

SHALOM: RELEASING PIONEER, CANADIAN NURSE GEORGEA POWELL

FROM ANONYMITY

by

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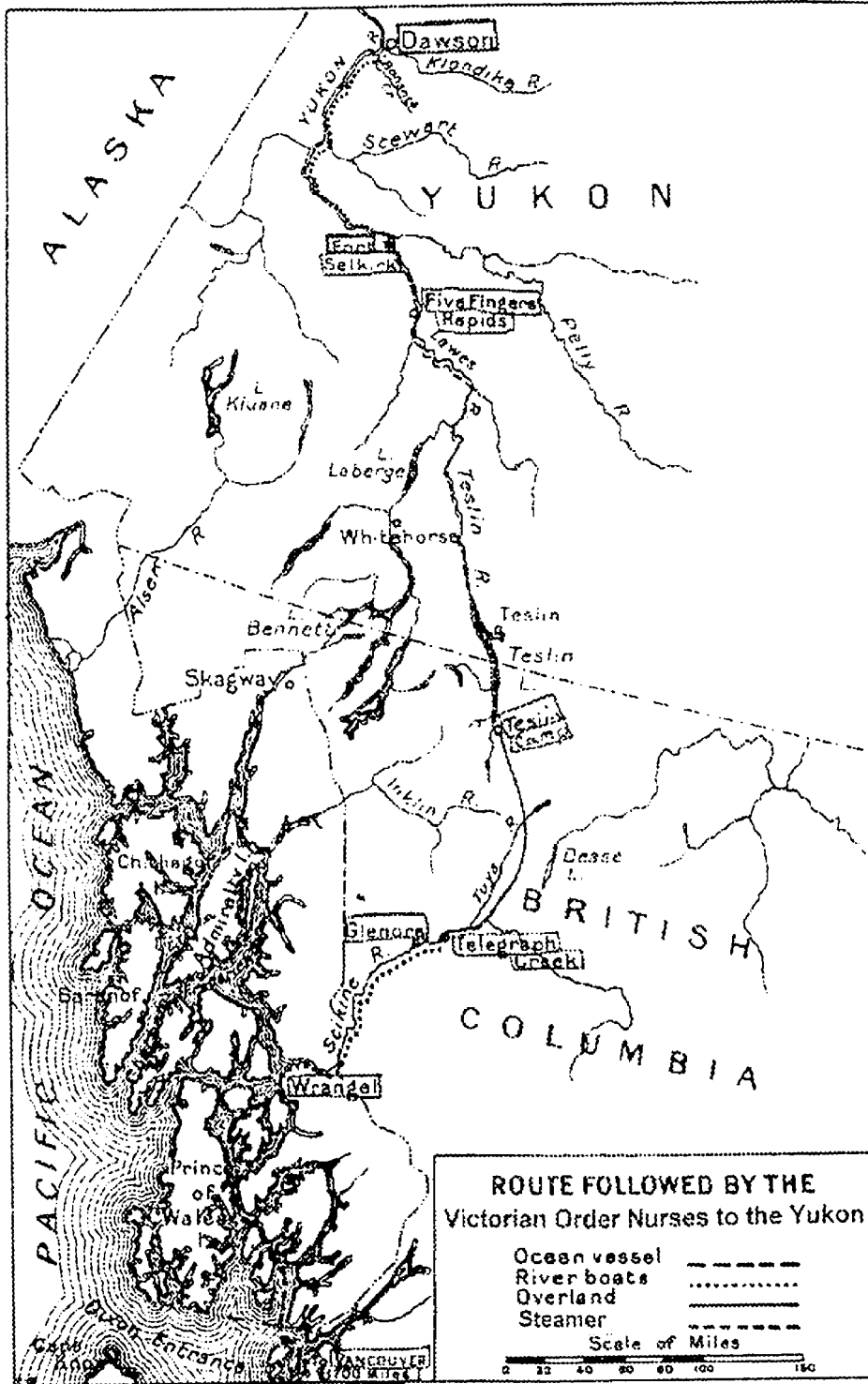
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ABSTRACT

You stare at me...sidelong and anonymous from an 1898 posed group photo;
You are one of four Canadian pioneer Victorian Order district nurses, off to the Yukon.
I sense you are reaching out to me...I reach back across the century.

 Invoking *Shalom*...as we connect and I discover your name...
 ...Georgea Powell...from Buctouche, New Brunswick.

I speak for you through your stories, releasing you from collective anonymity.
I journey with you, carefully, respectfully unfolding your narrative from within a maze
Of unorthodox data sources...they reluctantly relinquish the shards of your story.

 Questing and seeking *Shalom*...we uncover what is veiled...
 ...Together.

We share our experiences through my voice in this biographic narrative inquiry.
We create a feminist, historic way to make your silent lessons of practice known;
They invite us to learn from your experiences.

To seek the wisdom of self-knowledge.

Shalom...unfolds with your narrative, and I am surprised by the parallels...
 ...In our lives.

My intent is to create *Shalom*...

For you, for me, for nursing.

To seek wholeness, integrity, peace, presence...

To feel inner contentment and harmony...

 To perpetuate the growth...the expression of our creative human power
 ...As our truth, totality, and perfection.

Your metaphors for nursing render the implicit in your experiences explicit...

Urging us to examine the value of nursing etiquette versus nursing ethics, to challenge

Our choices for nursing education practice settings...for curriculum...for autonomy;

To discern how conflict in communication prevents...

Shalom...

 ...For all of us.

Facing the tensions in your story and tensions between your story and mine, I learned...

Honouring the past creates peace in the present and meaning in mapping the future.

Knowing that we have pioneered a new way of continuing...*Shalom*...

Of bringing the anonymous to life, of preserving our nursing heritage,

 I embrace...and know...

 ...That my theory of nursing, my inquiry, my life, is *Shalom*.

ACKNOWLEDGEMENTS

This thesis is a chorus of voices; voices from the past and the present which have come together in expectation of giving direction to the future. I am indebted to pioneer, district nurse *Georgea Powell* who through her life and professional experiences gave me the opportunity to write her narrative. By writing her narrative I have been able to explore my own narrative. In the process of this experiential learning experience, I recognize and welcome a transformation in my self-knowledge.

I am indebted to Dr. Dolores Furlong, Chairperson of my thesis committee, for introducing me to narrative inquiry as a method for research and for constantly supporting and mentoring me along the way with her wisdom and encouragement. Narrative inquiry is a new approach to research in nursing and Dr. Furlong guided me through this process; confident and patient, when I was sometimes not, that being a pioneer is rewarding. Her calm direction to “keep writing and it will come out whole” was true; this I learned and can pass on to others.

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CHAPTER I



Figure 1. *Margaret Payson, Rachel Hanna, Georgea Powell, Amy Scott, Faith Fenton*

Georgea Powell sat staring at me sidelong from the posed group photo in Gibbon and Mathewson's (1947) Four Centuries of Canadian Nursing (see Figure 1). The caption line anonymously collected her as "Four Victorian Order Nurses assigned to duty in the Klondike, 1898" (p.250a). The accompanying text by Gibbon and Mathewson (1947) described this Victorian Order of Nurses assignment as a "spectacular nursing expedition to the Yukon" (p.250). The story raised many questions for me. Who were the nurses? Who were the faces in the photo sharing this collective anonymity; nameless and unacknowledged as individuals? What was their story? What was the story of nursing in pioneer times in Canada?Thus began my quest to know Georgea Powell.

