than as apprenticeship. Students were at the school to learn, not to serve as ward workers. By 1952 St. Joseph's had fifty registered nurses on staff, sixteen religious and thirty-four lay.⁵ The need for student labour was still there, but was diminishing.

The library at the nurses' residence had also been improved over the years. As the curriculum had increased, so had the library. Miss Ethel Sullivan was secured as the school's librarian after her retirement from the University of Western Ontario in 1952.⁶ She had been medical librarian at the university since 1921. The daughter of John Francis Sullivan, Inspector of Separate Schools in the London area, she had taught briefly at St. Angela's College in London. She had just finished her library training at the University of Toronto when Western hired her in 1921.⁷

Though Miss Sullivan worked only afternoons at St. Joseph's, she put her training to good use. In the ten to twelve years she was at St. Joseph's, she catalogued all the

books, periodicals and articles in the library. When she was finished the library was an outstanding professional asset to the nursing school. According to Sister St. Elizabeth's History, one Inspector of Schools of Nursing was so impressed that he spent an entire morning studying the library.⁸

By 1953 the number of scholarships awarded to graduating nurses had increased to six.⁹ The Auxiliary now offered two scholarships, and the most prized remained the one conferring a year of postgraduate study at Western. One new scholarship was for the study of obstetrical nursing, and John Labatt Ltd. donated a scholarship for the study of surgical nursing. The Alfred E. Bailey Memorial Scholarship, donated by Oliver Durdin, the hospital's lawyer, was also for surgical nursing; later this award became the Clarinda Bailey Memorial Scholarship. Both Clarinda and Alfred Bailey were relatives of Durdin, and both had been benefactors to the Community of St. Joseph. For this reason they were remembered by scholarships.¹⁰

Oliver Durdin also presented the Oliver W. Durdin Memorial Scholarship for postgraduate study in psychiatric nursing. Though Durdin was alive, the scholarship was named "Memorial", a fact I find curious. Oliver Durdin continued to give the scholarship until 1977, when the School of Nursing closed.¹¹ The final award bestowed was the Canadian Nurse Award, awarded to the author's aunt, Betty Lou Finch (Powell) in 1953, which recognized general proficiency in

all areas of nursing care, and especially that of caring for the patient as a whole. Though given by the Canadian Nurses' Association, there was apparently no monetary value attached to this award.¹²

By 1955 the value of the Auxiliary Scholarships were \$350 and \$200 respectively. The two Durdin scholarships were each worth \$150, while the Canadian Nurses' Award remained solely an honour.¹³

In early 1953 plans were underway for the addition of an east wing to the hospital, and a south wing for increased administrative as well as patient space. The new east, or Marian wing, would run parallel to Grosvenor Street, but would be in the middle of the block between Cromwell and Grosvenor Streets. Part of the new addition was evidently to contain accommodation for nurses, since the Toronto Telegram of April 13, 1953 reported that the government had approved \$21,000 for the accommodation of twenty-one more nurses in the new addition.¹⁴ On May 12, 1953, the hospital applied for this \$21,000 to be paid as an advance on its capital grant account. This request was granted.¹⁵

On May 6, 1953 Bishop J. C. Cody laid the cornerstone of the new addition. Representatives of the city, University, federal and provincial governments were present. Dr. G. E. Hall, President of Western, spoke briefly on the history of the hospital, while a choir of student nurses sang at the opening and closing of the ceremony.¹⁶ The London Free Press reports that the additional accommodation

for nurses was for "sister supervisors" of nursing, not student nurses.¹⁷

On April 23, 1954 the Marian and South wings officially opened.¹⁸ The four storey South Wing became the new main entrance of the hospital, which remains to this day. Behind the impressive glass and marble entrance was the administrative centre of the hospital. The top two floors housed surgical patients.¹⁹ The one hundred and twenty bed Marian wing, consisting of a basement and five stories, held the maternity, psychiatric and female medical and surgical departments.²⁰ Twenty-three rooms, each containing a wash basin, housed Sister-nurse supervisors.²¹ Both the federal and provincial ministers of health, Paul Martin and MacKinnon Phillips, were present, as well as Dr. Hall, Bishop Cody and the St. Reverend F.J. Brennan, Diocesan Director of Hospitals. The total cost of the new additions was \$2,000,000-- provincial and federal contributions of \$400,000 and \$500,000 covered part of the cost, while the Sisters raised the balance.²² The National Health Programme, outlined to the graduating class of St. Joseph's in 1943 and implemented in 1949, was at the time greatly expanding the health care facilities available to Canadians. By 1954, over six hundred fifty hospitals, one-quarter of them in Ontario, had been constructed nationally.²³

After completing the addition of the two wings, St. Joseph's embarked on a programme of gradual renovation on many parts of the hospital. Halls were modernized, outdated

office machinery was gradually replaced, and ward facilities were improved.²⁴

Throughout the mid- and late fifties, few major changes occurred in the routine of the nursing school. Two graduates of note from the fifties are Maxine Bontje, 1955, and Sister St. Fergus (Mary Eileen Campbell) 1959. After graduation, Maxine Bontje worked in Uganda with a religious group called Graille. She was in charge of a nursing school there until ordered to leave by the Ugandan government. Sister St. Fergus went to the University of Ottawa where she graduated in medicine. She did her obstetrical residence in Hamilton, before leaving for the Sisters of St. Joseph's clinic in Peru.²⁵

By 1959 another expansion of St. Joseph's Hospital had been planned. The plans envisioned a seven-story addition to the north side of the Marian wing, a four story addition to the south side of the same wing, and a four storey addition linking it to the old wing constructed in 1931.²⁶

A planning meeting with the Department of Health at the hospital on February 4, 1959 again heard about the lack of space in the nurses' residence:

It was pointed out by Sister Ruth [Fleckser, Superintendent of Nursing School] that enrolment in the school of nursing is approximately seventy each year with the most recent graduating class numbering sixty-eight. The school would be able to take more applicants if it had more accommodation available in the nurses' residence (27).

