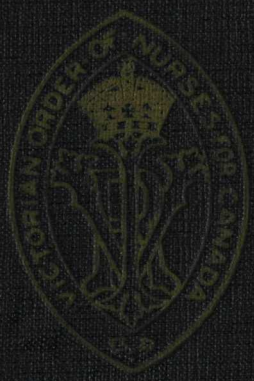
V.O.N.



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THE VICTORIAN ORDER OF NURSES FOR CANADA

50th Anniversary

1897 . . . 1947

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THE VICTORIAN ORDER OF NURSES FOR CANADA

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FOREWORD

The historical background of any great social movement should be kept in mind. As stated by Lucy Ridgeley Seymer in 'A General History of Nursing'—, the undertaking of '*organized* visiting nursing by *professional* nurses dates no further back than the year 1859, when it was initiated in England by William Rathbone'. Yet she also declares that district or visiting nursing is as old as Christianity itself, antedating the establishment of hospitals, and until the nineteenth century was usually undertaken by religious Orders.

In Canada Charlotte Macleod, the first Chief Superintendent of the V.O.N., wrote that the Sisters of Charity of Montreal (popularly known as the Grey Nuns), followed by the Sisters of Providence were the pioneers in district nursing, visiting in pairs. Neither of these Orders was cloistered. The Grey Nuns claim that their founder, Madame d'Youville, who was granted their Charter by Louis XV, conceived the idea of their Order from St. Francis who early in the 17th century wrote the Rule for the Order of the Visitation of Mary, the Sisters of which cared for the sick in their homes as well as in hospitals. The Sisters of Providence were brought to Montreal in 1843 by Bishop Bourget who instructed them to follow the Rule of St. Vincent de Paul, a friend of St. Francis de Sales.

In England a great impetus was given to visiting or district nursing by Florence Nightingale, who helped to organize the Central Home for the Metropolitan and National Nursing Association in 1875. Then came the gift of £70,000 donated by Queen Victoria, on the occasion of her first Jubilee in 1887, towards the founding of Queen Victoria's Jubilee Institute for Nurses, now called the Queen's Institute of District Nursing.

The Nurses of this Institute are known as the Queen's Nurses. Florence Nightingale helped to draw up the Constitution and Rules which are still in force. She advised on the special training to be given to these Nurses, and the teaching and service they should give in the homes of the people. That training involved six months in district nursing supplementing their hospital training.

A Scottish Branch was established in 1889, followed by an Irish Branch a little later. By 1890 the Queen's Institute had ninety-one Nurses. Their popularity inspired Lady Aberdeen to start her campaign in 1897 for a memorial fund to celebrate in Canada the Queen's Diamond Jubilee with a similar organization of district or visiting nurses. After sixteen months of uphill work, she succeeded in winning the support of the medical profession and in securing a Charter for the Victorian Order of Nurses for Canada.

Through an interesting chain of circumstances, the influence of Florence Nightingale played its part in the Canadian Order from its very inception.

The V.O.N., as it is popularly called, has not literally followed the pattern of the Queen's Institute of District Nursing, but has adapted itself to the Canadian scene, and has wisely undergone changes to meet changing conditions in a new and widespread country.

The Queen's Institute serves a much smaller and more densely populated area. It is governed by a Council drawn from all over the country, of whom a limited number of members are nominated by Queen Mary or are recommended for nomination by the Council, while up to 25 are representatives of Societies such as the Royal College of Physicians, the Royal College of Surgeons, the British Medical Association, the Royal College of Nurses, the British Red Cross Society and the St. John's Ambulance Brigade. The members of the Executive Committee, thirty in number, are selected by postal ballot, a system which seems to bring in new ideas. The Scottish and Irish Branches have their own Councils. There are 2,564 local County and District Nursing Associations which are accepted for affiliation with the Queen's Institute provided they employ Queen's Nurses and permit periodical inspection. The number of Queen's Nurses has grown to be very large—at the end of World War II there were 4,500, and by January 1st, 1946 the total had risen to 4,661 as compared to 475 Victorian Order Nurses for Canada.

Queen Mary is Patron of both these organizations. The method of financing them is different. Queen Victoria's Jubilee gift was followed by another donation at the time of Her Majesty's Diamond Jubilee and by other later gifts associated with the Throne, followed by an annual grant of £2,000 from Queen Mary's Committee, making possible the extension of the Queen's Institute of District Nursing throughout the British Isles. There is also a Provident Contributory Scheme under which workers pay a penny a week from their wages as insurance for nursing care for themselves, their wives, children and dependents. This method of payment is organized through church, social and political groups, industrial concerns, etc., the workers in industrial areas being urged to make their contributions by agreement through their wages. Necessitous cases and Old Age Pensioners with no other source of income are always nursed free of charge by the Queen's Nurses.

The Victorian Order has raised funds for national administration through periodical campaigns sponsored by the wives of the Governors General at Ottawa.

Funds for the support of the branches have been raised locally and service provided on a pay, part pay or free basis according to the financial circumstances of the patients.

Within the last 40 years the order has benefited by contracts with insurance companies, such as the Metropolitan Life Insurance Company, for their policy holders, and by grants from Provincial and Municipal Authorities in payment for special services.

These two organizations, though linked as sisters, have gone their separate ways. But they have been inspired by Florence Nightingale to maintain the highest nursing standards, with ideals of service which cannot be surpassed.

The V.O.N. has developed from small beginnings to what the Right Hon. W. L. Mackenzie King called it in 1936: 'One of the great National

Orders of Canada'. Since then it has grown from strength to strength, so that it has truly been described as a National Asset.

The present objects of the V.O.N. are best expressed in the terms of the Charter as stated in a previous Revision and reprinted in the Revision of 1947:

(*a*) to establish and maintain visiting nursing service in Canada;
(*b*) to engage and direct the activities of nurses to undertake the care of the sick in their homes; to demonstrate nursing methods, and to aid in the prevention of disease and the maintenance of health;
(*c*) to assist in training nurses in Public Health Nursing;
(*d*) to assist in establishing and maintaining the highest possible standard of efficiency for all nursing services.

The author wishes to thank Miss Smellie and the National officers of the V.O.N. for their co-operation and for requesting the Branch officers to send brief histories of their own districts to supplement the local reports printed in the earlier Annual Reports. Miss Beatrice Belcourt, Convener of the Educational and Publicity Committee, kindly arranged with the Parliamentary Library at Ottawa to search the files of contemporary local newspapers and was otherwise most helpful. The Dominion Archives provided reprints and portraits and the National Film Board made copies where required for illustrations. The Royal Canadian Mounted Police lent photographs and material to illustrate the Trail of '98. Credit is given beneath the photographs to the makers of photographs marked as copyright. Special thanks are due to Lady Pentland, daughter of the Countess of Aberdeen, for permission to use documents relating to the early history of the V.O.N. which she supplied, to the present Lord Aberdeen for permission to quote from 'We Twa', to Dr. Alfred Worcester, founder of the Waltham School of District Nursing, which graduated three of the first Chief Superintendents, namely Charlotte Macleod, Margaret Allen, and Mrs. Charlotte Hanington, and to Mr. I. Norman Smith, an Associate Editor, Ottawa Journal for his valued assistance. There have been so many willing helpers, to whom our sincere thanks are herewith extended.
The problem has been to condense fifty years of the history of a nation-wide Order into this one small volume which has been sponsored by the Education and Publicity Committee.

JOHN MURRAY GIBBON

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VICTORIAN ORDER OF NURSES FOR CANADA

FIFTIETH ANNIVERSARY

1897-1947

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By John Murray GIBBON

**Author of 'Three Centuries of Canadian Nursing'*

The brain-child which was eventually named Victorian Order of Nurses for Canada was not brought to birth and kept alive without a great deal of pre-natal and post-natal care. If it had not been for a nurse and foster-mother of experience and determination, domiciled at Ottawa in Rideau Hall and acting under the direction of Canadian physicians, supplemented by a consultant, highly skilled in psychological deliveries, in the person of Dr. Alfred Worcester of Harvard University and the Waltham Training School, this brain-child might very well have died stillborn or in infancy, instead of surviving the hard trials of early months and years to reach the vigorous maturity which we now celebrate in this Fiftieth Birthday.

Fortunately for the historian, the record is preserved in annual reports, in books of autobiographical reminiscences, and in contemporary newspapers, together with the personal recollections of some of the early nurses, and records of the Ontario Medical Association.

Countess Ishbel Aberdeen, wife of the Governor General of Canada, who represented Queen Victoria from 1894 to 1898, was the nurse and foster-mother of the brain-child in question. The idea of a District Visiting Nursing Service as suitable for the prairies was suggested to her in Vancouver in 1896 by two ladies of that city, when she was helping to organize the Vancouver Local Council of Women. They told her of the hardships suffered by sick women and children in isolated settlements, and urged her to use her influence in bringing them help. The idea of the Cottage Hospital which became part of the Victorian Order scheme had been suggested to Her Excellency even earlier, during a visit to Kaslo on Kootenay Lake in 1895.

**Three Centuries of Canadian Nursing* was written in collaboration with Mary S. Mathewson, R.N., for the Canadian Nurses' Association and is a publication of the Macmillan Company of Canada.

This was a period when the Federal Government's propaganda for immigration into the Canadian West was beginning to bear fruit, and settlers were pouring into and across the prairies, with little preparation for their reception. The situation was visualised by one medical missionary in Manitoba, Dr. A. J. Hunter of Teulon, when he wrote:

> The coming of the settlers was arranged for in Napoleonic style. They were hurled at the country by train-loads.
>
> From *A Friendly Adventure*, issued by the Board of Home Missions, United Church of Canada.

But it was not only on the prairies that doctors and nurses were needed. Sir John A. Macdonald's National Policy of protective tariffs had resulted in a large crop of industrial communities, particularly in Ontario along the lines of the railways, and from these came a demand for hospitals and trained nurses. Such nurses were scarcer even than doctors; many of them had little training beyond that of practical experience.

The Victorian Order of Nurses had its Motherhouse in Rideau Hall, with a succession of Chatelaines to succeed Lady Aberdeen. Most of Their Excellencies took an interest in some special phase of the Order's activities, so that it was never allowed to lie idle. Lady Minto, who took charge of the nursing after Lady Aberdeen's departure and soon after the official baptism, took the Cottage Hospital idea under her wing, perhaps at the suggestion of the Honorary Secretary, Professor James Robertson. The Cottage Hospitals needed more in the way of finances than Lady Aberdeen had ever been able to scrape up, but Lady Minto succeeded in raising a special Fund which helped out. Then Lady Grey, who ruled at Rideau Hall from 1904 to 1911, initiated a Country District Nursing scheme particularly for the prairie provinces in 1909, which her successor, Princess Louise Margaret, Duchess of Connaught, promoted still more vigorously, using it as a lever for adding over $200,000 more to the exchequer. When the Duchess of Devonshire came to Ottawa in 1916, she found the financial situation of the Order complicated by the demands of the War on private purses and by the shortage of trained nurses. Before her regime had ended in 1921, most of the Cottage Hospitals had been taken over by local committees or

Lady Aberdeen, Founder and First President

Florence Nightingale

had been replaced by provincial health authorities, who also provided the machinery for Country District Nursing under the name of Public Health. The Canadian Red Cross was also stepping into the Cottage Hospital Field with its Outpost Hospitals. There was some consolation when the Duke of Devonshire was able to make a contribution of $50,000 from Red Cross funds.

So that by the time that Lady Byng assumed the Honorary Presidency in 1921, the Victorian Order of Nurses for Canada was returning to the original lines suggested by its mentor, Dr. Alfred Worcester, devoting special attention to Maternity service, including pre-natal and post-natal care, playing a larger part in the training of nurses through providing field work in Visiting Nursing for nurses taking Public Health Courses at the Universities, and in the prevention of conditions leading to disease.

In spite of rigid economies, the Order was finding it hard to pay its way, so that Lady Byng in 1924 issued an appeal by letter for contributions 'not as a Capital Fund, but for extension of the Order's work for a period of three years'. In this way Her Excellency raised $27,347 before the end of the year, less than had been hoped for.

The Countess of Willingdon who succeeded Lady Byng, stepped into the breach when money was running short, by raising a fund for general purposes in 1929 amounting to $114,088. Then again in 1937 Lady Tweedsmuir sponsored a nation-wide drive for funds which brought in close on $60,000.

It was not however till 1945 that, under the magic wand of Mr. J. W. McConnell, the Princess Alice Fund of over a million dollars was raised.

According to the circular requesting subscriptions for the Princess Alice Fund, this was:

> In order, with others, to provide funds which will enable the Victorian Order of Nurses for Canada:
>
> 1. To expand the work of the Order into new fields where no medical or nursing facilities are available to the sick poor; and to care for current deficits;
>
> 2. To establish a long desired Pension Fund for the benefit of the Nurses on a contributory basis.

The great success of this Campaign would surely have gladdened the heart of Lady Aberdeen.

All those who have studied without prejudice the records and documents associated with this Order agree that the credit for the foundation and ultimate success of the Order should be given to Lady Aberdeen, who fought the battle for its existence with indomitable perseverance, and established ideals of service which have proved to be its very life and soul.

Lady Aberdeen, who was a great admirer of Florence Nightingale and of the training school she had started to promote the profession of nursing, could not help thinking of the Institute of Queen's Nurses which had been founded to commemorate the Jubilee of Queen Victoria's ascent to the throne, and so turned to the idea of founding a similar Order of Visiting District Nurses in Canada as a memorial for the forthcoming Diamond Jubilee. With this in mind she suggested to the two Vancouver ladies, Mrs. James Macaulay and Mrs. Duncan Gavin, that they should write to her at Ottawa as President of the National Council of Women, urging that something should be done to provide the newcomers with medical and nursing aid. This they did, and received a sympathetic reply recommending that they should arrange to have papers read upon this subject at meetings of the Local Councils of Women at Vancouver and Victoria.

At the Annual Meeting of the National Council of Women held early in 1896, a request for the organization of a Visiting District Nursing Service came from Halifax, one of the ports of immigration, enabling Lady Aberdeen to take the stand that the demand for such service was Dominion-wide. In her autobiography she writes of this meeting:

> An interesting discussion took place during which many of the members told pathetic stories of cases where young mothers and children had died, whilst husbands and fathers were travelling many weary miles for the medical and nursing aid which might have saved them . . .
>
> At a subsequent meeting of the Executive, several communications were considered (this was on January 15, 1897) including a letter from Mrs. Archibald, Vice-President for Nova Scotia, strongly supporting the idea that a scheme for providing hospital and district nurses be made Canada's Memorial of Queen Victoria's Diamond Jubilee.

A Committee was then appointed to consider the most fitting way to commemorate the Diamond Jubilee, with power to take action, and also to prepare an address to the Queen on behalf of the National Council of Women.

This Committee consisted of Mrs. George Drummond (Montreal), Madame Forget (North West Territories), Mrs. Clifford Sifton (Winnipeg), Lady Ritchie (Ottawa), Mrs. Bronson (Ottawa), and myself as President.

This Committee reported in favour of the establishment of an Order of Nurses for the service of country districts, city districts being subsequently added at the urgent request of Montreal, Toronto, etc. I was asked to approach the Dominion Government, and also to call a public meeting at Ottawa at which the idea should be promulgated. Mr. Laurier, the Prime Minister, came to see me on January 31st, 1897 to talk over the project, to which he gave hearty approval, intimating that he would be in favour of a Parliamentary Grant being given, thus making it the official National Memorial, but of course this would have to be by a unanimous vote, and the leaders of the Opposition would have to agree . . .

From *We Twa* (William Collins Sons Ltd.).

A small medical advisory committee was formed in Montreal consisting of Doctors Craik, Roddick, James Stewart, J. C. Cameron and Clarence Webster, which met in Montreal on February 3rd, 1897 and drew up a provisional scheme for the selection and training of nurses. Lady Aberdeen paved the way for her campaign by inviting press representatives to Rideau Hall to whom, according to the *Ottawa Citizen* of February 2nd, she outlined the plan of a Victorian Order of Home Helpers as the most fitting manner in which the women of Canada could mark Her Majesty's Diamond Jubilee. There would be a campaign for funds.

Supplementing the record contained in *We Twa*, we have the brochure issued for private circulation in the year 1900 by Lady Aberdeen defending her sponsorship of the V.O.N. under the title: *What is the Use of the Victorian Order?* This for convenience we can refer to as *What is the Use?*

Consultation with Medical Men

After some consultation with some of the leading medical men on the need of such an Order, a public meeting was held in Ottawa, on Wednesday, February 10th, under the Presidency of His Excellency the Governor General. The following resolution was moved by the Honourable Wilfrid Laurier, Prime Minister of Canada, and carried unanimously—

"That this meeting heartily approves of the general character of the scheme described as the Victorian Order of Home Helpers, as a mode of commemoration by the Dominion of the Queen's Diamond Jubilee, and that a fund be opened for the carrying out thereof."

(From *What is the Use?*)

At this meeting Her Excellency outlined her scheme for "Home Helpers" nursing the sick, caring especially for mothers and children, and practising the arts of skilled household economy and sanitation. For this service they were to be trained by residence at some hospital centre for a year. Her Excellency also said that it was contemplated to allow trained nurses to enter the Order without additional training—but on the other hand the need was rather for a practical woman who has some training and "will go from house to house doing all sorts of mercy and kindnesses rather than the nurse just selected to go to a certain place to attend to a certain case".

Statement from Government House with proposed Aims

In a statement issued from Government House, Ottawa, dated Feb. 15th, Lady Aberdeen gave the details of her scheme:

All candidates for this Order will have to undergo an examination and be practically tested as to their fitness for the work which they have to undertake.

The standard for this examination and the tests to be undergone will be prescribed by medical men and others who understand the need which has to be met. It is proposed that the co-operation of various hospitals and medical men in different parts of Canada be invited in carrying out this examination so that there may be convenient centres for all candidates. Already such co-operation has been heartily promised in several centres.

The examination will especially bear on the three following points:

1. A practical knowledge of midwifery, sufficient to obtain a prescribed certificate;

2. A practical knowledge of First Aid to the Injured, and of Simple Nursing;

3. A general knowledge of homekeeping, simple home sanitation, with the ability of preparing suitable foods for invalids.

It is proposed that no person under twenty-eight or thirty years of age should be admitted to the Order, and, when admitted, an undertaking should be given to continue the work, provided health does not prevent it, for a period of at least three years.

Trained Nurses who may desire to enter the Order will be made very welcome. They will have to pass the examination and be personally approved by the Committee.

Women who have already lived in these country districts and who are respected, and have the confidence of their neighbours, would be preferable to any others.

Not less than a million dollars should be raised to make the scheme effective.

Response and Inaugural Meetings

Letters have been preserved from several prominent women who wrote to Lady Aberdeen giving their opinions. One in particular from Miss Nora G. E. Livingston, Lady Superintendent of the Montreal General Hospital and a leader in the movement for Training Schools for Nurses in Canada, deserves to be quoted. It is dated Feb. 20th, 1897:

As a member of the nursing profession I am much interested in the proposed organization of workers to reach the sick poor in isolated districts, contemplated by Your Excellency in the near future.

May I be permitted, as a practical worker, and one in touch with the nursing world in Canada, to suggest that an appeal be made to the 'Trained Nurses' of the Dominion to engage in this new field of work. The thorough course of teaching which is insisted on by the 'Queen Victoria Jubilee Institute' is the best practical example of what ought to be the curriculum of all district nurses . . .

It should not only be the *trained* applicant but the exceptional woman who should be chosen to serve in the highest of all service, that of God's poor. She must have breeding, tact, courage, self-control . . . May I be pardoned if I suggest another title than that of 'Home Helpers'. The word is misleading, for if the organization is to be a success, it must stand for something definite, must express at least an approximate standard of attainment, or it will be chaotic and of limited influence.

To continue the quotation from *What is the Use?*

Inaugural meetings of an influential character were held at Montreal and Toronto, and were addressed by leading citizens, such as Lord Strathcona, Senator and Mrs. Drummond, Senator Cox, the Mayors of both cities, Archbishop Walsh, Bishop Sullivan, Rev. Dr. Barclay, Mr. Hague, Rev. Edgar Hill, Rev. Dr. Potts, Hon. A. Hardy, Mr. Whitney, Dr. Roddick, Dr. Craik, Sir William Hingston, Dr. Thorburn, Mr. Gurney, Professor Robertson and others, and very representative committees were formed at these and other cities for the promotion of the scheme.

At the mass meeting held in Toronto at the Pavilion on March 31st, the scheme was endorsed by the Hon. A. G. Hardy, Premier of the Province, and Mr. J. P. Whitney, leader of the Opposition. Speaking for Archbishop Walsh, Father Ryan said:

> The Sisters of Charity of the Roman Catholic Church would be the first to hail the scheme and assist in making it a success.

To continue the quotation from *What is the Use?*, Lady Aberdeen wrote:

> The name of the Order was shortly afterwards fixed as "The Victorian Order of Nurses for Canada", and on the advice of the friends of the movement in Montreal, and of Lord Strathcona, it was decided that only fully trained Hospital Nurses should be admitted into the Order.

Proposed Aims of the Order

The objects of the Order were thus defined:

(*a*) To supply nurses, thoroughly trained in Hospital and District Nursing, and subject to one Central Authority, for the nursing of the sick who are otherwise unable to obtain trained nursing in their own homes, both in town and country districts.

(*b*) To bring Local Associations for supplying District Nurses into association, by affiliation with the Order which bears Her Majesty's name, and to afford pecuniary or other assistance to such Local Associations.

(*c*) To maintain, as a first necessity, a high standard of efficiency for all District Nursing.

(*d*) To assist in providing small Cottage Hospitals or Homes.

There was to be a Central Board, and in every district where a nurse was established a Local Board of Management, under whose supervision all arrangements for the nurse's work would be made, and by whom her salary, board and lodging would be guaranteed. All Victorian Order Nurses must have a diploma or certificate from a recognized Hospital School, and be trained in district nursing, in maternity work, and have a knowledge of cooking, dietetics, and the principles of home sanitation. They must be subject to the doctor in charge in each case, and the fees to be paid must be settled by the Local Board.

Preliminary Organization

An organization for the collection of a fund to establish the Order was the next step taken, and the Lieutenant Governors of the Provinces, the Ministers and Ex-Ministers of the Crown, both for the Dominion and the Provinces, the Judges, the Bishops and the representatives of non-Episcopal Churches, the Senators and the

Members of Parliament, the Presidents of Medical Councils and Provincial Boards of Health, and the wives of such of these gentlemen as were married, together with the Presidents of Local Councils of Women, were asked to be Vice-Presidents of the Canadian Fund for commemorating the Queen's Diamond Jubilee, and most of these I have named accepted.

The Governor General became Patron of the Fund, and I undertook the Presidency, and on our invitation a Provisional Committee was formed for the collection of the Fund.

I wish to name very specially the members of this Committee, as the Order owes its very existence and all its present and future usefulness to the earnestness and steadfastness with which this Committee persistently carried on the work committed to it in the face of the great and unexpected difficulties which it was called on to face and surmount:

The Bishop of Ottawa
Mr. Justice Burbidge
Sir John G. Bourinot, K.C.M.G.
Senator G. A. Cox
Sir Sandford Fleming, K.C.M.G.
Mr. Hewitt Bostock, M.P.
Lady Ritchie
Mrs. Wm. McDougall
Mrs. R. R. Dobell
Mrs. Frank McDougall
Mrs. Kirchhoffer
Mrs. Hayter Reed
The Hon. Sir Henri de Lotbinière, M.P., K.C.M.G.
Mr. McNeill, M.P.
Rev. W. T. Herridge, D.D., St. Andrew's Church, Ottawa
Rev. Dr. Saunders, Dominion Methodist Church, Ottawa
Rev. W. Mackintosh, Congregational Church, Ottawa
Dr. McCabe, Principal Normal School, Ottawa
Mr. A. E. Forget, Indian Commissioner
Mrs. Edward Griffin, *Hon. Treasurer*
Professor J. Robertson,
the Dominion Agricultural Commissioner,
Hon. Secretary.

It may be noted that there were no medical men or nurses on this Preliminary Committee, but an Advisory Medical Committee was also formed, to which matters of a professional character could be referred. This Committee consisted of:

Dr. Roddick, President of the British Medical Association for 1897

Dr. J. Stewart	Dr. Lachapelle	Dr. Powell
Dr. Craik	Sir James Grant	Dr. Sweetland
Sir W. Hingston	Dr. Wright	Dr. Thorburn.

On March 16th, the Advisory Medical Committee had recommended among other things that:

the administration of the funds and affairs of the Order should be by a Central Board at Ottawa, to fix the standard of qualification of the nurses, to inspect the schools in which they are trained and the

home in and from which they work—to provide nurses for outlying districts—the nurses to be called 'Queen's Nurses' and that they be of the highest qualifications . . . graduates of recognized training schools be permitted to volunteer, subject to passing prescribed examinations.

Continuing from Lady Aberdeen's story in *What is the Use?*:

Local committees, too, of a very representative character did yeoman service, both in collecting subscriptions under adverse circumstances, and in popularizing and in spreading the right information regarding the aims of the Order. In this way funds were gathered at Montreal under the chairmanship of Dr. Craik; at Toronto under Dr. Thorburn; at Ottawa under Sir Sandford Fleming; at Halifax under the Rev. Dr. Black; at Vancouver under the Rev. E. McLaren; at Hamilton under Senator Sandford; at Kingston under the Rev. Principal Grant, and at Saint John under the Mayor.

The Trustees appointed for the Fund were Sir Wilfrid Laurier, Senator Drummond, Senator Cox and Sir Sandford Fleming.

(The first collection reported to the Provisional Committee, meeting on March 18th, was $31 from Kaslo, B.C.)

Objects of the Fund

The object of the Fund was to collect a sufficient sum of money for the permanent endowment of the Order for work in all parts of Canada—a sum which would cover:

(1) *The working expenses of a Central Office*
(2) *The salary of a Chief Lady Superintendent*
(3) *The travelling expenses of the Nurses*
(4) *The grants to districts unable to meet the expenses of a Nurse*
(5) *Grants for small Cottage Hospitals, and*
(6) *A reserve for work where no remuneration or subscriptions were available.*

It was estimated that a million dollars would not be too large an endowment to meet these requirements if the whole Dominion was to be considered—but—the Committee were not so sanguine as to think this sum could be obtained at once, and they felt they would be amply satisfied if $100,000 were subscribed the first year.

The *Ottawa Journal* reported under date of May 5, 1897:

The honorary secretary of the committee that is financing the scheme for the establishment of the Victorian Order of Nurses received his first reply yesterday to circulars sent out soliciting subscriptions. The gentleman is a resident of Ottawa, and offers to give $1,000 if one hundred other gentlemen agree to do likewise.

Criticism and Opposition—Controversies

It was not all plain sailing.

On May 25th, the *Halifax Herald* carried a highly critical editorial suggesting that the occupants of Rideau Hall were going beyond their province:

> Lady Aberdeen's scheme to celebrate the Queen's diamond jubilee by raising a million dollars or so to establish an "order" of nurses in this country finds few friends anywhere outside of the lady's circle of personal friends. The Canadian public refuse to supply the money and the newspapers jeer at the scheme. The *Woodstock Sentinel-Review*, one of the more sensible of the Ontario Grit organs, says:
>
> > "Lady Aberdeen's scheme for the establishment of a Victorian Order of Nurses in commemoration of the jubilee does not seem to have been taken up very enthusiastically. In Toronto only seven people turned out to a meeting to consider the matter, and from the Montreal papers we learn that the scheme is dragging there —in fact one says 'it looks like a frost'."

On May 28th, the *Toronto Globe* carried a despatch from Winnipeg dated May 17th, as follows:

> A mass meeting of those favorable to Lady Aberdeen's proposed 'Victorian Order of Nurses' was held here last evening. A largely attended meeting of the Medical Society was held when the following resolution was unanimously passed: "This meeting, representing the Medical Society of this City is unanimously of the opinion that though the object that Lady Aberdeen has in view in establishing the Victorian Order of Nurses is highly commendable, with our more perfect knowledge of the Country in attending the sick, we feel that the scheme, at any rate so far as Manitoba and the North West is concerned, will prove an entire failure".

On June 1st, 1897, the *Ottawa Citizen* ran a leading article which was sympathetic, but began by referring to the indifference with which the scheme formulated by Lady Aberdeen had been received by the public, and the opposition manifested in many quarters.

Her Excellency, however, continued undismayed. In Montreal on June 2nd, she addressed a large meeting in the Canadian Institute, at which, according to the *Ottawa Journal*, she spoke—

> very fluently in the French language and dealt at some length on the Canadian Order of Nurses. Sir Joly de Lotbinière proposed a resolution endorsing the Canadian Order of Nurses. It was seconded by Dr. Chevrier, President of the St-Jean-Baptiste Society and ex-Mayor Durocher, President of the St-Joseph Society.

Some of us may remember the game of 'Russian Scandal' which we played in childhood—sitting in a circle and whispering a story to our neighbour to the right as we heard it from our neighbour on the left. This was passed round till it returned to the original storyteller in strangely distorted version. Such a distorted version appeared in the *Ottawa Citizen* of June 4th, in the following news despatch:

> Toronto, Ontario, June 3:
>
> Lady Aberdeen's scheme to found the Victorian Order of Nurses, whose qualifications are that they must be women not less than 45 years of age, and well versed in the Bible, is being buffeted right and left. The Ontario Medical Association, in session today, passed a resolution expressing unqualified disapproval of the proposed Order.

In actual fact, the certified Minutes of the Ontario Medical Association dated June 3rd read:

> After careful consideration of the scheme for the founding of the Victorian Order of Nurses, so far as the details have already been made public, the Ontario Medical Association desires to express its full appreciation of the kindly motives that have prompted the movement, but feels that it would be neglecting a serious duty if it failed to express its most unqualified disapproval of the scheme, on account of the dangers which must necessarily follow to the public should such an Order be established.

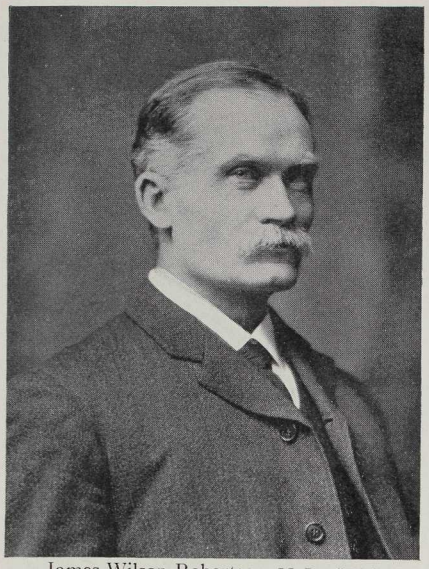
Entering into the controversy was Professor Goldwin Smith, an English literary pundit, who considered it part of his mission in life to bring 'sweetness and light' to Toronto. He also opposed Women's Suffrage and advocated the Union of Canada with the United States. In one of his organs, *The Bystander* he printed a statement on the Victorian Order of Nurses, that—

> numbers of the medical profession are opposed to it on the ground of its impracticability—while the scheme might work admirably in towns and cities, it will be impossible to find in Canada a body of young women who will be disposed to devote themselves to a life of incredible hardship in the remote parts of the country where the nurse might be the only woman in the house. The sacrifice asked of our young girls is too great.

To this Dr. O. C. Edwards of Ottawa replied (among others) on June 29th in the *Ottawa Citizen:*

> I lived in the Qu'Appelle District of the N.W.T. for eight years, *i.e.* from 1882-1890, and know well what I am talking about. During my medical practice there time and again I would have welcomed

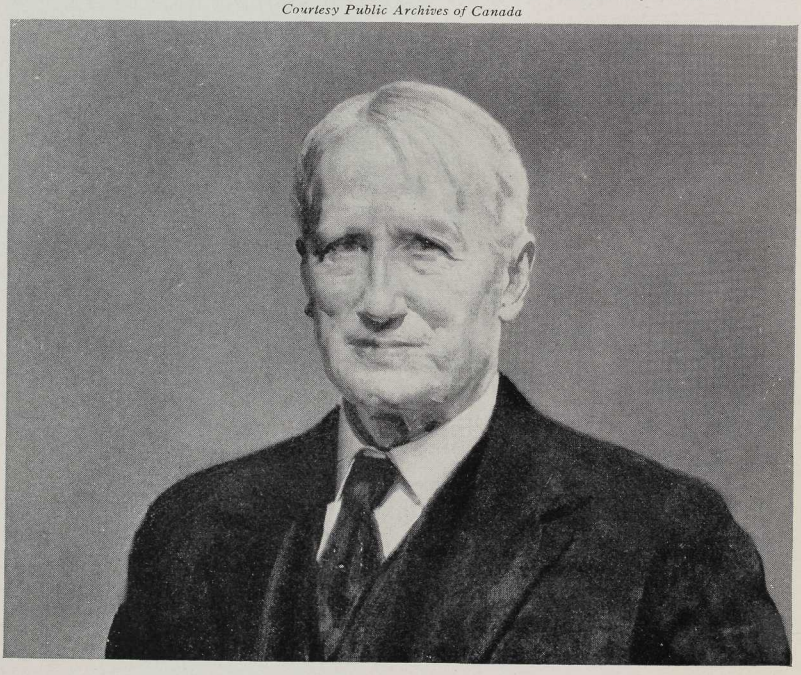
Charlotte Macleod, First Chief Superintendent



James Wilson Robertson, LL.D., C.M.G.
First Honorary Secretary

Mrs. E. Griffin
First Honorary Treasurer

Courtesy Public Archives of Canada



Dr. Alfred Worcester of Harvard University
Founder of the Waltham School for District Nurses

most gladly such a valuable helper as the Victorian Order propose to supply. I had to perform major operations, such as amputations of limbs, when the only available assistant I could get was my wife. The Women's Council who first took up this question of nursing in the outlying districts, never intended that 'the young girls' Dr. Goldwin Smith speaks of should be employed. The idea was that the kind of nurse set to do this work should be a matured and experienced woman.