Confusion was part of the beginning. The names of the four nurses in the photo, and that of a fifth woman with them, eventually were determined from the text (Gibbon & Mathewson, 1947) and a Toronto Globe article (Aberdeen, 1898, 28 March): Miss Payson

from New Brunswick, Miss Powell from Nova Scotia, Miss Scott from Great Britain, and Miss Hanna from Toronto. The fifth woman was Faith Fenton, a correspondent from the Toronto Globe, who had been assigned to travel with the nurses and to write reports of their journey for Globe readers. However, later research confirmed that Miss Powell had been born in New Brunswick and Miss Payson was from Nova Scotia. The inclusion of a nurse from New Brunswick caught my interest. This was a piece of New Brunswick nursing history that I did not know; I was interested in learning more, interested in bringing this untold story out of silence.....and Georgea Powell out of anonymity.

Nursing history, as a field of serious research for Canadian nurses, is in its infancy and one of the challenges when working towards protecting and preserving nursing heritage is to find a process that captures as much as it is possible to know at this time. Some cultures that predate written language preserved their heritage by oral story telling and retelling. The telling of oral history has continued to the present day, and for Canada's First Nations people this is still a primary method of preserving heritage and passing on the refined knowledge of the community (Cruikshank, 1997). Survival of the first European settlers in Canada depended on learning health promotion and care taking skills from the First Nations people who were already caretakers of the land. Health remedies often came from the medicine men of Canada's original peoples' oral history (Gibbon & Mathewson, pp 442-443).

Likewise in pioneer nursing, health care expert knowledge was often learned by example and by story telling. Undefined, yet visible, was the craftsmanship taught by pioneer nurses of how to be a nurse and of how to transform that being into nursing

practice (Moch, as cited in Smith, 1992). Through reflection on both my experiences of how I came to “know” nursing and on Georgea Powell’s story, I learned that this knowledge is self-knowledge - awareness of who I am and what I know (Dewey, 1967, p. 126). Indeed, each individual has a “knowledge package” that can not be sectioned into the personal and the professional, but is whole. Self-knowledge or personal knowing, integrated and internalized from all of my life experiences, is my touchstone as I go through combined activities of working and everyday living (Chin & Kramer, 1990, pp. 2-5). In the same way Georgea Powell relied on her experiential knowledge, nurse’s training, and intuition to guide her work in the Yukon.

One of the epiphanies for me, resulting from my reflections on self-knowledge, is that *shalom* is the heart of nursing and of life. In the Jewish language the concept of *shalom* is commonly used as a statement of greeting or good-bye. Used as a greeting, *shalom* translates into “My wish upon you is peace” or “Peace”. In the broadest sense, *shalom* means much more than the absence of strife or disequilibrium, it means the presence and the perpetual growth of all creative human powers. Translated into English, the words wholeness or integrity help to convey the essence of the concept of *shalom*. In Latin, the concept denotes completeness, perfection, integrity, absoluteness, and totality (Dosick, 1995, p. 287).

Health or wellness for me is *shalom* health and wellness, where the individual dwells in peace and in harmony within themselves and with others in relation to everyday life struggles. In striving for wholeness without, body, mind, spirit, and soul must essentially strive for wholeness within. Nursing, then, is the creation of *shalom* in any

community or context; the nurse being a facilitator, obstacle remover, friend, wound healer, teacher, or advocate. Person is the nurse and the client, both seeking wholeness and peace, and the context is the *shalom* environment where healing, wholeness, and peace of body, mind, and spirit are facilitated.

Within the concept of *shalom*, peace and wholeness, other human values such as truth, justice, grace, righteousness, trust, courage, and honesty are automatically subsumed. Valuing life, relationships, community, and caring underscore the entire framework (Miller, 1997). My theory that *shalom* is the heart of nursing and of life has evolved implicitly and explicitly from my personal knowing or self-knowledge: a theory which I have tested and refined through years of experience and learning and which is evident in my stories of practice.

One evening while I was teaching and supervising a student nurse caring for a dying patient memories of the experience crystallized into the following poem. The poem reflects for me all of the facets of *shalom* that were shared between the three of us: myself as the teacher, the student, and the patient.

I stand and watch you breathe and know
 That this cannot go on for long.
 I think of all the other times
 That I have been alone with others near
 As it is now.
 The student looks at you, then looks at me
 Waiting for a cue.
 I get the basin, put the towel in place.
 I motion her with my eyes to the other side
 To hold you while I wash your back.
 I should do nothing.
 I am teaching her that tasks take away the lingering edge
 Of watching. Something I was taught along the way
 When I did not know what else to do.

We aren't alone
Your strength is slowly gathering in a place
To make its exit free.
Your breathing stops.
I tell her it's all right.
We stand quietly, suspended by the peace,
And share the warmth and silence with your soul (Winans, 1997).

Informally, nursing's heritage is devolved at the bedside. Nurse historians have adopted the practice of collecting and recording the oral history of nurses to preserve and to explore stories about nursing. Recording nursing's heritage is synonymous with listening and watching: listening to the stories of those who have pioneered the craft, science, and art of nursing, and watching what they do. Oral stories told by nurses provide a way to transfer to the next generation of practitioners everyday knowledge within the context of the culture and nursing practice of the period (Cruikshank, 1997). It is important to tell these oral stories to keep the nursing conversation going, to engage today's nurses in the conversation, and to lift the silence that has kept our written history of nursing somnolent.

By contrast, traditional nursing history focuses on prominent leaders, institutions, or issues, and it documents personal achievements or progress towards the professionalization of nursing (Hamilton, 1993; Kirby, 1998). Valuing a combination of oral and traditional nursing history is essential to preserving nursing heritage. Oral nursing history adds to the facts and achievements of traditional nursing history the individual stories of a nurse's own perspective and practice (Fontana & Frey, 1994).

This thesis not only tells Georgea Powell's story but my story also as I accompany her on a journey out of collective anonymity. I now invite the reader to accompany me as

we follow the route of my research journey, beginning with my introduction to Georgea Powell and ending with her leaving the Yukon. To facilitate navigation along the thesis pathways the thesis is written in six chapters. Georgea Powell's story follows a convoluted trail. The thesis chapters serve as totems to flag direction for the reader through the research where Georgea Powell's story, my story, and the story of nursing interplay.

In Chapter I we meet Georgea Powell, a pioneer Canadian nurse caught in a state of collective anonymity in nursing history. The intent to release her from collective anonymity and to give her voice gives purpose to the research. Situating the inquiry in time and place, Chapter II explores the nature of her knowledge within the context of her life and experiences. Also described is the knowledge of pioneer nursing and of life in the Yukon as Georgea Powell knew it. Chapter III journeys through the inquiry process, inviting the reader to walk with me as I seek *shalom* for Georgea Powell, for myself, and for nursing. The opportunity to accompany Georgea Powell on her "...spectacular nursing expedition to the Yukon..." takes place in Chapter IV where her narrative weaves us in, out, around, and through her life and professional experiences before and during her Victorian Order of Nurses career. The implicit in her narrative becomes explicit in Chapter V where her story and the story of my journey through the inquiry confronts the tensions, implications, and parallels that her life and experiences and my life and experiences have for nursing. The epilogue, or Chapter VI, guides the next steps in the journey, giving future direction for ongoing study.

Invoking *Shalom*: Connecting Purposes

Like interlocking stepping stones in a path, my purposes for undertaking this inquiry connect and link to form a whole and to give direction. My essential purpose is to release from collective anonymity the story of a nurse, Georgea Powell, who was one of the pioneers of modern nursing. My challenge is to collect fragments of Georgea Powell's story; to sort them, to integrate them, and to create *shalom* or wholeness for Georgea Powell's forgotten story of nursing. To preserve the heritage of the nursing profession, it is important to preserve the heritage stories of individual nurses, to give voice and ownership to both. Georgea Powell's story of Yukon nursing is recovered by bringing together parts of her biography that can be told from what we know at this time and from being content that the story may not have a final ending or full plot. For example, documentary evidence from the late nineteenth century regarding the practice of the first nursing program graduates is currently far flung and in fragments (McPherson, 1996, p.18).