A subsequent memorandum of the Department of Health noted that the nurses' residence, designed to accommodate one hundred and thirteen, now accommodated one hundred and fifty. Thirty single rooms were occupied by two girls using bunk beds. The hospital had also acquired a nearby house in which another eighteen students lived.²⁸

To alleviate the obvious lack of space, Sister Ruth suggested that two floors of the new extension could be used to house student nurses temporarily, pending a decision on some means of expanding the nurses' residence. The problem was that the nurses' residence could not be expanded on the site, and that additional space would have to be purchased near the hospital to locate a new nurses' residence.²⁹

Sister Ruth's suggestion made sense, but the government would not approve it. A letter to Sister Imelda Mullin, hospital administrator, from Dr. John B. Neilson, Commissioner of the Ontario Hospital Services Commission, gave the following reasons:

We would be most reluctant to give approval of the suggested arrangement.... [It would] cause serious complications in Grants....you might finish the whole building for patient accommodation and use part of it...temporarily. [But] you [must] appreciate critics, who would argue that [grants] for hospital beds for patients [are not for] student nurses(30).

Sister Imelda replied:

We realize, Doctor, the problem involved... and we will give special study to provide sufficient accommodation if possible at the same time or immediately following the erection of the new wing. We think it best to include nurses' accommodation in our

campaign for funds which we hope to launch immediately(31).

The problem of nurses' accommodation was further exacerbated by the fact that the "house presently used as a nurses' residence at Wellington and Grosvenor Streets will be removed."³²

A London Free Press story of April 17, 1959 notes that for the first time in their history in London, the Sisters will be making a public appeal for money, the goal being \$1,505,000. Mr. John H. Stevens, chairman of the fund raising campaign, noted that in its entire history, St. Joseph's had not cost city taxpayers one cent, and had helped thousands of indigent patients at its own expense. The Sisters had been able to pay for all additions until now, when debts incurred for improvements between 1954 and 1956 made further expansion impossible without community help.³³

The hospital expansion was indeed necessary. With the hospital occupancy rate at 93.7%, patients faced a six week wait for admission unless they were emergency cases.³⁴ After admission, they were often placed in hallways due to overcrowding. Still, St. Joseph's remained among the top fifteen accredited hospitals in Ontario.³⁵ Its high occupancy rate was a testimonial to that fact. The problem of nurses' accommodation, however, was not mentioned again. Apparently the hospital decided to make do with available space. A letter dated October 14, 1960 to the Chairman of

the Rate Board of the Ontario Hospital Services Commission, J. Hornal, from Sister Imelda requested \$5,900 to add additional furniture and bunk beds to the nurses' residence.³⁶

An announcement by the provincial government late in 1959 would prove to have far reaching effects on nurse training throughout the province. The government announced a plan for a two year nursing course.³⁷ Sister Ruth's reaction to this announcement showed St. Joseph's was not going to condemn the plan out of hand:

[It is] an experiment, time will tell...
practical training should go along with
theory, but how much may be the question(38).

The following decade would prove to be one of great change not only at St. Joseph's Training School, but at training schools throughout Ontario.

NOTES TO CHAPTER V

1. Bulletin, vol. 2, no. 10, December, 1952, p. 19.
2. Canadian Nurses' Association, A Supplement to a Proposed Curriculum for Schools of Nursing in Canada, Montreal, 1940, p. 35.
3. Ibid.
4. History, 1899-1974, p. 2.
5. Bulletin, vol. 2, no. 2, February, 1952, p. 4.
6. History, 1899-1974, p. 7.
7. Barr, p. 284.
8. History, 1899-1974, p. 7.
9. Bulletin, vol. 3, no. 6, June, 1953, p. 12.
10. Interview with Sister Esther, who consulted with Sister Mary Doyle, Hospital Administrator of St. Joseph's. January 20, 1987.
11. Ibid.
12. Interview with Betty Lou Finch, January 29, 1987.
13. Interview with Mrs. Lindemann, May 12, 1986.
14. Toronto Telegram, April 13, 1953. Located in Archives of Ontario, RG 10, Ser. 154, Central Files, Reel #149.
15. St. Joseph's Hospital's Application for Advance on Account of Capital Grant, May 12, 1953. Located in Archives of Ontario, RG 10, Ser. 154, Central Files, Reel #149.
16. London Free Press, May 7, 1953, p. 34.
17. Ibid.
18. Ibid., April 24, 1954, p. 1.
19. Ibid
20. Ibid.
21. Memorandum to C.J. Telfer, Director of Public and

- Private Hospital Division, Ontario Department of Health, June 30, 1953. Located in Archives of Ontario, RG 10, Ser. 154, Central Files, Reel #149.
22. London Free Press, April 24, 1954, p. 1.
 23. Ibid.
 24. Ibid.
 25. History, 1899-1974 pp. 4, 5.
 26. London Free Press, April 17, 1959, p. 1.
 27. Health Department Memorandum, February 6, 1959, p. 1. Located in Archives of Ontario, RG 10, Ser. 154, Central Files, Reel #149.
 28. Ibid., February 20, 1959.
 29. Ibid., February 6, 1959, p. 3.
 30. Letter to Sister Imelda Mullin, St. Joseph's Hospital Administrator, from Dr. John B. Neilson, Commissioner, Ontario Hospital Services Commission, February 17, 1959. Located in Archives of Ontario, RG 10, Ser. 154, Central Files, Reel #149.
 31. Letter to Dr. John B. Neilson from Sister Imelda Mullin, February 19, 1959. Located in Archives of Ontario, RG 10, Ser. 154, Central Files, Reel #149.
 32. London Free Press, April 17, 1959, p. 8.
 33. Ibid.
 34. Ibid.
 35. Ibid.
 36. Letter to J. Hornal, Chairman of Rate Board, Ontario Hospital Services Commission, from Sister Imelda Mullin, October 14, 1960. Located in Archives of Ontario, RG 10, Ser. 154, Central Files, Reel #149.
 37. London Free Press, October 20, 1959.
 38. Ibid.

CHAPTER VI
THE CLOSING OF ST. JOSEPH'S NURSING
SCHOOL (1960-1977)

Between 1965 and 1968 St. Joseph's Nursing School switched from the traditional three year nursing programme to a "two-plus-one", and finally to a two year programme. Between 1967 and 1973 the name of St. Joseph's Hospital School of Nursing changed to "St. Joseph's Regional School of Nursing" and finally to "Fanshawe College School of Nursing, St. Joseph's Campus", and in 1977 the school closed. The major part of the present chapter will explain how and why this process of extinction took place. Generally, it is fair to say that all the changes that took place in the format of St. Joseph's Nursing School and its curriculum in the 1960's and 70's were not the doing of the Sisters who ran the school, but rather measures dictated by various outside forces through the provincial government and the various nursing associations.