My answer to Prof. Goldwin Smith is that the scheme is noble and, by exercising common sense, can be carried out without shocking modesty or necessitating the nurse undertaking work that would subject her to physical trial.

For one, I heartily wish the scheme God speed!

I venture to say that the medical men who are actually in practice in the territories will in every instance welcome and warmly welcome the Nurses of the Victorian Order.

A very different attitude to that of Goldwin Smith was taken by another Englishman, Anthony Hope, the distinguished novelist, who made a tour of Canada this year, and who devoted the proceeds of a lecture in Toronto to the funds of the Victorian Order of Nurses.

Meanwhile, says Lady Aberdeen in *We Twa:*

Our devoted Hon. Secretary, Professor James Robertson, who, from his acquaintance with the conditions under which agricultural work was carried on in every part of the Dominion, had ample knowledge of the hardships undergone by settlers, their wives and families, because of the sparse amount of medical and nursing aid available, met and discussed the scheme with farmers and their wives, and found it hailed with gratitude and delight. He was very interested in that part of the scheme which dealt with the erection of small and very inexpensive cottage hospitals, which could be arranged as centres for two nurses to work from, with just a few beds where patients could be received. This part of the plan did not materialize at once, because of lack of funds, but later on it became the subject of a special appeal by Lady Minto.

Professor Robertson, the first Principal of Macdonald College at Ste. Anne de Bellevue, who made a trip out West in the course of his work as Dominion Agricultural Commissioner, admitted to an interviewer in the *Ottawa Free Press* on June 13th that while he heard nothing but approval of the scheme from farmers and business men, he had come across objections from doctors in Winnipeg and Calgary, due to an erroneous impression that half-trained or poorly trained helpers were to

be sent out as members of the Order. To counteract the resolution which had been passed at the meeting of Winnipeg doctors condemning the movement, he had addressed two meetings, including one called by the Mayor of Winnipeg at which many doctors were present; and after he had stated his case, the Council passed a resolution approving of the proposed Victorian Order of Nurses and Cottage Hospitals as outlined, combined with the furnishing of physicians to sparsely settled and outlying districts. So far as he could learn, said Professor Robertson, only one newspaper in the West remained opposed to the movement. This paper said "The scheme is a fake of the worst kind". Referring to the medical opposition, Professor Robertson stated to the *Ottawa Journal:*

> As the recognized guardians of the health of the people, the doctors might be expected to oppose any movement which even seems to look towards lowering the standard of trained nurses in Canada, or which would make it possible for the public to rely upon incompetent nursing help furnished under the auspices of any national Order. Those of them who have uttered no uncertain sound on that matter have only given renewed evidence of their watchful, capable concern for the public weal. Only time is required to make the true nature of the Victorian Order of Nurses known, and then it will undoubtedly secure unanimous and hearty approval. It is much to be regretted that the rightful condemnation uttered against sending out insufficiently-trained nurses should be transferred to this movement, which has an entirely opposite purpose.

The *Toronto Globe* printed an editorial on June 24th indicating the opposition:

> The Victorian Order of Nurses has been severely criticised by some of the medical journals of the Dominion, and criticism from that quarter cannot be ignored. An Order established against the advice of the medical societies and organizations of the Provinces would find its influence impaired. That is a result which all must be anxious to avoid. It must be remembered that there are regions to be covered which cannot be attended by competent physicians, and a trained nurse, though lacking the resources of a medical practitioner, can render far better assistance than the untrained aides now available.

The opposition from the medicos had its political effect. Sir Wilfrid Laurier, the Prime Minister, had virtually promised a day on which he would introduce a motion for giving a grant to establish the Victorian Order of District Nurses as a National Memorial, the leader of the Opposition, Sir George Foster,

undertaking to second the proposal, but with the outspoken criticisms from the medical profession, members of Parliament felt they could not work for the scheme, and so the idea of a National Memorial supported by Parliament fell through.

Appeal to the Children of Canada by Lady Aberdeen

A less determined person than Lady Aberdeen might have been disheartened, but she went on. She issued from Government House a printed appeal to the Children of Canada which she sent to teachers with the request that it be read to the children and, if convenient, fastened up in some prominent place in the school. The following are extracts:

> If the Queen herself could appear in your schoolrooms and ask you to do something for her, what a rush and competition there would be to do it!
>
> Well, Her Majesty has asked us all to do something. She has said—'MAKE THIS A YEAR OF JUBILEE TO THE SICK AND SUFFERING OF MY DOMINIONS.'
>
> And now His Excellency the Governor General and I come to each of you in her name and ask you to help us to found a VICTORIAN ORDER OF NURSES, who will go in the QUEEN's name to ALL PARTS OF CANADA, CARING FOR THE SICK AND SUFFERING IN THEIR OWN HOMES. In the towns they will go to those who cannot now afford the care of trained nurses and often die for the lack of it; on the prairies, in the forests, in mining districts, everywhere throughout the country they will go hither and thither amongst our brave pioneers and bring help to those heroic people who are building up the future of this beautiful country amidst many hardships and privations.
>
> WILL YOU GIVE A HAND, CHILDREN OF CANADA ?

The response given to this appeal was recorded in the *Ottawa Journal*, July 20th:

> The management of the Victorian Order of Nurses are receiving many letters in endorsation of the scheme. The following is one received from a French district school near Ottawa.
>
> > "The children of my school cannot pass the occasion to do something for Queen Victoria. Not being rich but having the will to aid the poor they send you the amount enclosed. They are all young children, the eldest being twelve years of age, but when I read them the letter from Her Excellency the Countess of Aberdeen, they all shouted that they were ready to do something for our good and noble Queen. I send you the names of givers."
>
> Here follow the names and ages of fourteen little ones, all French.

In *What is the Use?* Lady Aberdeen states the reasons for the opposition:

> The grounds on which the chief objections were based were twofold. Rumours had gone abroad that the Victorian Nurses were only to be partially trained, and secondly, that they were to act independently of doctors in country districts, and were thus likely to be employed in the place of medical men because of their lower fees, and thus the health of the whole community would suffer.
>
> It is scarcely necessary to say that both these rumours were wholly without foundation, and subsequently when this was found to be the case the Order had no warmer friends than the leading medical men of the Dominion everywhere.
>
> Unfortunately, however, these misunderstandings created a great prejudice and suspicion of the scheme at a very critical stage in the collection of the Fund, and combined with the fact that the claims of local memorials of the Diamond Jubilee were everywhere being pressed with success on the inhabitants of each district, made the task of the Committees of the proposed National Memorial very uphill work.
>
> The autumn of 1897 found us with some $30,000 collected, a part of which was to be given in instalments, and the bulk of which having been raised by local committees was to be used locally.

Visit to Waltham, Massachusetts—Dr. Alfred Worcester

This was a very different outlook from that of six months before when the optimists had a million dollars in sight. The story is continued in the following extracts from *We Twa:*

> The Governor General and I addressed a large number of meetings in the Maritime Provinces* in the autumn of 1897 for the purpose of explaining the proposal and of obtaining support (see note). We also went to Boston and spoke to an enthusiastic meeting (of Boston Canadians) in Tremont Temple.
>
> The day we arrived at Boston I received a letter from Professor Robertson, telling me that the Provisional Committee sitting at Ottawa had come to the conclusion that the attacks on the Order and on those promoting it had become so virulent, that they felt the Governor General and his wife should not be exposed to such opposition, and that they advised us to suspend operations for the time until people had more time to consider and understand it . . . At the close of the Tremont Temple meeting, we went to tea with

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*The places at which meetings were addressed were Halifax, Sydney, North Sydney, Woodstock, Dorchester, Chatham, Newcastle, Bathurst, Dalhousie, Campbellton, Charlottetown and Baddeck.

Mrs. Kate Gannett Wells . . . She had asked a number of friends to meet us, and amongst them Miss Charlotte Macleod, the Superintendent of the Waltham Training Home for District Nurses, founded by Dr. Alfred Worcester of whom we had heard so much and with whom I corresponded. Miss Macleod asked if we realized that Waltham was only ten miles away, and could I not come ?

So, next morning,

Off I went with Miss Macleod. Fancy my surprise in finding that not only the Lady Superintendent, but more than half of the nurses in training were Canadians. Here indeed was a training ground for the Victorian Order.

In his book *Nurses and Nursing*, published by Harvard University Press, Dr. Alfred Worcester, who was also Professor of Hygiene at Harvard University, tells us how he and some of his associate Fellows of the Massachusetts Medical Society put this Waltham Training School on its feet:

At the February meeting in 1885 I proposed that we should undertake to teach young women how to nurse our patients. After a liberal amount of cold water had been showered upon my project, it was finally voted to call a public meeting to consider the project . . . The profession of nursing was not then undertaken by young women as a matter of course, and in fact it was looked upon somewhat askance. The earliest training school in America was not yet thirteen years old, and the Nightingale School was not yet twenty-five.

Waltham was a small hospital as well as a training school for District Nursing, and the nurses in training there did District Nursing for the town in their first six months, while in the following eighteen months (later longer) they went on cases, operations and maternity with the staff doctors.

Charlotte Macleod and Florence Nightingale

This was indeed a stroke of fortune for the future V.O.N., since Charlotte Macleod was not only a Canadian but provided a direct link with Florence Nightingale, and the Waltham School carried on the tradition of high standards in nursing which Florence Nightingale maintained as her gospel.

Dr. Worcester wrote recently to the author of this book asking him not to forget that the Waltham School was really an offshoot, encouraged and in large measure shaped by Florence Nightingale herself and by her pupils. Thus in 1886,

when the Hospital attached to the School was starting, the first Superintendent and matron had been trained by a pupil of Florence Nightingale, and ten years later, at Dr. Worcester's request, Miss Nightingale had agreed to coach Charlotte Macleod for a period of study in London and Scottish Nursing Schools, so as to equip her for the position of Superintendent at Waltham.

Charlotte Macleod was given a leave of absence for five months to do this, and went armed with letters of introduction to the Superintendents of leading hospitals. Miss Nightingale on her arrival supplemented these with introductions.

Describing her experience, Charlotte Macleod wrote:

> Studying and observing the English and Scottish methods of training in several of the leading hospitals and district nursing schools, accompanying the nurses with their Superintendents in the slums of London, Liverpool and Edinburgh . . . was a rich but strenuous experience. Hospitality given by the matrons and newly made friends, sipping tea at the bedside of Miss Nightingale, listening to her stimulating conversation and her sweet and musical laughter when she was told that the London Hospital Training School probationers were taught the care of a patient on a dummy, added very much to Charlotte Macleod's pleasure.

One of the treasured possessions of the Waltham School was a long letter in Florence Nightingale's own handwriting, written on December 1896 to the Nurses at Waltham, expounding her gospel. A copy of this was kindly lent to the author by Miss Beatrice de Veber, Miss Macleod's successor as Principal of the Waltham Training School. Here are some extracts:

> A good nurse must be a good woman.
>
> A good woman is one who gives the *best of a woman*, intellectual, moral, practical, to her Patients under the orders of a Doctor . . .
>
> Let us not treat nursing as a sacrifice but as the great delight of life.
>
> Let us make Nursing less a matter of business and more of a calling.
>
> It is a noble calling, but *we* must *make* it so.

to which Florence Nightingale added as a postscript:

> Your beloved and admirable Superintendent (Charlotte Macleod) asked me to write to you. May we all take example by her!
>
> F. N.

In his book, Dr. Worcester has a chapter on the Victorian Order of Nurses for Canada, in which he describes Lady Aberdeen's visit and some of the resulting developments:

> The home of the school was then only an old dwelling house hired for the purpose, and about as unfit as anything that can well be imagined for the reception that we arranged for Her Excellency. The rooms were too small even for our pupil and graduate nurses, and yet we felt obliged to ask our trustees and some of our other friends to meet our distinguished guest. However the Countess was most gracious and, in passing from one crowded room to another, she made everyone happy.

To continue the story from the pages of *We Twa*:

> When Dr. Worcester expressed the indebtedness of the School to Canada, because of the splendid nurses who had come from there, and said: 'Now what can we do for you in return–', I replied, 'That is quite simple; lend us Miss Macleod to start our Victorian Order of Nurses, and come yourself to meet our sceptical medical men, and tell them your experience of what district nursing means'.
>
> He promised to meet my wishes in both respects, lending Miss Macleod at first for three months, and subsequently persuading his trustees to allow her to resign her post at Waltham and engage herself to the Victorian Order of Nurses for three years.
> It was a splendid and most unselfish thing to do . . .
>
> Next day I answered Professor Robertson's letter, and told him I had another alternative to offer to the provisional committee's proposal to suspend operations, for now I had an ideal Chief Superintendent to present to them, born and bred in New Brunswick, trained specially for our work, and ready to devote herself to starting the Order for her native country. . . .
>
> I therefore proposed that Miss Macleod should come to Ottawa as soon as possible and make a start, if only on a small scale, and thus convince objectors by showing the Order at work; also that we should invite Dr. Worcester to come and meet the medical men in his capacity of a specialist in district nursing.
>
> The Provisional Committee agreed.

Conversion of Medical Men at Ottawa and Toronto

Dr. Worcester accordingly came as a guest to Rideau Hall at Ottawa, and in *Nurses and Nursing* he describes the sequence:

> I went to Ottawa, little suspecting what a perfect mess I should find. A preliminary circular describing their proposal had been sent out broadcast by the provisional committee in charge of the enterprise. This circular might easily be read by those so disposed as a somewhat

serious reflection upon the Canadian medical profession. Again the Governor General had incurred the political wrath of the Conservatives who had just been displaced in the Government of the Dominion . . . The different provincial Societies had almost unanimously recorded themselves in opposition to the proposed establishment of a visiting Nursing Order—the physicians of Ottawa had ignored the invitation of Her Excellency to attend a conference on the subject at Rideau Hall.

At a meeting next day, it was fairly easy to persuade the Provisional Committee to rescind the circular that had given offense, and to adopt another prospectus. I then proposed that the physicians of Ottawa should be invited by Her Excellency to meet me as her guest at a late evening affair—the Countess herself wrote a personal note to each of the seventy doctors. Sixty of them came.

I knew very well what physicians like to eat, smoke and drink at ten o'clock of the evening. And that night we had everything that could be wanted. The doctors could not conceal their surprise. They had supposed that their hostess was violently opposed both to alcohol and to tobacco . . .

Not only at the public meeting the next day, but also ever since, the Ottawa doctors have loyally supported the Victorian Order of Nurses.

The change in the attitude of the Ottawa doctors towards the Victorian Order is seen in the annual reports of the Ottawa Branch where we find that—

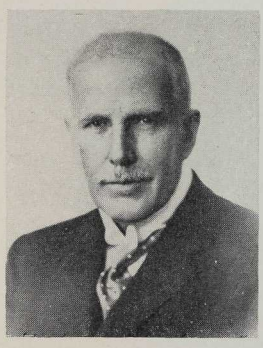
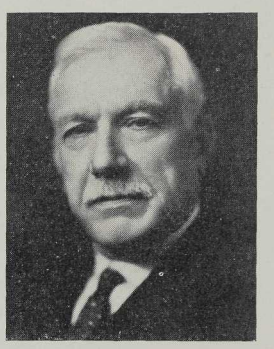
in 1899	there	were	35	doctors	who	used	the	V.O.N.	service;
" 1901	"	"	58	"	"	"	"	"	"
" 1907	"	"	74	"	"	"	"	"	"
" 1908	"	"	75	"	"	"	"	"	"

So far, so good—for Ottawa. Now came the problem of Toronto:

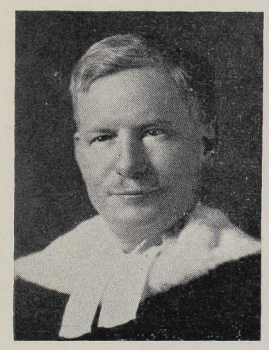
I thought my job was done but, as I afterwards found, it was hardly begun. For, a few weeks later, another appealing telegram came, this time from Toronto where the Governor General was in temporary residence. The change of heart on the part of the Ottawa doctors had had small effect, if any, upon their more numerous brethren of Toronto, where there existed a wider spread and more bitter hostility to the Aberdeens than in Ottawa, where they had become better known. As the telegram warned me, if I should again enter the fray, I need expect no mercy from the enemy.

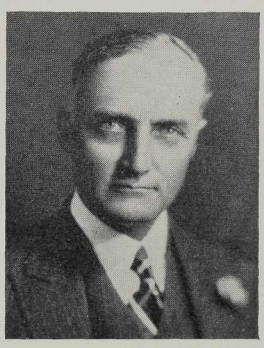
Only too plainly I needed every possible reinforcement, for retreat was now of course out of the question. Remembering Dr. Osler's many previous kindnesses, I begged him to introduce me to his

V.O.N.

Presidents





Top row Hon. Mr. Justice Burbidge (1900 - 1908); J. M. Courtney, C.M.G. (1908 - 1918); Thomas Gibson, M.B., C.M. (1918 - 1922)

Center C. A. Magrath (1922 - 1928); Rt. Hon. G. P. Graham, P.C., LL.D. (1928 - 1939)

Lower row Hon. Mr. Justice H. H. Davis, M.A., LL.D. (1939-1943); J. W. McConnell (1943-1946); Hon. N. M. Paterson (1946-)

Mary,
Countess of Minto

Alice,
Countess Grey

H.R.H. Princess
Louise Margaret,
Duchess of Connaught

Evelyn, Duchess of
Devonshire

Lady Marie Evelyn Byng
of Vimy

Engravings through the courtesy of Chatelaine, Toronto and the Empress Hotel, Victoria B.C.

HONORARY PRESIDENTS

Marie Adelaide,
Countess of
Willingdon

Roberte,
Countess of
Bessborough

Susan Charlotte,
Lady Tweedsmuir

Photo by Speight

Princess Alice

Photo by Karsh

Viscountess Alexander

Engravings through the courtesy of Chatelaine, Toronto and the Empress Hotel, Victoria B.C.

HONORARY PRESIDENTS

CHIEF SUPERINTENDENTS

Margaret Allen
(Mrs. Gilbert Smith)
1903 - 1906

Charlotte Eastwood
(Acting) 1906 - 1907

Mary Ard MacKenzie
1908 to 1917

Mrs. J. Charlotte Hanington
1917 - 1923

former Toronto colleagues. He promptly wired, urging me not to go into such a hostile camp and to have nothing more to do with 'those Aberdeens', but adding that, as he had no idea I should be wise enough to heed his warning, he had already written to some of his friends there not to scalp me at first sight. These letters of his proved to be my salvation. And I cannot resist mentioning here with what glee, years after, when he had been closely associated with Lady Aberdeen in her anti-tuberculosis work in Ireland, I reminded him of his former very different opinion of the Earl and his Countess. Immediately after my arrival at Government House in Toronto, several callers, who had received the Osler notes, urged me with every possible argument to pack up and go home. If I stayed and attempted any repetition of my Ottawa performance, I was told that I should be 'laid out flat'. . . . The interview closed with my declination of their polite invitations to temporary membership in their clubs, which the hospitality of Government House made quite superfluous.

We employed the same tactics as at Ottawa. Her Excellency, again in personal notes and this time to several hundred, invited the doctors of Toronto to meet her guest from Massachusetts. As no rooms in the Government House were large enough for the expected meeting, St. George's Hall was engaged for the occasion. It proved to be no more than sufficient, as near two hundred came. The same entertainment by way of refreshments was provided.

While our guests, in groups, were still busy at the tables, I was called upon by their chairman "to explain to the company, if I could, why I had come to Toronto".

Cheers greeted the chairman for his felicitous expression of their feelings. But not even a single handclap was given as I rose to speak.

I spoke for an hour, but none listened . . .

When the chairman rose to say that if there were any questions, the speaker of the evening would doubtless be glad to answer them, the meeting came to sudden attention. They knew their fun was then to begin. The first question provoked general laughter and loud applause. It was: "Will the speaker of the evening kindly tell us how much he is paid for coming here to work for the Aberdeens ?"

The next question, hardly less insulting, was received with equal applause. It was: "Does the *gentleman* from Massachusetts, in spite of the warning that his visit was not wanted, consider it to be decent conduct to attempt to instruct us as to our professional opportunities and obligations ?"

The third question, which delivered the enemy into my hands, was: "Is the speaker of the evening aware that we in Toronto do not feed on royal pap, and that the name Victorian or that the idea of so commemorating the Queen's reign adds no weight with us to any proposed institution ?"

This was all I then needed, nor is there now any need of trying to remember their many other questions . . . "In answer to your first question," I began, "may I tell you the story of a friend of mine, manager of a lecture bureau, who stated that men, when well paid for their services, are always thanked at the same time, while the but poorly paid are paid in silence; whereas those who have been fools enough to serve gratis are always damned for their pains". Then I added, "Overlooking the insult intended, I answer that I belong to the last-named class, and you will agree that tonight I am receiving the gratuitous servant's usual reward".

My answer provoked some murmuring and perhaps some faint applause. At any rate, after that I had their attention.

In answer to the second question I pleaded that, as a physician, I was obliged to report to my professional brethren every discovery that would benefit their patients and themselves, and that, if I kept silence regarding the benefits of visiting nursing service, I deserved no forgiveness.

Then, with withering sarcasm, I admitted my ignorance of the fact, as stated by one of them and applauded apparently by all, that the name Victorian meant no more to them than did her royal acceptance of the proposed form of commemorating her Diamond Jubilee. And then I added: "If I, nine generations removed from my emigrant English ancestors, have felt impelled to come hither from the shores of Massachusetts Bay to aid in Queen Victoria's commemoration, at least I might have expected decent treatment from her supposed loyal subjects, my professional brethren of Toronto. Whether I had received it or not, I left for them to say". And I closed by saying, "that whatever might be the fate at their hands of the proposed Victorian Order of Nurses, I should have the satisfaction always of remembering that I had obeyed the teaching I had received from my mother, when I stood beside her knee, to admire Queen Victoria's glory and to reverence her exalted womanhood". This brought every last one of them up standing. Amid heartiest applause for the Victorian Order, as well as for the speaker of the evening, the meeting dissolved.

With this climax my story perhaps should here have ending. But, although it was past midnight, none of my excuses prevailed, and I had to go with some of the leading physicians and surgeons to their club. There they plied me with questions about the whole scheme of district visiting nurses, and promised their support at the great public meeting the next evening. For my bursting headache they insisted upon whiskey and soda as the sovereign remedy, promising most faithfully to see me safely back to Government House . . .

Badly enough I wanted to get to bed. But no, "their Excellencies were anxiously waiting to hear of my safe return", and I must go to their chambers.

And there I had to tell them all that had happened, while Lord Aberdeen brewed tea for me over their grate fire. For the lemon, that he insisted I must have in it, the good man himself went down to rummage in the pantries . . .

The next evening when I was introduced at the public meeting, before I could begin my speech, one of the famous surgeons of Toronto jumped up on the platform and told the great audience what I had said at the medical meeting regarding the Queen. This evoked such applause as rarely greets an unknown speaker. This incident illustrates the fine sportsmanship of the Canadians . . . My speaking in other Canadian cities in favour of the Victorian Order was always well received. But in no other city has the institution been more heartily supported by the medical profession than in Toronto.

(Excerpts from *Nurses and Nursing*, by Dr. Alfred Worcester, Harvard University Press.)

Lord Aberdeen was a fluent speaker with a nice sense of humour. In introducing Dr. Worcester at a meeting of nurses and physicians reported in the *Toronto Globe* of Saturday, December 25th, 1897, he said incidentally:

I hope I can claim to be a good Canadian, and I felt a little sensitive when I heard of this scheme being spoken of as if it were in the hands of some wild and well-meaning enthusiasts, yet very weak-minded people, with much more wisdom than discretion. When I think of the large-hearted individuals who have given a good deal of their time for the welfare of this movement, I think that the work that these gentlemen have done should receive some recognition. I am claiming now to be a Torontonian, for I am not now a fleeting phantom passing through your city, but am located here for a time with Lady Aberdeen.

One might mention here that Lord Aberdeen showed his practical interest in the Victorian Order of Nurses by paying the salary of Charlotte Macleod for the first two years of her engagement.

In the course of his address, Dr. Worcester outlined his conception of District Nursing, and as his statement of the case did much to convert the hitherto hostile opinions of both doctors and nurses to his way of thinking, and thus made the Victorian Order of Nurses acceptable to Canada, some quotations from his remarks seem to be here in order:

Dr. Worcester on District Nursing

District Nursing is nursing in its very highest form . . . I believe the hospital offers opportunities for the training of nurses as it does for the training of physicians, and I believe equally that District Visiting Nursing offers the opportunity now, as it always has, for the further training of nurses. It is a great advantage in private practice of medicine to have trained nurses ready at hand who, besides their hospital nursing, have been also trained in home nursing . . . I have heard Florence Nightingale herself lament that in the modern development of nursing, District Visiting Nursing had been so set aside. She was asked what particular branch of nursing in England was most worthy of study, and she advised the study of the Metropolitan and National Nursing Association, a District Visiting Nursing Station, nothing more or nothing less.

We in the United States have directly borrowed District Nursing from England. We have established in many cities and also in many of our small country towns District Visiting Stations, although unfortunately we have as yet no standard, no system and no suitable machinery by which stations can be quickly planted where needed, and properly managed. And yet, in spite of this lack of system, District Nursing has everywhere not only commended itself, but has become indispensable wherever introduced.

What use will the Victorian Order of District Nursing be to Canada ? To begin with, it will be the greatest advantage to Canada to here have some standard for the training of nurses. You have in Canada as we have in the United States, nurses sent out with diplomas from schools which are not sufficiently equipped to give diplomas. The first rule of the Victorian Order requires that nurses shall be thoroughly trained in schools approved by the Board of Governors, who thus will establish the standard of what is a proper school.

I am afraid that the expression in the provisional constitution as to training nurses in District Nursing and giving a diploma afterwards has led to some misunderstanding. Because, as it is, nurses who leave the hospital training schools, although they have never seen any District Visiting work, of course have their diplomas. This Order of District Nursing will require special training, and this training can be given only by those who have been trained in it . . .

A man can earn to play the violin only under a competent instructor, and a woman can learn District Nursing only under a competent instructor . . . But let me now speak more especially of the benefits of District Nursing to the people of Canada. There are some who can have a trained nurse because they can afford it, but then there are others who cannot, and provision should be made for them. Let us leave out of consideration those people who can afford to pay the present wages of good trained nurses. There is in

Toronto, as in every other city or community in Canada, a class of very poor people who cannot well afford to pay a doctor, let alone the wages of a well-trained nurse. Such families often cannot provide suitable board and lodgement for a nurse, but they can afford to pay for a nurse who would come in for an hour or so each day to do what was required to be done at so much an hour. The nurse would go to such cases as needed her attention for an hour or two in the morning and then again perhaps in the evening. In my practice, and no doubt in the practice of other medical gentlemen present, in how many instances have we not seen how quickly trained nurses can do what is needed to be done.

What advantage has a trained nurse over an untrained nurse? The untrained nurse is the ignorant, old-fashioned nurse. She thinks she knows everything, and the doctor next to nothing. These Victorian Nurses are trained nurses before they begin District Visiting Nursing. And this means that they are trained to know their own proper sphere. They know too much to interfere with the physicians. If they do not know this much, then it will be the physicians' own fault if they do not report any such interference to the local management, when the nurse will be very quickly discharged by the rules of the Order. Any nurse found interfering with a practising physician, in any way whatsoever, will not be permitted to remain in the service of the Victorian Order of Nurses. Every sensible person must know that, unless there is the most hearty co-operation between this Order and the medical profession it cannot go on.

In teaching useful information, in making homes and patients cleaner, whiter and purer, in letting God's clear light stream through dark places, and in sweeping out foul dust, these District Nurses will do good . . .

This glorious department of District Nursing is now within your grasp. When introduced it will be a great advantage to the nurses in inspiring them to go in for a further course of training. It will be of immense advantage to the medical profession in enabling them to have carried out in practice what they know ought to be done for their poor patients. If I can make you feel that these District Nurses will be a blessing, materially and spiritually, wherever their pathway leads, and if I can persuade you to work for the Victorian Order of Nurses so as to bring these things about, then am I indeed thankful, for in carrying out this work we may surely help forward that time when the kingdoms of this world shall become the kingdoms of God and of his Christ.

At this meeting, according to Lady Aberdeen, several of the most prominent medical men said that now they understood the real objects of the Order, they most heartily and emphatically endorsed it.

This is borne out by the figures shown in the annual reports of the Toronto Branch which show—

1898— 3 Victorian Order Nurses working with 52 doctors;
1911—12 " " " " " 426 "

In Hamilton there was a similar change of heart—

1909—Victorian Order Nurses were employed by 60 doctors;
1910— " " " " " " 75 "

In Ottawa these figures for the Local Branch show—

1900—2 Victorian Order Nurses working with 35 doctors;
1908—6 " " " " " 73 "

In the Minutes of the Board of Directors of the Ontario Medical Association for a Meeting held on April 28th, 1926, there is the following significant entry:

Affiliation—Victorian Order of Nurses—A request having come from the Victorian Order of Nurses that they be granted affiliation with the O.M.A., it was—

Moved by Dr. Grant
Seconded by Dr. McQuade: That this Board of Directors approve of the affiliation of the Victorian Order of Nurses with the O.M.A.

Carried.

To continue the story from *What is the Use?*:

This by no means implies that the support of the medical men of Canada was from that time ours . . . but from that time we have had many firm friends among their ranks, in addition to those who advised us at the very outset, and since then the number of those co-operating with us and employing our nurses has steadily increased.

At the same time a Constitution and By-laws had to be drawn up, and this was done through conferences between members of the Central Provisional Committee and the representatives of the Local Committees, and was only completed after several meetings.

For the drafting of this Constitution and By-laws, and all other business documents, we are greatly indebted to Mr. Justice Burbidge, who took infinite pains for us; with him, Sir John G. Bourinot, Clerk of the House of Commons, also co-operated in this matter.

Charter for the Order granted by the Privy Council

The Governor General was then able to formally submit to Her Majesty the Queen an application for a Royal Charter for the New Order on the basis of the proposed Constitution, and as the granting of a Charter to Colonial organizations is not a very usual occurrence,

the official correspondence on the subject took some time, and it was only on the 19th of May, 1898, that permission for the same was granted.

The petition for this Charter was signed by the Governor General as Patron, by the Trustees of the Fund, by the members of the Provisional Committees and the Advisory Medical Committee above named, and by Dr. Temple, Dr. Grasett, Dr. Graham and Dr. Geikie of Toronto, Dr. Farrell of Halifax, and Dr. Bayard of Saint John.

AT THE COURT OF WINDSOR

The 19th day of May, 1898

Whereas there was this day read at the Board a Report of a Committee of the Lords of Her Majesty's Most Honourable Privy Council, dated the 18th day of May, 1918 in the words following, viz:

> "Your Majesty having been pleased by Your Order of the 7th day of March, 1898, to refer unto this Committee the humble petition of the Earl of Aberdeen, Governor General of Canada, and others, praying for a grant of a Charter of Incorporation to 'The Victorian Order of Nurses for Canada', THE LORDS OF THE COMMITTEE, in obedience to Your Majesty's said Order of reference, have this day taken the said Petition into consideration, and do agree humbly to report, as their opinion, to Your Majesty, that a Charter may be granted by Your Majesty in terms of the Draft hereunto annexed."

Her Majesty, having taken into consideration the said Report, and the Draft Charter accompanying it, was pleased, by and with the advice of Her Privy Council, to approve thereof, and to order, as it is hereby ordered, that the Right Honourable Joseph Chamberlain, one of Her Majesty's Principal Secretaries of State, do cause a Warrant to be prepared for Her Majesty's Royal Signature, for passing under the Great Seal of the United Kingdom a Charter in conformity with the said Draft which is hereunto annexed.

Lord Strathcona, the High Commissioner for Canada, adds Lady Aberdeen, took great trouble in forwarding this matter, and the late Duke of Westminster, one of the chief officers and Trustees of the Queen's Jubilee Nurses of Great Britain, "also supported our claims to a Charter, and undertook, on behalf of the Queen's Jubilee Institute, that there should be no objection to the Victorian Nurses in Canada being granted permission to wear the same badge as those given to the Queen's Nurses in Great Britain and Ireland".

This permission was given in the following letter from the Queen's Secretary, dated from Osborne, August 24th, 1898:

Dear Lady Aberdeen:

The Queen is very glad to grant permission for the Victorian Nurses in Canada to wear the same uniform and the same badge (with the exception of the title round the edge of the latter designating 'Canada') as worn by the Queen's Nurses in Great Britain.

Her Majesty is pleased to hear of the good work being done by the Order in Canada.

Yours very truly,
(Signed) Arthur Bigge.

Preliminary Organization by Charlotte Macleod—Training Homes

The work of the Order, however, was started before the actual granting of the Charter. In "*We Twa*" Lady Aberdeen expressly states that the Victorian Order began to take shape very shortly after the arrival of Charlotte Macleod at Ottawa in November 1897:

> Regina, Macleod, Grenfell, Hamilton, Kingston, Baddeck, Vernon and New Richmond applied for nurses, accepting our conditions, which involved the guarantee of a salary of $300 with board, maintenance and uniform, the Central Board contributing travelling expenses to begin with. Twelve nurses were formally admitted to the Order in November 1897, the ceremony being made as official as possible. The badge was given in the name of the Queen, and the nurses undertook to remain at their posts for two years. In the event of a nurse marrying, the bridegroom elect was expected to pay the travelling expenses of the new nurse from headquarters to the field of work.

Other information about these early days is given in the brochure "*What is the Use?*":

> The first provision to be made was Training Homes where our first Nurses could receive the training in District Nursing which forms a necessary qualification for admission to the Order.
>
> By the energy of Local Committees in Montreal, Toronto, Ottawa and Halifax, training centres were established in these four cities, and District Superintendents were appointed and nurses admitted.