Releasing Georgea Powell's forgotten story of her life and experiences from collective anonymity is the keystone to my secondary purpose. This connecting purpose not only releases forgotten stories of nurses and women into history but fills a void created by the absence of honouring "war stories" of the forgotten veterans. Collective anonymity is common in early documentation of nursing. For example, from experience with a previous research project (Gautreau & Winans-Orr, 1994, p. 70) I learned that in the Canadian Nurses Association (CNA) minutes from the early 1930s names of those who made or seconded motions were not recorded. Thus, it is impossible to determine

who specifically instigated some of the important decisions in Canadian nursing. We can only deduce who supported a motion by knowing who was present. As with the Yukon nurses, this is also collective anonymity. Georgea Powell is one nurse of many whose story became lost in collective anonymity.

Traditionally, nurses who pioneered modern nursing were women who were few in number. Being female and few predetermined their invisibility and silencing in history (Paul, 1994). Interlocking with my primary purpose of releasing Georgea Powell from collective anonymity and my connecting purpose of returning her story to history, is my third purpose of contributing knowledge to nursing heritage through writing pioneer women's stories. McPherson (1996) supports such knowledge recovery.

Telling Georgea Powell's story unfolds a cascading effect of nurses hearing their own stories embedded in the story of another nurse and woman, connecting with these stories as they resonate with their own personal experiences, reflecting on these experiences, and through this reflection adding to their self-knowledge. The interactory and intra-actory process of story telling coagulates similar bits of experience into pieces of recognizable reality that resonate for others (Robinson & Hawpe, 1986) and honours the memories. From my experience of sharing the following poem with nursing classmates, I know this to be true.

It's an early, rainy morning.
Four wheels spinning,
Engine running,
Steam rising from the muffler, or is it steam?
Grab the bandages, the umbrella.
Mc, running.
Swamp mud squishing between sandalled toes.
We meet in the back window

I check the body in the car,
Dress your head.
We sit on the muddy slope,
A blanket appears - we cover your shoulders.
"My brother", you say, looking towards
The twisted arm in the window.
"He has no pulse", I say quietly.
You nod.
Oblivious of the circle around us,
We talk.
Sharing who we know
Until the ambulance arrives.
Your brother's presence floats about us
In the rain.
We say good-bye.
I touch your arm and tell you
I'm sorry.
Later, it's a sponge bath at the Irving.
No-one asks about the mud.
A change of clothes and
Back on holidays (Winans, 1997).

After reading the poem there was silence. In a few moments others began to share memories of similar experiences, honouring themselves, their lives, their tensions, and their realities.

CHAPTER II

Questing *Shalom*: Nature of the Knowledge

Learning the stories that have been told about nursing has led me in many directions. In this chapter I invite the reader to accompany me throughout my quest for knowledge about Georgea Powell's story.

Georgea Powell's life story is not an abstract phenomenon. It is a story about a life that has been lost in history. My search for her story did not follow a linear cognitive path. As I unfolded the narrative of her story, the search continued and continues to unfold naturally. My sources are not the typical journal articles or library texts used in traditional research. The literature that envelops the biographic and the historical examination of Georgea Powell's experiences comes from different sources such as archives, photo collections, films, government records, documentaries, family histories, memoirs, maps, and diaries. As well, there has been a continuing return to the literature as the narrative unfolded in order to further explore the nature of the knowledge in any given circumstance (Sandelowski, Davis, & Harris, 1989). Determining the nature of the knowledge related to Georgea Powell's story of her life and professional experiences has become a separate saga that has taken on a life of its own: unfolding purposefully, serendipitously, convolutedly, and intuitively; all at the same time.

The phenomenon under study in this inquiry is the story of Georgea Powell's life and experiences as a pioneer nurse and as a woman. Early in my quest to know her, an initial inquiry to the CNA archives and an electronic search of the nursing literature revealed that nothing had been written about Georgea Powell as an individual.

I began with vital statistical data. From information in Canadian census microfilm (Government of Canada, 1871, 1881, 1891, 1901; Government of New Brunswick, 1851, 1861) Georgea Powell's presence in the photo in Four Centuries of Canadian Nursing (Gibbon & Mathewson, 1947, p. 250a) came into focus. Georgea Powell lived as a child with her parents near Buctouche, New Brunswick. She was born around 1857, father Gilbert was a blacksmith, mother's name was Catherine, some of her sisters were teachers, she had brothers, and by 1891 she was not living at home. Searching in family histories at the Provincial Archives of New Brunswick gave me no clues about the Powell family. I contacted family historians in Kent County where Georgea Powell had lived, and gleaned little material. The distant Powell family descendants still living in the area knew that she was a nurse who went to the Yukon and that she was buried with her husband in the old Methodist cemetery in Harcourt, New Brunswick. Yet, they knew little of her personal and professional experiences. The location of the burial records for her and her husband is unknown. Many early Protestant ministers in rural New Brunswick were itinerant, travelling widely and pastoring to a number of communities in their charge. Carrying their records with them as part of their ministry, they went from church to church. This practice of not housing documents in the local churches caused confusion about the identity of individuals and displaced them from their communities (Dobson, 1994). My search in government records for primary data of Georgea Powell's death continues, the place and specific date unconfirmed.

Census records (Government of Canada, 1871, 1881, 1901; Government of New Brunswick, 1861) indicated that there was also confusion regarding Georgea Powell's

given name. Gibbon and Mathewson (1947) recorded her as “Georgina”, the name that follows her throughout a multitude of secondary sources to date. Official Victorian Order of Nurses (VON) documents (Victorian Order of Nurses, 1897- 1906, 1898a, 1898b) identified her as “Miss Powell”; personally hidden and anonymous behind her surname. As an adult she was known to her superiors at the Waltham Training School for Nurses and to her friends as “Georgie” (Fiske, 1937, p. 30; MacLeod, 1940). When personally giving information for her marriage certificate (Government of Saskatchewan, 1905), for the census of Dawson in 1901 (Government of Canada, 1901), and when signing official reports (Government of Alberta, 1912) she was “Georgea”; identifying herself as the woman and pioneer nurse who led the Victorian Order of Nurses into the Yukon.

While listening to a talk show on CBC during the summer of 1996, I heard guest Jill Downie describing a trip to the Yukon. I recognized this as the trek of the Victorian Order of Nurses in 1898. Jill Downie’s (1996) interest was not *the* story of the nurses but *///* the story of Faith Fenton, the Toronto Globe columnist who had been assigned to travel with Georgea Powell and the other nurses to the Yukon. As with Georgea Powell, Faith Fenton’s story of her life and experiences required recreation from fragments that were scattered across Canada, again with little information coming from the family (personal correspondence, Jill Downie, August 14, 1996). Confirming my own experience when researching another pioneer woman and nurse, Alena Jean MacMaster (Gautreau & Winans-Orr, 1994), I also learned that Alena Jean MacMaster’s indirect descendants had little information regarding her life experiences.

When I contacted the librarian at the CNA archives about Georgea Powell, she provided me with a newspaper article ("VON cuts its teeth," 1973) which reiterated the information from Gibbon and Mathewson's (1947) text. A saturation of repetitive, reiterated data in the literature portrays the story of the Victorian Order of Nurses as an institution: Georgea Powell's participation in the Victorian Order of Nurses is reported as anecdotes. Feeling that I had exhausted the assumed or logical data sources related to the individual life and experiences of Georgea Powell, I began my creative search for other data sources.