General Changes in the Organization of Nursing

Education in Ontario

As noted in Chapter IV, Canada and the United States suffered a shortage of nurses after World War II. The construction of many new hospitals and the increased use of

existing hospitals in the post-war period outstripped nursing schools' ability to produce sufficient graduate nurses. The solution to the problem was to train more nurses in less time. The nursing profession, always striving for self-improvement and better ways of serving the public, acted immediately to find a solution to the nursing shortage.

A resolution passed at the Canadian Nurses' Association meeting of 1946 gave approval to "a demonstration being undertaken to determine whether a professional nurse can be prepared adequately in less than three years".¹ The idea was to establish nursing schools as educational institutions independent of hospital control and to discover whether a skilled nurse could be prepared in under three years once such schools received sole control of the students' time.² In fact, this meant whether a student could be educated in less time if the traditional service component (payment for education) were removed from her curriculum so that all her effort could be directed toward learning. The result of this experiment is clearly expressed in the Report of the Evaluation of the Metropolitan School of Nursing (1952):

When the school has complete control... of students, nurses can be trained at least as satisfactorily in two years as in three and under better conditions, but the training must be paid for in money instead of in services(3).

Nursing associations, such as the Canadian Nurses' Association (C.N.A.) and the Registered Nurses' Association

of Ontario (R.N.A.O.), recognizing the urgent need to supply more qualified nurses to meet the health care needs of Canadians,⁴ generally accepted this message that the most efficient means of increasing the supply was "a new type of school at the post-high school level, under the jurisdiction of institutions whose primary function is education."⁵

The Royal Commission on Health Services in Canada, commissioned by the federal government in 1961 to inquire into and report upon all aspects of health care in Canada, requested a study on nursing education to be done by interested nursing associations. This led to the publication of Nursing Education in Canada by Helen K. Mussallen of the C.N.A. in 1965. As well, several nursing groups made independent submissions to the Royal Commission. The School of Nursing, University of Toronto, recommended that nursing schools should be "established within the general educational system of the province."⁶ The R.N.A.O. submitted that "the preparation of the nurse in a diploma school be conducted within a general system of education."⁷ The Royal Commission itself recommended "that there be established in each province a Nursing Education Planning Committee."⁸

In response to all these recommendations, the Ryerson Institute of Technology in 1964 developed a two year nursing diploma programme in collaboration with the R.N.A.O. and with the approval of the College of Nurses of Ontario.⁹ There was no "service" element in the Ryerson course;

students paid for their education through fees. The programme was to be evaluated in the 1969-1970 academic year.¹⁰ This was the first nursing school in Ontario not the responsibility of the Department of Health;¹¹ the programme was the first attempt in Ontario to prepare nurses within the general post-secondary education system.

Helen Mussallem, in Nursing Education in Canada, envisaged that "until such time as an appropriate [nurse] educational system evolves in Canada, e.g. junior community colleges, it is suggested that [schools of nursing] be administered under the aegis of a university."¹²

In fact, in Ontario schools of nursing did not initially pass under the aegis of universities while community colleges developed. Rather, the regional school of nursing was created as the interim step. A regional school of nursing was one which had its own governing body, was situated at or near a particular hospital, and was financed through the hospital by the Ontario Hospital Services Commission. Regional schools, as the name suggests, serviced a geographic area containing several hospitals. The students gained their clinical experience at a number of hospitals in the surrounding area. With this arrangement, more students could be accommodated than with one-hospital nursing schools, thus resulting in a more efficient use of teaching and instructional staff and resources.¹³ The regional schools, unlike community colleges, were still single-discipline institutions. The

first regional school in Ontario was the Nightingale School of Nursing in Toronto, opened in 1960.¹⁴

The Ontario Department of Health, with the support of the College of Nurses,¹⁵ actively began the establishment of regional nursing schools in 1965.¹⁶ The government hoped to double the annual number of graduating nurses to five thousand by 1970 or 1971.¹⁷ Schools of nursing converting to regional schools were allowed to conduct a "two-plus-one" course pending their ultimate conversion to a straight two year course on the Ryerson model.¹⁸ In a "two-plus-one" course, the student obtained her classroom and related clinical instruction in the first two years of her course. Her third year took the form of supervised clinical experience in one of the hospitals affiliated with the regional school; during the third year, the student was to be receive a maximum of \$275 per month as allowance.¹⁹ The interim nature of the "two plus-one" programme allowed hospitals that had conducted their own schools of nursing, and hence had been dependent on the labour of their students, to gradually hire more graduate nurses to take over the work which had previously been done by the students.

To aid in the transition to regional schools, the Ontario Hospital Services Commission and the College of Nurses of Ontario jointly published in June, 1966 a Guide for the Establishment of Regional Schools of Nursing and

Change of Existing Programmes. The Guide clearly stated that:

[the third year of the two-plus-one course] will allow an important interval to observe effects on recruitment and to establish a definite fiscal policy for all post-secondary school education(20).

Students in their third, or clinical experience , year had to provide their own board, lodging and uniforms from the \$275 per month "living-out allowance." In the first and second years, up to \$75 per month was provided if room and board were not available at the hospital.²¹

While the Regional School system was being set up, plans were already being made for the teaching of nurses in community colleges, which had been established by law in January, 1966.²² Again, both the government and nursing associations worked together to bring about the change. In March, 1966 a conference was held, attended by directors of schools of nursing in Ontario, the College of Nurses of Ontario, the R.N.A.O., the Ontario Hospital Services Commission and the Ontario Hospital Association. At that time, the R.N.A.O. accepted a recommendation that endorsed diploma nursing courses in community colleges.²³ Later, in 1967 at the R.N.A.O.'s annual meeting, delegates accepted that the R.N.A.O. should "make every effort to discourage the establishment of new regional schools of nursing", "urge that the present regional schools of nursing be integrated into the [Community colleges]" and "encourage and support the establishment of new diploma programs in nursing in the

[Community colleges]"²⁴ Coupled with these recommendations were others dating from the time of the Royal Commission on Health Services (1961-1964) urging that nurse education become part of the post-secondary educational system. In other words, switch the responsibility of educating nurses from the Department of Health to the Department of Education.