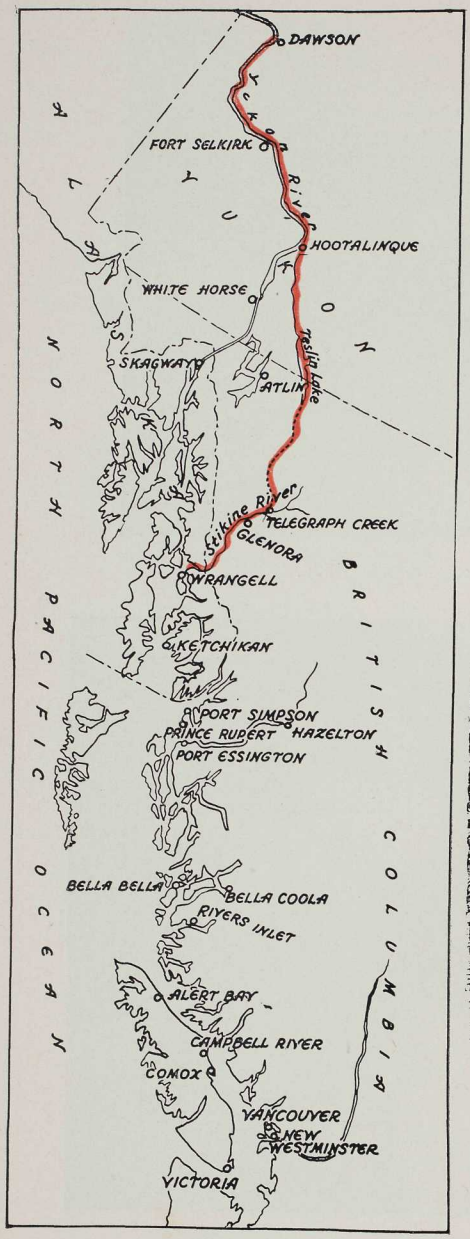
Charlotte Macleod had brought with her five nurses who had graduated at Waltham, and three from other schools, so as to staff the Training Homes.

Ottawa claims the credit of establishing the first Training Home, namely on February 2nd, 1898, with Miss A. Ethel Beer as Superintendent, a graduate of Saint John General, who

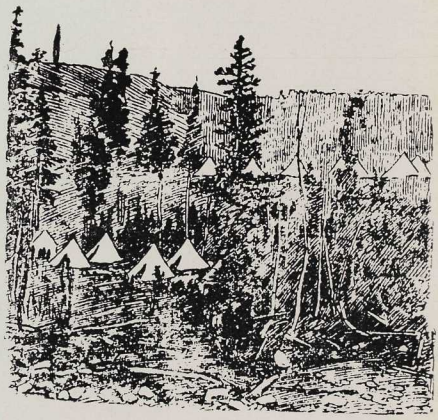
Courtesy R.N.W.M.P.

Mining Camp at Lake Bennett, Y.T.

The four Victorian Order Nurses who took the Klondyke Trail in 1898: Georgia Powell (Waltham), Miss Scott (England), Miss Hanna (Toronto General), Miss Payson (Waltham) and Faith Fenton (Toronto Globe)



Superintendent (afterwards Major General Sir) Sam Steele, N.W.M.P.



From a photograph by Col. Evans

Military Camp en route to the Klondyke - 1898

Route taken by the V.O. Nurses up Telegraph Creek to Dawson - 1898

had herself trained in District Nursing at Waltham. Then came the Training Home at Montreal under Miss Gertrude Hunt, a graduate from Fredericton, also trained at Waltham. Toronto obtained its Training Home on March 12th, with Miss Charlotte Eastwood as Superintendent, a Canadian by birth. The Training Home at Halifax was opened on April 13th with Miss Mary A. Pride as Superintendent, a New Brunswick girl who had been trained at Waltham. Training Homes at Vancouver and Kingston followed later.

Charlotte Macleod, wrote Lady Aberdeen, proved to be "the ideal pioneer Superintendent for whom we had been searching. Gentle and sweet in manner, she had nevertheless plenty of backbone, and realized the value of thorough organization and discipline in the formation and carrying on of work such as that entrusted to the Victorian Order. She took infinite trouble in the selection of the nurses who were to be the first members of the Order, not only as regards their personal qualifications, but as to their character, their personality and, in short, their vocation for District Nursing". Charlotte Macleod was persuaded to stay on with the Victorian Order, and served as Chief Lady Superintendent for six years, when she had to retire on account of ill health.

Victorian Order Nurses are sent to the Klondyke in 1898

In March it was decided to send a detachment of four Victorian Order nurses to the Klondyke, the scene of the spectacular rush of nearly 40,000 gold-seekers to the Yukon mines, known as "The Trail of '98". The Canadian Government gave permission to let these nurses accompany the detachment of soldiers who were to set out for that district in April. In a letter to the *Toronto Globe*, published on March 28th, 1898, Lady Aberdeen outlined the plan:

> I think it will interest your readers to know that the four district nurses who are to form the first contingent sent into the Yukon District by the Victorian Order of Nurses have been appointed —Miss Powell, a lady from Nova Scotia, who will be in command of the Expedition; Miss Payson from New Brunswick; Miss Hanna from Toronto, and Miss Scott, who came out from Great Britain a few years ago and has been nursing in Toronto and its vicinity. All these ladies are fully trained nurses of great experience and have splendid testimonials from leading physicians under whom they

have worked. They are fully aware of the hardships which they will have to face, but count the opportunity thus given to them of succouring suffering humanity under very adverse circumstances a joy, an honour. The Government has decided to send our nurses forward under care of the detachment of troops which is to start about the end of April, and the present plan is that they accompany them all the way to Fort Selkirk, the probable Capital of the district, and that they will make that place their headquarters. By this excellent arrangement, we are assured of the nurses' safety *en route*, and we hope that, in this way, there will be as little delay as possible in their getting to work.

With this letter Lady Aberdeen enclosed a letter received from the Rev. R. M. Dickey from Skagway, Alaska, with recommendations as to clothing, equipment and food, stating that nurses sent "ought to be physically very strong and, more important still, of cheerful dispositions."

As a send-off to the Expedition, an informal dinner was given to the Nurses at Government House in Ottawa, described at considerable length in the column "Chit Chat" in the *Toronto Globe* of April 19. Here are extracts:—

Four round tables, each seating several guests, were arranged in the dining room, each table being decorated with green maple leaves, radiating from the centre of the table, where stood a handsome candelabra, the lights in which were shaded with scarlet or yellow. Golden dishes of Etruscan filigree were filled with coloured bon bons, while others of dainty Dresden China held salted almonds.

His Excellency called upon Lady Aberdeen to read the final instructions to the nurses.

After dinner an informal reception was held in the ballroom. Samples of their outfit were on exhibition. On a lay figure was exhibited a sample of their neat brown duck suits made with a short skirt with bloomers and gaiters in the style of a natty bicycle suit which they will wear when they walk these long, long 150 miles over mountain and swamp.

On another figure their waterproof suits and tarpaulin hats were shown, and there was also on a third figure their winter suit of heavy blue blanket, with a big hood to match, lined with quilted silk.

Perhaps the sleeping bags were those which were most minutely examined. They are made of canvas lined with flannel and interlined with eiderdown. In shape they are not unlike a big old-fashioned bolster case, only that they button halfway down the length. With each bag is a hood of the same materials, and this is fastened across the face, so that only the eyes and mouth will be left uncovered.

It was rather fun to listen to the varied criticisms that were made upon the various articles in the outfit. This one knew quite well that the sleeping bag would never keep them warm, and that one thought that the boots should not have had hobnails on the soles, as it made them more likely to slip on the rocks; another did not see how women could walk in such heavy boots at all. After some time had been spent in inspection, His Excellency in Her Majesty's name, accepted the nurses into the Victorian Order and clasped a jubilee ribbon and silver medal about their necks.

As the nurses were attached to a military expedition, the route taken was not that of most of the miners by way of Skagway and White Horse or Chilkoot Pass, which would have involved transit through American territory, but went up the Stikine River and Telegraph Creek in British Columbia, and over a high pass to Teslin Lake in the Cassiar Mountains to Fort Selkirk on the Upper Yukon River.

Experiences on the Trail and in the Yukon

One of the earliest descriptions of the trip is contained in a letter from Miss Powell, the leader of the nurses to her friend Miss Peters, written—

In Camp at Teslin, July 10, 1898—

On Sunday before leaving Telegraph Creek, a miner came to me and said that he had been sent by 'Dandy Jim', the chief of the Indians, to ask the White Squaws if they would attend their service and sing for them. They all wanted to know if we worshipped the same God as they and, as nurses, how we felt towards the Indian. We went and found quite an assemblage of Indians and their families, some of them very fine looking and intelligent. Mr. Geddes, nephew of Canon Geddes of Hamilton, was reading and explaining Scripture to them in the absence of their missionary, Mr. Palgrave. They had never heard white women sing so we did our best for them in that line, and also talked with them, 'Dandy Jim' acting as interpreter. From mountain to swamp and bog we went—bogs into whose cold, damp, mossy depths we would sink to our knees, and under which the ice still remains; swamps where we trampled down bushes and shrubs to make footing for ourselves, and where the mules stuck many times, often as many as twenty all down at once, sometimes having to be unpacked to be taken out, our baggage dumped in the mud, and where the mosquitoes held high revelry.

Let me say right here, for number, size and ferocity those mosquitoes cannot be exaggerated, and despite leggings, gloves and the inevitable veil, we were badly bitten.

Through deep forest we went, where the trail was narrow and the branches of trees threatened our eyes or tore our veils disastrously; through tracks of burnt or blackened country; in some places the ashes still hot from recent burnings, and the dust rising in choking clouds under our feet, through forest of wind-fallen, upturned trees, whose gnarled roots and tangled branches made insecure and often painful footing; over sharp and jagged rocks, where slipping would be dangerous—we went trampling, leaping, springing and climbing, a strain that only the strongest and most sinewy women could bear . . . We used to get up at two in the morning, breakfast at three, tents down and everything packed at four, and all ready on the trail before five. Our lunch or mid-day meal consisted of two hard biscuits and a cup of water from the nearest spring, and I am glad to say good water was plentiful, the only good thing on the trail.

One night when Miss Powell thought that she and her companions, a Mrs. Stearnes and Nurse Scott, were isolated and stranded, they huddled together on some boughs, and she repeated the story of the 'Babes in the Wood' by way of comfort and diversion, when some miners, who were camped near, came to their relief with a bannock baked in a frying pan, some slices of bread, some evaporated apples, coffee and tea.

They spent fourteen days on the trail making on an average a fraction over eleven miles a day. Miss Powell wrote the slogan 'Victory or Death' on the many guideposts along the trail as encouragement to those who came after.

In her report to Ottawa, Miss Powell wrote:

On arriving in Dawson with the advance guard of the soldiers, and practically without baggage or nursing provisions, after a march of 150 miles, on August 8th, 1898, I undertook the charge of the Good Samaritan Hospital (built by the Rev. A. M. Grant), entering on my duties as matron, teacher, nurse and maid of all work on the 11th... Typhoid was at its height. The patients had in many cases walked five, nine, perhaps twelve miles from some of the creeks in the broiling sun with temperatures ranging from 101° to 104°, their strength often failing before reaching hospital—typhoid with pneumonia, with malaria, congestion of the liver, rheumatism, neuralgia, sore throat, discharge from the ears, and sore eyes. Such sick men! Nor was the sickness all, but the filth and the vermin . . . the washing of a blanket cost four dollars . . . No disinfectants . . . no sheets, nightdresses nor pillows. In a tent, near enough to be within call, and so small she could scarce stand straight in it, the Matron had her apartment, and here on a postal sack filled with shavings and boards (chiefly boards) she slept . . . when she had a chance. Thus we worked, witnessing many heartrending and sickening sights,

improvising and planning, teaching and tending, night and day, until the end of the fourth week, worn out for rest and sleep, and weak for want of nourishing food, I gave out, a victim to typhoid fever . . . when I had been ill three days, my nurses came—(they had been separated on the trail). There were hospitals waiting for two, and the third I must keep for myself. Nurse Scott was sent to the Barracks Hospital. This hospital was fairly well equipped, and with a sergeant of much experience in fever nursing, and an orderly, which was well, as Nurse Scott was not strong enough to undertake the more laborious nursing. She had some serious cases and did good work. Nurse Payson, at Grand Forks Hospital, found in the hospital—if so the miserable building could be called—ten patients—bad cases—and simply no conveniences . . . The nurse's sleeping room was a corner of a corner, called by courtesy the doctor's office; and here behind a little curtain, in an atmosphere thick with tobacco smoke, the tired nurse, rolled up in her sleeping bag, lay on the floor. Of the hardships and privations this nurse endured in this hospital during her six weeks of service, I can only say that they were many, and almost degrading enough to make one doubt the "blessedness of drudgery".

On the 6th of January, 1899, Nurse Hanna took charge of Ward "A", Good Samaritan Hospital. Scurvy had broken out. Nursing scurvy patients at best in disgusting work; under these circumstances doubly so . . . Nurse Hanna did faithful work here, though suffering from indigestion much of the time. The surgical cases were her care also . . . amputation often followed frost bites, and here her services to the surgeon were invaluable; this nurse worked faithfully on, bringing comfort and hope to many a sick, unfortunate, discouraged miner.

(The full report will be found in *Three Centuries of Canadian Nursing*, written by this author in collaboration with Mary S. Mathewson, R.N. The Macmillan Company of Canada.)

The contingent of nurses had been separated by the wreck of a boat on the Hootelinqua. Two of them, Nurses Hanna and Payson, travelled with Faith Fenton, the special correspondent of the *Toronto Globe*, whose account appeared in the issue of that paper dated September 3rd. Here follows an extract:

The representatives of the Victorian Order are not idle in this slow journey over the trail. Outside the occasional demands of the military hospital, we are rarely a day established in camp anywhere en route without an appeal from packer to miner, prostrated by accident, overwork or the careless neglect habitual to a strong man. The fame of these two cheery nurses, their skill, their prompt kindness and willingness to aid, has spread up and down the trail so that the sick man's first thought is to reach them, and his comrades' first

efforts are directed towards bringing him within reach of their ministrations. Fourteen miles one sick man journeyed—every step of his horse a pain—to have his tent placed outside the lines, but within reach of the nurses. The craving of strong men in their sickness for a woman's care, and their complete dependence upon them is a marvellous thing to witness, and out here where women are so few, a pathetic thing also. The gratitude of these patients, by the way, to the nurses and to the Order under which they labour, the benefit of which they are thus personally realizing, is deep and genuine.

Lt. Col. S. B. Steele, as commander of the N.W.M.P. in this territory, sent a report from W. E. Thompson, Assistant Surgeon, dated March 9th, 1899, saying:

Too much cannot be said of the skilful and untiring devotion which Miss Scott, one of the V.O.N., rendered for 75 days, during which time we had some of the most severe cases which it has been my lot to treat . . . the members of the Order, at present in Dawson, have been able to render great service to the suffering and sick in the city . . . I must speak in the highest terms of the work done by these ladies in their self-sacrifice and devotion to their honourable calling.

Here are extracts from a report dated 10th March from J. W. Good, Medical Health Officer for the Dawson District:

The only fault to be found with the present contingent is their small number; there is room here for a much larger body. If all patients could receive the careful nursing which is given by these devoted women, the mortality would be substantially decreased. The Order has, I believe, some opponents in the older Provinces—but—the Victorian Order of Nurses will be warmly welcomed here.

According to the Annual Report for 1898:

The nurses reached Dawson too late in the summer to establish themselves thoroughly, but they rendered very valuable service to the militia and police forces in nursing the sick while on the way, and those in the Government Hospitals at Selkirk and Dawson. Much hard work was done also in the Good Samaritan, Presbyterian, and Grand Forks Hospitals by the different members of the Order . . . It seems certain that, at present, no district nursing can be done in the Klondyke, but only hospital nursing, and that this alone will bring any income for services rendered. It seems impossible to have funds voluntarily raised for the Order to serve in Dawson City.

Summing up the Yukon venture, Lady Aberdeen wrote of the four nurses:

One of them had to leave owing to a serious operation; one has been appointed Superintendent of a Hospital at Dawson with the

consent of the Victorian Order. One has taken a position at the Post Office; and the District Superintendent, Miss Powell, remains at work till the spring allows her to be transferred to another post where her services will be more required in view of the great diminution of the population of Dawson."

(From *What is the Use?*.)

Organization of District Committees and Branches

Returning with our story to Ottawa, the organization of District Committees and Branches went ahead. Supplementing these was the operation of Training Homes and the consideration of applications for Cottage Hospitals. It was decided to concentrate on the Training Homes at Montreal and Toronto, as those cities gave wider opportunity for practice, though other Training Homes were later organized at Vancouver, Halifax, Winnipeg and Kingston. It was realized that nurses with only hospital training required additional preparation for giving part-time nursing care in homes, so a six-months course was given to nurses aspiring to join the Order.

A cheering note came to Ottawa in a personal letter of encouragement, written in her own hand by Florence Nightingale:

A LETTER FROM FLORENCE NIGHTINGALE

10 South Street, Park Lane
London, W., May 5th, 1898.

Dear Lady Aberdeen,

I do rejoice at the success which has attended your efforts to initiate the plan of establishing trained District Nurses in Canada.

With great interest I have read the papers you have so kindly sent me.

Let me gladly add myself as a witness of experience here to the great blessings which the trained District Nurses have been to the sick poor.

If you are able to maintain the high standard for your Nurses which you have laid down, and succeed in attracting good young women to enter upon the work, there can be no

doubt that it will go on and prosper. Difficulties and trials there must be, but with so noble an object it is worth the expenditure of much labour and patience.

What has been the experience of the last thirty years with regard to the improvement of Hospital training and the means by which it has been attained?

This, namely, that it has been brought about first by making the Hospital a "home", fit for good young women, educated young women, to live in and pursue their calling in; and next, by raising the character of Nursing into a genuine calling by which Nurses can earn an honourable livelihood.

Then from the Hospital Training School the area of the Trained Nurses' work became extended to private nursing —nursing the well-to-do—and latterly to that far more numerous class of patients who are either entirely destitute or only able to make a small contribution for the services of the Nurse—and yet who are not fit subjects for Hospital treatment.

It is especially and above all to this class that the Trained District Nurse has proved so great a boon. For the duties of a District Nurse more experience, more self-denial is wanted than for those of a Hospital Nurse or a Private Nurse, who have the Doctor always at hand to refer to, and have all the appliances of Hospital or Home at the service of the patient.

The success of District Nursing depends more than in Hospital and Private Nursing upon the character of the Nurse; depends very much upon the nature of her training and the continuance of those helps, physical and moral, which the good Hospital "Home" has supplied to her.

These helps have been found in the system of District Nurses' Homes under trained Superintendents which have been established here with so much success in London, Edinburgh, Dublin and other large towns, and which you propose to adopt in Canada. Is it not to these Homes that you will have to look to train in District work and qualify for service in small towns and country places—pursuing their calling under periodical supervision and as members of a Society inspired by the "esprit de corps" of joint workers in a noble and Christian cause?

Four Victorian Order Nurses who joined Canadian Army Nursing Service 1914 - 1918

Lady Byng at Well Baby Conference, Vancouver Branch. July 1922

Wreck of St. Joseph's Church, a mile and a half away from the explosion

Halifax Disaster

Dec. 6th 1917

Armlet worn by V.O. Nurses on Halifax streets

Halifax Railway Station in which 60 were killed

Photos taken under supervision of the Canadian Military Authorities by Underwood and Underwood

No doubt in some respects your population, especially in rural districts, differs much from that of an old country, and somewhat different methods will be required. Happily there does not exist with you that large number of sick poor who are unable to pay anything for the services of the Nurse.

You are fortunate in having obtained the aid of Miss Macleod in beginning the work. She seemed in the visit she was so good as to pay me to be thoroughly imbued with the true spirit required for District Nursing.

There is little fear but that any dissentient medical men will quickly learn from actual experience to appreciate the value to them of the District Nurse as an intelligent handmaid and not an interfering interloper.

Heartily do we wish success to the Victorian Nurses and to all Canadian workers in this good cause.

Need I say that I feel quite grieved and humiliated at having been so long in answering your kind good letter? Your kindness will at least admit my true excuse of a bad time in health which has scarcely allowed of my doing the most pressing duties.

Again and again I give you joy of your beneficent work, and I am overflowingly your servant.

(*Signed*) FLORENCE NIGHTINGALE

(The original of this letter is written entirely by Miss Florence Nightingale's own hand.)

Verse from an Ode on the Centenary of Florence Nightingale, written for the V.O.N. in 1920, by Duncan Campbell Scott:

"See the frail, lovely lady with the lamp
Flitting about the cots, through the dim spaces,
Where, sheltered from the piercing frost and damp,
The soldiers lie with worn, untroubled faces!
They see her light shine on,
Her shadow fall
With healing over all."

(Duncan Campbell Scott, celebrated Canadian poet, was Joint Honorary Secretary of the V.O.N. from 1920 to 1922.)

Illustration by—

Frances Gauntlett, from 'Nursing Songs of Canada'.

Through the influence of Dr. Mack of St. Catharines, Ontario, who was himself a disciple of Florence Nightingale, the gospel of training for the nursing profession had been accepted in Canada, and the Sairey Gamp type of nurse had become definitely prehistoric. This is no reflection on some of the excellent practical nurses, many of whom were doctor's wives, who did pioneer work in early settlements particularly in the Prairie provinces and on the coast of British Columbia. Dr. Mack's Training School opened in 1874, and was followed by Training Schools at the Toronto General in 1881 (under Mary Agnes Snively), at the Guelph General in 1885, at Winnipeg, Fredericton and Saint John in 1887, at the Montreal General in 1890 (under Miss Nora G. E. Livingston) and at a host of others in the early nineties. Training both in hospitals and home nursing was emphasized as necessary for candidates for the Victorian Order of Nurses for Canada.

An early account of the training of nurses for the Victorian Order appears in the Resolutions and Reports presented at a meeting of the Board of Governors held on January 4th, 1900. Here there is a statement signed by Charlotte Macleod that—

> Any nurse may be admitted to the Victorian Order of Nurses for Canada who:
>
> (*a*) has a diploma or certificate from a Hospital Training School approved by the Executive Council;
>
> (*b*) has been trained in district nursing and in the nursing of maternity cases and has such experience in the nursing of infectious diseases as the Executive Council may require.

The period of instruction at the V.O.N. Training Homes at first was six months, though later apparently it was reduced to four. The Resolution in the 1900 Report read (in part):

> Candidates who have no knowledge of district nursing may obtain such training at one of the Training Homes of the Victorian Order. The Candidate, if approved, will be received into the Training Home on trial for one month, in order to enable her to become acquainted with the nature of the work of nursing patients in their own homes, and to enable the District Lady Superintendent and the Local Board of Management to ascertain her fitness for the work. If suitable she will continue the course of training in the practice of District Nursing with technical instruction for five months, during which period she will be considered a probationer.

Training Centres were reduced at this time to Montreal and Toronto, at which 7 nurses were in training.

The Local Associations approved at this meeting were located at: Toronto, Montreal, Ottawa, Halifax, Kingston, Hamilton, Vancouver, Saint John, N.B.; and District Committees at: New Richmond, P.Q., Baddeck, C.B., Regina, N.W.T., Vernon, B.C., North Bay, Ont., Port Arthur, Ont., Fort William, Ont., Thessalon, Ont., Truro, N.S., Fort Frances, Ont. and Bracebridge, Ont.

List of original Victorian Order Nurses

The original nurses admitted in addition to Miss Charlotte Macleod were:

Name	*Date of Admission*	*Position as at January 4, 1900*
Miss Gertrude Hunt	October 1st, 1898	Saint John—
Miss Charlotte Eastwood	October 1st, 1898	Toronto
Miss A. Athel Beer	October 1st, 1898	Ottawa
Miss G. Powell	October 1st, 1898	Dawson, Y.T.
Miss Barbara Haggart	January 5th, 1899	Montreal
Miss Kate Ford	January 5th, 1899	Montreal
Miss Annie McKay	April 6th, 1899	Vernon, B.C.
Miss Emily Baker	April 6th, 1899	Kingston, Ont.
Miss Maud Broddy	April 4th, 1899	Halifax, N.S.
Miss Louise Bartlam	April 4th, 1899	Buckingham
Miss Bena Henderson	June 1st, 1899	Vernon, B.C.
Miss Harriet Hazen	October 21st, 1899	Saint John
Miss Olive Burr	October 21st, 1899	Baddeck, N.S.
Miss Mary McCullough	October 21st, 1899	Regina
Miss Irene Frame	October 30th, 1899	Halifax
Miss Kelman	October 30th, 1899	North Bay
Miss Margaret Burris	October 30th, 1899	Port Arthur
Miss Emily Dakin	October 30th, 1899	Hamilton

to which list were added on January 4, 1900:

Miss Annie J. Harter Bissett, Miss Maude O. Dahms and Miss Martha W. Redfern.

Miss Margaret Allen succeeds Charlotte Macleod

Miss Charlotte Macleod was succeeded in 1903 as Chief Superintendent by Miss Margaret Allen, like herself a New Brunswicker, who had been trained under Dr. Worcester at

Waltham. Miss Allen, however, was no stranger to Ottawa, as she had been for eighteen months head nurse in the Ottawa Branch, where she had a room in the V.O.N. Home in Somerset Street. Charlotte Macleod also resided here. Miss Allen, (now Mrs. Gilbert Smith), describes Charlotte Macleod as having a wonderful personality with at the same time great administrative ability, inspiring people with her own enthusiasm.

Lady Minto and the Cottage Hospitals

Both of them saw a great deal of Lady Minto, who followed in the footsteps of Lady Aberdeen.

There was a tendency at that time to think of the Chief Superintendent as a superior person who had afternoon tea at Government House with Her Excellency, but Miss Allen (Mrs. Gilbert Smith) says that it was Her Excellency who came to the Nurses' Home.

Lady Minto, from the very first, took a personal interest in the Order. In her first year, she accompanied Lord Minto on a visit to the Yukon where she was interested to find that the work of the four pioneer nurses of the Victorian Order was still treasured in the memories of the miners and Mounted Police. The National Office of the V.O.N. has a letter from her in which she says:

> I shall always feel it has been a great privilege to have been associated during the six years I was in Canada with the work of the Order, which has done so much to alleviate suffering throughout the length and breadth of Canada.

In Ottawa itself Her Excellency often brought wine up to the Home for the nurses to take to needy patients. Ottawa at that time had a considerable poverty-stricken population, and the work of the V.O. Nurses was mostly among them. The visits were mostly free, although if the patients could pay, they did so, from five cents upwards per visit. In those days the work was very heavy. As Mrs. Gilbert Smith said, "There was no talk of an eight hour day."

As Chief Superintendent, Miss Allen (Mrs. Gilbert Smith) paid visits of inspection to the Branches and Cottage Hospitals, the supervision of which took up much of her time and attention, particularly as the Cottage Hospital Scheme was largely

the creation of Lady Minto. On page 58 a quotation is given from the Annual Report of 1904 in which Miss Allen gives her impressions of the work at the Cottage Hospitals.

Looking back over the years, she remembers now in particular the visits of inspection to the little Rock Bay Hospital on the British Columbia Coast which was serviced by two Nurses of the Victorian Order until it was taken over by a lumber company. To reach Rock Bay one had to travel in a small boat called the Cassiar, which carried strait jackets as part of the equipment to the hospital, since *delirium tremens* was a not infrequent form of illness among the lumberjacks in that region. Conditions were very primitive and the strain of the work of the nurses was terrific. One of them died. As there was no undertaker available, the lumbermen made her coffin, which they lined with wild spirea in token of their respect.

Other Cottage Hospitals which she remembers in particular were those at Indian Head and Yorkton. Here again conditions were most primitive. Yorkton was memorable for its high wooden sidewalks and slimy streets which were popularly referred to as 'Typhoid soup'.

The Victorian Order Nurses in those early days went out on their visits wearing a blue uniform of heavy gingham. In Ottawa they could not get uniform hats, so they wore their own in the streets, and those hats sometimes looked incongruous. When actually nursing they wore starched white cuffs and aprons which they carried with them. In the Home itself they wore an alpaca navy blue uniform. Blue was the colour chosen for the uniform because it was restful to the eye. Miss Allen (now Mrs. Gilbert Smith) had more than just nursing to do when she was Head Nurse. She was housekeeper and had book work to do as well.

Dr. Worcester continued to take a keen interest in the progress of the V.O.N., according to Mrs. Gilbert Smith. He does so still, judging from a letter recently received by the author of this chronicle. Here is an extract from what he wrote on March 25th, 1947 about the Order:

I believe its work more nearly approaches Florence Nightingale's ideals than does that of any other American organization. And I shall always be proud to remember that the first, second and fourth Chief Superintendents were graduates of the Waltham Training School, which now, alas, belongs to the past.

Charlotte Eastwood

Retiring on her marriage in 1906, Miss Allen was temporarily succeeded by Miss Charlotte Eastwood, Superintendent of the Toronto Branch, who served as Acting Superintendent of the National Office and returned to Toronto on the appointment of Mary Ard MacKenzie as Chief Superintendent at Ottawa. Miss Eastwood was one of the first nurses to be accepted into the Victorian Order by Charlotte Macleod, and was the first Superintendent of the Branch and of the Training Home at Toronto, which was opened on March 12, 1898. A Canadian by birth, she was a graduate of Bellevue Hospital, New York, and for some time was employed in district nursing in Chicago. She brought to her work a spirit of dedication and self-sacrifice.

Although she retired from the Superintendency of the Toronto Branch in 1913, she served on the Board till her death in 1933.

Training Homes and Centres

Of the Training Homes, that at Toronto seems to have enjoyed the most vigorous life. Its first Superintendent, as already mentioned, was Miss Charlotte Eastwood. According to the Minutes of the Toronto Branch, there were 16 nurses who in 1903 applied for admission to the Training Home on probation. Of these 12 went through the prescribed 4 months of training, and 8 were admitted to the Order. In 1904, the National Office was requested for a grant to maintain the Training Home in Toronto, but this was refused on the ground that the Central Fund was only sufficient for its own requirements, although a grant was made later. In this year there were 36 applications for admission to the Training Centre. Sixteen were accepted of whom 9 took the full course, 5 remaining with the Order. The Hon. Treasurer, D. R. Wilkie, said in his report:

The Toronto Branch of the Victorian Order in addition to the services performed by the nurses among the sick in Toronto, is the main source from which is supplied the requirements of the Victorian Order Homes and Cottage Hospitals throughout the Dominion. The nurses are graduates from the best hospitals in Canada.

In the 1905 Report, it is stated that "nine of our nurses have been appointed during 1905 to fill positions as Superintendents or Assistant Superintendents or as District Nurses at different points from Pictou, N.S. to Rock Bay, B.C." Twenty-five nurses applied for admission to the Training Home. Of these 16 were accepted. Six were given posts in the Order.

In 1907 a medical report by Dr. Harley Smith on the Training of Nurses said:

> In all sincerity it may be said of the nurses that they have without exception reflected the greatest credit upon the Hospitals where they have received their early training, and also upon the Order where they are taking their postgraduate course.

In 1910 Winnipeg appears upon the list as having a Training Home, and in 1912 Vancouver also returns to the list.

A Special Committee of the V.O.N. sat in 1914 to report on Training Centres and recommended that time and opportunity be given to postgraduate students to observe work in

Child Welfare,	Associated Charities,
Milk Stations,	Tuberculosis,
School Nursing,	Settlement Work

and that libraries at Training Centres be provided with books on Visiting Nursing and all Social Service Work.

Also that a Training Centre be established under the management and direct control of the Executive Council. This recommendation does not seem to have been carried immediately into effect, as it was brought up again for consideration by the Chief Superintendent in 1917.

Coincident with the work at the Training Homes, the major activities of the promoters of the Victorian Order of Nurses were:

(*a*) the organization of Local Associations and District Committees; (*b*) the establishment of Cottage Hospitals.

The growth of the first of these activities is visualized by the figures shown in the Annual Reports from 1898 to 1914, the first year of World War I, which shows the number of nurses as having risen from 16 to 280, and the extent of their work:

The rapid increase in the last few years of this pre-war period is accounted for partly by the growing confidence of the doctors in the trained District Nurse, partly on the demands for staff at Child Welfare Stations, partly by the entry of the Victorian Order into the field of School Nursing and into contracts with the Metropolitan Life Insurance Company (commencing in 1910) to provide nursing care at agreed rates for their policy holders. This affected the nursing staffs at Montreal, Ottawa, Hull, Lachine, Halifax, Truro, Saint John, Saskatoon, Burnaby, B.C. and Winnipeg.

Year	*Number of Nurses*	*Number of Patients*	*Visits*
1898	21	673	8,080
1899	32	1,663	20,282
1900	32	2,377	28,715
1901	55	2,798	30,491
1902	67	3,251	32,221
1903	62	5,309	37,002
1904	70	6,006	35,251
1905	92	8,040	42,403
1906	104	10,501	52,323
1907	114	10,753	68,093
1908	117	10,724	79,670
1909	151	14,560	100,626
1910	160	18,189	129,633
1911	191	19,922	162,373
1912	232	30,937	211,540
1913	270	38,322	281,006
1914	280	40,455	314,211

Mary Ard MacKenzie's Regime

In the Annual Report for 1910, Miss Mary Ard MacKenzie, who had been appointed Chief Lady Superintendent in 1908, defended the policy of making contracts with the Metropolitan Life Insurance Company which had been criticised by the Toronto Branch as derogatory to the high character of the V.O.N.:

First Local Committee and Nurses at Ottawa, 1898

Lady Bessborough with Local Committee and Nurses at Montreal in 1933

Lady Willingdon
and triplets at a
Well Baby Conference,
Calgary Branch

Courtesy Oliver, Calgary

Helping
the
Traveller
across
Canada

Insurance Nursing is practically an extension of Industrial Nursing —the industrial policy holders who use the nurses are the very poor and the small wage earners. These hold policies for small amounts and pay their premiums of a few cents weekly.