The Victorian Order of Nurses secondary sources led me to primary and secondary sources relating to the Yukon goldrush in 1898. Data were collected from sources such as Yukon Field Force records, North West Mounted Police (NWMP) documents, Colonel Evans' (Commander of the Yukon Field Force) personal papers, Victorian Order of Nurses archival material, and Lady Aberdeen's personal papers.

Edward Lester (Lester, 1898-1899) and John Tinck (Tinck, 1898-1899) were soldiers with the Yukon Field Force who accompanied Georgea Powell and the other nurses into the Yukon. They described their trip in detailed diaries, and also told how the nurses gave care to civilians along the way. Nurses' female presence in the military entourage was disgrunting to the soldiers: profanity and bad manners had to be kept in check (Lester, 1898-1899, 22 July 1898). On inquiring into other Yukon Field Force data sources, I learned that this group of men were also anonymous in the literature (Disher, 1962; Fetherstonhaugh, 1981, pp. 63-78). Although personal records existed, I had to know them by name in order to request information.

Details of Georgea Powell's background and her official reports were continuously repeated in published chronicles of the origins and founding of the Victorian Order of Nurses (Gibbon, 1947; Gibbon & Mathewson, 1947, pp. 250-276; Nicholson, 1975, pp. 5, 28-31, 101; Penney, 1996). Lady Aberdeen's original journal (Aberdeen, 1893-1898), housed at the National Archives of Canada (NAC) in Ottawa, verified the same data and also provided new information (Boutilier, 1993; French, 1988, pp. 222-241; Mellor, 1989).

Victorian Order of Nurses archival material is held at the NAC; therefore, I had access to all that has been preserved of Victorian Order of Nurses records. The richest data are found in meeting minute records from the early organizational period of the Victorian Order of Nurses (Victorian Order of Nurses, 1897-1906). These primary sources support Lady Aberdeen's writings about the circumstances and events before and during the establishment of the Victorian Order of Nurses. Discussions, deliberations, and decisions made regarding personnel issues and other matters were the business of the day. Complete details of these issues were not always given. While those present were aware of the context and circumstances, 100 years later I as reader am left searching to fill in the gaps. In one passage of the minutes there is reference to "...Nurse Powell...asking for instructions in the case of Nurse Scott..."(Victorian Order of Nurses, 1897-1906, 1 December 1898). Her requested instructions were documented, but details of "...the case of Nurse Scott..." (Victorian Order of Nurses, 1897-1906, 1 December 1898) were not. Later, when reading Colonel Evans' personal letters to Lady Aberdeen, I serendipitously uncovered Colonel Evans' (Evans, 1899) description of and reference to this case. It

explained Georgea Powell's concerns and the circumstances of how Amy Scott came to leave the Victorian Order of Nurses service.

In the early minutes of Victorian Order of Nurses executive meetings it is again difficult to determine who made motions or who was present at meetings; recordings note the business discussed but the speakers are anonymous. Incomplete comments referring to prominent persons cued me to take the inquiry in other directions. Sir William Van Horne, Clifford Sifton, Minister of the Interior, and the Honourable Sanford Flemming (Victorian Order of Nurses, 23 March, 30 March 1898, 6 April 1898) are acknowledged for their support and sponsorship of the Victorian Order of Nurses Yukon efforts. Curiosity about who these men were and why they were important to the establishment of the Victorian Order of Nurses in the Yukon challenged me to examine the archival finding aids for their voluminous personal and professional papers. The reference words "Victorian Order of Nurses" and "Aberdeen" did not lead to information on these items, but went directly to references on Lord Aberdeen, Governor General of Canada. In Lord Aberdeen's documents little reference is made to "Lady Aberdeen" or the "Victorian Order of Nurses". This material was still buried, and their stories yet to be found.

Colonel Evans took a particular interest in Georgea Powell, the three other Victorian Order nurses, and their work. His duty was to escort them safely to the Yukon, yet his interest in their welfare continued long after he had left the area. Detailed reports to his military superiors in Ottawa document the journey that he and Georgea Powell took with the advance party to Selkirk. Some of this material is at the NAC and some is located with the Department of National Defence. A report of Colonel Evans (Evans, 1898a),

found late in the inquiry, signalled that I was reaching saturation of the data for this thesis. I was hearing the same stories from those who had shared the same experiences. One last gnawing question regarding the number of times Georgea Powell had to abandon ship for safety while on her journey was answered by Colonel Evans, thus, bringing *shalom* to what I know of Georgea Powell's story to date.

Some of Colonel Evans' letters (Evans, 1898b, 1899, 1900, 1901) to Lady Aberdeen were scattered in the Victorian Order of Nurses archives and in the Aberdeen papers. I needed to pay careful attention to finding aids in order to locate these sources. Also, I completed searches of military records relating to the Yukon Field Force and of Colonel Evans' papers for the period 1897-1904. In Greenhous (1987a, p. 212) Georgea Powell is noted as having served during the Boer War as a Canadian nursing sister. My examination of Canadian military records at the NAC revealed that Georgea Powell was not recorded as having served in the Boer War (Government of Canada, 1899-1902). From primary sources such as Victorian Order of Nurses records (Victorian Order of Nurses, 1897-1906), census records (Government of Canada, 1901), a Dawson directory (Polk, 1903), Dawson municipal records (Craig, 1898-1907) and from a newspaper account ("Funeral services," 1899) I was able to document that Georgea Powell lived in Dawson between 1898 and 1904. It is conceivable that she left Dawson for South Africa for a short period between 1898 and 1904, yet I found no evidence of this.

My search for the nature of the knowledge surrounding the life and professional experiences of Georgea Powell involved not only verifying data but eliminating confusion caused by statements recorded in some of the literature. Victorian Order of Nurses

archival material held many unreferenced pieces of paper such as newspaper clippings and letters. My attempts to locate the origins of some of these documents were often unsuccessful. One example is a copy of a letter from Colonel Evans (Evans, 1898b) to Lady Aberdeen that was published as an article in a newspaper. The letter conveys pertinent information regarding Georgea Powell's experiences in the Yukon. I chose to use this letter as a resource, since some data in the published letter are supported by another of 'Colonel Evans' (Evans, 1898a). A microfilm search of Toronto, Ottawa, and Vancouver city newspapers for the date specified in the article did not result in identifying the original publisher.

Another missing item is the original diary written by nurse Rachel Hanna who accompanied Georgea Powell to the Yukon. Published excerpts (Hanna, as cited in Mills, 1974) from the diary are available and are quoted widely in secondary sources. Rachel Hanna was a graduate of the Toronto General Hospital. Another nurse historian who is interested in the life and experiences of Toronto General Hospital graduates is also searching for this journal (personal correspondence, Natalie Reigler, 24 June 1998). Attempts by myself and others to follow clues as to the whereabouts of the original manuscript have been unsuccessful to date. In the Victorian Order of Nurses archives a letter identifies the diary as being in the possession of Hanna family members in Saskatchewan. In the letter the family stated their intent to donate funds from the sale of the journal to the Victorian Order of Nurses (Forbes, 1971). My telephone calls to Saskatchewan have failed to locate the family who own the Hanna diary. This lead is part of the continuing saga of the search for literature related to Georgea Powell's story.