The first province to make nursing education an educational responsibility was Saskatchewan. A committee to study the question, appointed in 1965, recommended a Board of Nursing Education be established by law to be responsible to the Minister of Education. Consequently, the Education Act was amended and the Nurses' Education Act was passed in 1966. Hospital schools were to be phased out and replaced with two central schools, the first being established in the Institute of Applied Arts and Sciences in Saskatoon in September, 1967.²⁵

The situation developed more slowly in Ontario. The success of the Ryerson Institute of Technology's two year nursing course, established as an experiment under the Department of Education in 1964, indicated that nursing education should be under the auspices of that department. There were, however, many more schools of nursing and their related trappings in Ontario than there were in Saskatchewan, so developments naturally came about more slowly.

The Situation at St. Joseph's

Partial financial records of the St. Joseph's School of Nursing, covering the period between 1957 and 1961, exist in the Archives of Ontario. These records indicate the amount of money granted by the Ontario Hospital Services Commission (O.H.S.C.) to the nursing school. In the 1960/61 academic year the hospital received fifteen dollars per month per student, plus ten dollars per year per student for the purchase of texts and reference books, resulting in a total grant of \$38,950.²⁶ This grant "increased the net allowable operating cost [of the hospital] to \$2,708,102...."²⁷

Apparently a portion of the grant was meant to be paid to the nursing students. J. G. Wright, regional representative of the Ontario Hospital Services Commission, and W. L. Clark, consultant on finances to the O.H.S.C., noted in their report of April 3, 1961, that:

The hospital is not making payments to the students as was their stated intention at the time of budget submission. They may use some of it to provide bursaries or for other allowable expenses but most of it will not be spent during 1961. I advised Sister Imelda [Hospital Administrator] to make a decision [so as not to have received an over payment of the grant] (28).

This situation seems to have been resolved satisfactorily, as no more mention was made of the problem. Mr. Wright, however, was in contact with the hospital again in October of 1961. This time he noted that students spent seventy percent of their time in service [ward work], often working split shifts. "This is considered to be much too high and

away out of proportion," he wrote.²⁹ St. Joseph's replied that for 1962 it had budgeted funds to hire more graduate nurses so that henceforth only forty-two percent of the students' time would be spent in service.³⁰

This large percentage of time devoted to service indicates that even in the early sixties nursing students still paid for their education with their labour; they were not only receiving an education, but were also working.

St. Joseph's Hospital introduced the "two-plus-one" programme into its school in September, 1965.³¹ The year 1966 was the last year in which students were admitted to St. Joseph's Hospital School of Nursing. On October 21, 1966 the Council of the College of Nurses of Ontario gave approval for the establishment of a regional school in London under the auspices of the Sisters of St. Joseph.³² The hospital board of governors appointed Sister St. Roch Costello the director of the regional school while Sister Michelle Lane was named acting director of the St. Joseph's Hospital School of Nursing, which would remain in existence until the last student graduated in 1969.³³ I believe the board actually appointed Sister St. Roch (Rita) Heenan director of the regional school, as she was superintendent of St. Joseph's School from 1962-1969. Sister St. Roch Costello had been superintendent of the nursing school, but between 1912 and 1918.³⁴

The Sisters asked for permission to begin a two year programme at the regional school in 1967.³⁵ The College of

Nurses apparently either rejected or modified this request, since a two year programme was not initiated until 1968. St. Joseph's Regional School of Nursing, however, opened as planned in 1967 with a "two-plus-one" programme.³⁶ Note the dropping of "Hospital" from the new title of the school. The sponsoring hospital of the school was St. Joseph's Hospital, London, while St. Mary's Hospital, London, and St. Joseph's Hospital, Chatham comprised the other hospitals of the regional school. Between them, the three hospitals provided one thousand and ten beds for clinical instruction.³⁷ The clinical facilities at St. Mary's Hospital, a chronic care institution opened by the same Sisters in 1951, were also used immediately by the students to gain experience in nursing chronic and geriatric patients. The Regional School proposed that by 1969 St. Joseph's Hospital, Chatham, a smaller institution which until regionalization had had its own nursing school, be used to provide clinical experience for medical, surgical, obstetrical and paediatric nursing in a small hospital setting.³⁸

Enrolment in the Regional School in 1967 was about ninety-five students--sixty-five in London and thirty in Chatham. In keeping with the idea that regional schools could train more students, the School planned future enrolments of one hundred and thirty-five students³⁹ to be housed in a new nursing school.⁴⁰ These plans were never executed. In addition to the London facilities, however,

the School used existing classrooms, library and residence facilities in Chatham.⁴¹

It is interesting to note that the three hospitals which comprised the St. Joseph's Regional School were all directly controlled by the Sisters of St. Joseph. In theory, regional schools were independent of any hospital; each regional school had "a governing body whose sole function is to conduct the educational programme," that governing body being required to have "written agreements developed jointly with agencies providing experience for students."⁴² In the case of St. Joseph's Regional School, the supposed independence is not clear. The Sisters of St. Joseph, I have found, prefer to keep strict control over any undertaking for which they are responsible. They also do not easily part with information pertaining to the administration of their institutions. The Weir Survey of Nursing Education in Canada (1932), for example, recommends that the financial aspects of hospitals and their schools of nursing be kept separate.⁴³ This was not done at St. Joseph's. As late as 1966, "finances [of the nursing school] are not separate from the hospital. A financial statement for the School of Nursing is unavailable."⁴⁴ Though a separate budget was required once the regional school was founded, I believe that ultimate control still rested in St. Joseph's Hospital, London, the School's sponsoring hospital. I doubt than any "written agreements" existed among different parts of the same body.