One result of the alliance with the Metropolitan Life Insurance Company was that the V.O.N. had to improve its methods of accounting, so as to meet the very strict audit of the business concern. In the trying financial years that were to come, this was all to the good. The Toronto Branch eventually changed its attitude, and signed up a contract with the Metropolitan Life in 1915.

Local Branches and District Committees were by this time to be found in every Province except Prince Edward Island.

Ontario	21	Alberta	5
Quebec	7	British Columbia	5
Nova Scotia	6	Manitoba	2
Saskatchewan	6	New Brunswick	1

The growth of the Order in Ontario was helped by Provincial Government Grants, commencing in 1899, given to establish nurses in the newer parts of Ontario, the first nurses under this plan being sent to North Bay, Port Arthur, Fort William, Thessalon, Fort Frances and Bracebridge.

Highlights from Branch Reports up to 1914

Statistics make less impression on some people than stories with human interest. On that account, a few such stories are here thrown in from the Reports made by the Branches.

Ottawa, Ont, 1898:

A Home for the Local Branch was presented through Lady Aberdeen by the generosity of Senator Cox. In the Second Annual Report of this Local Board we find:—

The work of the Board, as the title implies, is the maintenance and management of the Home, whence the Nurses of the Order go out daily, to minister with skill and tenderness to the sick poor, and the suffering of all classes, who may be in need of their services. The Home is the residence of Miss Macleod, the Chief Superintendent of the Order, when in Ottawa, and the household usually consists of the Local Superintendent, Miss Beer, one to three nurses, and a maid servant.

The members of the Board take the supervision of the housekeeping in turn, two being appointed for each month, and there has arisen a laudable rivalry between these House Committees as to which shall reduce the monthly expenses to the lowest figure. It may be noticed that the list of donors acknowledged each month usually includes the names of the housekeepers for that month. In October, during her brief visit to this country, the Countess of Aberdeen stayed two days at the Home.

Items of expense include: Street sprinkling $1.26, Snow clearing $1.40, Ice $6, Carpenters work $10.17, Repairs on stove $3.

A fire swept the city in April 1900, rendering thousands homeless. V.O. Nurses ministered to over 200 sufferers, including 7 to 8 hours duty at the sheds at the Exhibition Grounds. In this month Training Classes were discontinued.

During the fire the nurses stood guard over a very sick woman whom her friends wished to move against the doctor's orders. The doctor said she would have died had she been moved. The house in which she lived was not burned, and she recovered.

Ottawa, Ont., 1907—Dr. Powell wrote:

In certain cases of destitution that I can recall, not only did the nurses cheerfully and promptly respond, but brought with them clean sheets, pillow cases, etc., and in about ten minutes after their arrival had so transformed both room and patient that I scarcely recognized them.

Ottawa, Ont., 1910—Letter from Dr. J. R. Belisle:

Besides ministering to the sick, the V.O.N. is educating the people, giving them practical lessons in hygiene and how to care for themselves—their own ills. What relief, comfort and hope a V.O. Nurse has brought to many a fireside!

Ottawa, Ont., 1911—

During a typhoid epidemic a temporary Convalescent Home was set up and in operation for two months—36 patients with an average of 23 days. Several times in the early winter the 'Boatman' has broken the ice in the river to enable him to row the visiting nurse across to Gatineau Point.

Montreal, Que., 1899—

From the beginning the Order endeavoured to maintain the self-respect of those it served by requesting a fee from those who were able to pay, and those who were not able to do so were carried free.

Montreal, Que., 1902—

Doctors co-operated by attending monthly meetings, such as Dr. Roddick, Dr. Shepherd, Dr. Adami and Sir William Hingston —testifying to the satisfactory work the nurses were doing.

Montreal, Que., 1907—

The Tuberculosis League secured the services of a V.O. Nurse to organize and instruct classes among the tuberculous.

Montreal, Que., 1908—

The City employed a V.O. Nurse (Miss Sexton) for work among school children, 'to see that children were sufficiently cared for and to prevent the spread of disease, and to inspect the children at school with the object of stamping out infectious skin diseases'. —The prevalence of typhoid fever has made a demand which the Order is doing its best to meet. The hospitals have been overfull and unable to take in all the sick. In one case the father of the house was sent to the hospital while four children were left at home ill. The doctors have turned to the Victorian Order for necessary help. Typhoid cases require several visits each day, and often night nursing.—Montreal has changed much in the last few years, and has become a large town with a manufacturing population. Numbers of foreign immigrants are making their homes here, and the difficulty of sanitary housing must more and more attract attention.

Montreal, Que., 1909—

Typhoid epidemic—the V.O.N. transformed a dust-laden factory into a well-equipped, up-to-date hospital in less than four days in co-operation with all the charity organizations in the city. Miss Lynch, the District Superintendent had 70 nurses in the hospital and district.—There were three V.O. Schools—two under the Protestant School Board. Two gave all their time to T.B. work.

Montreal, Que., 1910—

Lectures were given to St. John's Ambulance, Y.M.C.A. and Macdonald College, Ste. Anne de Bellevue. During the summer a V.O. Nurse was sent to the King's Daughters Crèche on the Mountain, to instruct mothers in the care of their babies.

Montreal, Que., 1911—

In conjunction with the Local Council of Women and the Foundling Hospital, the V.O.N. undertook the supplying of pure milk to sick and delicate babies at the beginning of the summer. Milk Stations were opened with V.O. Nurses in charge.

Montreal, Que., 1912—

Social Service nurses were supplied to the Royal Victoria and Montreal General Hospitals to follow up cases discharged from public wards.—A Child Welfare Exhibition was held from the 8th to the 12th of October. The V.O.N. took a prominent part. A number of clinics and lectures were organized in conjunction with many of the leading doctors, and talks in English, French,

German, Yiddish, Russian, Italian and Chinese were given to mothers on the care and feeding of children, on the proper care of milk, the care of the teeth, eyes, ears, etc. A small Ladies' Committee organized a Crèche with two of our nurses in attendance, which became so popular that we sometimes had as many as 150 babies at a time.

Toronto, Ont., 1899, October 24th—

During the last nine months we have been employed by 54 new doctors. This brings our list of doctors up to 119. We feel that our footing grows continually firmer, and that prejudices that arose from a misunderstanding of the modes and manner of conducting the work of the Order are dying out.

Every once in a while I have a doctor formerly opposed, say: "The Order is all right, Miss Eastwood".

The patients speak gratefully of the Order and most kindly of their nurses. One woman insisted on calling her baby after the Order—and it must be 'Victorian', and as the family name is 'Spice', it makes a curious combination.

Often when the mother of the family is the invalid, help and direction are given the children. Lately in visiting a case, as the nurse was busy about her work, I noticed the general care she had of the family. Speaking to the eldest daughter, a small girl, it was "Mary, it is time to put the kettle on now. I have washed the children for you, and now you will brush their hair, won't you? And (as a parting word) then it will be the right time to put on the potatoes for father's dinner", so constituting herself a providence to the household.

The graduates who have left our Toronto Home are all doing us great credit.

Toronto, Ont., 1903, April 17th—

The Annual Meeting was held in the Legislative Chamber of the Parliament Buildings with Lady Minto in the Chair.

The *Star* reports:

The table was very artistically decorated with a large lamp covered with a beautiful shade of roses, which lent a soft, pretty light to the surroundings; tulips and roses were in profusion. About 25 charming belles of Toronto assisted, and were most kind and attentive to all.

The *Mail and Empire* reports:

A veritable Parliament of ladies, with a sprinkling of nice, frock-coated men, infested the desks of the members, and the galleries contained groups of pretty women, glad of an opportunity to air their spring fineries, which the weather had kept hidden for some days.

Toronto, Ont., 1904 (1938)—

A dear old grandmother . . . met the nurses away back in 1904 when her first baby was born in a house on Front Street near Simcoe. The nurse and doctors were summoned by an excited husband from the nearest available telephone in the freight sheds of the Grand Trunk. The doctor who arrived in a gig driven by a man in a top hat, was soon joined by the nurse, who, apparently unhampered by her long skirt and high boots, descended nimbly from a buggy. History repeated itself six times with the Victorian Order Nurse always in attendance to welcome the new baby . . . In early days when faring forth at night on errands of mercy, the nurses prepared for any emergency, and carried a policeman's whistle.

Toronto, Ont., 1914—

The need of our nurses among the poor of the city is shown daily. A striking instance of this is shown in a case attended in North Toronto in September. We were called by the physician attending the case who, when he was informed that it was too far out for us to manage, said there was no one else that could do the work. We found the mother in a lean-to shanty alone with four small children. The eldest had been sent to the reformatory. The patient, with an infant a day old, was lying in a filthy bed, and on a heap of rags in a far corner were a number of small children. There were no utensils or furniture of any kind, and the house was full of flies. After considerable trouble a neighbour was induced to clean the house and give the patient her meals, and our nurse attended the patient daily until she recovered, the case being turned over to the city authorities.

Kingston, Ont., 1898—

Miss Baker, a local nurse, was employed as the first Victorian Order Nurse. Before commencing her duties, she was sent for a four month's postgraduate course to Toronto. Upon taking up her duties in Kingston, she was presented with a long black coat which cost the Board $10.

Kingston General Hospital decided to recognize any nurse employed by the V.O.N.

Winnipeg, Man., 1901—

The inaugural meeting was called by Mrs. McMillan, afterwards Lady McMillan, Chatelaine at Government House, in response to a letter from the Countess of Minto to consider the establishment of Cottage Hospitals.

In March, as many as 4,376 immigrants were registered at the Immigration Hall.

Winnipeg, Man., 1905—

The V.O.N. plans to make Winnipeg a Training Centre for nurses in the West. Methods of raising money included 'Bonnet Hops' at which afternoon dress was worn.

Winnipeg, Man., 1908—

Manitoba Hall was engaged for a 'Bonnet Hop'.

The dancers arriving by cab (very expensive), or by street car, climbed past the ground floor shops to the dressing rooms, where the ladies changed into the slippers they carried in their bags, and then climbed another flight of stairs to the ballroom. Barraclough's, the orchestra of the day, furnished the music; various firms donated the refreshments, and the Order was richer by $571.

Winnipeg, Man., 1901—

This year was one of great expansion in the Order. Over 50% of the patients were Jews, both Russian and Polish. There was a small percentage of Icelanders, and the remainder were chiefly Canadian. The nurses report that the majority of the Jews are good about paying their fees—the Icelanders are both thrifty and clean. Very few of the English-speaking people of these localities know about the Order.

Hamilton, Ont., 1899—

Branch mooted in 1898, organized in 1899.

Miss Macleod, General Superintendent of the Victorian Order, responded very promptly to the request of the Board of Management, and on July 26th, the nurse, Miss Emily Dakin of Halifax arrived.—Miss Dakin had not time to rest after the fatigue of the long journey from Halifax, for within eighteen hours she was called to a family where the mother and six children were sick and not in circumstances to afford a nurse or help of any kind whatever. Since then she has been in constant employment. Carfare, we are assured, will not be exacted by the Street Car Company.

The uniform was made here, the material having been sent on from Montreal. There was enough to make three dresses. We had nine aprons, a storm cloak, collars and cuffs, costing altogether about $35 for her outfit. Of course this does not include her winter cloak, hat, etc. (1902—Cost of hat: $1.25.)

The nurse was called to a home where the mother was ill—four little ones with no one to look after them through the day, the father being compelled to leave them to attend to his daily work —the house very dirty, no fire and everything out of order.

Miss Dakin took two pitchers and went in search of hot water which she got from a neighbour, when she returned to the house and set to work—washed up the dishes, cleaned out the sink

(which was clogged up with tea leaves, etc.) made a fire, got something ready for the sick woman, changed her clothing and put on clean sheets and made her comfortable—then turned her attention to the children.

Edmonton, Alta., 1907—

Branch established. First nurse Miss McCulloch (afterwards Mrs. Benson), V.O.N. from Winnipeg, trained in Toronto.

Edmonton, Alta., 1913—

The Victorian Order reaches all classes, from the fairly well-to-do to the very poor. In Edmonton a great deal of the work lies in the foreign district. Amongst those attended during the past year are Italian, Roumanian, Austrian, French, Welsh, Polish, Negroes, Norwegian, Swedish, Dutch, Russian, Irish, German, Canadian, American, Scotch and English.—Many times the patients are unable to speak a word of English, and the nurse gets along as best she can, with or without an interpreter.—One of the nurses reports having attended a maternity case in a shack which was being moved at the time of the confinement.

Calgary, Alta., 1908—

Establishment of Branch opposed by local Nurses' Association insisting that the V.O.N. would deprive them of a livelihood. —1909, Branch established with Lady Lougheed as first President.

Six Nations Reserve—Near Brantford, Ont.—

1910—During the year the Order was asked to supply a Victorian Order Nurse to act as a Missionary District Nurse on the Grand River, Indian Reserve near Brantford, Ontario. This Reserve is under the New England Company, the Senior Missionary Society, incorporated 1661, and having headquarters in London, England. The Nurse's district is the whole Reserve, 12 miles square. She attends to all the visiting nursing and teaches the women, especially, rules of hygiene, sanitation and proper living. She is supplied with a horse and trap. Miss Mary Shore received the appointment, and entered on her duties, January 14th.

Cobalt, Ont., 1910—

To this camp, where almost every language could be heard among gangs of young and roisterous miners, "Bob Lowery" a local grocer, brought the first V.O. Nurse. One epidemic of typhoid had almost decimated the population and a second, brought on by the primitive water supply arrangements, was to come within another year or two. There was no hospital available in the district. What few nurses had arrived and the three local doctors were faced with work far beyond their willing capacity. The V.O.N. nurse started work on her arrival, and from then on this work has never let up. This first nurse, a Miss Linton, worked

largely among the foreign element, clambering through basement rooms in every corner of which some miner slept, to back kitchens, where women were to be delivered of their babies. For the only women among the Cobalters were young wives, who had braved the early conditions at the camp to be with their miner husbands. It is on record that these miners were always courteous in their attitude towards women, particularly a uniformed nurse. Much has been told of the wildness of these early days. Our information is that there was never a murder in the camp, never a night when a woman or child could not walk through the "Square" assured of meeting the utmost courtesy. The main service of the Branch has always been in connection with maternity work: prenatal, delivery and postnatal, including a continuous clinic for well-babies. We can find no record of the loss of a baby or a mother, where our Nurse has been in attendance.

London, Ont. 1912—

Branch established in 1906.

Number of foreigners are settling here. All this means more work for the nurses. These foreigners come to our city without money, without possessions to make a home, unable even through ignorance of our language to make known their wants, and some requiring the services of a physician and a nurse almost on their arrival. To these poor people the V.O.N. is a ministering angel —one commendable trait of these poor people to whom the nurse ministers is their deep appreciation and gratitude for all that is done for them. What they lack in money, they make up in politeness—particularly the Polish element. When the nurse enters the home, she is assisted in removing her wraps, the best chair is brought for her, and all the members of the household hasten to do her bidding.

London, Ont. 1912—Cases 440, Nurses 2, Doctors 54.

Branch closely associated with Western University. Dr. H. W. Hill, directing Institute of Public Health (the Public Health Faculty of the University) gave offices free of rent to the V.O.N. and incorporated instruction in V.O.N. policies into the University courses for Public Health Nurses.

Ste. Anne de Bellevue, Que., 1911—

District Nursing organized here first by the King's Daughters, who transferred the responsibility to the V.O.N., who appointed a bi-lingual nurse, Miss M. Grace Houghton—supported by Roman Catholic, Anglican and Union Churches. Continuous visiting discouraged. Emergency cases have first call. Nurse must not reside with patient. May not give hypodermic injections without a doctor's orders. Patients must pay nurse's cab hire. Cost of nurse: 10 cents to 50 cents a visit. Confinements $1 to $2. Operations 50 cents to $1.

SOME DISTRICT SUPERINTENDENTS

Margaret Duffield
Vancouver Branch
1929 - 1944

Ethel Cryderman
Toronto Branch
1934 -

Mary Campbell
Halifax Branch
1922 - 1934

Photo by Paul Horsfall

Kate McIlraith
Ottawa Branch
1936 -

Margaret Moag
Montreal Branch
1922 - 1945

V.O.N. Branch Offices

Hamilton
and
Montreal
Today and Yesterday

Today

Yesterday

The Uniform of the Victorian Order of Nurses for Canada.

For In-door wear—Blue wash dresses (regulation material), white aprons with round bibs to collar, plain white collar and cuffs, white cap (regulation pattern) worn in Homes of the Order, and badge of Order pinned on left breast.

For Out-door wear—Long plain navy blue coat, heavy weight in Winter, light weight in Summer, and navy blue hat (regulation model), straw in Summer, felt in Winter.

Black bags, preferably with the cabin top, with the initials "V.O.N." on outside.

The dress material is obtained from the Head Office, Ottawa. The hats from T. Eaton Co., Toronto.

It is recommended by the Executive Council that, wherever possible, the Local Committees make a monthly allowance to the nurse to defray cost of uniform, but their attention is drawn to the "Royal Charter and By-laws," paragraphs 31 and 52, and they are urged to see that the nurses employed by them keep themselves supplied with the complete uniform of the Order, in good condition, and wear it always when they are on duty.

Mary Red. MacKenzie
Chief Superintendent, V.O.N.

Per L. T. D. —1915

Ste. Anne de Bellevue, Que., 1914—

Commendation of V.O. Nurse by Dr. R. F. Kelso, local English speaking doctor, graduate of Queen's University: "I have been practising in Ste. Anne's since November of last year. I had been advised not to start practice in a small place with no hospital facilities, because of the lack of skilful nursing in such places. Miss Houghton has to a large extent overcome this objection so far as I am concerned. I have always found her very attentive to her patients, and an exceptionally skilful and reliable nurse." Miss Houghton has objections to the uniform prescribed for Nurses of the Victorian Order, especially to the summer hat—in fact she will not wear it, saying it gave her headaches when she did so.

Vancouver, B.C., 1898—

When the scheme was started and collection of funds began, the response was slow—the housing situation was acute and it was difficult to find quarters.

Vancouver, B.C., 1901—

Nurse Hill assumed the duties of a permanent nurse in December at a salary of $30 a month. The B.C. Electric Railway gave a free ticket.

Vancouver, B.C., 1902—

Collection made on February 9th by the Ministerial Association and an Easter Ball raised $278.30. This ball became an annual event, much help being given by the Queen Alexandra girls.

Vancouver, B.C., 1905—

Cottage Hospital organized at Rock Bay with service to logging camps. This was taken over by the parent Board in 1909.

Vancouver, B.C., 1907—

Third nurse engaged, and grant of $600 received from the City.

Vancouver, B.C., 1910—

Previous Homes proving too small, a new Home was secured on Pender Street called the Florence Nightingale Memorial Home. Queen Alexandra offered to be a patroness, and sent photographs of herself and the late King Edward to be hung on the walls of the Home.

Vancouver, B.C., 1911—

Room secured for a nurse on Vernon Drive. A nurse's tent was provided at Vancouver Exhibition. Rose Day with sale of roses made by incurables raised $3,858.

Vancouver, B.C., 1912—

Mrs. James Macaulay is the first woman to be appointed President. Branches started at North and South Vancouver.

Visit of Duchess of Connaught and Princess Patricia coincides with presentation by Mayor Findlay of the sum of $2,392 collected through various sources.

Vancouver, B.C., 1913—

Our Florence Nightingale Home at 1300 Venables Street is one of the four training centres for the Victorian Order of Nurses for Canada, and nurses have gone from our Training School to Victoria, North Vancouver, South Vancouver, Steveston, Burnaby, Quesnel and Melfort, Sask. One hundred and eleven city doctors have employed our nurses, and the nurses are held in the highest esteem by the Chinese, where they have many patients, and the Chinese are always ready to pay for services.

Special attention and time has been given to Pre-natal and Child Welfare work. Our nurses are fast becoming an advisory board for mothers.

Vancouver, B.C., 1914—

Relief Committee organized sewing, toy-making, 'housewives' and 'hold-alls' for the 2nd Canadian Contingent.

Burnaby, B.C., 1912—

Branch organized at a meeting in the Municipal Hall in September. Mrs. D. C. McGregor, the first President.

Burnaby, B.C., 1913—

Nurse has to rely upon a bicycle for visits. Contract made with Metropolitan Life Insurance Co.

Burnaby, B.C., 1914—

Another nurse added to staff.

Halifax, N.S., 1897-1914—

Formally opened in April 1898.

Branch organized and maintained for two and a half years with a Board of Management of men, and a House Committee of women. Much opposition had to be overcome by those who were confident that, once established, it would abundantly prove itself one of the most beneficial institutions of the city.

The great number of patients belong to the artisan class of the community, and many to the extreme poor. In some cases the work has called for the daily visitation of paralytics, and those dying of consumption, cancer, etc. in poverty stricken and most unsanitary surroundings.

Although doing good work the Branch was obliged to suspend. In 1902 it was re-organized, following an address by Charlotte Macleod, with a Committee of 22 women and an Advisory Board of 6 men, since when it has abundantly proved its usefulness. There was now no opposition from the Halifax doctors.

The nurses wore a uniform which was as follows: Blue cotton uniforms, and a serge one for dress uniform. White aprons not worn till 1906, when they were adopted as a precautionary measure for septic cases. In 1909, the uniform adopted was a blue wash dress with white navy band and medal for outdoor wear in summer, and a blue cloth cap in winter. A long navy coat was worn in two weights for summer and winter. The black leather bag had the initials 'V.O.N.' engraved on the outside. Badges were selected by the Committee, and worn on the sleeve—a different badge was worn in summer than in winter. They were of navy blue with the letters 'V.O.N.' in red.

Halifax, N.S., 1913—

33% of all births in the city were attended by V.O.N. nurses. Milk station opened.

Halifax, N.S., 1914—

Five nurses employed.

We have many men patients of small salaries, self-respecting, intelligent people who pay their debts but have to live carefully and frugally to do so. Such have little money laid aside for sickness, and nothing for trained nurses.

Brantford, Ont., 1907-1914—

Branch opened in 1907. In 1908 the City gave a grant of $600.

Brantford, Ont., 1909—

A second nurse engaged to do full-time tuberculosis nursing and preventive teaching in the community.—One of the nurses' reports recommends: "That the Victorian Order of Nurses write the Board of Health asking that spitting on the sidewalks be prohibited, and that sputum cups be provided for tuberculosis patients."

Brantford, Ont., 1911—

Agreement with Metropolitan Life Insurance Co.

Brantford, Ont., 1914—

Nurse engaged for Infant and Child Welfare Work.

Cottage Hospital Scheme

The original opposition to the Victorian Order of Nurses for Canada proclaimed by the Winnipeg doctors evidently did not fall in with the views of Dr. David Low, a physician of Regina, then the Capital of the North-West Territories, who sent an invitation to Ottawa to organize a Cottage Hospital in his city, stating that he would guarantee patients enough to keep seven beds and a nurse busy. This invitation was

accepted, and the first V.O.N. Cottage Hospital in Canada was opened at Regina in 1898. The collection of funds for a Hospital at this point had been started in January 1896, the methods used ranging from selling candies to giving concerts. In some cases nurses were placed in charge of existing pioneer hospitals before the V.O.N. Hospital itself was opened, for instance at Vernon, B.C. Lady Aberdeen was particularly interested in the Vernon Hospital, as Lord Aberdeen had a ranch there. Such was the demand for beds at the Regina Hospital that it was transferred to a new site in 1901, with a Training School for Nurses organized by Miss Lily Bristow, formerly in charge of the Cottage Hospital at Shoal Lake, which was opened by Lady Minto in person, and helped to staff many other hospitals in the West with skilled nurses. Six years later this Cottage Hospital was taken over and absorbed by the Regina General Hospital.

Reports on Cottage Hospitals

In *What is the Use?*, Lady Aberdeen quotes from the Chief Lady Superintendent's Report of visits to the Regina and Vernon Cottage Hospitals:

> At Regina they have a small Cottage Hospital. It was only a small tenement house which would accommodate six patients that was taken in November. One nurse was sent then, and in May we sent a second nurse, and a sister of one of the nurses is also managing the housekeeping part of it.
>
> Fifty-six patients have been nursed there since last November, mostly men and boys who have not homes; and the doctors there told me had they not had this little house with the two Victorian Order Nurses, two-thirds of that number surely would have died. There was no place to take them except to the hotel, and they were men who were unable to pay hotel prices . . .
>
> Then at Vernon, B.C. they have a hospital. I was there a year ago last August, and it was then under the management of a partially trained nurse; and now I have just been there again, and the contrast is very great in the equipment of the hospital, in the comforts and home-like condition, and in the care of the patients, and these, too, have been mostly men who have not had homes, and the cases in both places had been typhoid—and pneumonia and surgical. At Vernon the two nurses are not always required in the hospital. One goes for continuous nursing and for district nursing as well. I found

her down at Kelowna, about three hours by boat from Vernon, taking care of a maternity case, and her services were very much appreciated by both the family and the doctor. The doctor had never had a trained nurse there before to nurse a case for him, and so his wife was out taking care of the cases, and even among the half-breeds—while I was at Kelowna, the wife of this doctor was out at a half-breed's house looking after a very sick baby.

In Manitoba itself Cottage Hospitals were organized by the V.O.N. at the request of local committees—at Shoal Lake in 1900, at Dauphin in 1901, and at Swan River the following year (opened in 1904).

The appeal for the Cottage Hospital at Shoal Lake came from Mrs. Vibert whose letter is quoted by Lady Aberdeen in *What is the Use?*:

I am so anxious about the establishment of a Cottage Home for a Victorian Order Nurse here that I can hardly sleep, and am writing you to beg you to help us, for you can fancy when we have no hospital or trained nurses nearer than Winnipeg, what a boon it would be.

To give an exact case, a man was accidentally shot on Monday; there was no train to Winnipeg till Wednesday; the delay and inflammation caused by the long journey was so serious that blood poisoning set in and his life was lost. Accidents and emergencies are constantly occurring. As I write there have been six deaths in one family in the country not far away, and five in another, from diphtheria, and a trained nurse would have been invaluable. One hundred dollars has been promised by a lady in Montreal for a Maternity room (which was of great value in Brandon to people living in remote country places). Six hundred dollars has been promised, but we need a thousand. Do what you can for it, and you will have the comfort of knowing that you will be blessing many in this new country where life is not easy and sickness has a deeper shadow than in more civilized places. If the cottage is once established, it will be partially if not entirely self-supporting.

Lady Aberdeen adds:

Mr. R. M. Wilkie, the most kind and faithful Secretary of the Local Board in Toronto, on seeing this letter, undertook to show it to a few gentlemen, with the result that in a few minutes he obtained contributions amounting to $100 for the Shoal Lake Victorian Order Cottage Hospital.

Lady Minto, who stepped into the shoes of Lady Aberdeen on her arrival in Canada late in 1898, took special interest in this phase of the V.O.N. activities, and at an Executive Council meeting held on December 9th, 1900 pointed to the

success of Cottage Hospitals at Vernon, Regina, Shoal Lake (Man.), Thessalon (Ont.) and Fort William (Ont.), urging that a special effort be made to promote this branch of the activities of the Order. She therefore proposed:

> A Fund to assist in establishing and maintaining such Hospitals be created by appeal to the general public and to Canadians in England, by application to the Dominion Government for a grant for use in The Territories, and by application to Provincial Governments for grants expendable in their respective Provinces only, the sum total to be augmented by donations from Municipalities and Provinces as they became concerned.

Lady Minto Fund Campaign endorsed

The Annual Meeting of the Board of Governors March 14, 1901, passed the following Resolution:

> That a special fund (to be kept separately and used solely for) "the establishment and maintenance of Cottage Hospitals in the North West Territories and elsewhere in Canada be created and named the Lady Minto Hospital Fund". That Hospitals so established to be styled and known in commemoration of the life of Queen Victoria as "The Queen Victoria Cottage Hospital at—" a tablet to that effect being placed in the building. That Hospitals be managed by a District Committee or Local Association.

A Committee to put this Resolution into effect was then appointed, consisting of His Excellency the Governor General (Lord Minto), Chairman,

> The Presidents and Vice-Presidents of the Order
>
> J. M. Courtney, C.M.G., Treasurer, James W. Robertson, Secretary,
>
> Members of the Board of Governors and the Executive Council with Senator Ellis and Mr. Dyment, M.P.

By March 1903 the Lady Minto Hospital Fund had reached a total of over $26,000 most of which had been collected by Her Excellency herself. As the result of a further campaign for Hospital endowments and grants to struggling branches in country districts, as well as to help meet the expenses of the Central Office, $106,475.46 was raised.

For the protection of the Order, regulations stated that—

> No part of a Grant should be paid before a suitable Hospital site and a good title thereto has been vested in the Order. Applicants must 'insure' in favour of the Order sufficiently to cover all Grants made.

On completion, the Order may convey the building to be held in trust by the Incorporated body for the purposes of a Hospital in connection with the Order to be maintained subject to the Charter and By-laws (this meaning that the nurses were mostly to be supplied through the Order and were subject to its rules and supervision by the Chief Lady Superintendent).

In 1904 the V.O.N. Cottage Hospitals came to be called "Lady Minto Hospitals". In the Annual Report for 1904 submitted by Miss Margaret Allen, who had succeeded Miss Charlotte Macleod as Chief Superintendent, one reads:

The work of the hospitals in the West has increased tremendously during the past year; with one or two exceptions they are all overtaxed, cots being placed in the halls, and often the nurses being turned out of their rooms in order to accommodate patients. I do not think the people in this part of Canada can realize the difficulties under which the nurses work in some of the small Western towns; no light but oil lamps, and oft-times the only supply of water being in the basement of the building, and having to be carried to other parts of the Hospital; in fact in one case the water was brought to the building in barrels, and for two days last fall they were without drinking water.

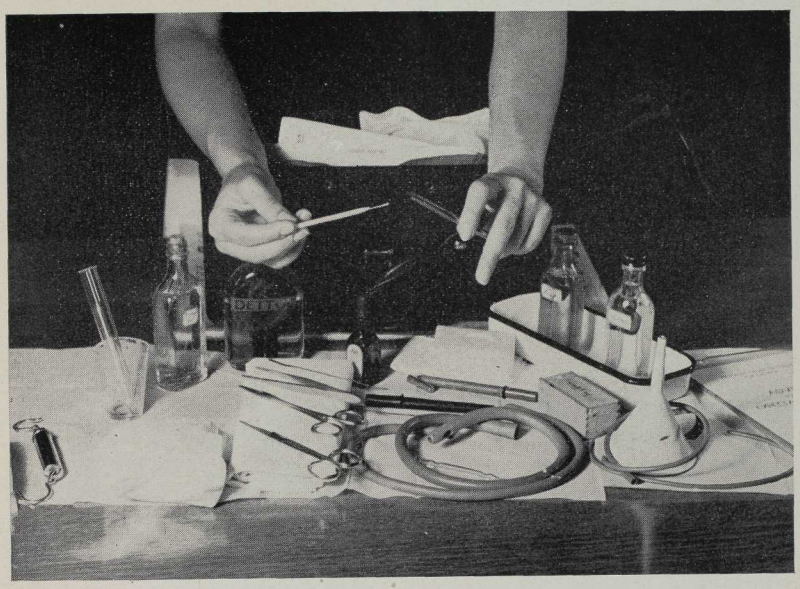
A large number of the patients come long distances to be treated, one man who had both hands badly crushed riding 70 miles on an engine over an unfinished road—double amputation was necessary when he reached the hospital. Another case was a trapper, whose camp-fire burned his bed of boughs and himself severely, having to walk sixteen miles to the nearest house; by the time he reached it he was badly frozen, in this condition driving thirty miles to the Hospital. I think these two cases I have cited will give people a little idea of how necessary the Cottage Hospitals are to the people of the West.

In the Annual Report for 1906 it was stated:

The estimated cost of maintenance of a ten-bed Hospital is $2,000 per annum, $1,000 for salaries and wages and $1,000 for household expenses, including drugs and dressings.

The problem of financing this Cottage Hospital Scheme on any large scale may account for the statement in the Annual Report for 1907:

The feature of perhaps greatest importance in the Reports of the last two years is the fact that four of the Hospitals assisted by Grants-in-Aid from the Lady Minto Hospital Fund have decided to withdraw from association with the Order.



CONTENTS OF THE LITTLE BLACK BAG

The Little Black Bag weighs approximately eight pounds which is quite a weight to carry around all day.

Scissors
2 tissue forceps
2 artery forceps
1 eye dropper
1 glass connecting tube
2 douche nozzles
1 irrigation tip
funnel
rectal tube and catheters
rubber tubing
absorbent cotton
gauze
cord ties and dressings
masks

apron
liquid soap
alcohol
antiseptic solution
baby scales
applicators
tongue depressors
hypodermic syringe and needles
razor
orange-wood stick
2 thermometers
paper towels and soap
instrument basin
records

GROUP TEACHING

Class for Expectant Mothers
(Border Cities - Windsor)

Right:
Child Health Conference
(Bridgewater, N.S.)

Below:
Girls' Health League
(Burlington, Ont.)

It was made a condition that in case of any Hospital Board deciding to sever its connection with the V.O.N., the Grant or Grants should be returned in full. This last condition is being loyally fulfilled by the Hospitals which have become strong enough to rely fully upon their own resources, and who naturally under these circumstances prefer to have complete control of their own nursing staff.

It is more than likely, therefore, that we, as an Order, shall have to be content with being the foster-parents of these institutions, and to have them one by one cut the cable (to change the metaphor), and steer off upon their own course with signals of goodwill shown by them and by us.

Following a report by the Chief Superintendent in 1911 local Boards of Hospitals were given full control as to Nurses and management.