I learned from Gibbon and Mathewson's (1947, p. 28a) text that Georgea Powell had graduated from the Waltham Training School for Nurses in Waltham, Massachusetts. This reminded me of Susan Reverby's book Ordered to Care: The Dilemma of American Nursing that I had read some years earlier about nursing in the United States. Reverby (1987, pp. 48, 89, 110, 112-17, 138-39) used material from the archives of the Waltham Training School for Nurses. From her writing I learned that the student records from the Waltham Training School had since been destroyed. I wept with her over their loss to women's and to nursing's history (personal communication, Susan Reverby, August 27, 1998). A query to the archivist at the Mugar Memorial Library at Boston University resulted in an apology for "the very little information we have" (personal communication, Helen Sherwin, September 14, 1998). What remained was a graduation photo of Georgea Powell's class in 1895 and a brief paragraph of biographical information that was published in 1937 by the alumni of the Waltham school (Fiske, 1937, p. 30).

My search for Georgea Powell in the Waltham Training School material revealed that Georgea Powell began her nursing career in a school that was unique. Founded in 1885 by Dr. Worcester (Fiske, 1985, p. 3; Gibbon, 1947, pp. 17-18), the Waltham Training School for Nurses was an independent educational institution not attached to a hospital. Based on a district nursing curriculum, the students received practical experience in the community in patients' homes (Fiske, 1985, p. 4). Dr. Worcester, the founder, sought the advice of Florence Nightingale. Under her mentorship, the school curriculum was developed into a primary health care model that provided affordable, accessible, essential health care to families and to individuals in the community (Fiske, 1985, pp. 3-4;

World Health Organization, as cited in Du Gas, Esson, & Ronaldson, 1999, p. 54). By the time Georgea Powell was a student at Waltham, a public hospital had been built and students received some instruction in hospital nursing, adding to their district experience.

Discovering the written history of pioneer nursing in uncharted areas of Canada raised a challenge for me. The need for research in this area was identified by myself and my peers in the Canadian Association for the History of Nursing. We agreed to undertake research to bridge the gaps. Kerr and Paul (1990), at a conference in 1990, described their studies related to the Grey Nuns. The Grey Nuns left Québec to initiate health care services and establish missions in western Canada in the early nineteenth century. Paul (1994) added to this inquiry by continuing to research the contribution of the Grey Nuns in the development of nursing in Canada. Up until 1990 the Grey Nuns' stories of health care had not been told. The Grey Nuns were a triple minority: women, French speaking, and few in number. Buried anonymously and collectively in archives and family histories are the stories of other nurses' experiences that must be unearthed and reconstructed to fill in the gaps of the pioneer nursing story.

A women's studies course in 1992 introduced me to the writings of feminist scholar Carolyn Heilbrun. In a nursing theories course in 1997 I met her again through her book Writing a Woman's Life (Heilbrun, 1988). Heilbrun's (1988) insights about women being traditionally silent, without a story, and being anonymous rang true to me. Georgea Powell's collective anonymity needed to be uncovered. Historically, women have not been acknowledged publicly as having the right to have a story. Although Georgea Powell was educated, a professional, and could articulate her experiences, her story is silently confined

within the margins of both the collective story of the Victorian Order of Nurses and the group that travelled with her to the Yukon. She “left no path behind her for future women” (Heilbrun, 1988, p. 43) and no path for future nurses. Georgea Powell is one of “the forgotten” (Kelcey, 1990, p. 1) pioneer women not acknowledged for their part in the settling of the Klondike territory. Her story has not been told, making it difficult to gain information and to put the fragments of her story together.

On a trip to the Yukon in the summer of 1998 I found a collection of binders at the Yukon Archives in Whitehorse that held copies of over 2,000 photographs taken by various photographers during the late 1890s and early 1900s. The art of photography had progressed by the late 1890s to a point where cameras and stands could be carried by one man. Photographers flocked to the Klondike to record the stampede to the goldfields. Many of the photographers were also newspaper journalists (Adney, 1994, p. xvii), sent to dispatch stories back to the outside world. Toronto Globe journalist Faith Fenton had accompanied Georgea Powell and the other Victorian Order nurses to the Yukon for this purpose. Journalist photographer H.J. Woodside (Downie, 1996, p. 254), whose photographs I recently located at the NAC, was also in the group.

Among the photographs in the Yukon Archives collection are pictures of nurses who practised at the Good Samaritan Hospital and at St. Mary’s Hospital in Dawson, Yukon, during the time that Georgea Powell practiced there. These nurses are not identified in any of the photos. Rather, they are gathered together under the common notation of being “nurses”. Woodside’s photo collection (Woodside, 1858-1929) is

extensive but holds no photos of Georgea Powell or the other Yukon Victorian Order nurses.

In Dawson, Georgea Powell was known to archivist and staff at the Dawson Museum, and to staff person Michael Gates at Parks Canada. There is an active endeavour by the Dawson Museum and Parks Canada staff to piece together as much of Dawson's history as possible. Research, restoration, preservation, and management of historic buildings and sites in and around Dawson are included in the mandate of Parks Canada.

By using the Parks Canada office resources and the knowledge of the staff I determined that, after leaving the Victorian Order of Nurses cabin and services, Georgea Powell lived in the Methodist manse along with another lady. From a Dawson directory (Polk, 1903) I determined that the bachelor Methodist minister lived next door in the church. Parks Canada is compiling a data base of photographs of Dawson buildings including a picture of the Methodist manse where Georgea Powell resided.

At the Dawson Museum my most important retrieval was a copy of minutes of the Board of Managers of the Good Samaritan Hospital (Good Samaritan Hospital, 1898). These minutes included the periods before and during Georgea Powell's tenure as matron and later when she and Rachel Hanna were staff nurses. The minutes explained the circumstances under which Georgea Powell became the matron of the Good Samaritan Hospital. Georgea Powell was voted by the board to be the most worthy candidate. Primary information in the minutes regarding the community's need for the hospital and its organization paints details of the health crisis in Dawson at the time.

My day by day search of Dawson newspapers from 1897 to 1904 provided news items related to the Good Samaritan Hospital where Georgea Powell nursed. They described the social context in which she lived (Dawson Daily News, 1899-1904; Dawson Record, 1903; Klondike Nugget, 1898-1900; Yukon Sun, 1897-1904). There were a number of newspapers that competed not only for news in Dawson but for available newsprint. Paper was in short supply; publishers used brown wrapping paper when nothing else was available. Although the number of newspaper publishers was prolific, many issues of the newspapers were lost leaving the holdings incomplete. News of the latest gold strike, steamship arrivals, local politics and gossip, world politics, editorial sparring between newspaper editors, hospital admissions and deaths, costs of food and supplies, entertainment happenings, numerous ads of all descriptions, as well as Dawson's state of affairs in relation to public health, sanitation, and a clean water supply filled the newspapers. The Victorian Order nurses and their work was not newsworthy. One reference to Georgea Powell attending a home birth survives; buried in the pages of the Dawson Daily News ("Funeral services," 1899).

In preparation for my trip to the Yukon in 1998, I read the background story to the goldrush of 1898 and watched film documentaries that captured experiences of Yukon adventures. As part of the research inquiry, I wanted to know what was happening in the Yukon and in Canada that shaped the setting or context for Georgea Powell's life and experiences there. What came to light was that the goldrush, although taking place during Victorian times, provided a special context that eased gender bias and facilitated opportunities for white women to obtain paid work if they chose. It was an opportunity

for the recently graduated Georgea Powell to find a full time nursing position during a time of financial depression at home (Moore, 1994). The lack of sanitation and overcrowding in the Yukon mining camps had brought on a myriad of health problems. The area was in dire need of health care workers (Evans, as cited in Gibbon & Mathewson, p 260).