Students in the school's "two-plus-one" programme spent their first five months studying the normal functions of the body, and learned how to meet the physical, emotional, spiritual and intellectual needs of the patient. The remainder of the two years consisted of the study of pathological conditions and the acquisition of clinical experience.⁴⁵ A major change in teaching methods occurred with the opening of the regional school. The adoption of the small group discussion method had many advantages. Pre-class assignments and readings were given before discussions, in which students acted as leaders or recorders while the teacher was the resource person. Students learned to work together and to be responsible for their own education, while the small groups allowed for greater individual attention from the teacher.⁴⁶ The Regional School now fully embodied the ideals of nurse education contained in the Weir Survey of Nursing Education in Canada.

The third, or internship year of the "two-plus-one" programme consisted of close supervision and guidance in an entirely clinical setting. Despite the term "internship", the third year was a carefully planned educational programme.⁴⁷

Changes in areas other than the nurse education programme occurred at St. Joseph's in the sixties as well. On September 3, 1964, the one hundred and eight bed Wellington St. addition to the hospital started in 1959 opened. On November 25, 1964, a new scholarship in

obstetrical nursing was announced at a dinner given in honour of Mrs. John Kelly, the former Miss Margaret Russell. She had been head of the delivery room at St. Joseph's for twenty years, before her marriage to Dr. John Kelly, a veterinarian. St. Joseph's physicians established a gold medal and twenty-five dollar prize to be awarded in Mrs. Kelly's honour to the graduating student nurse with the highest marks in obstetrical nursing.⁴⁸

Student life had also noticeably changed. By 1965 students had a five day, thirty-five hour week.⁴⁹ The roof of the nursing school was used as a sun deck, and curfew hours were midnight Sunday to Thursday and 2:00 a.m. Friday and Saturday. No alcohol was permitted in the residence. The uniform had to be cut just above the knee, and no jewelry, nail polish or perfume were permitted on duty.⁵⁰

By 1967, St. Joseph's Nursing School's library had outgrown the room originally provided for it. In that year, the 5,500 volume collection was transferred to the north classroom on the first floor. A full-time librarian, Mrs. Ethel Inglis, R.N., was in charge of the library.⁵¹ St. Joseph's Library compared very favourably with others in Canada. Only twenty-eight percent of nursing school libraries had been judged "adequate" by the Canadian Nurses' Association in 1960.⁵² St. Joseph's was among that twenty-eight percent.

By 1966 the value of the Auxiliary Scholarship was \$1000. The A. E. Silverwood Foundation provided two

bursaries of \$500 each, while Oliver Durdin contributed the \$300 Clainda Bailey Memorial Scholarship, which replaced the Alfred E. Bailey Memorial Scholarship.⁵³

The "two-plus-one" programme, as stated earlier, was only an interim step in nursing schools' ultimate conversion to a two year nursing education course. In September, 1968, the first class entered the two year programme.⁵⁴ Students who had entered the two-plus-one programme in 1967 continued in it, the result being that in 1970 two graduations occurred--one in May for the 1967 students and one in June for those students who had entered the school in 1968. Sister Rita Heenan, director of the school, noted that the two year course covered everything the three year one had, except some of the clinical work. The main change was the paring away of "unnecessary repetitive tasks" (ward work).⁵⁵ With the student free of many menial duties, instructors were free to exercise more control over learning situations, free of any demands the hospital nursing service might make on students. Sister Rita did not believe government encouragement to adopt the two year programme was linked to a shortage of nurses. Rather, she felt the nursing profession itself had concluded that it was possible to prepare a nurse in two years.⁵⁶

In June, 1969 the Report of the Area Study of Clinical Resources for Nurse Education concerning the regional school at St. Joseph's was published. The tentative two year clinical education programme for 1969-70, contained within

the report, shows that students received as broad a clinical education as they did under the three year course. Only a small number of students obtained clinical experience at St. Joseph's Hospital in Chatham. In fact, Sister Rita noted that that hospital was only being used because the Regional School had a commitment to it. Again, the planned admission level was one hundred and eighty-five students, but this was contingent on new facilities being built.⁵⁷ They never were.

St. Joseph's Regional School of Nursing continued to admit students until September, 1972, when the last class was admitted. Admission required at least a grade twelve diploma with two full courses in science, though preference was given to applicants with a grade thirteen diploma who had completed a science and English course in each year of study.⁵⁸ First year courses included developmental psychology, pharmacology, psychology, anatomy, physiology, biochemistry, microbiology and courses devoted to basic nursing skills. From September to December one morning per week was spent in clinical situations; this doubled between January and March. In March, first year students spent two thirty-five hour weeks on the wards. In the second year courses included paediatric, obstetric, surgical, medical and psychiatric nursing, as well as philosophy (ethics) studied at King's College. Concurrent clinical experiences were attached to each unit studied. A total of eight weeks of intensive clinical work, called synthesis, was also

provided--two weeks in each of January and June, and four in July. Thus, the graduating student received six weeks of entirely clinical experience at the end of her programme. Throughout the course students were encouraged to develop abilities in leadership, organization, decision making and problem solving. Pre-class assignments, small group discussions and demonstrations were the main teaching methods used. The average amount of time spent in instruction was between twenty-five and thirty hours per week, the maximum amount allowed by law.⁵⁹ Nursing education had drastically changed from what it was forty years earlier--no twelve hour, seven day weeks, no long hours of ward labour to pay for the "education", but many more hours of pertinent lectures instead of "one hour per day, if it did not conflict with ward work". Nursing students now were truly students in the educational sense. They were in hospitals to learn to be nurses, not to perform menial tasks.

On September 1, 1973 the Sisters of St. Joseph gave up control of the nursing school which they had developed, nurtured and improved since 1899.⁶⁰ On that date, all diploma schools of nursing came under the administration of community colleges. Sister St. Elizabeth related, however, that:

hospitals were notified that 'as it would be in the best interest of the public', the present facilities would be maintained for nursing education as not enough money was

available to build nursing facilities at each community college(61).