The training of nurses for Cottage Hospital work is referred to in the Annual Report for 1899 of the Montreal Branch, where the Training Home was under the care of Miss Gertrude Hunt:

Lectures will be given on hygiene and ventilation, and a short course of practical lessons in cooking will be given; each nurse will have a few weeks in charge of the housekeeping, and she will also receive the necessary instruction in keeping books and records. The nurses will thus become better equipped to take charge of Cottage Hospitals for the Order, and to give instructions to classes of mothers and girls when going to new districts.

The experiences of the nurses sent by the Victorian Order varied according to the location of the Hospitals to which they went. Two cases are cited, one from the Atlantic Coast where assistance was given to the Grenfell Mission Hospital at Harrington Harbour, Labrador, at the request of Mr. Mackenzie King—1906, and one from the interior of British Columbia:

THE GRENFELL MISSION HOSPITAL AT HARRINGTON HARBOUR, LABRADOR

(Extracts from letters written by Miss Edith Mayou, the first Nurse at that point, former Superintendent of the Victoria General Hospital of London, Ont.)

January 12, 1908—

As we are on an island, we cannot get any patients from the mainland until the ice is sufficiently firm and there has been enough snow for the dogs to bring them in safely on komatiks.

April 1, 1908—

Dr. Hare travelled over fifteen hundred miles by dogteam last winter and saw several hundred patients. I prescribe and treat during his absence only.

Although I get up at six-thirty in the winter and at five-thirty in the summer, I never seem to have time for all I have to do. I have had night school for the men and lads and my own servants, sewing classes for the girls, and nursing talks and demonstrations for the women—I shall teach basket-making next winter.

Most of the diseases we have to treat are those of semi-starvation; a continued diet of sour bread, tea and molasses does not make a very strong constitution. Our hospital treatment is principally dietetic, hygienic and eliminative, and when our patients go home, having gained ten pounds and looking pink instead of yellow and muddy, we feel that our work has not been in vain.

February 8, 1909—

The winter is fast slipping by, the cold has not been very severe, the thermometer varying from zero to 24 below, the monotony being varied by regular hurricanes and tremendous changes in the temperature, productive of coughs and colds.

March 25, 1909—

Last week I gave the mothers and wives a talk and demonstration on nursing—on an evening later gave twenty-five men and lads a practical demonstration on artificial respiration and the treatment of the drowned.

There is a terrible epidemic among the dogs.—Out of twenty-one that I treated while the doctor has been away, only seven are alive.

June 27, 1909—

An epidemic of grippe swooped down upon us.—In addition to the 160 outdoor patients, I had my own servants and hospital patients, as well as the doctor's four children and servants all on the sick list. Although I had several severe cases with complications of ethmoiditis, bronchopneumonia, cardiac conditions and nephritis, all are getting better.

July 1, 1909—

Could you spare the time to find out for me the cost of a black leather bag, opening square, fitted with small screw-top bottles and space in the middle to carry dressings, etc.—something in which to have everything ready for an emergency—the make of bag that you recommend to your nurses who do all outdoor and visiting work. I should like one that is not very heavy, for I am only five feet high.

ROYAL CARIBOO HOSPITAL, BARKERVILLE, B.C.

(From the V.O.N. Annual Report for 1913)

Until the building of the Quesnel Hospital in 1910, our hospital was the only hospital in this very large district. Since its very earliest days, this hospital has always been in charge of a male nurse. This may have been all right in early days, when it was impossible to get a lady nurse to come to such an uncivilized spot. Although the male nurse did his best and kept the place clean, or what a man calls clean, it did not appear that everything could be satisfactory—as people that should have gone to the hospital, and would have been very much better there, did not go—subscriptions did not come in as they should.

Therefore at a Board Meeting, held in the fall of 1912, the idea of a lady nurse was brought up; the Board, as a whole, were doubtful as to whether our revenue would be able to stand the extra expense that a lady nurse would necessarily entail. The steward had hitherto been nurse, cook and choreboy combined. It was then suggested by Mr. F. Tregillus, a member of the Board, that in all probability, if we had a lady nurse, we should get more paying patients and better subscriptions.—We then decided to appeal to the Victorian Order for help, and it is well we did . . . The Royal Cariboo Hospital is now an entirely different institution —a credit to the country, its nurse and doctor.—Mrs. Lovering, on her arrival, seemed to inspire new life into the institution; everyone seemed willing to work, men volunteered to do painting and carpentering work, also sawing wood, etc.

In the Annual Report for 1917, Mrs. Charlotte Hanington reports that five of the Cottage Hospitals had—

small training schools which are proving very useful, training prairie-bred women and often holding their services afterwards for other little hospitals, or for private nursing in their immediate locality. These little hospitals do a great deal of maternity work.

In the same year by request a Cottage Hospital was established at Athabasca, 100 miles north of Edmonton.

Lady Grey Country District Nursing Scheme

The Report of the Hon. Secretaries Dr. Thomas Gibson and J. F. Orde, K.C. for 1909 states:

This year our Order has taken a fresh step. At Lundbreck, Alberta, a nurse has been stationed to cover a wide area of Country District Nursing which she does mostly on horseback. The experiment has proved successful, and in the person of Miss Mary Macdonald we have been fortunate in securing an ideal pioneer of the ready heart

and hand for this new phase of our work, to which the name has most appropriately been given of the Lady Grey Country District Nursing Scheme of the Victorian Order of Nurses.

According to Miss Mary Ard MacKenzie, Chief Superintendent—

> The plan in outline was to organize Local Associations in Country places, to supply nurses for the people on the farms ranches and homesteads. The Nurse's headquarters will be in the most central spot possible from which she will go out to cases five, ten to twenty miles distant.—A horse for the Nurse is an absolute necessity.
>
> This work needs three kinds of workers—the doctors, the nurses and the home helpers. A Nurse's Home should be established in the centre of each district. In this Home there should be accommodation for one or two patients, not more, and one nurse should always be in attendance. In their rounds among the people, the nurses would be able to select desirable women and girls to go out as Home Helpers. These would be called on when needed, would go with the nurse to patients' homes, look after the house, do the cooking, washing, etc. under the nurse's guidance, and be left in charge of the patient and home after a time while the nurse passes on to a more urgent case.

As the Western Prairies for which this scheme was designed consisted of a country of distances, it might more accurately have been described as The Sparse Country District Nursing Scheme, for which a horse would have been a less serviceable vehicle than the still visionary helicopter, although the coming of the motorcar was near at hand. The general idea of the daily program of the Victorian Order Nurse, was to give an hour or more of skilled nursing care under doctor's orders to five or six patients a day, but this seems to have been sidetracked under this new scheme to a plan under which much of her time would be spent on horseback, where four miles an hour is a good average pace for anything other than a canter or gallop.

Duchess of Connaught's Campaign for funds

To help finance this scheme, which was inclined to languish with the departure of Lady Grey in 1911 and the lack of interest in the Country Districts concerned, (the V.O. Nurse at Lundbreck resigned in December 1911 because she had so few calls), the Duchess of Connaught started a Campaign for Funds in March 1912, raising $223,250 in about a year's

time for this and the Cottage Hospital Scheme. By 1916 eleven Country Districts had been organized, mostly in Saskatchewan, but Mary Ard MacKenzie admitted that there had been difficulty in interesting the people, although

> this had been largely overcome by the help given by Women's Institutes and the Grain Growers Associations. By attending and addressing Conventions of the Home Makers Clubs of Saskatchewan, the Home Economics Societies of Manitoba and the Women's Institutes of Vancouver Island, she was able to reach hundreds of women representing many localities, most of which were in need of some settled plan for supplying nursing care to their people.

As instance of the good work done, she cited a letter from Dr. A. D. Campbell, a doctor at North Battleford, in regard to Hyde Park, Saskatchewan, where a Country District Nurse had been installed.

> The people living in the above district are many miles from the nearest doctor, and as it is a comparatively new district many of the homes are, to put it mildly, very modest. In some cases, in fact, the nurse is fortunate in having one tin basin for solutions, when conducting maternity cases . . . Last summer I was called out there to see a baby that was ill, and on arriving I found Miss Skuse (the Victorian Order Nurse) there before me, doing all she could for the infant (4 a.m.). After I had finished attending to the baby, I happened to notice that the nurse had a number of contusions on one side of her face and a very black eye. The homesteader informed me that two or three days before she had been pitched out of a buggy in a runaway escapade, while going to see another patient. Most people would have taken a few days rest to recuperate, but she had gone on with her work as usual, because she couldn't very well be spared even for two or three days. That is the type of nurse they need out in that country and I consider them unusually fortunate in getting them.

While the effort was a noble one, the difficulties were great, and according to Miss MacKenzie could only be overcome by giving more comfortable quarters to the nurses, by increasing the salaries and by training the nurses to this kind of work.

Considering the fact that they were nurses who had graduated from hospital training schools and had taken a supplementary course in District Nursing, and that the work was strenuous, the salaries offered to Victorian Order Nurses at this period were certainly moderate. Here is the scale for 1916:

A. District Nurses, Cities and Towns—

Initial salary for Staff Nurses—$35 with board, lodging and laundry and an allowance of $3 a month for uniforms.

For Head Nurses or Nurses in Charge of any special department—$40 a month with the same allowances.

These salaries to be increased annually by $5 a month for satisfactory service until a maximum of $45 for Staff and $50 for Head Nurses be reached.

B. Country District Nurses—

Initial salary $45 a month with board, lodging and laundry—nurse to supply her uniforms.

This to be increased by $5 a month until the maximum of $60 a month is reached.

C. Hospital Nurses—

Initial salary for Staff Nurses in Hospitals, $40 a month. Minimum for Matrons $60 a month.

These to be increased by $5 a month until the maximum of $55 a month be reached for Staff Nurses and $75 for Matrons. Head Nurses of any departments such as Obstetrical or Operating Room should receive higher salaries than ordinary Staff Nurses.

Salaries raised under Mrs. Charlotte Hanington

In 1921 Mrs. Charlotte Hanington, who had succeeded Mary Ard MacKenzie in 1917, was able to report in a review of the preceding five years of V.O.N. History:

Salaries have been doubled.

There is a new system of Reports, Records and of Filing.

The uniform material for nurses is purchased wholesale and distributed to the various Centres.

The fees collected during this period from the Metropolitan Life Insurance policy holders have amounted to $229,962.42.

In this year (1921) the sum of $50,000 was—

donated to the Order through the Duke of Devonshire out of a fund recently placed at his disposal by the Joint War Committee of the British Red Cross and the Order of St. John of Jerusalem.

By 1916, the Provincial Governments in the Prairie Provinces were becoming alive to their responsibility for nursing care in newly settled and sparsely populated districts, and as they had deeper purses than a semi-private organization such as the V.O.N., they began to set up the machinery for Municipal and Community Hospitals, and in Alberta for District Nurses.

Growth of Provincial and Municipal Public Health Activities

It must be remembered that in 1916 the Provinces of Saskatchewan and Alberta were still only eleven years old. Manitoba was forty-six years old before it engaged (in 1916) five Public Health nurses to investigate infant mortality and demonstrate Community Health Nursing. Alberta put through a Municipal Hospitals Act in 1917 which enabled the organization of Municipal Hospital Districts, with each hospital covering several districts. Saskatchewan followed suit with a Union Hospital Act, under which the cost of rural hospitals could be taken care of jointly by surrounding municipalities.

Because of these Provincial and Municipal activities it was considered advisable to avoid duplication and to discontinue the Lady Grey Country District Nursing Scheme.

A temporary setback to the confidence held in the V.O.N. by some of its supporters in the West was the rumour circulating towards the end of 1916 that the Order supported a proposal, originating in England, to settle British women dependent on Government pensions after the war, or British women of the V.A.D. of the St. John's Ambulance Brigade who might be trained in midwifery in England as midwives and home helpers through the Canadian West.

Proposed Importation of British Midwives not supported

It should be remembered that in England the profession of Midwifery had a more generally accepted recognition than in most of the Provinces of Canada, and that from the beginning of this century the Midwives Act had created a Central Midwives Board which regulated the issue of certificates, the course of training, the conduct and conditions of examinations qualifying for the roll of duly certified midwives. The Queen's Institute of District Nursing undertook the training of midwives, and included among its imposing list of Representative Members on its Council the College of Midwives as well as the Royal College of Physicians and the Royal College of Surgeons. While in the towns the work of the Queen's Nurses is mostly general nursing, in seventy towns midwifery is also

undertaken, and several of the Training Centres for Queen's Nurses in large towns are approved to train pupil midwives. Midwifery also forms an important aspect of the work of the Queen's Nurses in rural areas.

In order to dispel the misunderstanding which had arisen particularly in Ontario as to the attitude of the V.O.N. to this proposal, the Executive Committee announced that it was not their intention to take any steps which would tend to lower the standard of Nurses employed by the Order, and that there was no intention to import British midwives and V.A.D. nurses.

Financial Problem of Cottage Hospitals

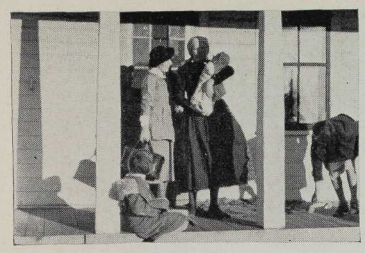
The War of 1914-1918 became financially an increasingly disturbing factor, particularly as regards the Cottage Hospitals. There seems to have been disagreement in some cases between the local hospital and the Central Board of Governors, due to various causes, including lack of funds, so that the life of the Cottage Hospitals varied considerably.

A Special Committee was therefore appointed to study the Cottage Hospital situation, as the problem of staffing and inspection had become serious. As a result, in 1919 sixteen Cottage Hospitals were given thirty days notice to take over the entire management of their own institutions, but with the assurance that the V.O.N. would assist them with advice, if requested. Eight of them became Municipal, and others were taken over by local groups of citizens; one at Edmonton by the Sisters of Service.

In her Annual Report for 1920, Mrs. Charlotte Hanington states definitely:

> The tension on the finances and the workers of the V.O.N. was relieved with the dropping of most of our small Hospitals, in 1919.

In 1922 Dr. MacEachern of the Vancouver General Hospital was appointed by the V.O.N. to make a Survey of the Hospital and Nursing situation. As one result, the remaining Cottage Hospitals were separated from the administration of the Order, leaving only two (those at Athabasca and Vanguard) on the list, and those only as payers of the nominal rent of one dollar a year.

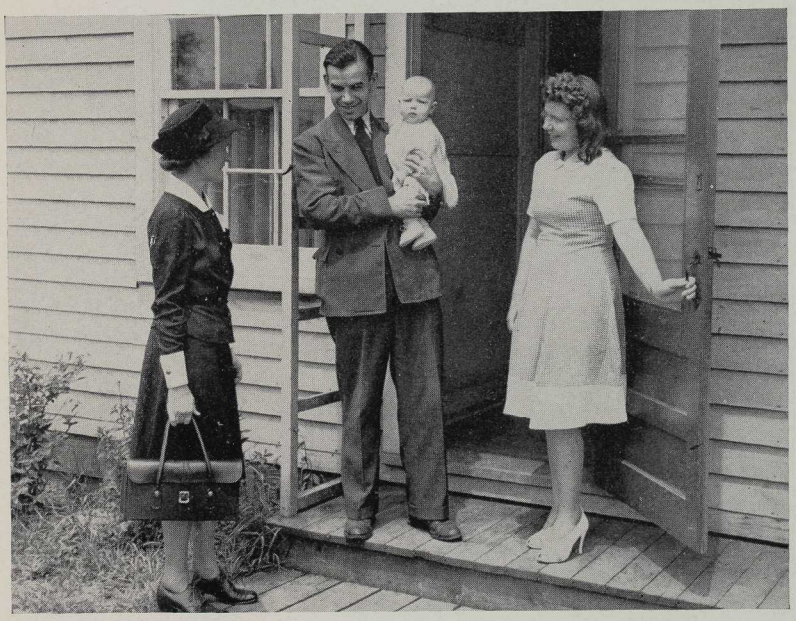


New Canadians

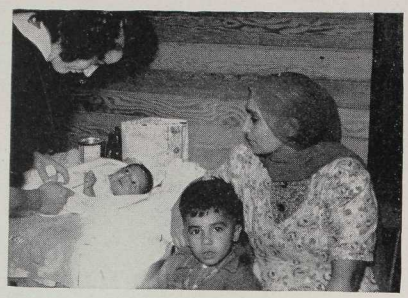
Hamilton, Ont.

Vancouver B.C.

The Welcome Visitor
all across Canada



Peterborough, Ont.



Vancouver Branch

Serving

All Races

All Nationalities

All Creeds

Victoria Branch

Courtesy Associated Screen News

LIST OF COTTAGE HOSPITALS

Location	*Affiliated with or aided by the V.O.N.*	*Record at April 1947*	*Bed Capacity**
Regina (Sask.)	1898-1908	Municipal	413
Fort Macleod (Alta.)	1898	Nurse in charge	
Vernon, B.C.	1898	Two nurses	
	1901-1908	Lay Hospital	75
Fort William (Ont.)	1899	Nurse in charge	
	1900-1903	McKellar Memorial	198
North Bay (Ont.)	1899	Nurse in charge	
	1903	1924 Lay (City)	35
Shoal Lake (Man.)	1899-1919	Municipal	23
Thessalon (Ont.)	1899-1913	Red Cross Outpost	14
Dauphin (Man.)	1900-1907	Lay Hospital	108
Revelstoke (B.C.)	1901-1919	Rev.Hospital Society	58
Pictou (N.S.)	1901-1907	Sutherland Memorial	31
Copper Cliff (Ont.)	1902-1919	International Nickel	33
Yorkton (Sask.)	1902-1919	Lay Hospital	106
Swan River (Man.)	1902-1921	Sisters of Charity of Halifax	36
Kaslo (B.C.)	1903-1919	Lay Hospital	26
Red Deer (Alta.)	1903-1906	Municipal	43
Almonte (Ont.)	1904-1921	Rosamund Memorial	26
Indian Head (Sask.)	1904-1914	Union	31
Arrowhead (B.C.)	1905-1915	See Revelstoke	
Rock Bay (B.C.)	1905-1910	Columbia Mission	18
Harrington Harbour (Lab.)	1906	Grenfell Mission	20
New Liskeard (Ont.)	1907-1914	Red Cross Outpost	29
Melfort (Sask.)	1907-1919	Lay Hospital	55
Fernie (B.C.)	1907-1910	Fernie General	31
Minnedosa (Man.)	1908-1919	Municipal	18
High River (Alta.)	1909-1914	Municipal	70
Lachine (Que.)	1909		
Quesnel (B.C.)	1911-1919	Lay Hospital	25
Islay (Alta.)	1911-1913	Municipal	16
Barkerville (B.C.)	1912-1913	Transf. to Quesnel	
Ashcroft (B.C.)	1913-1919	Lay Hospital	14
Edson (Alta.)	1914-1919	Sisters of Service	38
Ganges (B.C.)	1914-1919	L. M. Gulf Island	18
Chapleau (Ont.)	1914-1919	Lay Hospital	33
Cochrane (Ont.)	1915-1924	Lay Hospital	70
Central Butte (Sask.)	1917-1919	Enfield Victoria	18
Athabasca (Alta.)	1917-1922	Municipal	45
Edam (Sask.)	1917-1919	Lay Hospital	20
Windermere (B.C.)	1917-1919	Lady Elizabeth Bruce	11

* According to latest Directory of the Dominion Bureau of Statistics.

Halifax Disaster

Halifax Disaster

The mettle of the Victorian Order of Nurses was tested in December 1917 by an urgent call for nursing aid on the 6th, following the terrific explosion of a ship in the harbour with ammunition. In this explosion—

1,800 were killed,
5,000 were rendered homeless,
2,840 were admitted to hospitals.

The six local V.O. Nurses and two at Dartmouth all escaped injury and went on duty, being joined by Miss Russell from Ottawa with 12 Victorian Order Nurses drafted from various branches. The *Montreal Star* said on December 22nd:

> The Victorian Order of Nurses sent a band of 16 nurses, selected from the various centres of the Order for relief work in Halifax. Two went from the Toronto Training Centre, two from the Montreal Branch on Bishop Street, two from the Ottawa Local Branch, and the others were Nurses of the Order who offered their services to the Chief Superintendent. These went under the leadership of Miss Russell, the inspector of the Order.
>
> On their arrival in Halifax, they were billetted in private houses, Miss Russell taking up her headquarters at 162 Young Avenue.

Mrs. Charlotte Hanington, the Chief Superintendent, carries on the story in the Annual Report for 1917:

> All medical and nursing service had been put in the hands of the military authorities. This was most efficacious except with the district work, so Col. McKelvey Bell placed that part of it entirely in the hands of the local organization of our Order. They not only did the work in the district, but patrolled the shelters and worked in the dressing stations. The great number of eye cases was one of the most pitiful results of the explosion. These had received surgical attention from the local oculists and those from outside who came in to offer their services to these afflicted people, and were cared for so far as possible in the various hospitals, but no complete survey had been made on account of the extent of the calamity. The American Red Cross through Edward B. Allen, Director of the Perkins School for the Blind, Watertown, Mass., sent to the city Miss Lucy Wright of Boston. Under the direction of Sir Frederick Fraser of the School for the Blind, Halifax, the following report was made:

Totally or practically blind	41
Outcome not yet settled	205
One eye lost but the remaining eye normal vision	85
Recovered vision, both eyes	2
Total	333

At a meeting of the Executive Council held January 3rd, continues the Report:

> I was requested by the meeting to go at once to Halifax and take such necessary steps as I deemed advisable, to assist in this work. I attended a meeting held at the School for the Blind, January 12, consisting of Sir Frederick Fraser, Mrs. Dennis of Halifax, Messrs. Allen and Van Cleve representing the American Red Cross. An arrangement was arrived at between the Victorian Order and the American Red Cross whereby the latter would supply the services for the Blind, and the former supply such nurses as were necessary for the work, all their expenses to be borne by the Central Board of the Victorian Order of Nurses for Canada. This plan worked in a very satisfactory and harmonious manner. It was designated as a "Special Mission to the Blind".
>
> In a letter from Sir Frederick Fraser, he says:
>
> > Before you leave Halifax I desire to express to you on behalf of myself and the committee for the Halifax Blind relief work, our very sincere and grateful thanks for all the help given us through the Victorian Order of Nurses and for the inspiration they have been in the prevention of unnecessary blindness in Halifax.
>
> There is no maternity hospital in Halifax, and though a temporary one was established, it was found where there were any homes left, the people preferred to stay in them and have the Victorian Order of Nurses. During the last year 34% of all maternity cases in Halifax were cared for by our nurses. A home for the nurses was greatly needed and though it seemed the most inopportune time to purchase one, the need was so great the way was opened, and before many weeks it will be occupied. Miss Letts the head nurse was sent to a position in the West, and Miss Luxon, assistant to the Superintendent in Toronto, was appointed to take over the work. Every precaution has been taken by the medical profession and the City authority to guard against an epidemic; in this work they have been greatly assisted by our nurses who with their trained eye have constantly patrolled the poorer parts of the City, reporting not only every suspicious case to the doctor, but also insanitary conditions to the health authorities.

According to Miss Luxon, the streets and stations were still all rubble a month after the explosion. Shop windows were boarded up, street cars had blinds, submarines were reported in the harbour and the people were all jittery. Temporary beaverboard houses were built in the Exhibition Grounds. A great deal of money came from the States, and the re-built streets were named in honour of donors, such as Maine, Pennsylvania, Massachusetts. The Massachusetts Health Commission sent a doctor and nurse to help in re-

construction and rehabilitation. Mr. Pearson, Chairman of the Commission and Editor of the *Halifax Chronicle* helped to furnish the new home for the V.O.N., the old house being too small. The Religious Orders were very cooperative. After the Disaster the V.O.N. started an Infant Welfare Clinic to which the doctors in the City came and gave their services free. The medical profession in Halifax was strongly in favour of the V.O.N. The nurses wore a red felt band with letters in white, and were the only ones not soldiers allowed in devastated areas. The snowfall was heavy that winter. Nurses had no means of transportation—no snowshoes or skis, so that the going was hard.

While Miss Luxon was in charge, the Duke and Duchess of Devonshire came to Halifax and personally visited every place affected by the explosion, taking an interest in every detail of the work of the V.O.N.

At the Dispensary in January and February after the Disaster, Victorian Order Nurses did 1,603 dressings. They also helped in the eye, ear, throat and nose departments and in the women and children's departments of the hospitals. Eye work continued throughout 1918 at the shelters at St. Paul's Hall, St. Mary's Hall, Grafton Street, Methodist School Room, Acadian Hotel and Theakston Apartments. When the dressing stations were closed, all nursing outside of the Hospitals was turned over to the V.O.N.

Miss Elliott (now Mrs. Carmichael of Ottawa) who was one of the V.O. Nurses from Toronto, says that those who volunteered first were the first to be chosen. Several Public Health Nurses went down to Halifax about the same time, but the Victorian Order Nurses got there first. The Public Health Nurses took notes, made records and took preventive measures, but the nursing was done mostly by the V.O.N.

She travelled to Halifax in a crowded train with no sleeper available for the two nights involved and very little food on the train (the soldiers had the first call)—she remembers rushing off the train at Three Rivers to get something to eat. Everything in Halifax was disorganized when they got there, but she was billetted in the home of a Mrs. Costley who was most

kind and hospitable. Nurses were provided with rubber boots which were very welcome as the streets were slushy, particularly after Christmas. The remuneration was $40 a month, board and uniform. The uniform was not attractive, but at least each nurse had her little black bag.

She served in a room behind a barber shop which was converted into a dressing station—there being two doctors in charge with two nurses. After the dressing stations were closed, the V.O. Nurses visited in the homes. They rose at 7, had breakfast at 8, started work at 9 on a day of seven hours duty. As a rule she attended three cases in the morning. The strain of the work was such that one came home at night too tired for any social relaxation. The greatest thrill the nurses got was when they got orders to go up-town for their midday meal. Some of the V.O. Nurses were detailed to do night duty.

There were no lights at night.

The most tragic cases were those who had lost their reason through shock. It took much persuasion on her part to take one old lady to hospital in Dartmouth in a Red Cross Ambulance.

Influenza Epidemic of 1918

A more wide-spread test of the Victorian Order was occasioned by the epidemic of so-called Spanish Influenza, which swept through the country in the latter part of 1918. By this time the number of Nurses in the Order had risen to over 300. The deaths from this epidemic in Canada are said to have numbered 30,000:

> Telegrams were sent to all established branches throughout Canada removing the rule restricting them from caring for contagious cases; on the contrary urging them to co-operate in every way with the plans of their respective communities. A comparison of the annual reports of the branches reveals a record of service that must always stand unequalled in the history of our work (from Mrs. Charlotte Hanington's Annual Report for 1918).

Here are some extracts:

Cobalt, Ont.—

> Towards the end of October the epidemic started to become serious, and the Y.M.C.A. was opened as a temporary hospital, and the upper rooms of the Town Hall were set aside for the care

of children.—Mrs. Hanington sent us up two nurses from Ottawa. We had 53 deaths in Cobalt from the effects of the epidemic—there were in the neighbourhood of 500 cases.

Grand'Mere, Que.—

The epidemic of influenza began in Grand'Mère on or about the 25th of September and spread very rapidly, so that by the 7th of October the nurses could no longer cope with the work. Relief nurses could not be found, so the V.O.N. decided to take only epidemic work, only helping the doctors on special cases of any nature.

Montreal, Que.—

Number of patients, 5,200; deaths, 75.

In the early stages of the epidemic, patients averaged from four to each family, which if counted as separate visits bring the total to 14,000. Eleven nurses were off duty at one time; those remaining carried on an increased amount of work in self-denying fashion, cheerfully, faithfully.

Quesnel, B.C.—

The Spanish Influenza paralysed everything so that all places of business were practically at a standstill while the malady was raging.—The doctor was down with it, but our nurse showed splendid spirit and rose to the occasion, not only her own duties but coaching provisional help and generally supervising everything. There were only 3 deaths.

Woodstock, Ont.—

During the epidemic a 'Flu Relief Committee' was formed by officers of the Victorian Order and other women of Woodstock, irrespective of Societies or Churches, to prepare and supply invalid foods and comforts for those stricken down.

Saanich, B.C.—

In November the Victorian Order proved its worth, 591 visits being paid by the nurses (2) in one month. Whole families were stricken down by the plague and our nurses were working almost day and night. Before long Nurse Forshaw, who had become our first nurse, collapsed through strain and overwork and contracted the influenza. Miss Headington, who had left us in September to take up war work, showed her splendid humanity by at once offering to return and take up the work Miss Forshaw was prevented from doing.—Miss Norcross of Victoria also helped during this trying time.

Sherbrooke, Que.—

No separate work was undertaken by the Order during the epidemic, but we co-operated with the City, doing the greater part of the work. Miss Munt, our senior nurse, took charge of the

emergency hospital opened by the city, and two other nurses supplied from outside by the Victorian Order also spent their time in this hospital—the backbone of the work was supplied by the Victorian Order of Nurses.

Toronto, Ont.—

During the epidemic of Spanish Influenza the V.O.N. cared for about 900 patients. About 50 of these were maternity cases and had contracted the disease before confinement or a few days later. Ten of these died. In all about 2,000 calls were made in connection with the epidemic. Some of the homes visited had as many as 7 patients laid up with the disease at the same time. A little group of 16 nurses made 230 nursing visits in one day.

Trenton, Ont.—

At the time of the epidemic, two of our doctors were ill and not able to attend to patients, so that Miss Smith in some cases acted as doctor and nurse, and we feel sure saved a great many lives.

Vancouver, B.C.—

478 cases—2,196 visits—only 8 deaths.

In many cases the whole family were found to be ill, sometimes ten in number; then it was a case of lighting fires, supplying clean bedding, etc., feeding and general nursing care. The New Year finds us with the influenza still raging, help of all kinds almost unable to be obtained, people dying for want of nursing care. The hospitals were so crowded that but for the Victorian Order, many more lives would have been lost. Each of our nurses went down with the flu, but, on recovery, back to her post she went.

Victoria, B.C.—

When the whirlwind of much dreaded influenza reached Victoria, the work suddenly became overwhelming. The nurses worked night and day.

Winnipeg, Man.—

Great credit is due to the nurses, not only to the three who were temporarily released from their work with the Victorian Order but also to the nurses who remained at their posts, doing double duty in order that their regular work might not be neglected.

Post War Problems

Mrs. J. Charlotte Hanington, who had the direction of the Victorian Order in connection with the Halifax Disaster and the Influenza Epidemic, was a Maritimer like Charlotte Macleod, Margaret Allen and Mary Ard MacKenzie, and had graduated in District Nursing at Waltham. Her major problem now was the restoring of confidence in the Order,

which had been hit by the financial repercussions of the war and by the virtual collapse of the Cottage Hospital and Lady Grey Country District Nursing Schemes.

The financing of the V.O.N. had always been a headache, although some relief was secured by contracts with the Metropolitan Life Insurance and other companies. Then drives for Patriotic Funds and other charitable objects tightened the public's purse-strings. In four of the larger cities the branches joined Financial Federations and Community Chests. Then some of the Branches improved their methods of raising funds. But the problem of finance which the small branch had to face is visualised in a letter to Mary Ard MacKenzie from Baddeck, Nova Scotia, when the Branch there had to fold up:

> Your Committee tried many methods to raise funds—Charity Balls did not take, as we are not given to dancing; the 'Bean Supper' might do in Massachusetts, but not here. Moonlight Excursions were tried with some effect at first, until all our young people were married off—then a series of monthly lectures—a brilliant success from a literary and financial viewpoint—a mental diet that has touched the popular fancy better than all others.

The situation is now much improved as nearly all the Branches are in a sound financial position, and some have even saved money for investment.

Shortage of Nurses

The shortage of nurses was another problem. In her Report for 1918, Mrs. Charlotte Hanington wrote:

> The first serious setback to the work of the Order was the outbreak of the war. In the first year 52 nurses left the work to answer to the call overseas, and since that time they have been dropping out in small numbers, either for that work, or to join the American Red Cross through the call from their respective American training schools. The need for funds for the Red Cross and other patriotic work crippled our finances, and at one time it was felt that many of our districts must be temporarily closed. Only in a few cases has it been necessary, and we have been able to offset this by opening new posts. That faith which put the Order into being has been once more abundantly productive of results, in the success of the efforts of the members, lay and professional, who 'stood by' the civil needs of Canada in nursing service during the war. For the first time in its history the nursing service had no reinforcements.

Twins (Calgary Branch)

"How are your tonsils?"
(St. Thomas Branch)

Putting on a dressing (Hamilton Branch)

WEIGHING THE BABY

(Trail, B.C., Branch)

Twins (Halifax Branch)

Courtesy Associated Screen News

Every Ounce Counts

During part of last year we had not a single graduate apply to take the course. The nurses remaining, with their sadly depleted ranks, made superhuman efforts to handle the work, feeling the end of the war would bring relief, only to find themselves in the grip of a great epidemic as world-wide as the war, and much more disastrous in its results on the life of the nation.

In 1918, in view of the dearth of applicants for training, the Board of Governors of the V.O.N. requested the Prime Minister to appeal to young Canadian women to enter the nursing profession.

Summarizing her views of the post war situation in regard to its effect upon nursing, Mrs. Charlotte Hanington said:

Our bravest efforts only serve to demonstrate the greatness of the need and the inability of any one organization to undertake it. This has resulted in the establishment of a Public Health Nursing Service in the Provinces of Manitoba, Alberta, Saskatchewan, with legislation along the same lines asked for in Nova Scotia, and discussion of the need of such service in the British Columbia Legislature.

In Alberta in the past year, five Public Health Nurses under a Superintendent have been doing splendid work, and it is the intention of the Department to increase the number to twenty in the coming year. Saskatchewan has Public School Nurses and is making provincially an educational survey in eye-work amongst the foreign population.