Another step in my search for the nature of the knowledge relating to Georgea Powell's story was the Alberta Provincial Archives in Edmonton. There, I read the Presbyterian and Methodist church records for the Yukon. Georgea Powell and her family were Presbyterians (Government of Canada, 1871, 1881, 1901; Government of New Brunswick, 1861). The Presbyterian church played a role in the establishment of the Good Samaritan Hospital (Mills, 1974), and ladies' groups at the Dawson Presbyterian and Methodist churches supplied the hospital with furnishings ("Women's ward opened at Good Samaritan," 1900). I believed that Georgea Powell's story continued in Edmonton after she left Dawson (Fiske, 1937). Georgea Powell was not visible in the Presbyterian or Methodist church records; the most significant finding was that she continued her nursing career in Edmonton after she married and left the Yukon. This vital piece of information is my stepping stone to continuing my search for more bits of her narrative, for continuing my quest for *shalom* for her, her narrative, myself, and nursing history.

Georgea Powell married George Bates in 1905 (Government of Saskatchewan, 1905). George Bates' sturdy, squat, sandstone monument sits in the old Methodist cemetery in Harcourt, New Brunswick facing a foot stone marking Georgea Powell's

grave. Georgea Powell buried her husband near her childhood home, proudly inscribing on his stone that he was a member of the "RNWM [Royal North West Mounted] Police".

There were three George Bates who served in the NWMP in the Yukon during the same period. Accessing the correct record was another hurdle to overcome. Before the Royal Canadian Mounted Police (RCMP) historian would discuss the file, I was required to provide specific confirming data to identify which George Bates I was seeking, plus provide proof of his relationship to Georgea Powell. George Bates' tombstone identified him as Staff Sergeant George Bates, Regimental Number 2299. Their marriage announcement in a Regina newspaper ("Married," 1905) confirmed their relationship. George Bates is noted in his NWMP personnel records as having a wife at the time of his death but Georgea Powell is not mentioned by name. Again, she is anonymous.

The co-incidence of three men named George Bates serving in the NWMP during the same period in the Yukon caused confusion. A lady from Vancouver, during her 1972 search for information about her father, queried the RCMP historian for information (Carter, 1964). Her letter is included in Regimental Number 2299, Staff Sergeant George Bates' file. I determined from the Vancouver City Library resources that the lady and her husband had both expired (Government of British Columbia, 1872-1976; personal communication, First Memorial Funeral Services, 9 October 1998), bringing this path of my inquiry to an end.

Settling an estate for an individual after they expire means settling all of their affairs, including the disposal of property. The Vancouver Deeds Registry Office recorded the estate executor's name. I sent him a letter requesting further information about

relatives of George Bates. I explained why he was approached and how his name was obtained, and accompanied the letter with a copy of this study's ethical review (see Appendix A) and consent form (see Appendix B). His response supplied the names of two persons who were conceivably direct descendants of Georgea Powell and George Bates. Both men were approached and agreed to participate in telephone interviews. From them I learned that their relative George Bates was not the same man who was married to Georgea Powell. I also learned that they were familiar with the story of three George Bates; they too had gone through a process of elimination to identify their ancestor.

My search for the nature of the knowledge in relation to the life and professional experiences of Georgea Powell was a profound process and experience for me. On reflection I realize that the inter and intra personal relationships that I developed with her story and with the persons who were part of helping me recreate this story contributed to my sense of *shalom*. A multitude of persons partnered and collaborated with me in accessing data bases and in researching materials. Some became personally involved in the research, caught up by their own questions in Georgea Powell's story, and continued on with their own research after my inquiry at their institution was over. On her own initiative a research librarian at the National Library in Ottawa continued to search in major city directories for a possible son of Georgea Powell. The reference librarian at the Waltham Public Library also continued the search, sending me snippets of information about Waltham during the time that Georgea Powell was there.

I approached all who provided information or resources in relation to Georgea Powell's narrative with respect, being specific and direct in my requests, and being careful

to acknowledge their knowledge and expertise. They were role models, mentoring me, affirming my intuition and creative thinking, encouraging me to follow the logical path first and then the multiple alternative paths. Paths to knowledge of Georgea Powell's story were often a maze with many false turns and blocks along the way. I crossed off the dead-ends and picked up the trail at the intersections and cross-roads. My intent was and is to transform this maze into a labyrinth with a path that winds and curves into the depths of the knowledge and back; unfolding new insights and knowledge each time the path was and is travelled.

I value each person involved in my research activities. For example, a young man who retrieves documents at the Government of Alberta Archives came to my rescue, providing the key to my research success there. While the documents I needed were held in the archives, I could not always find the current word or phrase the archivist would use in accessioning the material. I requested a number of files and none of the files found were connected to my inquiry. The young man casually mentioned reading something he had found on a storage shelf that might be of interest to me. It was an earlier edition of the exact document I was searching for: an annual report written by the staff of the Edmonton Children's Shelter (Government of Alberta, 1910-1911). Through the reference number of this report we found the remaining material.

Nature of the knowledge about Georgea Powell's life story and experiences is in bits and pieces buried within the folds of many sources. These fragments have been collected from archives, photo collections, memoirs, maps, diaries, government and school records, documentaries, family histories, newspapers, and other sources relating to nursing

and women's history during the Victorian era in Canada. Other bits and pieces of Georgea Powell's narrative have not yet been found; her story continues to unfold.

CHAPTER III

Seeking Shalom: Journeying through the Inquiry Process

I can keep secrets; we call it confidentiality.
 I believe what I am told; we call it trust
 I soldier on; we call it hardiness.
 I have pity; we call it empathy.
 I fumble and search for meaning; we call it coping.
 I feel sorry for myself; we call it choices.
 I pinch pennies; we call it altruism
 I feel my burden; we call it duty.
 I cover story; we call it credibility.
 I feel helpless; we call it needy.
 I protect myself; we call it aggressiveness.
 I live a soap opera; we call it dynamics.
 I'm tired of calling; it is time to tell (Winans, 1998)

"...it is time to tell" (Winans, 1998) Georgea Powell's story, my response to her story, and our collective story of nursing. My intent is to write the narrative so that the data tell the story, so that significant and recurring themes and concepts drawn from the data highlight relevant meanings (Connelly & Clandinin, 1990). The research method that best suits this study is biographic narrative inquiry (Connelly & Clandinin, 1990) because of its feminist, historic, holistic, storied, creative and recreative approach. This thesis provides a model for others to follow, those who wish to record the past and to write heritage stories of nurses.

This narrative is intended to be invitational, and is designed to connect with the reader's experiences. In providing details from Georgea Powell's life and experiences, I anticipate that stories in this narrative will ring true and resonate for the readers as they remember personal incidents and experiences (Connelly & Clandinin, 1990).

Narrative Inquiry

Narrative inquiry examines personal experience and falls under the umbrella of naturalistic or constructivist qualitative research (Schwandt, 1994). Constructivist philosophy supports the assumption that what individuals believe to be real or true is a cognitive construction, and that multiple constructions are possible and meaningful to the individuals involved (Lincoln & Guba, 1985, p. 83). Denzin and Lincoln (1994) explain that "qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them" (p. 2). For this narrative inquiry, the phenomenon is the life story or structured presentation of experience that Georgea Powell offers to me from within her era. The story, or narrative, that I as researcher have written in response to her story is from my era. Thus, narrative inquiry is both phenomenon, her story, and method, my story of her story (Clandinin & Connelly, 1994).

The philosophical framework of narrative inquiry includes a phenomenological point of view that supports "verstehen" or bonding subjectively with another to strive to understand the context, perspective, or frame of reference that influences why individuals behave as they do (Patton, as cited in Munhall & Oiler Boyd, 1993, p. 77). In recreating Georgea Powell's story I am telling my story of her story. To recreate her story, I have been a "passionate participant" (Guba & Lincoln, 1994, p. 115), her voice from the past, making our voices as women, nurses, teachers, researchers, and participants heard.