As a result, St. Joseph's Regional School became St. Joseph's Campus, Fanshawe College School of Nursing. Three other schools also came under control of Fanshawe: St. Thomas-Elgin General Hospital, Victoria Hospital, London, and Woodstock General Hospital. Students applied directly to Fanshawe College for admission, indicating which "campus" they preferred. Despite the administrative change,⁶² the educational programme remained much the same. However a Sister was no longer in charge of nursing education. The only previous time that a Sister had not been in charge of the nursing school was when J. McBain held the post immediately after the establishment of the school. Her appointment was only for the time it took nursing Sisters to be suitably trained for the position. When Sister Justina Podlewski finished her training in 1902, she immediately replaced Miss McBain. From 1969 to 1973 Sister Michelle Lane had been director of the regional school. With the advent of St. Joseph's Campus, Fanshawe College, Miss Pat O'Dwyer assumed control as director.⁶³ As such, she was an employee of Fanshawe College, not of St. Joseph's Hospital. As Miss O'Dwyer had been assistant director of the Regional School from July, 1969 to September, 1973, continuity in the school was not disrupted by her appointment.⁶⁴ The fact that a Sister did not take the position intrigues me. I believe that as control of their nursing school was slowly

eroded, the Sisters lost interest in running it. I do not mean they became careless of its operation; rather, I think they felt that if an outside organization was to take over control of the nursing school they had built, then that organization should manage it as well. The fact that a well qualified lay nurse, Miss O'Dwyer, had been appointed assistant director in 1969 demonstrates that the Sisters, who kept themselves abreast of all the latest developments in nursing trends, knew that control would soon pass from their hands.

Since 1972 was the last year for students to be admitted to the Regional School, 1974 saw the last graduating class from St. Joseph's Regional School of Nursing. The graduation exercises, held in May, took place at Alumni Hall, University of Western Ontario. The 1974 graduating class was the last to receive St. Joseph's Hospital caps and pins. Appropriately, the class entitled its yearbook Nostalgia.⁶⁵ Starting in 1975, all graduates would receive Fanshawe College caps and pins.

Education at St. Joseph's Campus continued on much as it had before. Students now, however, paid tuition fees to Fanshawe College, and did no service work at St. Joseph's Hospital. As a result, the former Nurses' Residence at St. Joseph's Hospital came to be partly occupied by offices, while other rooms now stand empty or function as overflow areas. The library is gone, a part of the books having been donated to Western and part to Fanshawe College.

Gradually, as Fanshawe College's facilities grew, more and more nursing courses were taught at its main campus on Oxford Street. St. Joseph's Hospital became less a campus, and more a hospital where Fanshawe students simply went to gain clinical experience. After the graduation of the class of 1977, in late June, 1977, St. Joseph's Campus, Fanshawe College ceased to exist.⁶⁶ Though students still receive clinical experience in some subjects at St. Joseph's to this day, they have no official connection with the hospital, nor it with them. The alma mater of more than two thousand eight hundred nurses had closed after being in operation for seventy-eight years. With its closing, London saw the end of one of the many fine institutions which the dedication, charity and hard work of the Sisters of St. Joseph had provided to serve the community.

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CHAPTER VII

Conclusions

St. Joseph's Hospital Nursing School, London, Ontario was one of the best nursing schools in Ontario. From its establishment in 1899 to its closing in 1977, the School constantly upgraded its teaching facilities, always striving to give its students training that incorporated the most recent trends in nursing education and practice. The nursing school was an outgrowth of St. Joseph's Hospital, which in turn has had its roots in the Mount Hope Orphanage established by the Sisters of St. Joseph in 1869. Sessional Papers reports attest to the excellent management of the orphanage, saying that it was better than any similar institution in the province. The Sisters of St. Joseph established St. Joseph's Hospital at the urging of Dr. W. T. O'Reilly, the Inspector of Prisons and Public Charities, who had been so impressed by the orphanage. Inspection reports of the hospital indicate that it too was efficiently run and in excellent condition. Thus, when the nursing school opened in 1901, it became part of an establishment already recognized for its preeminence.

The Sisters established a nursing school to train competent nurses for St. Joseph's and other hospitals, not to create a pool of cheap hospital labour. Though St. Joseph's students worked long hours on the wards, and their training, in common with other nursing schools of the time,

was initially a form of apprenticeship, they became well trained nurses. The training of competent nurses required competent teachers, and St. Joseph's school possessed these teachers from the day it opened. Sister Justina Podlewski had trained to be a nursing instructor at St. Joseph's Hospital in Guelph, then toured American hospitals for practical experience before being appointed nursing school superintendent on May 4, 1902. The physicians who lectured to the students were prominent men in their fields who also lectured to Western medical students. The presence of accomplished physicians on staff, such as Drs. John Wishart and Harry Meek, ensured a solid medical basis for the education of the nursing students. The clinical facilities at St. Joseph's were more than adequate as well, for the hospital was popular with patients, as is demonstrated by the many additions the Sisters made to their hospital through the years. The presence of many patients naturally meant a wide range of pathology from which the nursing students could gain experience. The success of the Misses Rankin and Pye, two of the first graduates of St. Joseph's, attest to the first-rate education afforded there. Miss Rankin obtained a position at Victoria Hospital, which had no need to hire second rate nurses since it had its own nursing school. Miss Pye became superintendent of a hospital at Lacombe, Alberta.

The registration of the nursing school with the Regents of the University of New York in 1910 further indicates the

professionalism with which the school was run. By bringing the school under the auspices of an outside organization and agreeing to follow its recommendations on curriculum, the Sisters ensured the high standing of its students in both the professional and public eye.

The earliest available documentation concerning St. Joseph's Nursing School is the training school questionnaire of 1915. This questionnaire indicates that the students received two-thirds of their formal instruction through recitation, meaning "watch then repeat", a simple form of apprenticeship. Classes were held whenever they could be scheduled. The students did no laboratory work, spent two months preparing meals in the hospital kitchen and spent long hours on the wards. There were no affiliations with outside hospitals. The students did receive some training in all the major fields of nursing though. Bear in mind that the majority of nurses at the time, and for many years to come, worked as private duty nurses after graduation; household skills such as meal-preparation and cleaning belonged to an adequate nurse's training.