Toronto has an especially fine Public Health Service of upwards of 90 nurses under the supervision of Miss Eunice Dyke and under the direction of the Toronto Medical Health Officer. We have the Municipal Hospital Act of Alberta and the Union Hospital Act of Saskatchewan which authorizes the various municipalities to apply taxation to provide themselves with suitable hospital accommodation under the guidance and supervision of the Provincial Health Departments.

The following are some extracts from a memorandum received from Miss Ethel Johns covering the work of Mrs. Charlotte Hanington:

These were days of urgent and special demands for money, nurses and volunteer workers for all kinds of duties in War Hospitals and Red Cross activities abroad and at home. Small wonder then that voluntary peace-time organizations had to carry on with little money and depleted staff. It was a time for 'coming out strong' as Mark Tapley would have said.

Courage, cheerfulness, devotion, self-sacrifice and resourcefulness showed up marvellously against the dark background of the War years, and in the post-war depression that followed.

The work of the V.O.N. was maintained through all this, and even expanded here and there. It was a great event when the Central Board leased a down-town office, and the Chief Superintendent was able to secure some office clerks and to inaugurate some fuller records and a better system of filing.

With her Committee's help, definite steps were eventually taken to strengthen, improve and standardize the work and the workers. Among the means taken may be mentioned:

1) the addition of well-prepared nursing personnel to assist in the head office and in the supervision of the districts;

2) the calling together in conference at Ottawa of all the executive nurses of the V.O.N. from the various Provinces to discuss matters of vital importance in their work.

Scholarships granted for Postgraduate Courses—Public Health

Following the recommendations of the conference, came a levelling up and standardization of nursing techniques, changes and additions to records, changes in uniform and changes in requirements for nurses seeking permanent positions with the Order. It was decided to close the Training Homes as such, and to take advantage of the courses in Public Health Nursing which had meanwhile been established in the Universities. The Central Board made available a number of scholarships to encourage well-trained nurses to take these courses.

In 1910 there had been six V.O.N. Training Centres—Ottawa, Montreal, Toronto, Halifax, Winnipeg and Vancouver. In 1921 the new policy was adopted of offering scholarships for the courses of Public Health Nursing then being given at the Universities of British Columbia, Western Ontario, Toronto, McGill and Dalhousie, a start being made with the offer of thirty scholarships in that year. The nurses who accepted the scholarships were pledged to give one year's service to the V.O.N. on completion of their course. This plan is still being followed, the number of scholarships offered to date being 282, at a cost of $122,485, the Universities concerned being those already mentioned, with the addition of the University of Alberta (Edmonton), the University of Manitoba (Winnipeg) and the French-Canadian University of Montreal.

The Canadian nurses who came back from service overseas were impressed with the value of Public Health Nursing, so that there soon was a good supply of applicants to join or re-join the Order in which prevention of disease was more and more playing its part. The number of Nurses in the Order rose from 305 to 391 in the two year period of 1918 to 1920, though it dropped to 381 in 1921. In the following two years, however, there was a heavy drop—in 1922 to 277 nurses and in 1923 to 253 nurses. The giving up of the Cottage Hospitals may have had something to do with it, and financial depression was beginning. The Provincial Health Departments and Union and Municipal Hospitals were entering the field in the scattered rural areas. At the annual meeting held on May 11th, 1921, Mr. C. A. McGrath moved a resolution of thanks to the Duke of Devonshire stating:

> The wise counsels of Their Excellencies have helped us in the largest way to carry on without disaster in what has proved to be the most difficult period of the Order.

What His Excellency had done was to urge close cooperation between the V.O.N. and the Red Cross, which apparently had more funds at its disposal, and at his suggestion contributed $50,000 to the V.O.N. The hope was expressed that in the very near future absolute understanding and cooperation would exist between the provincial health departments and the various organizations interested in caring for the health of the people.

Branch Activities

It should not however be imagined that the V.O.N. was doing nothing but struggling with Cottage Hospitals and the Lady Grey Country District Nursing scheme up to and following Peace. The city and small town branches were particularly active in promoting Child Welfare and Baby Clinics. Here are a few extracts from Branch Reports:

Christian Island, Ont. (Indian Reserve, Ont.), 1916—

> The Indians appear to be greatly gratified by having a resident nurse, because owing to their location it is sometimes extremely difficult to get medical aid, and these people certainly had a terrible shaking up with the flu—whole families wiped out. The

work progresses slowly. The Bands are difficult to manage. In my work as a nurse it has sometimes been difficult to get in at all. The first thing I came up against was the old women, who are the medicine makers, and who manage all the sickness, births and deaths, and whose opinions are very weighty. They have many good points, and are particularly good in burning bedding and clothing, etc., in relation to an illness.

I want to enforce the fumigation and lime-washing of all the log-houses.

I feel that the educational health work is progressing, but owing to various causes, it progresses slowly.

Edmonton, Alta., Report of 1917—

In the summer of 1915 we took up Child Welfare work and a special nurse was employed to look after this department. Since then we have made a special feature of this work, and have had a Victorian Order Nurse specially trained attending to these cases. Her duties are instruction in the care and feeding of infants.

Toronto, Ont, 1917—

The demand upon the Nurses of the Victorian Order increases almost month by month. Wherever they go they are popular, especially in maternity cases which cannot afford to go to the hospital—whether or not the patients are foreigners who cannot speak English, the nurse seems to divine by instinct what they want, even though not able to put it into words.

London, Ont., 1917—

The nurses responded to the calls of 64 doctors.

Halifax, N.S., 1920—

Eleven V.O. Nurses washed and dressed babies 5,701 times during the year, an average of 15 a day.

Greater Vancouver, B.C., 1920—

Formerly District Nursing was a very simple affair. The nurse went in and cared for the sick patient, put her room in order, instructed those in charge what to do between her visits; then she passed on to the next patient and so on.

Today it is necessary for her to be conversant with most social problems—know the workings of the Public Health Act, Workman's Compensation Act, Mother's Pension Act, Children's Act and many others.

Her training must include a knowledge of School Nursing, T.B. Nursing, Infant and Child Welfare, Settlement Work, Industrial Nursing, Sanitation, Ventilation, living conditions and general health of families.

Winnipeg, Man., 1921—

Classes and clinics have been opened for New Canadians, particularly Ukrainians.

Visiting housekeepers or mother's helpers who could take charge of a household if the mother was ill were sponsored and supervised by the Order.

Industrial nursing now undertaken with two department stores.

Montreal, Que. (from *Montreal Star*) October 11, 1921—

Some months ago the Victorian Order of Nurses decided to try the effect of handicraft work on certain of their chronic patients who suffered from depression. The results have been so successful in every way that the V.O.N. through its Department of Occupational Therapy plans to extend the work considerably this fall. Handicrafts are taught by trained volunteers under the direction of the secretary Miss Ivadell Hurd, who was responsible for introducing the work to V.O.N. patients.

The teaching of handicrafts to patients crippled through paralysis or accident has given them a new interest in life.

Eastview, Ottawa, Ont., 1922—

A Better Babies Clinic has been opened in Eastview, and some very valuable work is being done. A list of new-born infants is given by the Registrar to the nurse. She then calls at the home and advises the mother on the care and feeding of infants. Home conditions are noted, and helpful suggestions made on the care and bringing up of older children. The mother is invited to the Clinic, which is at present held in the City Hall.

The demands upon the nurses, the complications arising from relations with Provincial and Municipal Health Authorities, and the feeling of uncertainty as to the future may very well have stirred the Board of Governors of the V.O.N. to call a special meeting at Government House on March 6th, 1922, at which the following Resolution was moved by Mrs. R. W. Reford and seconded by Dr. J. W. Robertson:

Resolved: That the Executive Council recommend to the Board of Governors that the Executive Council be empowered to secure the services of a leading public health professional man for a period whose duties will be to make a survey of the need for nursing service in Canada; how far that need is being met by any existing agency, and what further part the Victorian Order of Nurses for Canada should take to meet the need fully, having regard also to the nursing service rendered by official bodies, municipal and provincial, and other voluntary organizations, all for the purpose of making such recommendations for the work of the Victorian Order of Nurses for Canada

as will secure co-ordination in the nursing service of Canada, with economy in the use of personnel and money.
Carried.

This Resolution was implemented by the Board of Governors the following day.

The feeling was that the curative work of the V.O.N. should go hand in hand with preventive work. Other organizations were entering the Public Health field, and it was felt that the Victorian Order must come into line.

Dr. M. T. MacEachern's Report

As a result, Dr. M. T. MacEachern of the Vancouver General Hospital was approached and agreed to make a survey of District Nursing in Canada, spending from May to November of 1922 travelling across the country so as to get firsthand information and impressions.

In his Report, Dr. MacEachern began by defining District Nursing as including all phases of work concerned with family or community welfare, with bedside nursing as the fundamental principle, and developing from this all forms of educative and advisory administrative work that tend to prevent disease and raise the standard of the health of the community. The Victorian Order of Nurses, he declared, was pioneer in this field, but ready to turn over the work to the proper public agency when the people and their governing bodies were ready to take control.

> As a sequence of the war, there is some duplication; what is needed is a comprehensive scheme under which provincial and municipal authorities and all philanthropic associations may work together with the V.O.N. for a co-ordinated nursing service.

The V.O.N. is unique, he declared, in that, serving every province except P.E.I., it is national. But it must have a complete organization with defined functions for its component units.

> 1) While recognizing that the public agencies may eventually take control, the available resources of Dominion, Provincial and Municipal organizations are taxed almost to the breaking point, and so it feels it a duty to carry on. At present we are only half supplied with the necessary hospital beds;
> 2) The hospital cares for the poor charity patient and the rich. The middle class who will not accept charity and cannot pay high hospital charges must usually be cared for in their own homes;

NB Public Hlth

3) Fifty per cent of the population live in rural districts at a distance from hospital service. Transportation is a problem, and often costly and unsatisfactory owing to rough roads;

4) A mother with large family must remain at home;

5) The *per diem* charge of a private nurse, $5 to $6 a day, is too high for the average middle class patient. *Ergo* the advisability of a visiting nurse service (which can look after 6 or more patients a day).

Preventive health education is of great value, the need of such being urgent in rural districts with newer settlements.

The provision of Public Health Nursing in each province was stated by Dr. MacEachern at that time (1922) to be as follows:

Prince Edward Island—

No definite Provincial Public Health Nursing policy was projected. The Red Cross was urging such a policy. There were no V.O.N. centres.

Nova Scotia—

There was an active Public Health program under the direction of the Provincial Health Department. There was a County Nurse plan, and School Inspection with Clinics. There were 9 V.O.N. Centres, and opening for many others.

New Brunswick—

There are Provincial Nurses under Provincial supervision. V.O.N. has 5 nurses and there is a Health Centre in Saint John. There is an opening for extension of the V.O.N. in this Province.

Quebec—

No Provincial Health Nursing policy. There are 5 V.O.N. Centres, the largest in Montreal with 54 nurses. There is an opening for extension in this Province.

Ontario—

This Province has a well developed Health Policy. A large number of Provincial, Municipal and School Board Nurses are on duty. The City of Toronto is a model, the various agencies working together under leadership of the Medical Health Officer. There are 28 V.O.N. Centres in Ontario, the Toronto Branch having 53 V.O.N. nurses. Finance is helped by the Federated Community Service League. The V.O.N. does general nursing, prenatal, maternity, child welfare and health education in the homes. There is opening for extension, particularly in Northern Ontario between North Bay and Cochrane.

Manitoba—

One V.O.N. Centre. There is a Corps of Provincial Nurses under the direction of the Provincial Health Department. The Margaret Scott Mission bedside service amongst the poor is limited to Winnipeg.

Saskatchewan—

This Province has a Provincial Health Service under a Commissioner of Health. State support is a popular idea here. There are 2 V.O.N. Centres. The opportunity for extension of work exists in co-operation and conformity with provincial standards, particularly in communities with new settlers, living far away from hospitals or nursing service.

Alberta—

Situation similar to Saskatchewan. There is high development of municipal hospital system in co-operation with a strong Provincial Nursing Service. The Municipal Hospital is becoming a Health Centre. There are 2 V.O.N. Centres.

British Columbia—

This Province has an active Public Health Nursing policy promoted by the Provincial Health Officer. There is a tendency to develop the idea of Health Centres. The services of a nurse are defrayed partly by the Municipality, and partly by the Provincial Government. School Nursing being provided through the Provincial School Act. There are 5 V.O.N. Centres.

Saanich, the first Health Centre has a nursing service provided by the V.O.N. covering an area of 25 square miles. School Nursing is carried on extensively through Boards of Education and Municipal Health Departments co-operating with Provincial Department of Health.

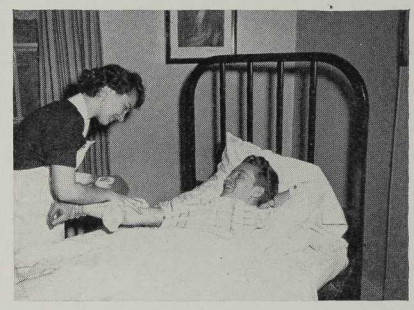
Summarizing his observations, Dr. MacEachern states his opinion that the greatest need is in outlying districts, the Canadian Red Cross and certain Provincial Health Departments, particularly in Alberta, doing what they can. The work among the New Canadians is of particular importance. There is need for nurses capable of both bedside work and preventive work.

In spite of the growth of Provincial and Municipal Public Health Nursing, Dr. MacEachern urged that in any extension policy the V.O.N. should secure and preserve the good will of Governmental and Municipal bodies, the medical profession and all groups or individuals interested in public health and community welfare. Through being to a certain extent self-

BEDSIDE NURSING

Taking the temperature

Courtesy Associated Screen News



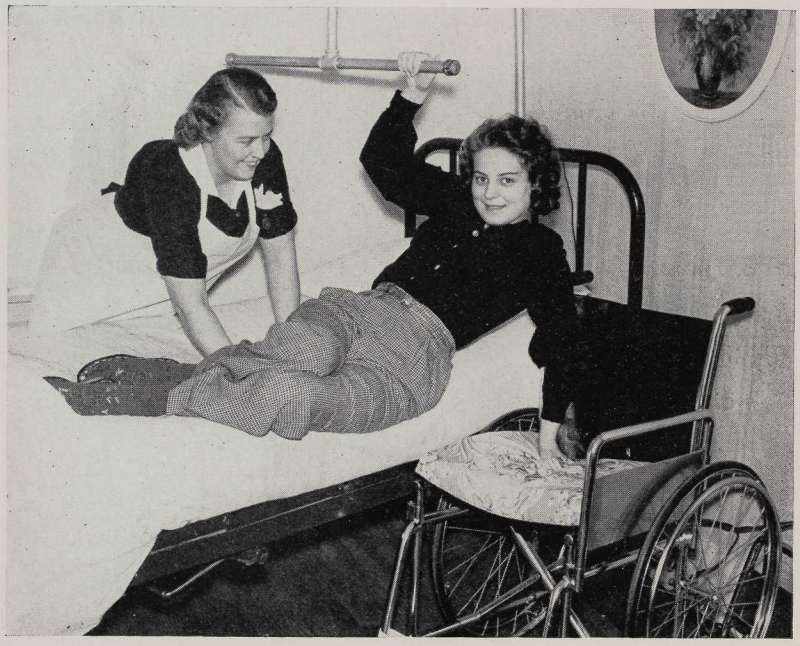
The morning bath
(Hamilton Branch)

Taking the pulse (Leamington Branch)

BEDSIDE NURSING

(Windsor, Nova Scotia Branch)

National Film Board Photo



(Weston Branch)

BATHING THE BABY

(Hamilton Branch)

(Aurora Branch)

Helping mother with the new baby
(Windsor, Ont., Branch)

"Wish I could join in!" (Saskatoon Branch)

BRINGING UP FATHER

(Border Cities - Windsor Branch)

(**left**)—(York Township Branch)

(Kentville, Nova Scotia Branch)

supporting and receiving the rest of its income from philanthropy, the V.O.N. is a lighter burden financially on the community than any other type of such service. He recommended therefore:

A stronger Central Organization with Board more diversified.
More publicity.
Nurses of highest type.
Scholarships to graduate nurses for courses in Public Health in Canadian Universities.
Selection of Homes to be left to Local Boards of Management.
More importance be given to Annual Meetings of Local Boards.
Co-operation with the Medical Profession.
Hospital Training Schools should be offered 1 to 3 months experience in district nursing under a V.O.N. Supervisor.
School Nursing Service.
Co-operation with Canadian Red Cross, St. John's Ambulance, Women's organizations such as Women's Institutes, Local Council of Women, Daughters of Empire.
All such co-operation is in the hope that in time the several loosely tied efforts for the health and social well-being of Canada will be co-ordinated so as to cover the Dominion with some comprehensive and well-built scheme.

While reiterating the definition of the V.O.N. in the Royal Charter as—

A branch of nursing service which includes all phases of work concerned with family and community welfare with bedside nursing as the fundamental principle, and developing from it all forms of education and advisory administrative work that tends to prevent disease and raise the standard of health in the community,

Dr. MacEachern listed sixteen activities which the V.O.N. was carrying on under his direction:

Pre-natal Instruction
General Nursing in the Home
Maternity Nursing in the Home
School Nursing
Child Welfare
Industrial Nursing
Hospital Work
Health Centres
Summer Camps
Mothercraft
Mothers' Conferences
Social Service
Inspection of Children's Homes
Clinics
Training fields for public health
Nursing students from the Universities and third year students from the Hospital Training Schools
General Health Education

Of his Ten Summary Conclusions, the Fourth is perhaps the most impressive:

> The Victorian Order by attracting and carefully selecting, as it does, the highest type of Canadian womanhood, imbued with the ideal of service and equipped with technical knowledge, experience, and culture, is an important factor in the national life of our country for the building up of sound Canadian citizenship. Through intimate contact with the lives of thousands of new settlers they are perhaps doing more than any other agency to bind these people to their adopted country and make them Canadian in heart and outlook as well as in name. To them is given an unlimited opportunity to assist in the Canadianizing of the newcomer to our country, for in the home where these nurses do most of their work the personal contact or touch thus afforded is far more effective.

In the Eighth Summary Conclusion he makes a good case:

> By virtue of the sequence of functions, the Order does a good deal to assure healthy citizens. Through pre-natal care and instruction better motherhood and healthier babies are assured; through competent and well-directed care at birth there is greater safety for mother and baby, and a vast amount of chronic invalidism in women is thus avoided; through child welfare and follow-up work, and the sum total of the care bestowed, there is reasonable assurance of a healthy baby, a physically well balanced child, a normal healthy man or woman, and finally, a good citizen and producer.

The Board of Governors seem to have been impressed by this Report, for they appointed him, Dr. MacEachern, Director General of the Victorian Order of Nurses. He did not however hold this position long, for like so many Canadians at that time, he was attracted by a more lucrative position in the United States, and remained connected with the Order only as Honorary Medical Consultant. But while he did hold the reins, he put some of his recommendations into practice. For instance, under the item of 'More Publicity', he introduced Bulletins, of which No. 2 is stated as intended to supply material for building up a Lecture Bureau for the Order, providing a ready-made address available for speakers. In this Bulletin he advocated the augmenting by the V.O.N. of Public Health Nursing Endeavour without duplicating the work of other organizations, and suggested round-table conferences with other agencies and the formation of co-ordinating bodies such as Health Councils or Federated Community Service Leagues.

Elizabeth L. Smellie's Regime

The problems of the V.O.N. were not solved *instanter* by the Report and Recommendations of Dr. MacEachern. This Miss Elizabeth Smellie, who succeeded Mrs. Charlotte Hanington as Chief Superintendent towards the end of 1923, soon realized.

Elizabeth Laurie Smellie, whose father had been the C.P.R. doctor at Port Arthur, Ont., took a course in nursing and graduated in the Johns Hopkins Training School for Nurses at Baltimore in 1909. Following a year as Night Supervisor at the McKellar Hospital, Fort William, she was a private duty nurse at Detroit from 1910 to 1913. In January 1915 she went overseas to serve as Nursing Sister with the Royal Canadian Army Medical Corps in England and France, becoming Matron of Moore Barracks Hospital at Shorncliffe. In 1916 she was mentioned in Despatches, and in the following year was awarded the Royal Red Cross, first class. Recalled to Canada in 1918, she became Assistant to the Matron in Chief, Canadian Army Nursing Service, at Ottawa from 1918 to 1920.

Like many Canadian nurses who served overseas, she became interested in Public Health, and so she took a post-graduate course in this subject at Simmons College, Boston. This led to her appointment as Assistant to the Director and Lecturer in Public Health Nursing at the McGill School for Graduate Nurses; also part-time Supervisor, Greater Montreal Branch of the V.O.N. from 1921 to 1924, when she was appointed Chief Superintendent.

Lady Byng's Appeal for Funds

The problem of finances was still a major one, as was frankly stated by Lady Byng, now Honorary President, in an Appeal issued from Rideau Hall on Feb. 4th, 1924:

> The Order has reached the most critical moment in its career, and if it is to advance and fulfil its proper destiny as a great and benevolent financial institution, it MUST maintain an enthusiastic central organization to co-ordinate effort and attract to its nursing ranks the very best talent available, which we could not hope to secure by having a series of disjointed and sporadic local units, minus any central head.

This central organization now exists, but we need money to maintain it and our nurses, because our annual revenue, including Government grants, is $28,000 and we need $60,000 a year for the next three years, out of which $10,000 would be devoted to the all-important work of extension.

Having discussed the matter with the Board, we decided that the only thing to do was to throw ourselves on your generosity, which is so well known that I am honestly chary of trading on it. But, while we fully appreciate the generous annual assistance given to your local branch, will you, out of the kindness of your heart towards those less fortunately situated than yourself, help us to place this Order, inaugurated in celebration of a great Queen's Jubilee, on a sound basis, from which it can spread and increase its usefulness, not only in the more settled districts, but in those far-flung pioneering outposts, where the present generation of Canadians is laying the foundations of a virile and promising youth, to succeed it in the development of this great country?

Lady Byng took a keen personal interest in the V.O.N., as one notes from the Branch Reports which naturally recorded any Viceregal Visit. In the Calgary Report for 1924, for instance, one reads:

In August Her Excellency Lady Byng visited the Gyro Clinic. This not being a regular clinic day, we were able to call together a very representative attendance, including an Italian baby, Dutch baby, coloured baby, Chinese baby, twin babies, a very young baby fourteen days old, the Rotary Prize baby, the most regular attendant and the largest family attending the clinic.

A welcome word of encouragement came this year from Queen Mary at Buckingham Palace:

I am so interested in hearing of the continued good work which is being carried on by the Victorian Order of Nurses.

I fully appreciate that the services which the Order renders must be of inestimable value, and I send my heartfelt good wishes to all who are engaged in this noble work.

Mary R.

In her Report for 1924, Miss Smellie analyses the situation:

The prevailing financial depression has decidedly affected the Victorian Order of Nurses for Canada, particularly in some of the larger centres. Certain Local Associations have had to retrench rather than to extend, and to decrease rather than add to their staffs.

Yet, free visits increased, and in general throughout Canada there was an increase in 1924 as regards total number of visits paid, number of confinements attended, and number of prenatal and child visits paid."

In her Report for 1928, reviewing the history of the V.O.N. for the first five years of her regime as Chief Superintendent, Miss Smellie describes 1924 as—

> a most discouraging year, marked by a decrease in staff, termination of connection with Cottage Hospitals at Cochrane, North Bay, and New Liskeard, though the district organizations in the two latter towns were still affiliated and carrying on good work.

Advisory Committee on Nursing Appointed

While there were discouragements, the new Chief Superintendent was determined to maintain in the service the highest possible standard of service and absolute loyalty to the ideals of the Order. She had a rough row to hoe, and needed all the help she could get. In the first year of office she persuaded the Executive Council to appoint an Advisory Committee on Nursing, with Mrs. R. W. Reford as Chairman.

While this Committee on Nursing was and still is strictly advisory and does not interfere in any way with the work of the Executive Council, it proved of great service to the Chief Superintendent who could turn to it for advice on intimate problems on which the Executive Council was glad to have this specialized Committee's recommendations. The Committee met once a month, shortly before the Executive Council Meetings, and cleared the slate of many minor matters. In order to keep in touch with current opinion, it included among its members some representatives from hospitals and social service work who were not strictly V.O.N., including officials from Provincial and Federal Health Departments. It became, so to speak, a Steering Committee for the Executive Council, devoting much of its attention to the promotion of public health nursing and the establishment of the Order as a National organization. In the early twenties, Public Health Nursing was still a new idea, although the idea was spreading.

The Advisory Committee on Nursing requested the preparation of a Nursing Manual, which was carried out by a representative committee of the professional staff, and finally approved by the specialist consultants of the Order.

In 1926 affiliation was secured with the Ontario Medical Association, offering possibilities of co-operation of great importance.

In 1927 Lady Willingdon came to Rideau Hall and took an active interest in the affairs of the Order.

Lady Willingdon stirs things up

A memorandum received from the Edmonton Branch says:

> During a visit of Lord and Lady Willingdon in 1927, a meeting was held by the "Board", with Lady Willingdon as guest speaker. Lady Willingdon as well as being a very gracious lady was very vivacious, and good fun. She addressed the "Board", saying: "Gather around 'girls', and let us talk of ways and means to increase our funds". It was decided to ask the provincial government for a grant. Lady Willingdon advised the 'girls' to hold everything, and she would "work on George"—George being the Hon. George Hoadley, then Minister of Public Health.

In this year an Educational Committee was formed to stimulate fresh interest among Board Members in the work of the V.O.N., and to increase among the public a knowledge of the Order and its services.

Senator the Hon. George P. Graham became President in 1928, and during his twelve years of office was a tower of strength. His gospel was expressed in a message which he sent to one of the Victorian Order News Letters:

> If each day be crowned with a real effort put forth in aid of our fellows, then life will be worth while. This is the task and privilege of the Victorian Order of Nurses, to bring health and comfort to those who otherwise might be bereft of these blessings.

In July 1929 Lady Willingdon issued from Government House an Appeal for funds, which brought in over $103,000. In this she stated:

> I have already travelled over 86,000 miles in Canada in the two and a half years I have been here, and I can assure you that I have seen with my own eyes the wonderful work the Victorian Order of Nurses do, and how much more they could do and are prevented from doing merely because the necessary funds are not available.

By the end of this year the staff situation had so much improved that Miss Smellie considered it as being up to strength, the number of nurses having once more passed the 300 mark (303 to be exact) with 74 centres and a record of 64,356 patients and 648,545 visits.

In this year, at the request of the Department of Indian Affairs, a Nursing survey was made of six Indian Reservations.

Highlights from Branch Reports

Brampton, Ont., 1924—

Before Christmas our nurse brought a very sad story of a family of five lately come from Ireland who were almost entirely destitute. The Committee got to work speedily and furnished many sorely needed effects and now report the family in fairly good condition with a new baby.

Lachine, Que., 1924—

The Health Centre or Mothers' Conference is now established, and lectures with demonstrations are given every Tuesday for the English-speaking mothers, and Thursday for the French-speaking. The nurses have been very much encouraged by the large attendance, and find their efforts are really appreciated by the mothers. A Mother-Craft Class was also formed which has proved very interesting. To the different organizations which have sent us garments and layettes, we send our thanks and gratitude. Many mothers' hearts have been lightened when they have been given a set of warm clothing for the new baby. No distinction has been made; they have been given to English, French, Polish, Ukrainian, wherever the need was greatest.

New Liskeard, Ont., 1925—

The Well Baby Clinic, started a year ago last July, has grown beyond all expectation, the average number of babies lately being present—15, accompanied by their mothers. During an outbreak of intestinal infection this summer, the nurse had many babies constantly under her supervision, and in touch with their attending physician when necessary. 94 visits to the homes were paid by one nurse during August and September on this work alone. This work is given free except when bedside care is given.

Toronto, Ont., 1925—

The Advisory Committee on Nursing came into being. The first meeting was held October 16, 1925. This Committee in conjunction with the Superintendent deals with all nursing policies and problems concerning education and administration of staff, making recommendations for the consideration of the Executive. The most important recommendation adopted by the Executive was to co-operate with the University of Toronto in giving Field Work to the pupil nurses of the General Hospitals in groups of two for one month at a time.

Truto, N.S., 1925—

We opened a Well Baby Conference in the Clinic Room in the Court House, kindly placed at our disposal by Mr. W. M. Ferguson. Three hundred and twenty-one have been in attendance. Just now the babies are competing for a prize which has been offered for the non-artificially fed baby making the most progress during a three month's contest.

Cornwall, Ont., 1925—

There has been a tremendous change in our school nursing service during the past year. During 1924 we attended the Public Schools with approximately 550 children who were given part-time school-nursing benefits. Beginning January 1st we took on the four separate schools, making about 2,000 children in all, who now receive the full time service of a nurse.

Edmonton, Alta., 1926—

The new course in Public Health at the University is very interesting. We are giving two talks on the work of the Order and co-operating in other Public Health work, with a demonstration to the students of maternity care at home. The students come to us for field work in spring.

We attended 99 prenatal clinics of the University Hospital Outdoor Department. The V.O. Nurses go as often as they can and keep in close touch with the work, make social service visits, and often bring patients to the clinic who otherwise would be unable to come. The Florence Nightingale Auxiliary has supplied our babies with layettes, and our families with nourishment.

New Glasgow, N.S., 1926—

On account of the severe weather in the early months of the year, the nurses were not able to report as many visits made, but they spent more hours on duty.

Fredericton, N.B., 1926—

The yearly report for 1926 handed in by your nurse, Miss Pond, shows an almost incredible amount of hard work, and when one considers that all the distances between cases have been covered *on foot*, in all weathers, and by night as well as day, the Committee is almost ashamed to feel pride in the marked increase in the work.

Vancouver, B.C., 1927—

Student nurses at the Vancouver General Hospital were allowed to have a month on the district to study home environment.

The Child Welfare Clinics at Point Grey and South Vancouver were taken over by the Department of Health.

The Maternity Service in the General Hospital referred out-patient prenatals to the V.O.N. for home nursing. Round table conferences were held with expectant mothers once a week.

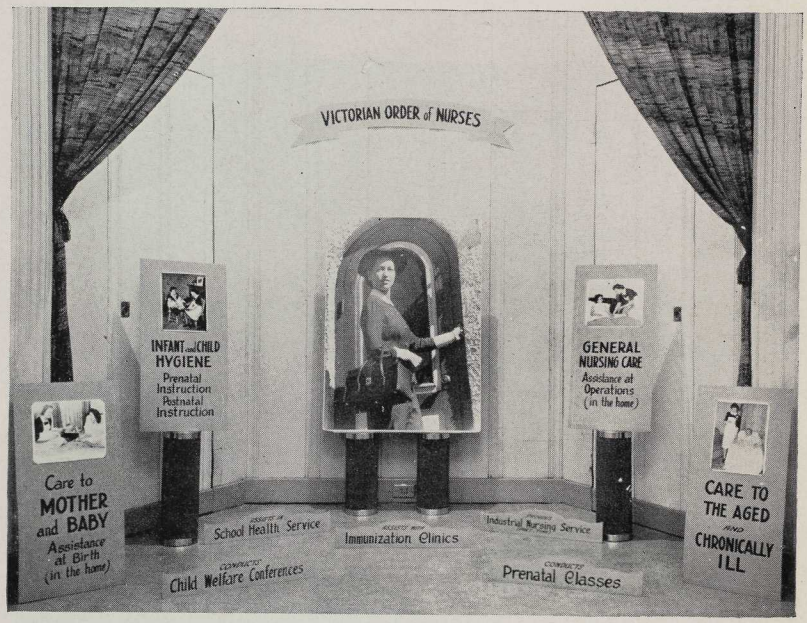
Cobalt, Ont., 1929—

One of the patients was an Italian woman who spoke very little English. Her six-day old baby had been sleeping well every day, but staying awake and keeping the family awake every night. The patient asked the nurse to please swing the baby around in the air three times by the feet, to change the circulation of the blood, so that day would once more become day, and the night night, and peace be restored. Needless to say, the nurse refused the service.

Industrial Nursing - Counselling *Courtesy Cunningham, Hamilton*

Industrial Nursing - First Aid

Window display of Ukrainian Handicraft, Edmonton Branch



Travelling window display of V.O.N. Activities

Dr. Grant Fleming's Report—1930

Following up the friendly relations established with the Ontario Medical Association, Miss Smellie wrote to the Canadian Medical Association, as recommended by the Advisory Nursing Committee and approved by the Executive Council, "asking the Association for consultant service to advise on the policy of the Victorian Order from the medical and public health point of view so that, working in proper relationship with the medical profession and public health authorities throughout the country, the Order might strengthen its service."

In response to this request the Canadian Medical Association approved of the appointment of Dr. Grant Fleming of Montreal, its Associate Secretary and Professor of Public Health and Preventive Medicine at McGill University, to co-operate with the Victorian Order of Nurses and undertake a survey. The report of this survey together with the Report of a Committee of the V.O.N. appointed to study its recommendations occupies 38 closely printed pages. The Study Committee—

> emphasized their recognition of the great value of the survey made by Dr. Fleming. Its comprehensive character both as to scope and detail has challenged their admiration throughout the long hours which they have spent in the endeavour to understand the effects which the recommendations would have on the work of the Order.

The first two of eight sections were at once accepted as endeavouring to extend the service of the Order throughout Canada on a nation-wide basis. A number of recommendations in the other sections were referred to Committees for action or study, or to Nurses' Conferences, or to the Board Members Round Table, particularly those concerning the relations between the National Office and Local Associations.

The following are the Conclusions and Recommendations made by Dr. Grant Fleming in Section VIII of his Survey, most of which have been put into effect.

CONCLUSIONS:

In the course of the study, certain conclusions were arrived at which are the basis of the recommendations made. (It should be remembered that this was 17 years ago.)