My perception of Georgea Powell's life is influenced by my context and time frame (Guba & Lincoln, 1994). Many interpretations are possible for Georgea Powell's story.

Gaining insight into the life of another is shaded by language, gender, social class, context, race, and ethnicity (Denzin & Lincoln, 1994). I have told her story as accurately as possible by cross referencing from a variety of data sources. To penetrate the depth of her story I have mapped a path through my own story, and have examined the themes and tensions from my own experiences. This approach prepared me for my walk in Georgea Powell's shoes, both figuratively and literally. I have followed her footsteps geographically. Examination of my own experiences as a nurse gave me a lens to follow her steps narratively and personally.

While conducting this narrative inquiry, my focus has been multidimensional. continually looking inward at the internal conditions, feelings, hopes, and aesthetic reactions within the story that is being told, and outward towards the context or environment of the story. Simultaneously looking back in time, looking at the present, and looking toward the future during data analysis was a juggling performance for me. Questions from all of these time frames twirled together and tangled into a seemingly hopeless mass, separated only by persistent, patient, searching for meaningful and relevant threads. Thus, narrative inquiry is a dynamic, holistic, process that simultaneously searches inward, outward, backward, and forward throughout the inquiry bringing the past and future together in the present (Clandinin & Connelly, 1994). Narrative also brings the implicit or silent and the explicit or spoken together in the personal. Georgea Powell's story leads us from the past, from the beginning of nursing in Canada, to nursing in the present. Both perspectives map a future path.

Within the philosophical foundation of narrative inquiry is the acceptance of the intersubjective quality of the inquiry and the multiple ways in which the researcher, as an instrument of the research, has voice. My voice is spoken as researcher, biographer, nurse, woman, narrative participant, teacher, critic, and informant through my story (Connelly & Clandinin, 1990; Connelly & Clandinin, 1994). Georgea Powell's voice as informant, pioneer, nurse, woman, participant, teacher, and critic is spoken through the stories and data sources recovered from her life.

The resulting narrative from this inquiry is intended to be written for an audience. Narrative represents life and thus the writing style captures lived experiences as much as possible. The intent is for readers to be drawn into the discussion within the narrative and to be stimulated to recall and tell their own stories. These stories in turn will recover the meaning of lived experiences and the meaning of the time, place, person and context of these experiences (Clandinin & Connelly, 1994).

Biography

Biographic narrative inquiry provides a window to revisit what Schon (as cited in Clandinin & Connelly, 1990) calls my "telling of war stories" (p. 251) or "learning by doing" (p. 261): describing and studying my experience within the context of my nursing practice (Connelly & Clandinin, 1991). A nurse who narrates the life story of another nurse narrates both autobiographically and biographically. There is a reaching out by the narrator to the other's story which reflexively echoes back (Smith, 1994). This is evident in the parallels between Georgea Powell's and my experiences. The intuitive personal resonance that I have felt in other nurse's stories allowed me to proceed on my trail of

narrative inquiry as the story teller. Georgea Powell's life story is in many ways my life story as a woman and as a nurse. Although our time frames are different, the rapid changes in nursing practice have resulted in both of us being challenged by uncharted territories in nursing. For Georgea Powell, it was the unknown Yukon at the turn of the last century. For me, it is breaking new ground to gain status for nursing and to develop new programs as we head into the next century.

In her writing of the nursing history Riegler (1994) raised consciousness about the inattention that has been given to the writing of women's biographies. She expressed the need for women's stories to be told and for these stories to be a synthesis of women's biography and history. Writing women's stories gives them voice and secures a woman's right to have her story heard (Heilbrun, 1988, p.17-20). While writing biographically, I as the writer decide on the degree of intrusion into the story, as well as the degree of objectivity or subjectivity to be maintained (Smith, 1994). All biographical writing that I do reflects my personality or autobiography (Smith, 1994). When I write Georgea Powell's story, biographical knowledge results from a complete intersubjective relationship between Georgea Powell and me, and the story told must be detailed so that readers also feel that they lived or could have lived the experiences (Barry, 1990). Throughout the writing of Georgea Powell's narrative I have strived to include this detail. Narrative inquiry also values subjectivity and the centrality of the researcher's own experience (Clandinin & Connelly, 1994). As I have looked for "the figure under the carpet" (Edel, as cited in Smith, 1994, p. 291) and constructed Georgea Powell's narrative, I have written subjectively.

Feminist Foundations

In keeping with a feminist approach, it has been my intent that caring relationships develop between myself and Georgea Powell, as well as between myself and the readers as our commonalities are identified in Georgea Powell's experience and in our own. Our commonalities can also provide an opportunity for empowerment that comes from connecting with each other through equality, voice, caring, mutual understanding, and purpose (Connelly & Clandinin, 1990). Feelings connected with Georgea Powell's story and anticipating connections with readers are validating and empowering experiences for me. In narrative inquiry we are asked to play the "believing game" (Elbow, as cited in Connelly & Clandinin, 1990, p. 4) where self-knowledge is gained by writing about another, putting ourselves into another person's story and walking in their shoes: we learn the other's story and give them voice (Richardson, 1994). In the case of Georgea Powell, her voice is heard by my telling her story in a respectful way as I hope another author might write my story, acknowledging that as a woman and as a nurse she has contributed to the early shaping of the nursing profession and health care delivery in Canada.

Historiography

The basic understanding when taking an historical approach to research is that we can learn from the past. Heller (as cited in Burns & Grove, 1993, p. 432) stated that all history reflects progression, regression, and a repetition of developmental sequences where patterns of progression and regression can be seen. All of nursing knowledge is self-knowledge or being aware of who we are and what we know (Dewey, 1967, p. 126). "Not knowing who and what we are about now will seriously impede what we want to

become” (Benner, 1984, p. xxi). Nurses cannot know what they are about or who they want to become until they have claimed their past nursing knowledge (Nelson, 1997).

Primarily, nurses have been women, and women have been traditionally ahistoric or minimized in the writing of history. Placing women in history where they belong will allow women to recognize themselves as a part of history and will free them from the anonymity or invisibility that has for so long been their lot. The mentoring relationship that nurses as women have used as a model for their practice is invisible in history and “when women’s history is dwarfed ... the subject’s potential for realizing her subjectivity will be thwarted and delimited” (Barry, 1990, p. 79).

Narrating Georgea Powell’s biography identifies who she is as a whole person. Registering her historically identifies what she accomplished as a nurse, a pioneer, and a woman and how her experiences added to nursing and feminist history. I invite readers to search out their personal self through her story as I have, and to reclaim their own part in nursing and feminist history.

Realizing one’s own subjectivity or identifying the personal self is the turning point that guides women to connect their past with the present and to move forward into the future (Barry, 1990). I felt crystallization of my personal self when I first walked with Georgea Powell through the pieces of her narrative, through a maze of enfolded sections and disjointed stories. Seeking *shalom*, I gathered together the bits and pieces creating a holistic labyrinth of her narrative. Here Georgea Powell and I along with readers could walk where there are no wrong turns or dead ends, only a path into the centre and back out into our worlds again.

Walking the Labyrinth

In keeping with the narrative character of the inquiry, the traditional terms associated with research are replaced with terms that best describe the narrative process.