By 1923 the curriculum had expanded to include four new areas of clinical experience: gynaecology, pharmacy, contagious diseases and tuberculosis. The latter course was taught through St. Joseph's new affiliation with the Byron Sanatorium. The hospital also affiliated with Western in 1929. By 1929, St. Joseph's students received more than twice the minimum number of hours of instruction required by

the Ontario Department of Health, and two hundred and forty-two more hours than provided by the average Ontario nursing school. The strong curriculum coupled with affiliations with other hospitals and the University show that St. Joseph's Nursing School desired the best education for its students. St. Joseph's treated a daily average of one-hundred and thirty-seven patients in 1929. This number of patients ensured that the student nurses gained practical experience in the treatment of various illnesses. Good teaching and good clinical opportunities combined to produce competent nurses.

From the opening of the nursing school until 1927, accommodation for the student nurses was limited to the former Judge Street residence. This residence was crowded. Various newspaper reports stated that more nurses could have been trained if more space were available. The hospital responded to this need by planning a new residence which opened in 1927. It would have opened earlier except for opposition from the Bishop of London. The new residence, which was further expanded in 1951, compared most favourably with others in Canada which often amounted to attic rooms or were hopelessly overcrowded. St. Joseph's Nurses' Residence provided individual rooms, classrooms and a recreational facility.

The combination of good accommodation and an excellent teaching programme attracted better than average students to St. Joseph's Nursing School. In 1929, 19.2% of St. Joseph's

students had five years of high school, while the national average was only 7.3%. Almost twenty percent of nursing students across Canada had less than two years of high school education, while no St. Joseph's students had less than two years. By 1935, standards had risen throughout Ontario--41.6% of all Ontario nursing students had five years of high school education, while 61.4% of St. Joseph's students had the same. These dramatic improvements strongly suggest that hospitals began to recruit better students due to the recommendations of Weir's Survey of Nursing Education in Canada (1932).

St. Joseph's Hospital was one of the first in Ontario to adopt eight-hour days for its student nurses. This progressive step in the mid-thirties ensured that St. Joseph's students would be alert and able to benefit from their education, not tired and listless due to long hours of work on the wards. Weir noted that students in other, often smaller, hospitals worked twelve or more hours per day sometimes seven days a week. They were too tired to be attentive in class, though this apparently mattered little since the students in these small institutions were viewed primarily as a source of labour rather than as future graduate nurses. Though St. Joseph's required its students to work on the wards, the adoption of eight-hour duty showed the hospital was more concerned with their education than their value as labourers.

The hospital's desire for well-educated nurses is also evident in the nursing school library. From its establishment in the nurses' residence in 1927, the library kept expanding. In 1952 it acquired the services of a medical librarian, Mrs. Sullivan. She catalogued the entire library, so impressing the inspector of nursing schools that he spent an entire morning studying it. The library grew to hold over five thousand five hundred volumes under the charge of a full time librarian. Its size necessitated its removal to a larger room in the nurses' residence in 1967.

If St. Joseph's had been a school solely interested in the labour value of student nurses, such a library would never have developed. Mechanical skills, not intellectual ones, would have been paramount. This was not the case at St. Joseph's.

A further indication of St. Joseph's commitment to nurse education was its provision, through the hospital auxiliary, of scholarships that allowed high ranking graduates to continue their studies at the university level. Often the recipients of these prizes would go on to make further contributions to nursing education at St. Joseph's. Sister Rita Heenan, a 1945 scholarship recipient, became nursing school superintendent of St. Joseph's, London. She, along with other St. Joseph's graduates, were amongst the earliest graduates of Western's M.Sc.N. degree programme. The presence of such well-educated and dedicated nurses on

St. Joseph's teaching staff indicated the high quality of education available there.

St. Joseph's never stopped improving its methods of education. In 1952 it ceased admitting two classes per year and adopted the Block Method of education. Alternating periods spent entirely in the class then entirely on the wards practicing what had been learned in class ensured that students could devote their entire attention to the situation at hand. Students would not have to miss classes due to the demands of the wards. Work in the class could be better correlated with experience on the wards--a student fresh from the paediatric class would not be assigned to the surgical wards. Control of the students' ward experience became more attuned to their educational needs, not the needs of the hospital nursing service. As certain areas of the curriculum became redundant, such as long periods studying meal preparation and the care of tubercular patients, the time spent studying them was reduced. Other courses, such as one devoted to orthopaedic surgery, replaced them.

By the early sixties government grants of fifteen dollars per month per student aided in the reduction of the amount of work a student had to perform in payment for her education. When criticized by the Ontario Hospital Services Commission for requiring too much ward work in 1961, St. Joseph's immediately took steps to reduce the amount necessary by hiring more graduate nurses. With the adoption

of the small group discussion method of education by 1965 in concurrence with the "two-plus-one" programme which provided two years of education then one year of hospital internship, St. Joseph's Nursing School reduced the service component of its curriculum to a bare minimum. A reduction of the time spent in instruction to thirty-five hours per week further showed the school's commitment to education. After all, very few university programmes require more than thirty-five hours per week from their students.

In following the development of nursing education at St. Joseph's Hospital and in Ontario, I discovered an entirely unexpected relationship between the federal and provincial governments, the nursing profession and schools of nursing. This relationship dates from 1906, when the Graduate Nurses' Association of Ontario (G.N.A.O.), founded 1904, asked the Ontario government to pass Bill 106, which would have established a form of much-needed nursing registration in Ontario. Despite the defeat of this bill, the G.N.A.O. did not stop its drive for registration legislation. The Royal Commission on Medical Education in Ontario (1917) aided its cause by recommending the establishment of nurse registration in Ontario after a careful study of the situation. As a result of the G.N.A.O. and the government, through the Royal Commission, working together, the Nurses' Registration Act passed parliament in 1922. Soon a government inspector oversaw the operation of Ontario nursing schools. The G.N.A.O. has achieved its goal

of nurse registration and the government had shown its interest in assuring the public that Ontario nurses were trained to certain minimum standards.