1. The Victorian Order of Nurses is providing a service of high standard.

2. The Order is growing slowly but surely, as evidenced by the formation of eight new local Associations in 1930 and no withdrawals since 1927.
3. There is need for a supervised visiting nursing service, such as is provided by the Victorian Order of Nurses in every part of the Dominion.
4. Additional public health nursing activities are desirable so long as they do not interfere with the bed-side service, and providing the nursing staff is qualified to carry out the additional services.
5. The effectiveness of the Order is seen in the comparatively low maternal and infant mortality rates of the cases cared for by the Order as compared with the rate for the country as a whole.
6. The Victorian Order of Nurses has a moral obligation to bring its maternity service within the reach of every Canadian mother.
7. Through its eighty-two Local Associations, the services of the Order are brought within the reach of practically one-third of the population.
8. The present relationship between National Office and Local Association is very loose and flexible. There is need for a better definition of this relationship if the Order is to grow and seize the opportunities which are almost sure to present themselves in the near future.
9. The present growth of the Order is unduly slow. There is need for a well-planned programme of progressive expansion with the objective of making the Order nation-wide in its service, including service to the French-speaking population.
10. The Order is not well-known, and there is need for a carefully planned widespread and persistent publicity campaign.
11. Financial support on a basis of payment for service rendered to those unable to pay for such service is a sound and desirable reason for appeal to the Dominion, Provincial and Municipal Governments.
12. When two organizations such as the Victorian Order of Nurses and the Metropolitan Life Insurance Company have business relations, these should be conducted as between the head offices of the organizations rather than through branches.
13. The Victorian Order of Nurses is a voluntary health organization and, as such, should take an active interest and give leadership in promoting health work.
14. The National Organization is made up of the Local Associations; it cannot control the Local Associations without their consent. If the Local Associations would view the possibilities of the Order, they would see the need for placing more power in their own National Office.
15. Proper and adequate organization is fundamental to the effective functioning of a Canadian-wide organization through Local Associations.

RECOMMENDATIONS:

The Recommendations are many. It is not anticipated that even though they are accepted they will all be acted upon at once. Rather they are the basis of a programme which will take time to amplify. Among the recommendations are—

1. The publication of a Nursing Manual as a necessary part of the equipment of every Victorian Order Nurse. This Manual should be periodically revised.
2. That no public health nursing be undertaken in addition to the regular services of the Order, unless National Office consider the nursing staff qualified and competent to carry out such additional services.
4. That Hourly Nursing be considered as a regular part of the bed-side nursing service.
5. That pre-natal nursing supervision include urinalyses and the taking of blood-pressure, subject to the approval of the physician in charge of the case.
11. That contracts for Insurance Nursing be made on behalf of the Local Associations by National Office, and that all business be conducted with the insurance companies by National Office.
12. That a standard method of accounting be adopted, and that a committee be appointed to meet the Metropolitan Life Insurance Company to discuss this question in order that a satisfactory way may be found to determine the cost per visit.
13. That the Educational Committee be instructed to prepare a Board Members' Manual.
15. That the organization and effectiveness of Local Associations be reviewed periodically by National Office.
18. That the Annual Meeting be held at different centres.

Group II:

1. That there be appointed a standing committee on Development and Expansion to consider plans for the development and extension of the Order. Such a committee to consider specifically extension in those areas which are almost wholly French-speaking.
   (Note—French-Canadian nurses are on the staff where there is a French-speaking population to be served... If the Order is to be really extended into the French-speaking districts, then it must organize for that purpose.)
3. That the Division of Education and Publicity be considerably enlarged and extended, and that it be given a more adequate budget.
4. That an organized effort be made to familiarize every medical practitioner and medical student with the work of the Order.
5. That there be one Field Supervisor for fifteen Local Associations to allow for time to be given to other activities in connection with expansion and development.

Group III:

2. That the holding of Maternity institutes be encouraged.
3. That demonstrations be made of bed-side nursing service in a rural area and in conjunction with a rural or county health unit.

Elsewhere in his Report, Dr. Grant Fleming states his opinion:

The policy of providing supervisory services for nursing in other organizations such as the Department of Indian Affairs is approved. Post-Hospital Nursing Care is recommended, and the inclusion of industrial nursing in the program of a Local Association.

It is impossible for the V.O.N. to do its best work and secure good results if the water or milk supply of the area is polluted or if housing conditions are uncared for. We should by resolutions and deputations express to the responsible authorities our desire to see Public Health budgets maintained, if not expanded.

Depression and Encouragement

The Dominion Bureau of Statistics likes to make comparisons by decades. While the two decades 1921-1941 were marked by two periods of severe depression, the population in some of the larger urban centres of Canada which welcomed the V.O.N. showed a marked increase, as the following figures show:

	1921	1931	1941
Halifax	58,372	59,275	70,488
Montreal	618,506	818,577	903,007
Toronto	521,893	631,207	667,457
Hamilton	114,151	155,547	166,337
Ottawa	107,843	126,872	154,951
Windsor (Border Cities)	55,935	98,179	105,311
London Ont.	60,959	71,148	78,264
Winnipeg	179,087	218,785	221,960
Regina	34,432	53,209	58,245
Saskatoon	25,739	43,291	43,027
Edmonton	58,821	79,197	93,817
Vancouver	163,220	246,593	275,353
Victoria	38,727	39,082	44,068

Through the extension into and absorption of suburbs, some of these cities claim a still greater increase for 1941, listed under the title of "Greater"—

Greater Halifax	91,829	Greater Windsor	121,112
Greater Montreal	1,139,921	Greater London	86,741
Greater Toronto	900,491	Greater Winnipeg	290,540
Greater Hamilton	176,110	Greater Vancouver	351,491
Greater Ottawa	215,022	Greater Victoria	75,218

Within these twenty years, the Canadians of Continental European origin, other than French, also increased by over a million, and the V.O.N. policy of showing no racial discrimination had a strong appeal to that type of patient. The hospitals were overcrowded, so that it is not surprising to find the number of Victorian Order nurses steadily increasing. Miss Smellie's policy was one of prudent expansion in friendly co-operation with Provincial and Municipal Public Health authorities. She was fortunate in having so reliable an administrator as Miss Maude H. Hall as her Assistant and Deputy when she went on the periodical tours of inspection which took up so much of the time of the Chief Superintendent.

The effect of the depression of 1930-1934, co-incident with immigration and overcrowded urban centres is illustrated in Reports from the Halifax and Edmonton Branches, from which the following are extracts:

> During the depression in Halifax more free visits were made. Overcrowded houses, bad housing conditions and lack of clothing were prevalent. The financial position of the Order itself was poor, and expenditure had to be cut to a minimum with the reduction of salaries and a decrease in nursing staff. It was a discouraging time for all. Poverty was accompanied by much sickness; babies were born into houses where there was nothing to work with; living conditions were appalling—a great many did not have enough to eat, the City Grant was cut from $2,500 to $1,800.
>
> In these five years we had over 1,000 more individuals on our books and three less nurses, with about $5,000 less received in 1937 than in 1931. All during the depression years expenditures exceeded receipts. By 1938 things were brighter financially; the City Grant was restored to $2,500, and a new car was bought from a donation from the Halifax Curling Club. . . . . .
>
> In Edmonton the Lady Aberdeen League was organized in February 1931 to co-operate with the V.O.N. in raising funds and continued this activity till the inception of the Community Chest. It raised money by organizing various social functions, such as a Daffodil Tea, a Thé Dansant, and early tag days.
>
> Another co-operating body was the Florence Nightingale Emergency Auxiliary devoting its time and efforts to relief work in connection with the V.O.N.
>
> In 1934 Window Dressing at the two large Department Stores was adopted as a means of raising money. Among such exhibits was a very fine display of Ukrainian handicraft from all parts of Canada.

But there were words of encouragement to cheer them on.

Lady Aberdeen wrote on May 1, 1932:

> I feel it to be a privilege to be allowed in my capacity of Great Grandmother to offer my earnest and affectionate best wishes to the Victorian Order of Nurses, who are carrying on their loving ministry to all who need them.

The Countess of Bessborough said on May 10, 1933:

> The work of the Victorian Order is a wonderful thing—I am especially glad to see that even in these days of serious difficulties the work has not been hampered, because I think we all realize that the work is needed more and more.

The Right Hon. George P. Graham said at the Annual Meeting for 1935:

> Notwithstanding the presence of what people call a depression, our nurses attended 6,000 more patients than in 1934, and more than three-fourths of a million visits were made.

The Right Hon. W. L. Mackenzie King, speaking at the Annual Meeting on April 18, 1936, said of the V.O.N.:

> Starting in a small way, it had become one of the great National Orders of Canada. He stressed the great importance of Voluntary Service as exemplified by the Victorian Order, a service of the first magnitude to the world now in the throes of a struggle between the powers of preservation and destruction.

Lady Tweedsmuir's Appeal

On March 31, 1937, Lady Tweedsmuir, the new Chatelaine at Rideau Hall, issued an appeal for funds for the V.O.N.:

> I am sure there are few people in Canada who have not heard of the Victorian Order of Nurses. It was founded forty years ago by Lady Aberdeen, and has done magnificent work. But it is a voluntary organization; it must have funds, and it is now eight years since a National appeal was launched.
>
> During the short time I have been in Canada I have been greatly impressed by the work of the Victorian Order. I am convinced that not only should its present activities be maintained, but that the work should be extended.
>
> If you read the enclosed pamphlet you will see how much of the work is free. I should like to point out that the services of the Victorian Order of Nurses are given to every nationality and creed. We should like to continue our work, but our finances are now depleted, our income has shrunk, and there is no capital for extension.

The amount raised from this appeal was $57,905.37.

A picture of the pre-war situation is given in the Annual Report from the District Superintendent at Vancouver, covering the year 1937:

> It has been necessary for us to adjust ourselves several times within the last ten years to changing conditions. Have we not seen all our child welfare clinics swept away from us; first, due to the amalgamation of the city, and second, to the formation of the larger units?—Still we realized that what we had initiated had been worth while, and that it was now our province to hand it over to the proper agency, better equipped and financed to undertake it. In handing over this work, the various nursing activities in the community field were brought much closer together, and a spirit of comradeship developed by which we all benefit—we now feel part of the whole scheme of social work in the community, and not so much an isolated unit.

In 1938, owing to the reduction of income and necessity to retrench, the National Office decided to discontinue subsidizing new branches beyond June 30th. The Glace Bay Branch was disbanded owing to lack of local support. The turnover of nurses was becoming a serious problem.

Outbreak of World War II

On the outbreak of World War II in 1939, a special meeting of the Executive Council was called in September to decide what should be the programme of the V.O.N. during the war. Judge Henry Hague Davis, who had succeeded the Right Hon. G. P. Graham, said:

> There is a fine old phrase of Ezekiel 'men of continuance' used when emergencies arise. There is a great emergency in a state of war, and there is a natural tendency to seek the spectacular, and to forget the great work done by 'men of continuance'."

The resolution passed declared that bedside nursing in the homes of the people in town and country throughout Canada on a basis adapted to the circumstances of the patient or family should not be relaxed at this time, but rather pressed forward with renewed vigour and determination.

In this year the V.O.N. had 90 branches with 354 nurses. Of its visits 420,787 were free. During the war 59 Victorian Order Nurses enlisted with the nursing service of the R.C.A.M.C. Those who stayed behind were in great demand to provide nursing care for the families of soldiers who went overseas. The interprovincial transport of troops and of war-

workers created transient families, some of which were popularly termed 'Victorian Order Families' because they had already been under the care of the V.O.N. in some other city; for instance a family from Greater Vancouver might turn up in Halifax.

> During the years 1939-1945 the Halifax Branch carried on its policy of home visiting to the sick, just as it had carried on for 40 years previous to the war. It was not easy during these years because the work was operating under continual staff shortage. Our entire personnel could change within the period of a year. New areas sprang up by magic as war workers and their families poured into the city. These areas were like mushroom growths. There was a total of 985 new houses with a population in them of 3,500 . . .
>
> In Halifax as in other Branches the fact that the V.O.N. was at hand to care for the families of service men was a comfort and a relief to the soldiers who had gone forth in their country's service.

Miss Smellie temporarily replaced by Miss Maude H. Hall

In 1940 Miss Smellie temporarily left the V.O.N. on her appointment as Matron-in-Chief of the nursing service of the Royal Canadian Army Medical Corps, with the rank of Major, her place being taken by Miss Maude H. Hall as Acting Chief Superintendent. In this year the V.O.N. had 367 nurses. Incidentally it provided nursing care under contract with policy holders in the Metropolitan Life Insurance Company, as it had done for thirty years; also with the London Life, Confederation Life, Aetna Life, Traveler's Insurance, Women's Benefit Association, Sun Life, and Maccabees. There was a considerable increase in demand for its services purchased by industrial concerns on a part-time basis.

In 1941 Miss Hall outlined the type of service offered by the V.O.N. in her Annual Report, indicating a considerable development from that of thirty years ago:

> The Victorian Order Nurses are Public Health Nurses. They teach as they work. They enlist the help of the families and teach them to care for the patient between visits. They find many opportunities to instill the principles on which sound mental and physical health is based.
>
> In cities and towns where Public Health Nurses are employed under the Department of Health, the service of the Order is largely confined

to bedside nursing and the health teaching which is integrated in each visit, but in some of the small communities where the V.O.N. is the only Public Health Nurse, the service is generalized.

School Nursing is carried on by 30 of our Branches, and Child Hygiene Centres, which in most cases provide an immunization service, are conducted by 58 Branches.

In 1942 the number of Branches increased to 98. There were 700,000 visits of which 54% were free. The number of nurses was 387.

By 1943 eleven new Branches had been established since the outbreak of war. In this year there were 83,729 visits to 13,625 families of Army, Navy or Air Force men. Free service was 52%.

A Special Committee on Social Security sitting in the House of Commons this year heard an interesting Brief submitted by the V.O.N. outlining its work, bearing the signatures of T. D'Arcy McGee, Vice-President, and Miss Maude H. Hall. In this it was stated that—

advantage is taken of the many opportunities to integrate the teaching of health measures in the visit for nursing care. Public health services, including school nursing, child welfare centres, assistance at immunization clinics, and group teaching are undertaken in many communities where they are not provided by an official organization. In several centres a nursing service is extended to the employees of local war industries.

In British Columbia grants are made by the Provincial Government on a per capita basis for the nurses employed. In Saskatchewan payment is made by the Provincial Government on a visit basis for care to indigent patients who are temporarily in the area served. The Winnipeg Branch receives a grant from the Manitoba Government. The Ontario Department of Health makes a grant to the National organization in recognition of the supervisory service provided. In New Brunswick the Department of Health makes a grant to those Branches giving a school nursing service. One Branch in Nova Scotia receives assistance from the Provincial Government . . .

Return of Miss Smellie as Chief Superintendent

Major Smellie was elevated to the rank of Colonel before she returned to civil life as Chief Superintendent of the V.O.N. in the spring of 1944. On her retirement from the Army, the Right Hon. J. L. Ralston, Minister of Defence, wrote to her:

Your work and faithfulness and ability . . . have brought your Minister to a state of mind concerning the nursing services which is nearer to satisfaction probably than in respect of any other Service in the Army. . . I can give you first-hand word of your superb

'troops' . . . I saw on the spot the services they are rendering. You may well be proud of them . . .

I must mention your help in connection with the organization of the C.W.A.C's. That trip you made across Canada, the interest you aroused and the thoughtful advice you gave as a result were immensely helpful in laying a good foundation and a dynamic one (if foundations can be dynamic) for a Corps of which we are very proud. I realize that this call back to the Victorian Order of Nurses had to come. They couldn't do without you. We appreciate their consideration in releasing you in the first place.

Following her return to V.O.N. Service, Miss Smellie expressed her views at an Annual Meeting:

Following four years absence, one views the Victorian Order service with an appraising eye, only to become more than ever convinced that having been founded on sound basic principles, if the Order keeps in mind that the purpose for which it primarily exists is bedside nursing and teaching in the homes, there are bound to be fewer misunderstandings and our relationships with National, Provincial and Local Health Departments and Social Agencies, will ultimately be strengthened, our facilities even more appreciated and used, we trust, to the best possible advantage. The need for nursing care of the sick in their homes has of late years been greatly intensified wherever there has been expansion in population, due to war production or other activities which have more than ever revealed 'weaknesses in the planning and structure of community health resources'. Those of you who can look back twenty years may remember an idea prevailing quite commonly then, that there must be absolute cleavage between curative and preventive work.

A resolution passed at the last meeting of the Canadian Public Health Association gives indication of a change of attitude:

> "Whereas adequate care of the sick is essential to the development of a sound public health programme, and whereas close relationships between health authorities and institutions and agencies that care for the sick are desirable, therefore: Be it resolved that the public health nursing section request the Executive Council of the Canadian Public Health Association to take steps to study this matter and to take action to achieve the desired end."

Nursing is considered essential in supplementing any medical care plan. Consequently, it is of vital importance to the Order that legislative bodies and the public at large, be well informed regarding Victorian Order work and its exceptional facilities as an auxiliary service. It behooves Board Members and nursing administrators to become familiar with National and Provincial developments which have to do with health insurance or medical care plans . . .

If the Victorian Order of Nurses for Canada is alert, equipped with the necessary personnel and continues to be amenable to changing

conditions, it undoubtedly has something to offer in supplementing the work of official agencies and in providing a nursing service along the lines suggested, through its local Branches . . .

The relationship between Board members and nursing staffs with associated local agencies has been much more closely welded. There have been many appeals to National Office for visits of Supervisors to discuss local requirements not being met—Miss Hall and the Supervisors have made an amazing contribution in this regard.

Nursing a Blind Mother

As a change from speeches and statistics, we should like to interject at this point a human interest story, beginning in the year 1944 and dealing with a special phase of Victorian Order nursing. The story comes from Cornwall, Ontario, and was supplied to *The Forum*, the magazine of the V.O.N., by Miss Sybil Everitt, nurse-in-charge of the Cornwall Branch. Here are some extracts:

Mrs. B. was referred by her mother to the Victorian Order of Nurses in the seventh month of pregnancy. The nurse called upon Mrs. B. and found a comely young woman, 28 years of age, totally blind since injury in infancy. She had been married nearly two years, and this was her first pregnancy.

On her first visit the nurse discovered Mr. B. was also blind since 14 years of age, but was gainfully employed in wood work in a local factory. Both Mr. and Mrs. B. attended the School for the Blind in Brantford, Ont.—The nurse was amazed and impressed on her first visit to find out that Mrs. B. intended to care for her own baby, although a sister had offered to 'raise' it for her. Discussing the case later in the Office, the nurses decided that they would take their demonstration doll to the home, set up the baby's tray, etc., and see how Mrs. B. could manage. Before doing this the nurse called the physician, told him of Mrs. B's wish to care for her baby and the plan we had in our minds and for which we would like his permission. His reply was, "It never occurred to me that she would look after the baby, but you have my full permission to teach her what you can, and God bless your efforts".

On the second visit the baby tray was set up with a minimum of artificial soap, oil, safety pins, and absorbent cotton. These were all sufficiently different to the touch that no mistake could be made. The nurse began her demonstration in the usual way, doing the work herself and talking as she went along. She realized that she was not teaching the patient as she should, so changed her method and guided the patient's hands step by step, over layette, tray and doll. The bathing procedure, dressing and undressing of doll, was gone over carefully, with emphasis on all pins being placed on the tray as removed and never for a second leaving the doll alone on the table. A weekly visit was made, and Mrs. B. practised in the interval

until such time as she went to the hospital, and by this time she was fairly adept with the routine and handling of doll . . . Mrs. B's baby was born in hospital July 22nd, apparently normal and weighed 4 lbs. 14 ozs. We admitted the baby on return from hospital on August 5th. It then weighed 5 lbs. 12 ozs. A demonstration bath was given by the guiding of hands and the 24 hour formula was prepared by the nurse and left ready for heating. Mrs. B. had reasonable confidence in handling the baby, and the V.O.N. had promised a daily visit until we were entirely satisfied with her handling. There was a friend in the home with Mrs. B. one week after her return from hospital, thereafter she was alone. On the third day after her return the mother bathed the baby under supervision and did quite well. On the fifth day she made the formula, with the assistance of the nurse. How to measure was a problem which we could only solve in one way. That was, Mrs. B. had to feel the markings on the measuring cup from the outside and with scrupulously clean hands, touch the solution on the inside to get the corresponding amount. She was accurate in this. Measuring corn syrup was more difficult, but finally that was done perfectly. How to put the required amount in the bottles was another problem. This was done by sound, and very soon Mrs. B. could judge three ounces in the bottle without variation of more than a quarter of an ounce, more or less.

Holding the baby to feed it, the mother quickly learned by the feel whether the baby was nursing or just 'playing', and would systematically start feeding her afresh . . .

Feeling our responsibility very much, a nurse was present daily during the bathing and the preparation of the formula until the baby was seven weeks old. Then for the first time we left Mrs. B. and the baby on a Sunday, when Daddy could sit by and lend a hand if need be. On Monday we went in bright and early to see how they had managed. All was serene . . .

Two years later—

Now a second chapter of this story is being written. Last spring the nurse began to carry the mother as a prenatal patient again, and in September a sturdy little boy was born. The mother had wonderful confidence in handling him and she only required daily visits for a week this time before she was able to take over. She is now caring competently for a toddler and an infant! There are gates at the stairs and at the doors of the kitchen and living room, and the outer doors are locked beyond the little girl's reach. She wears a harness when she is put outside, so her mother always knows just where she is. She is a happy and lovable child and no doubt her brother will be the same. This plucky mother is managing to live a full life with her husband and her two children. But what a tremendous help it must have been to be able to rely upon the Victorian Order nurse while she has been learning how to care for those children.

National Health Plan of Federal Government

In 1944 the Federal Government made plans to step into the field with a National Health Plan, presented to the House of Commons by the Hon. Ian Mackenzie. This contemplated placing all the available health facilities of the country doctors, consultants, specialists, nurses, hospitals, dentists, pharmacists and many others at the call of every person when needed. The scheme was to be contributory, the administration being carried out by each Province. Nursing Service would only be provided on the order of the physician. The regulations would make provision for the maintenance of satisfactory standards of nursing service.

If such a scheme is adopted, the long and valuable service of the Victorian Order will prove of inestimable benefit to those charged with the duty of administering the scheme.

At the Annual Meeting of the Ottawa Branch of the V.O.N. held on February 24, 1944, Princess Alice, Countess of Athlone, who was now Honorary President of the Order, said:

> I have great hopes that the V.O.N. may be given a large share in helping to carry out the Government's new health measures which are in preparation, because the people who are to benefit by the new legislation will have to be taught how to obtain the greatest amount of good from the scheme. And our Victorian Order Nurses, by their concentrated and first-class training, are just the people fitted to carry out this health education. They do so much in that way now already during their innumerable visits to the homes of their patients, and have learned the best way to approach the patient's family, as well as the patients themselves.

Princess Alice was keenly interested in district or visiting nursing, as her husband, the Earl of Athlone, had served as President and Chairman of the Council of the Queen's Institute of District Nursing in England, and she herself had served on the Council.

In this same year was conceived the Princess Alice Fund, the objective of which was originally half a million dollars, but which under the brilliant and inspiring leadership and generosity of the President, J. W. McConnell, passed the million dollar mark before the end of 1946.

Story of the Princess Alice Fund—Hon. J. W. McConnell waves a magic wand for the V.O.N.

The story is best told in Mr. McConnell's own words, reported from his address at the Annual Meeting of the Board of Governors at Ottawa on June 5th, 1945:

Since this is my first annual meeting, perhaps I should tell you how I came to be entangled in the Presidential coils of the Victorian Order. One day a little more than a year ago, there came a wire from Her Royal Highness, Princess Alice, in Vancouver, B.C. inviting me to accept the Presidency of the Order. To this I replied:

"Your Royal Highness assumes great responsibility in nominating one wholly unqualified for the post, who would consequently be obliged to lean very, very heavily on the Honorary President for support."

The answer came promptly:

"Best thanks.

Have no fear; Smellie and I will play Aaron and Hur to your Moses.

See Exodus 17, verse 12."

Hastily looking up the reference, I found these words:

"But Moses hands were heavy; and they took a stone and put it under him and he sat thereon; and Aaron and Hur stayed up his hands, the one on the one side, and the other on the other side; and his hands were steady until the going down of the sun."

This sounded ominous; Moses was a leader of men, full of faith and courage. Surely there must be a job to do. At my first Executive Committee meeting, the job was soon discovered. A Pension Fund had been long desired, and much discussed for many years, but there were no funds for the purpose—and a large sum was required.

Moreover, money was needed for expansion work, but without funds, no new work could be projected, and to make matters worse, interest upon Endowment funds had steadily declined, until a 3% interest return had been reached, thus substantially reducing endowment income of former years.

Now we read that Moses' hands were weary because of a great task. There could be no point to the message from Princess Alice, and certainly no hope ever for the new President having his hands 'stayed up' by Aaron and Hur, unless he likewise undertook a wearisome task—hence, the immediate organization of the 'Princess Alice Half Million Dollar Fund'.

In her promise to 'stay up' the President's hands, your Honorary President never failed, for, as Executive Heads of industry, business and finance were tackled—and subscriptions secured, out went

personal letters of thanks, every one signed by her own hand. Whether at Government House—at the Citadel, Quebec, or on tour through the Maritime Provinces, wherever the subscription lists reached her, personal letters of thanks were dispatched by Her Royal Highness to every contributor.

Time will not permit an attempt to go into detail on this Fund, but I may tell you that it started in early July, continued throughout the summer of 1944, by interview and by Long Distance telephone, from Coast to Coast—reached the Half Million mark by October, passed the $700,000 mark before Christmas, and at our Last Executive Meeting in March the Fund was reported complete at $900,000. Since that time a few more contributions have been secured. Thus—with the percentage originally promised by me, applied to all contributions—the Fund now stands at a total slightly in excess of $1,000,000. Upon these subscriptions, already $785,950 has been paid in cash.

It has been well named the 'Princess Alice Fund' for upon her ingenious telegraphic message it was founded.

Now—with money available—a sound Pension Fund has been established, and with a clear course open for greater expansion work, greater responsibility rests upon the Executive Officers.

Retirement Income Plan for V.O.N. Employees

A summary of the Retirement Income Plan printed for Employees of the Victorian Order of Nurses for Canada states:

The Plan will provide—

(1) A monthly income for life for employees of the V.O.N. who become members of the Plan below age 60 if female, and below age 65 if male, and remain in our service until retirement.

(2) A convenient savings plan which will provide a reduced annuity for employees who leave the service before retirement age.

(3) Provision for death benefits for contributors in the service of the V.O.N. and for annuitants of the Order.

The amount of annuity which will accrue for an individual contributor will depend on her earnings and length of services in the Order. The scheme is a contributory one between employee and employer, in which the National Office of the Victorian Order of Nurses carries the entire cost of Past Service and contributes equally with the Branches the greater share of the expense for Future Service benefits.

V.O.N. realises that there are certain employees who have given loyal and long service to the Order, but due to the fact that their employment has been part time, or that their age is 60 or over, they will be unable to take part in the Plan. Such cases, however, will receive consideration when their term of employment ceases.

In her Report for the year 1945, Miss Smellie summarises the activities of the Order and comments on the Plan:

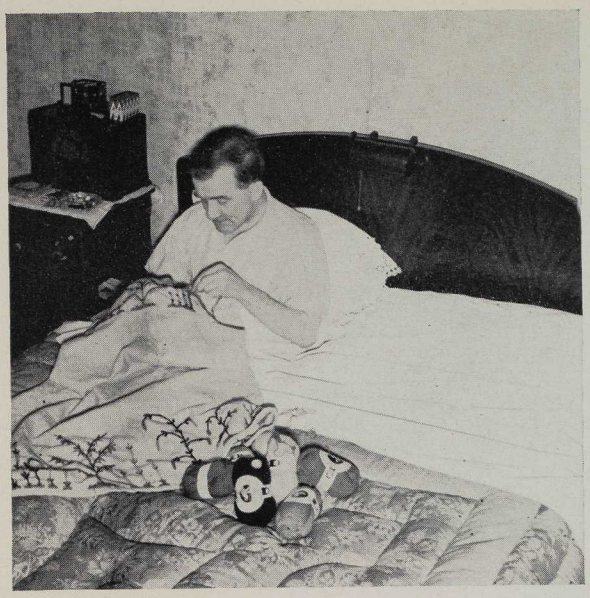
"In this year of action, and while emerging from war into peace time conditions, the National Executive has made notable contribution towards the strengthening and development of the Order's work. Fifty scholarships were awarded; uniform allowance of $75 was given to fully qualified public health nurses taken on strength on completion of post graduate training; salary schedules were adjusted; the principle of attaching a limited number of "floaters" to the National Office for use as emergency arises was approved; information was forwarded to all Provincial Nurse Placement Officers in pamphlet form outlining the requirements and advantages in becoming a Victorian Order Nurse. By far the most outstanding event from the nursing point of view was, of course, the introduction of the Retirement Income Plan, to which the National Office not only makes its 3% contribution to the individual staff nurse enrolled, pays 6% of the cost on behalf of National Office Staff Members, but has allocated approximately $100,000 towards the financial obligation accumulated for past service benefits. The branch and nurse responsibility begins only on the day of enrolment.

Margaret Moag, a colourful District Superintendent

In 1945 one of the most colourful figures in the recent history of the Victorian Order retired from service, Miss Margaret Moag, and some mention should surely be made of her. Genevieve Pembroke, Chairman of the Nursing Committee, Montreal Branch, tells the story in *The Forum*, magazine of the V.O.N. for December 1945, from which the following is extracted:

Just twenty-three years ago a small feminine dynamo became District Superintendent of the Victorian Order of Nurses in Montreal. Margaret Moag had just resigned her position on the staff of the Department of Soldiers' Civil Re-establishment, following overseas service with the Canadian Army Medical Corps Nursing Service, and these years of work with the boys of the forces gave her an intense and lasting sympathy with the soldier and his family. A returned button in a lapel has been for her a common meeting ground in a great brotherhood.

Montreal in 1922 was feeling its way to a new community welfare development, and while carrying on and expanding the work of the V.O.N., Miss Moag threw herself whole-heartedly into the planning for better co-ordination between health and welfare agencies. No meeting was ever complete without the diminutive figure in the blue uniform, who never gave ground when she was convinced she was right, but who, at the same time, could waive her opinions for the good of the whole . . .



Occupational
Therapy
directed by
Montreal Branch
V.O.N.

Patient making
garden apron in
monk's cloth
embroidered
in wool

Miss Adams of Occupational Therapy Centre, Montreal, with V.O.Nurse
interests a patient in handicraft

Elizabeth L. Smellie, C.B.E., R.R.C., LL.D.,
Chief Superintendent, 1924-40, 1944-47

Victorian Order Nurses at National Conference Ottawa, Sept. 24-26, 1924

She inspired in her own staff in the V.O.N. and in her Board members, a loyalty, an affection, and a respect that rather than becoming dimmed through the years, was heightened and magnified. A dry sense of humour, a tongue that could be both biting and soothing, and the unerring ability to laugh most often at herself, were assets that made her an outstanding figure wherever she went. Perhaps the most outstanding characteristic of this amazing little person, for she is very little in stature, has been her intense belief in the value of the work of the Victorian Order of Nurses. No problem was ever too small for her to give it her fiercest concentration, no task for her too big to tackle. The National Office has always respected and sought her advice; many V.O.N. nurses all over Canada have had the benefit of wise counsel while interning on the Montreal staff, and to problems of both younger and older nurses she has always been ready to give a sympathetic hearing and sound advice . . .

To us of the V.O.N. who have been associated closely with Miss Moag, her retirement means much. It means the loss of one of the most colourful and efficient people we have ever had in the Order, but even more it means we are losing a very close and dear friend. All over Canada there will be regret that in deed she will be no longer active with us, but we know that in thought her interest will never wane . . .

Hail and farewell, Margaret Moag!

. . . . . .

V.O.N. Highlights of 1946

1946. Number of nurses rises from 451 to 475; patients from 100,118 to 116,361 and number of visits from 756,984 to 852,873.

A striking tribute to the V.O.N. is paid in the *Canadian Journal of Public Health* for July 1946 by Alma C. Haupt, Director of the Nursing Bureau of the Metropolitan Life Insurance Company:-

> In Canada you have a great advantage over us in the United States, for your visiting nurse service is centralized in the Victorian Order of Nurses, and decentralized through its 103 branches. Thus you have an organization with high standards of service through which Governmental agencies, insurance companies and pre-payment medical care plans can readily make contracts on a nation-wide basis. There is no corollary in the United States, because our visiting nurse services are local, independent units related to our National Organization for Public Health Nursing for advisory and consultative, but not administrative, services.

His Excellency Viscount Alexander consents to be Patron of the Order and Her Excellency Viscountess Alexander accepts the position of Honorary President, thus continuing the original association of the Victorian Order of Nurses with Rideau Hall. At an Executive Council Meeting held on October 17th, Lady Alexander said—

I should like to say how pleased I am to have this opportunity of meeting so many of you and talking to you. Since we have been in Canada, a little over six months, we have travelled extensively and seen a lot of your country and industries. Wherever I have been through the country, I have heard tales of the work which your members have done under most difficult and exacting circumstances.

Even before I came here, your Honorary President, Princess Alice told me something of the History of the Order. She was loud in her praises, and spoke most highly of Miss Smellie.

During the five years I am here, I shall look forward to meeting you all as much as possible, and hope I can do something to help you in your great work.

Senator the Hon. Norman M. Paterson is elected President of the Victorian Order of Nurses for Canada, succeeding J. W. McConnell.

He sends a message to the members of the Victorian Order through *The Forum* following the Annual Meeting, in which he says:

Since being elected your President for the coming year, comments have poured in to me telling of the splendid work the Victorian Order of Nurses is at present doing. There are great opportunities for the future even though often the reward for some has been only the satisfaction of a job well done. The future of Canada shows every indication of rapid growth in population and commerce, because it offers freedom and opportunity to peoples from countries now handicapped; and with this growth the Victorian Order of Nurses will have an increasing responsibility. The enthusiasm of its members makes this task a pleasant one to look forward to, and our members and nurses should increase with our added opportunities for service.

We look forward with great hopes for the Order.

Fifty scholarships of $500 each are granted to enable promising candidates to take the University Courses in Public Health Nursing.

The uniform allowance is authorized for another year.

A new Branch is opened at Port Arthur, Ont.

Victorian Order Nurses obtain priorities for the purchase of new cars.

Miss Maude H. Hall has a most interesting chapter on Visiting Nursing, with special references to the type of work done by the V.O.N. in a new book *Public Health Nursing in Canada*, published by the Macmillan Company of Canada.

At the Annual Meeting of the Canadian Public Health Association held in May, Honorary Life Membership is conferred on

ELIZABETH L. SMELLIE, C.B.E., R.R.C., LL.D.,

in recognition of outstanding contributions and signal services rendered in the promotion of Public Health.

Farewell to Miss Smellie

A report of the Annual Meeting of April 30, 1947

by the Ottawa Journal

In recognition of her outstanding services to the Victorian Order of Nurses for a quarter of a century, Miss Elizabeth Smellie, R.R.C., C.B.E., LL.D., retiring chief superintendent, was presented with a crest of diamonds set in platinum, a replica of the Order's crest which the nurses wear on their uniforms.

The presentation made by Mrs. R. W. Reford of Montreal, took place at the afternoon's session of the forty-ninth annual meeting held at Government House, through the invitation of Viscountess Alexander, honorary president of the Order.

In presenting Miss Smellie with the exquisite gift from the executive council and the life members, Mrs. Reford referred to the deep debt of gratitude the Order owed to Miss Smellie for her years of devotion and leadership. Her reputation exceeded the confines of Canada.

"When you look back you may well feel proud at the results of your activities and the wonderful progress of the Order", Lady Alexander said in reference to the steady development of the Order across Canada. The Order had been founded in memory of a great Queen, and those who have affiliations with it may feel they are extending a helping hand to suffering citizens in need.

Lady Alexander believed that in the resignation of Miss Smellie the Order was losing a good friend and wise counsellor.

"If good work" she said "has its reward in happiness, Miss Smellie can look forward to years of health and happiness, which is our wish for her". The wife of the Governor General extended a welcome to Miss E. M. Crothers, general superintendent of the Queen's Institute of District Nursing, of London, England.

Senator Norman Paterson presided and referred with satisfaction to the increased number of visits paid in the year, which he said had been made possible by the enlarged number of cars which had been used in the Order's services.

With notice to vacate the national offices in Ottawa, every effort was being exhausted, Senator Paterson said, to secure office space by rental, rather than use capital funds for building purposes.

He could think of no greater work of national character than to bring help and solace to sufferers throughout the land, Leonard W. Brockington, K.C., told the members in the course of an address dealing with the history of the nursing service.

"Your nurses go wherever there is need, and their hospital is the home of suffering.

"There is no more fascinating story than the history of nursing which began with the first loving care by the first mother of the first child."

The vote of thanks to Mr. Brockington was extended by Mrs. John Bracken.

In her last report as chief superintendent, Miss Smellie quoted figures to show the Order spent a busier year in 1946 than in the previous year. In 1946, there were 116,361 cases cared for, as compared to 100,118 in 1945; 852,873 visits made, compared to 756,984, and with 475 nurses compared to 451. She pointed out that in the early 20's there were but 56 centres; now there are 103 branches, soon to be 105.

Growth of the Order had not been spectacular, but Miss Smellie said various factors "militate against a more aggressive policy". Lack of sufficient financial security and scarcity of nurses, were two of these factors, and she added that a "voluntary agency must supplement rather than challenge the official agency".

The problems and questions facing the Order, Miss Smellie said, at this time are as follows:

(1) Is there adequate coverage of various types of illness? (2) How can the private physician be made more aware of the service the public health nurse has to offer? (3) Should the public health nurse take a greater part in the care of chronic illness, which is becoming a major health problem? (4) Should public health nursing be extended to all income groups? (5) How should the service of the practical nurse be extended, and what is the best correlation of her service with other nursing services? (6) Is a housekeeping service rather than a practical nurse needed in the care of the sick in lower income groups?

A National Order, now with 103 Branches

From its inception fifty years ago the Victorian Order of Nurses for Canada has remained a National Order with Central Office and Chief Superintendent at Ottawa, with the Governor General as Patron and Her Excellency first as President and then as Honorary President, and with the Annual Meeting of the Board of Governors at Ottawa. At the same time it has achieved its strength, its growth and its hold on the affections of the people of Canada by the organization and encouragement of Local Branches from Coast to Coast (now 103 in number), which enjoy a substantial measure of local autonomy and are, with very few exceptions self-supporting, although accepting the guidance, the policies and the professional standards of the National Office. The important part which the V.O.N. plays in the national economy as well as in the national health of the nation is evidenced in the annual turnover of revenue and expenditures. In 1946 the combined general disbursements of the National Office and of the Branches totalled $1,159,388.50. Of this sum, the Branches disbursed $1,063,996.91 to finance their nursing services. These Branches are maintained by local boards composed of representative citizens, and a great deal of work in support of the nurses is done voluntarily out of public spirit by these boards. These Branches, according to a Brief submitted to the Special Committee on Social Security at the House of Commons, Sessions 1943—

> are supported by means of fees from patients (if able to pay), fees from insurance companies for service to policyholders, membership fees, municipal and township grants and additional money-making efforts on the part of local boards. Twenty-three Branches are members of Community Chests. Local representatives largely constitute the membership of the National Board of Governors from which the Executive Council of the Victorian Order of Nurses for Canada is appointed. The Branches do not make any contribution towards the support of National Office, but financial assistance is given the Branches, when the need is indicated, and 1942 was the first year for many years when such aid was not needed by any Branch.

The Brief goes on to indicate that certain Provincial grants are made to the Branches for specific purposes and services by the Governments of British Columbia, Saskatchewan, Manitoba, New Brunswick and Nova Scotia.

The National Office has for some years received an annual grant from the Dominion Government of $13,100 and from the Province of Ontario of $5,000. As this History shows, most of the money required for the maintenance of the National Office and for special enterprises directed from that Office, such as, formerly, the Cottage Hospital Scheme and the Lady Grey Country District Nursing Scheme, and more recently for subsidizing new branches and providing scholarships and uniform allowances, has been raised by a series of special Appeals sponsored by Their Excellencies, the wives of the Governors General, during their residence at Rideau Hall.

The recent spectacular success of the Princess Alice Fund Campaign, totalling over a million dollars, had for its chief objective a much needed contributory pension fund for Victorian Order Nurses and employees of the Order, this absorbing four fifths of the money raised, while a further one hundred thousand dollars, or approximately one half the balance, has been earmarked for the same purpose. From this Fund, National Office has undertaken to bear the entire cost of Past Service Benefits amounting to approximately $164,000 and has established a National Annuities Retirement Fund from which it will contribute for current services on a basis of 3% of salary for every Branch Plan member and also bear the cost of administering the Plan. The remainder, or approximately one hundred thousand dollars of the Princess Alice Fund will be used to a large extent to cover operating deficits and to provide scholarships for post-graduate training of nurses desiring to qualify for the V.O.N. service, these requirements having averaged more than $41,000 during the years 1945 and 1946. But the very growth of the Order increases the demands on the National Office which directs the supply of nurses to the Branches, and maintains supervision of their work to guarantee the high standard of their service. Such supervision and co-operation help to maintain the national character of the Order.

Although its expenditures, spread all across Canada, have become increasingly large, the V.O.N. is a non-profit and charitable organization, the records showing that 50% of the 756,984 visits to patients in 1945, and 51% of the 852,873 visits to patients in 1946 were free. The services of its Nurses

are rendered under doctor's orders to all, irrespective of race, creed or colour. These services are in particular demand for prenatal and postnatal care of mothers and babies, and are carried out in close co-operation with public health authorities. The training and experience of Victorian Order Nurses place them at the top of their profession, and moreover, they are inspired by the ideals of devotion to duty which they have inherited from that great-souled woman, Florence Nightingale.

Table showing Growth since Inception

Year	*Nurses*	*Patients*	*Visits*	*Year*	*Nurses*	*Patients*	*Visits*
1898	16	673	8,080	1928	291	63,281	547,352
1908	117	10,724	79,670	1938	356	84,697	765,969
1918	333	51,577	336,063	1946	475	116,361	852,873

The national character of the Victorian Order of Nurses for Canada is maintained by uniformity in the supervision of the Branches, the six National Supervisors for 1947 being Miss Dorothy Mickleborough, Miss Mary Ferguson, Miss Esther Robertson, Miss Lenta Hall, Miss Elizabeth Reed and Miss Hazel Miller.

The geographical distribution of the Branches across Canada is shown by the accompanying tables illustrated with regional maps.

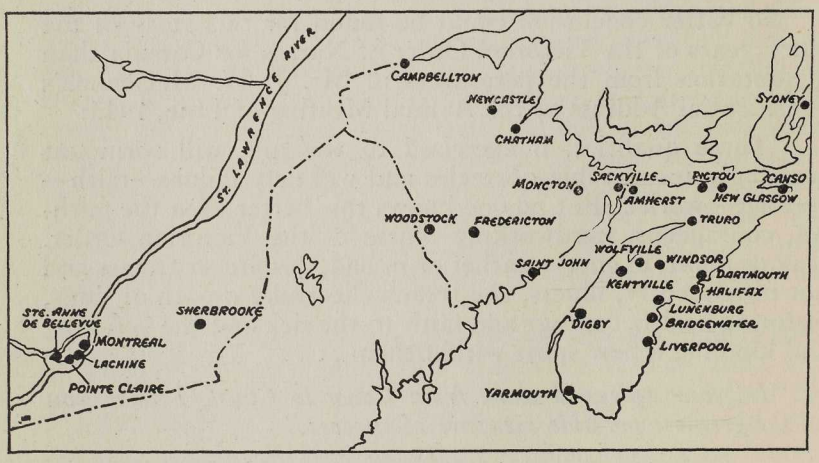
No better conclusion could be found for this story of the Fifty years of the Victorian Order of Nurses for Canada than a quotation from the peroration of Mr. J. W. McConnell's Presidential Address at the Annual Meeting of June, 1945:

"Three qualities, if exercised to the full, will surmount seemingly insuperable obstacles and will defy failure—faith—courage—works. But no one knows this better than the faithful, courageous, hardworking Nurse of the Victorian Order. Day or night, in good weather or in bad, despite weariness and not infrequently, illness, she treads cheerfully a path of duty, restoring health, courage and faith to the sick and the suffering and kindling a new spirit within them . . .

"*In your splendid work from Coast to Coast, I wish you all the greatest possible measure of success.*"

BRANCHES (as at April 30, 1947)

	Year Organized	*President*	*Nurse in Charge*
NOVA SCOTIA			
Amherst	1938	Mr. Milton Flett	Miss F. Hewgill
Bridgewater	1939	Rev. H. Y. Payzant	Miss Anne Wade
Canso	1900	Mr. H. A. Rice	Miss N. Beaton
Dartmouth	1912	Mrs. F. J. Ward	Miss M. Adams
Digby	1921	Mr. A. R. Turnbull	Miss Faye Saunders
Halifax	1898	Mrs. Eric Grant	Miss Jean Forbes
Kentville	1926	Mr. R. D. L. Bligh	Mrs. Rod Grant
Liverpool	1931	Mrs. L. P. Richardson	Miss Gladys Hergett
Lunenburg	1928	Mrs. Albert Crouse	Miss Frances Kidd
New Glasgow	1920	Rev. Byron Manzer	Mrs. Joyce Connors
Pictou	1924	Miss Bessie Logan	Miss M. MacKaracher
Sydney	1905	Mr. N. D. MacDonald	Miss E. Armstrong
Truro	1900	Rev. Brice D. Knott	Miss Mona Smith
Windsor	1941	Rev. H. J. Flemming	Miss Elsie Carter
Wolfville	1921	Mr. Ernest Cameron	Mrs. A. Murphy
Yarmouth	1904	Mr. H. A. Waterman	Miss Muriel Rice
NEW BRUNSWICK			
Campbellton	1940	Mr. A. C. Anslow	Miss E. Aylward
Fredericton	1919	Mr. G. L. Miller	Miss G. Pond
Moncton	1919	Mrs. R. N. Wyse	Miss D. Fowler
Newcastle	1930	Mr. A. B. Williston	Mrs. Bettie Norris
Sackville	1918	Mrs. J. L. Black	Miss Olwin MacInnes
Saint John	1899	Mr. J. G. Harrison	Miss Bessie Seaman
Woodstock	1937	Mr. George True	Miss Jean Conlogue
Chatham	1946	Mr. J. E. Carten	Miss M. Werry
QUEBEC			
Lachine	1909	Mr. H. W. Bourgouin	Miss J. Bertrand
Montreal	1898	Mr. W. F. Angus	Miss C. Livingston
Pointe Claire	1930	Mr. E. F. McAulay	Miss H. Rousseau
Sherbrooke	1911	Mr. A. C. Skinner	Miss H. Empey
Ste. Anne de Bellevue	1911	Mrs. W. M. Goodwin	Miss J. Blanchard



Courtesy Montreal Standard

Waiting for the Nurse

A final touch

Courtesy National Film Board

Nursing brings comfort to the Elderly

MESSAGE FROM THE NEW SUPERINTENDENT

Maude H. Hall, R.N.

It is an honour and a challenge to take up the duties of your Chief Superintendent on the retirement of Miss Elizabeth Smellie. Throughout the many years of her distinguished tenure of the position, she guided the affairs of the nursing service with great wisdom and foresight. Under her sound administration, the development of the service kept pace with the advances in the science of public health nursing and became more truly national in scope.

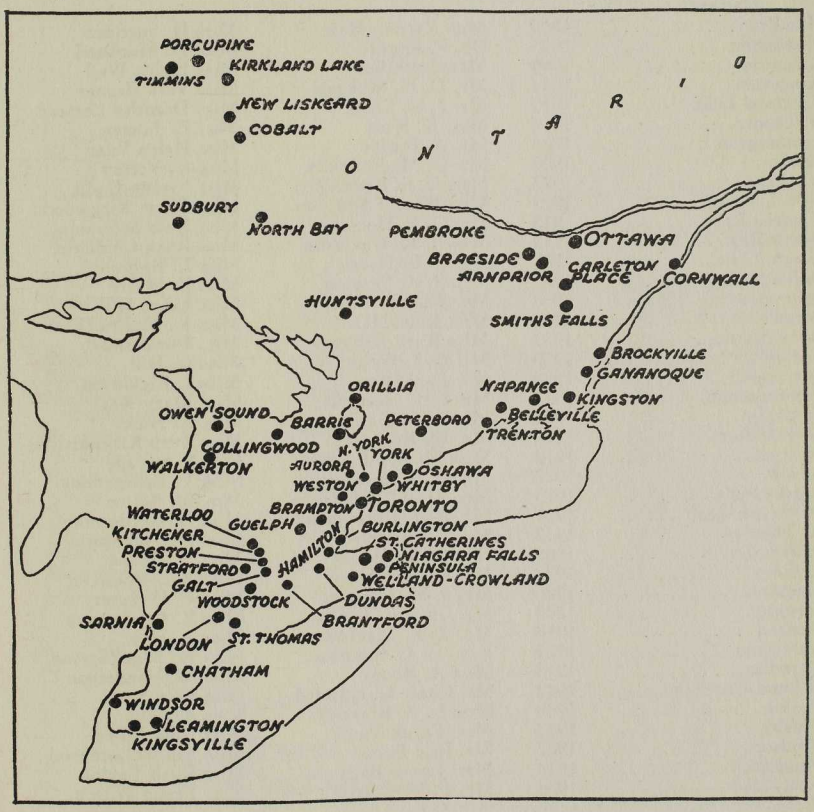
During the war years while Miss Smellie was on leave from the Order to direct the nursing service of the Royal Canadian Army Medical Corps and I acted as Chief Superintendent in her absence, I enjoyed the most cordial co-operation and support of the Board of Governors, the Executive Council, the local boards and the nursing staff and it is with the assurance that I may again rely upon the same co-operation and support that I have the courage to undertake the responsibilities of the position in these post-war years. Working together to accomplish fully the broad aims of the organization as set down in our constitution, adapting our methods to suit changing conditions and pursuing our policy of co-operation with the official health departments, national, provincial and municipal, it is in our power to be an increasingly important factor in improving the health of the people of our Dominion.

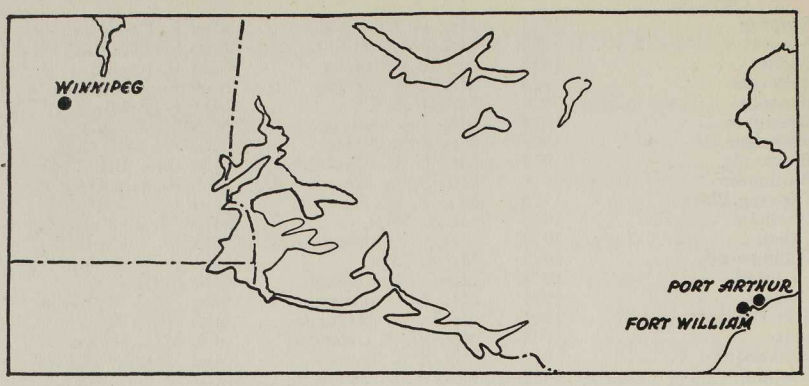
June 1, 1947.

Maude H. Hall

ONTARIO

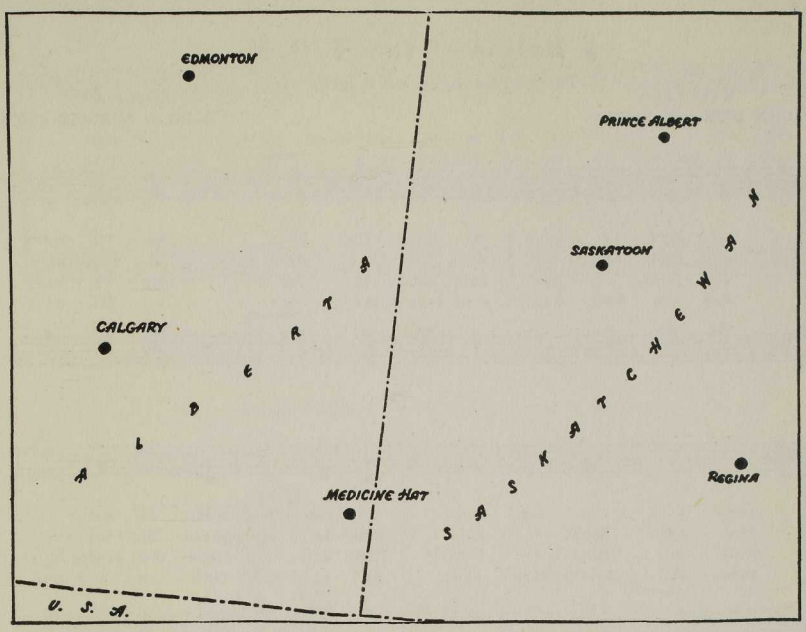
Arnprior	1913	Mrs. H. Cranston	Miss E. Ferguson
Aurora	1946	Mrs. Lorne Lee	Miss M. McIntosh
Barrie	1923	Mr. E. J. Burton	Miss R. Russell
Belleville	1924	Mr. C. B. Morgan	Miss Vivian Adair
Braeside	1929	Mr. D. A. Gillies	Mrs. J. N. Mitchell
Brampton	1918	Mrs. Jas. Golding	Miss M. Ewart
Brantford	1907	Mrs. John Noble	Miss Dorothy King
Brockville	1908	Mrs. G. C. MacOdrum	Miss Olive Bell
Burlington	1919	Miss Jessie Morton	Miss Frances Docker
Carleton Place	1926	Miss F. W. Edwards	Miss Jane Dunfield
Chatham	1938	Mr. T. Weir	Miss M. E. Patterson
Cobalt	1910	Mrs. C. O'Shaughnessy	Miss M. Joyce
Collingwood	1945	Mr. V. Ellis	Miss Betty Brown
Cornwall	1913	Miss E. Maclennan	Miss S. Everitt
Dundas	1911	Mrs. E. Pennington	Miss Edith McKerlie
Fort William	1944	Mr. V. W. MacLean	Miss Helen Rush
Galt	1908	Mrs. W. A. Osbourne	Miss M. Coleman
Gananoque	1942	Mrs. S. S. Murray	Miss Marguerite Ries
Guelph	1918	Mrs. W. V. Harcourt	Miss G. Bowman



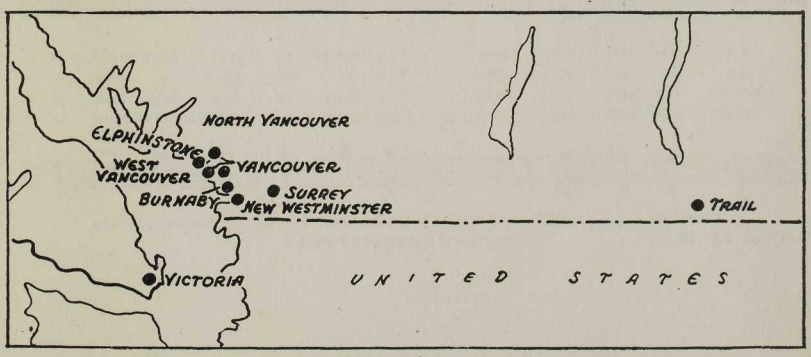


ONTARIO

Hamilton	1899	Mrs. Vernon Hale	Miss H. Snedden
Huntsville	1923	Dr. F. Rogers	Miss D. MacLeod
Kingston	1899	Mrs. John Duff	Miss Laura Wall
Kingsville	1944	Mr. D. G. McLean	Miss Vera Bruner
Kirkland Lake	1929	Mr. J. G. Black	Miss Dorothy Lemery
Kitchener	1916	Mrs. K. Sims	Miss E. Janzen
Leamington	1938	Mr. A. Jewiss	Miss Helen Voss
London	1907	Mr. C. M. Kennedy	Miss G. Versey
Napanee	1923	Mrs. O. S. Reddick	Miss Vivian Dodd
New Liskeard	1923	Mrs. Harold Simpson	Miss Doris Kirkwood
Niagara Falls	1943	Mr. C. T. Houck	Miss Elsie Schuman
North Bay	1913	Mrs. J. R. Davidson	Miss Ruth Coldham
North York	1937	Mr. T. E. Harris	Miss L. Riddell
Orillia	1935	Mr. G. A. Watson	Miss E. White
Oshawa	1933	Mr. William Boddy	Miss Edith Hill
Ottawa	1898	Mrs. Kells Hall	Miss K. McIlraith
Owen Sound	1937	Miss Ruth Bellamy	Mrs. Doris Small
Pembroke	1920	Mr. C. J. Webb	Miss G. Hill
Peninsula	1938	Mr. Paul Buss	Miss I. Rickinson
Peterborough	1941	Mr. F. J. Overend	Miss Mary Ross
Porcupine	1941	Mr. W. S. Gardner	Miss E. Hicks
Port Arthur	1946	Mr. W. Rowland	Miss Ruth Kirkpatrick
Preston	1912	Miss Elizabeth Clare	Miss S. Savage
Sarnia	1927	Mr. L. D. Dougan	Miss V. Bruegeman
Smiths Falls	1924	Mrs. H. G. Robertson	Mrs. M. Salter
St. Catharines	1919	Mr. H. J. Carmichael	Miss H. Cryderman
St. Thomas	1942	Mr. J. Handford	Miss H. Thompson
Stratford	1908	Mrs. A. E. Webb	Miss E. Doupe
Sudbury	1923	Mr. Leo Gauthier	Miss Bessie Soutar
Timmins	1926	Mr. J. M. Douglas	Miss E. Webster
Toronto	1898	Mr. Christie T. Clark	Miss E. Cryderman
Trenton	1918	Mr. R. F. MacInnes	Miss A. Hay
Walkerton	1937	Rev. D. D. Simpson	Miss M. MacPherson
Waterloo	1918	Miss A. Bauer	Miss M. Henderson
Welland-Crowland	1942	Mr. Chas. K. Edward	Miss Eola Scott
Weston	1930	Mrs. L. A. Blayney	Miss A. Dilts
Whitby	1913	Mrs. Frank Wells	Miss Julia Meyer
Windsor	1927	Mr. Eric Pope	Miss M. McCutcheon
Woodstock	1914	Mrs. James Bain	Miss Ruth Taylor
York	1933	Mr. T. M. Sutton	Miss Bessie Wilson



MANITOBA			
Winnipeg	1905	Mrs. Paul DuVal	Miss Adella McKee
SASKATCHEWAN			
Prince Albert	1937	Mrs. F. R. Glass, Jr.	Miss C. Sellhorn
Regina	1929	Mrs. C. H. Koester	Miss P. Scouler
Saskatoon	1912	Mrs. F. R. Smith	Miss Lorraine Miller
ALBERTA			
Calgary	1909	Mrs. A. Patteson	Miss Blanche Rickard
Edmonton	1909	Mrs. W. W. Eadie	Mrs. D. Curial
Medicine Hat	1947	Mr. S. G. Main	Miss C. Ross
BRITISH COLUMBIA			
Burnaby	1925	Mrs. H. W. Godwin	Miss F. Macdonald
Elphinstone	1937	Mr. R. Burns	Miss M. Forry
North Vancouver	1912	Mrs. E. C. Chamberlain	Miss Audrey Price
Surrey	1938	Mrs. A. Christmas	Miss Nina Sage
Trail	1942	Mr. R. R. Burns	Mrs. H. E. Rainsforth
Vancouver	1912	Mrs. T. H. Kirk	Miss A. Creasor
Victoria	1910	Mrs. H. Bate	Miss Marjorie Baird
West Vancouver	1940	Mrs. W. H. Mundie	Miss Isobel Goward



A Ballad of the V. O. N.

Tune—The Lass of Humberside

Words by
JOHN MURRAY GIBBON

Arranged by
HAROLD EUSTACE KEY

In lone - ly hour no hope I knew Un - til there
She holds for us in Can - a - da A link with
The first, a gal - lant four, set out By Yu - kon
And now four hun - dred serve, and more As dis - trict

came with - in my ken A gen - tle nurse in qui - et
Flor - ence Night - in - gale, Who un - der Queen Vic - tor - i -
trail in "Nine - ty - Eight!" Their es - cort found their hearts were
nurs - es, health their aim; And al - ways find an o - pen

blue, An An - gel from the V. O. N. Now as she
a Made nurs - ing o - ver all pre - vail. Then kind - ly
stout And all the min - ers called them great. At first they
door For those who come with such ac - claim; And though from

sits be - side my bed She brings re - lief from night of
La - dy Ab - er - deen Set o - ver here a count - er -
nursed the sick in tent, And then in Cot - tage Hos - pi -
sick - ness is the call, They bring sweet an - o - dyne for

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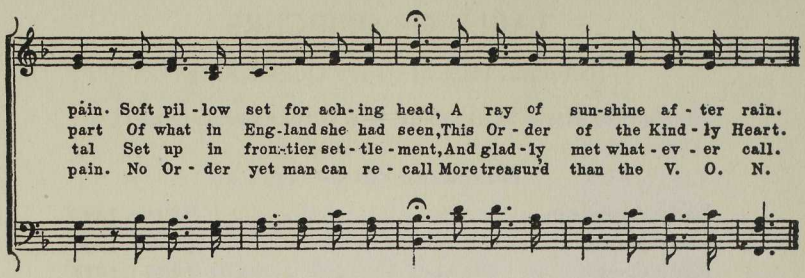

Illustration by Frances Gauntlett (from "Nursing Songs of Canada")

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TABLE OF OFFICERS

Patroness: HER MAJESTY QUEEN MARY

Patron: HIS EXCELLENCY THE GOVERNOR GENERAL

HONORARY PRESIDENTS

Lady Aberdeen	1898 - 1899
Lady Minto	1899 - 1905
Lady Grey	1905 - 1911
Duchess of Connaught	1911 - 1916
Duchess of Devonshire	1916 - 1922
Lady Byng	1922 - 1927
Lady Willingdon	1927 - 1931
Lady Bessborough	1931 - 1936
Lady Tweedsmuir	1936 - 1941
Countess of Athlone	1941 - 1946
Viscountess Alexander	1946 -

PRESIDENTS

Lady Aberdeen	1898 - 1900
The Hon. Mr. Justice Burbidge	1900 - 1908
Col. J. M. Courtney, C.M.G.	1908 - 1918
Thos. Gibson, M.B., C.M.	1918 - 1922
C. A. Magrath	1922 - 1928
The Rt. Hon. G. P. Graham, P.C., LL.D.	1928 - 1939
The Hon. Mr. Justice H. H. Davis, M.A., LL.D.	1939 - 1943
J. W. McConnell	1943 - 1946
The Hon. N. M. Paterson	1946 -

VICE-PRESIDENTS

The Hon. G. A. Cox	1898 - 1913
The Hon. Sir G. A. Drummond	1898 - 1909
Sir T. E. Roddick	1910 - 1921
Sir George Burn	1911 - 1926
Col. D. R. Wilkes	1914 - 1915
Sir W. J. Gage	1915 - 1921
C. A. Magrath	1916 - 1922
D. H. Sherrard	1919 - 1920
T. D'Arcy McGee, K.C.	1933 -
T. Frank Matthews	1941 - 1944

Vice-Presidents (*Continued*)

The Hon. Cairine Wilson, D.C.L., LL.D.	1944 -
W. R. Creighton	1945 -
A. D. Braithwaite	1922 - 1924
The Hon. W. A. Charlton	1922 - 1931
Mrs. A. Drummond	1924 - 1933
C. Morse, K.C., D.C.L.	1927 - 1929
W. H. Malkin	1929 -
Gen. E. C. Ashton, C.B., C.M.G., V.D.	1929 - 1940
Mrs. W. Dennis, C.B.E., M.A., LL.D.	1929 - 1947
W. F. Angus	1931 -
F. E. Bronson	1938 -
The Hon. Eric Hamber, B.A.	1944 -
Mrs. R. L. Blackburn	1945 -
Christie T. Clark	1945 -

Joint Honorary Treasurers

Col. J. M. Courtney, C.M.G.	1898 - 1908
Mrs. E. Griffin	1898 - 1904
J. W. Robertson, LL.D., C.M.G.	1904 - 1905
J. Fraser, I.S.O.	1905 - 1919
Sir George Burn	1908 - 1922
Col. C. A. Eliott	1919 - 1922
Col. A. Z. Palmer, C.M.G.	1922 - 1924
E. S. Houston	1922 - 1929
Gen. E. C. Ashton, C.B., C.M.G., V.D.	1926 - 1929
Col. G. Patterson Murphy, C.M.G.	1929 - 1936
F. E. Bronson	1936 - 1938
W. R. Creighton	1929 -
I. Perley-Robertson	1938 -

Joint Honorary Secretaries

J. W. Robertson, LL.D., C.M.G.	1898 - 1904
Thos. Gibson, M.B., C.M.	1898 - 1918
C. Morse, K.C., D.C.L.	1904 - 1909
A. W. Fleck	1918 - 1920
Duncan Campbell Scott, C.M.G., Litt.D., LL.D., F.R.S.L.	1920 - 1922
C. Morse, K.C., D.C.L.	1912 - 1920
J. F. Orde, K.C.	1909 - 1912

Joint Honorary Secretaries (*Continued*)

W. D. Herridge	1920 - 1927
F. C. C. Lynch	1926 - 1931
Hugh P. Fleming	1927 - 1940
Col. A. Z. Palmer, C.M.G.	1931 - 1934
I. Perley-Robertson	1934 - 1938
Miss Beatrice Belcourt	1938 - 1941
K. A. Henderson	1940 - 1944
Mrs. E. H. Coleman	1941 -
G. Gordon Bell	1944 - 1945

Chief Superintendents

Miss Charlotte Macleod	1897 - 1903
Miss Margaret Allen	1903 - 1906
Miss Charlotte Eastwood (Acting)	1906 - 1907
Miss Mary Ard MacKenzie	1907 - 1917
Mrs. Charlotte Hanington	1917 - 1923
Miss Elizabeth Smellie, C.B.E., R.R.C., LL.D.	1923 - 1940
Miss Maude H. Hall (Acting)	1940 - 1944
Miss Elizabeth Smellie, C.B.E., R.R.C., LL.D.	1944 - 1947
Miss Maude H. Hall	1947 -

Assistant Superintendents

Miss A. G. Touch	1903 - 1913
Miss L. T. Drake	1913 - 1917
Miss E. M. Gridley	1917 - 1920
Miss I. M. Cole	1920 - 1923
Miss Bertha Hall	1924 - 1929
Miss K. S. Cowan	1929 - 1930
Miss Maude H. Hall	1930 - 1940
Miss Beatrice Creasy (acting)	1940 - 1943
Miss Christine Livingston (acting)	1943 - 1944
Miss Maude H. Hall	1944 - 1947
Miss Isobel Black, B.Sc. (in Nursing)	1947 -

Second Assistant Superintendents

Miss Dorothy Percy	1930 - 1934
Miss Beatrice Creasy	1935 - 1940
Miss Christine Livingston	1944 - 1946
Miss Eleanor Graham, M. Sc.	1946 -

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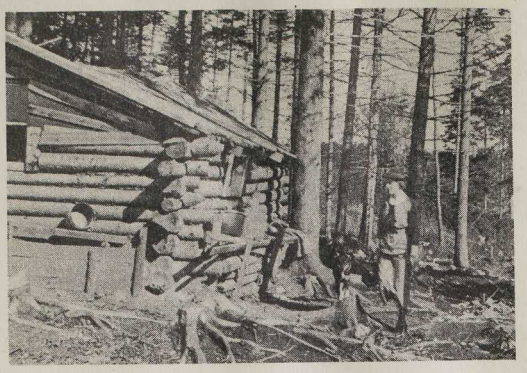

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