A parallel development occurred in the post-war years with shorter nurse-training courses and the eventual replacement of hospital schools of nursing with community college based nursing schools. A shortage of nurses affected Canada after World War II, due to increased hospital construction and increased public utilization of health care services. This shortage caused both the government and nursing associations concern. The solution was to produce more nurses, and both groups undertook to find the best way of doing this. The Canadian Nurses' Association (C.N.A.) approved a project in 1946 to investigate whether nurses could be educated in less than three years. By 1952 the success of the Metropolitan School of Nursing showed the feasibility of a two year training programme. As the provincial government had in 1917, in 1961 the federal government established a Royal Commission on Health Services in Canada. Both schools of nursing and nursing associations made submissions to the Commission. By this time the two year education programme had been accepted in principle. The next step, advocated by the Registered Nurses' Association of Ontario (R.N.A.O.) and the University of Toronto Nursing School, was to make nursing education the responsibility of the educational system of the province,

not the health system. This would entail the removal of the "nursing service for education" aspect of hospital-controlled nursing education, but would require students to pay cash for their education. The Ryerson Institute's two year nursing programme, established in 1964 under the auspices of the Department of Education, was the first Ontario nursing school not under the control of the Department of Health.

With the establishment of community colleges in 1966, the days of the hospital-controlled schools were numbered. While community colleges developed, the government decided to establish, with the support of the nursing profession, regional schools of nursing independent of any direct hospital control. St. Joseph's Hospital School of Nursing became St. Joseph's Regional School of Nursing in 1967. Regional schools encompassed many hospitals in a given area, thereby allowing more students to be trained. "Two-plus-one" programmes were initiated in the schools as an interim measure in the ultimate conversion to two year programmes. St. Joseph's adopted the two-plus-one programme in 1965 before converting to a two year programme in 1968.

The London community college, Fanshawe College, was ready to assume control of St. Joseph's Regional School in 1973, making it into Fanshawe College School of Nursing, St. Joseph's Campus. St. Joseph's Hospital lost all control over the school of nursing at this time, though its control had been somewhat curtailed with the establishment of the

Regional School in 1967. In 1977 Fanshawe assumed the entire burden of nursing education--St. Joseph's Campus closed.

Though early curriculum changes at St. Joseph's had been the result of the Sister's desire to improve the education received by their students, later changes were the result of a pressing need for more nurses: shorter courses under outside control constituted the government's and nursing associations' solution to this need. St. Joseph's Hospital School of Nursing had no choice but to follow the appointed path to regionalization, then community college control. St. Joseph's Nursing School, a leader amongst Ontario nursing schools which had perfected its training programme over seventy years of independent existence, closed when the government decided that the public would be better served by community college based nursing schools. Over twenty-eight hundred nurses had trained at St. Joseph's Hospital, an institution which has long benefitted and continues to benefit the people of London and Southwestern Ontario.

APPENDIX I

Chronology of St. Joseph's Nursing School

- 1648 Sisters of St. Joseph founded in Le Puy, France.
 1836 The Order arrives in North America at Carondelet, Missouri.
 1851 The Order arrives in Canada, at Toronto.
 1868 The Order established in London, Ontario.
 1869 Mt. Hope Orphanage opens.
 1871 The London Community of the Sisters of St. Joseph is incorporated.
 1888 St. Joseph's Hospital opens in the former Street residence.
 1893 First hospital addition opens.
 1896 Girls admitted informally for instruction in nursing techniques.
 1899 Foundation date of St. Joseph's Hospital School of Nursing.
 1901 Formal establishment of the nursing school.
 1903 Second addition to the hospital. Street residence now a nurses' residence.
 1910 School of nursing is registered with the Regents of New York University.
 1915 Rules and Regulations published.
 1927 New Nurses' Residence opens.
 1929 Nursing school registers with the Department of Health as an approved school. It also affiliates with the University of Western Ontario.
 1933-36 St. Joseph's adopts eight-hour duty for its student nurses.
 1936 Hospital Auxiliary establishes scholarship permitting recipient to study at the University of Western Ontario.
 1952 Block System of education introduced at St. Joseph's.
 1965 "Two-plus-one" curriculum adopted.
 1966 Last class admitted to St. Joseph's Hospital School of Nursing.
 1967 St. Joseph's Regional School of Nursing admits its first class.
 1968 Two year curriculum adopted.
 1969 Last class graduates from St. Joseph's Hospital School of Nursing.
 1972 Last class admitted to St. Joseph's Regional School of Nursing.
 1973 Fanshawe College School of Nursing, St. Joseph's Campus, opens.
 1974 Last class graduates from St. Joseph's Regional School of Nursing. Last time St. Joseph's caps and pins awarded to graduates. All future graduations from Fanshawe College.

1977

Nursing school at St. Joseph's Hospital closes with the graduation of the last class from Fanshawe College School of Nursing, St. Joseph's Campus.

APPENDIX II

St. Joseph's Hospital Nursing School Superintendents*

<u>Name</u>	<u>Date</u>
Miss J. McBain	1900-1902
Sister Justina Podlewski	1902-1906
Sister Regis Keating	1906-1912
Sister St. Roch Costello	1912-1918
Sister Loretta Traynor	1919-1921
Sister Patricia Coughlin	1921-1924
Sister Loyola Kelleher	1924-1927
Sister St. Elizabeth Wilkinson	1927-1933
	1947-1950
	1954-1957
Sister Ruth Fleckser	1933-1947
	1950-1954
	1957-1962
Sister Rita (St. Roch) Heenan	1962-1969
Sister Michelle Lane	1969-1973
Miss Pat O'Dwyer	1973-1977

* SOURCE: Sister Esther, Mt. St. Joseph Archives, London, Ontario.

APPENDIX III

St. Joseph's Hospital Superintendents*

<u>Name</u>	<u>Date</u>
Mother Aloysia Nigh	1888-1890
	1892-1895
	1899-1911
Sister Gertrude Coughlin)	
Sister Agnes McGrath)	1890-1892
Sister Mary Immaculate O'Leary)	
Sister Augustine Boyle	1895-1898
Sister Clare Mugan	1898-1899
Mother Mechtilde McCarthy	1911-1917
Mother St. Roch Costello	1917-1923
Mother Zita Forester	1923-1927
Sister Pascal Kenny	1927-1933
Sister Patricia Coughlin	1933-1939
Sister Theodore Hannon	1939-1942
Sister St. Elizabeth Wilkinson	1942-1947
Mother Philomena Hussey	1947-1950
Sister Fabian Slattery	1950-1955
Sister Imelda Mullin	1955-1961
Sister Mary Elizabeth Campbell	1961-1969
Sister Mary Doyle	1969-Present

* SOURCE: Sister Esther, Mt. St. Joseph Archives, London, Ontario.

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