Ethical Integrity: Honouring our Walk

Before and during the creation and recreation of Georgea Powell's narrative the importance of my vigilance in initiating and maintaining ethical sensitivity toward her as an individual and toward her story were paramount. When I decided that "...it is time to tell" her story I entered into her personal space and brought the reader with me. To protect her integrity, to do her no harm, and to honour her I have approached the research and writing of her narrative with a view that reflects, I believe, what she would have considered to be ethically correct. She held a moral perception of what it meant to be a nurse and a woman, what behaviour was expected, and what values were to be operationalized. She showed respect for others and value for their dignity as individuals. I have attended to her beliefs and values, and have respectfully overlaid my ethical principles upon hers forming a matrix of ethical sensitivity that is a lens into her story: a lens that not only illuminates a factual, historical, and nursing perspective but also illuminates the values of time.

Ethical nursing behaviour during the time that Georgea Powell was growing up, studying nursing, and practising nursing in the Yukon did not follow a prescribed code of ethics or an ethical decision making model. What guided Georgea Powell's nursing behaviour was the moral code of the era: or knowing how to do her duty in serving others (Fry, 1994, p. 67; Weber, 1992). Being morally virtuous, doing one's moral duty, and being of service to others were her guiding principles. Personal attributes of knowing

one's place, behaving courteously, being punctual and neat, and quietly waiting upon those more prominent than oneself, especially physicians, supported these principles. Moral duties included loyal adherence without question to all rules devised by superiors, an attitude of self-sacrifice and of keeping things cheerful (Morison, 1965, p. 92-114).

Though titled "nursing ethics", it was actually nursing etiquette that Georgea Powell was taught. "Nursing ethics", or etiquette, was considered a specific body of knowledge which enabled nurses to carry out their nursing duties with skill and perfection. Nurses followed a specific conduct, identified and changed their bad habits, and maintained a clear conscience (Aikens, 1928; Fry, 1994, p. 68).

It was assumed in the late 1890s that a good nurse must be a "good woman" (Nightingale, 1898), a woman of impeccable character and integrity, having high ideals, being chaste, loyal, honest, truthful, trustworthy, and committed to the "vocation" or "calling" of nursing (Nightingale, 1898; Nutting & Dock, as cited in Fry, 1994, p. 66). Student nurses were carefully screened before acceptance for nurses' training (Aikens, 1928, pp. 29-39). Based on my personal experience, the practice of using these criteria to select nursing candidates continued until the late 1950s. I walked the fine line of "doing one's moral duty" and at the same time "serving others", discerning what met the criteria for the high moral expectations set out for me as a student. Trying to be a "good woman" (Nightingale, 1898) often caused me personal dissonance. Today this dissonance acts as a filter through which I approach my obligations to others: vigilant through reflection to maintain a balance of moral responsibility, to follow the rules, and to do what I can defend as being ethically correct and for the good of all, including myself.

My taking the step forward and deciding "...it is time to tell" breaks through the covering which encapsulates my teachings and Georgea Powell's teachings of nursing etiquette. Internal voices remind me "...to tell..." the story caringly, always remembering the moral principles I was taught as nursing etiquette and the ethical principles I was taught as autonomy, beneficence, justice, fidelity, and caring, professional principles which guide my nursing practice (Canadian Nurses Association, 1997; Du Gas, Esson, & Robertson, 1999, p. 117; Polit & Hungler, 1995, p. 119-125; Tri-Council Working Group, 1997). As I write this inquiry, I take Georgea Powell, the reader, and myself on the journey, knowing that through my writing of this narrative inquiry I unfold shared personal and professional life experiences. I acknowledge my responsibility to be ethically sensitive towards Georgea Powell, her narrative, the reader, and myself.

Since Georgea Powell is deceased, my research takes on an extra dimension because she cannot speak for herself or give informed consent to the inquiry process. "Doing her no harm" includes maintaining an ethical sensitivity to Georgea Powell's welfare as I relate her narrative and transcend the influences of my world view. My intent is to be in harmony with her, to honour her story, and to have it serve as an historical document as well as a teaching model for other nurses. The narrative offers a learning opportunity for nurses to read their stories within the story of another nurse, Georgea Powell, and through reflection add to their self-knowledge.

"Knowing my place" in the past meant minding my own affairs so as to keep my conscience clear. What I have come to know through this inquiry is that Georgea Powell's affairs are my affairs. Despite what we were taught as nursing etiquette "...it is time to

tell” and to listen to what Georgea Powell is saying from the past; “...it is time to tell” of the dedication, truth, competence, and accountability she valued and modelled in her nursing practice.

I endeavour to tell Georgea Powell’s story as she herself might tell it, with respect for human dignity and with respect for her as an individual. My obligation is to be non-judgemental of her life choices and the events of her story; to be true to the themes from her own voice and writings; and to be cautious in making assumptions when all of the details are not known.

In keeping with this approach to Georgea Powell’s narrative I have chosen to withhold information obtained from a public record data base if this information could not be explained at the time. Georgea Powell would expect her experience to be sheltered and she would shelter others’ experiences under such circumstances. I believe that ethical sensitivity in the use of this information now is mandatory so as to maintain beneficence for the individuals involved.

During my search for the nature of the knowledge related to Georgea Powell’s narrative I accessed varied data sources. My approach to the data has been one of respect, following the guidelines that archives, museums, and other resource agencies maintain to preserve and to allow access to their records (Brown, 1993). When contacting repository staff I valued their time and the knowledge that they were willing to share. Courtesy, respect, and truthfulness have resulted in their willingness to do what they could to assist me in confronting my task of finding the shards of Georgea Powell’s narrative. Not being a relative, I did not have the right to all Vital Statistical information held by the

Government of Saskatchewan. Being truthful and explaining how I was attempting to confirm her correct first name and how it was spelled resulted in obtaining one detail, a detail that released her from anonymity and confirmed that she identified herself as Georgea Powell.

Contributing to others' knowledge is also part of being ethically sensitive to the data and data sources. I have taken the opportunity to share knowledge that I have gleaned as a result of this inquiry with staff at the Dawson Museum, supplementing their information about health care in Dawson during the goldrush. Giving back something fulfills my commitment to contribute to the wholeness of Georgea Powell's narrative, a narrative that is part of Canadian history. For the public, Georgea Powell's story has the potential to increase awareness of a nurse's experiences and to develop appreciation for nursing history. The study of a pioneer New Brunswick nurse is adding to the scholarship of nursing and is adding to the body of knowledge that constitutes nursing nationally, provincially, and historically.

The majority of the data pertaining to Georgea Powell were in the public domain or required no permission to access. Initially, as stated previously, it was thought that there were direct, living relatives of Georgea Powell who had knowledge of her life and personal experiences; to date none have been found. Their participation for the inquiry to proceed was not necessary, but in the event that they were found and contacted for discussion, an ethical review of the proposed study (see Appendix A) including a consent form (see Appendix B) was available. Two persons were contacted under the premise that

they were direct relatives of Georgea Powell. However, it was later confirmed that these two persons were not relatives of Georgea Powell.

Entering Within

Georgea Powell, a pioneer district nurse born in New Brunswick, is the exemplar for my study. Settings for Georgea Powell's biography are located in various places in Canada and in the United States. The period encompassed by this study is 1857 to 1905.

The context of Georgea Powell's story is an interwoven tapestry of professional, personal, sociopolitical, educational, environmental, temporal, and gender circumstances. She practised professional nursing within the context of her era in Canada and the United States. Her personal nursing practice evolved from being a student to being one of the first professional district nurses to pioneer nursing in the Yukon. In the Yukon she led the establishment of the Victorian Order of Nurses. Georgea Powell's narrative is a blend of the complex sociopolitical, gendered, environmental, and geographical conditions that influenced her experiences during the turn of the century. Family and any other persons involved in her life contributed as well to the context and texture of her narrative.

Seeking the Pass Keys: Finding the Passages

When formulating my plan for this inquiry, I needed to learn how to find the data and to determine if there was enough data to support the inquiry (Smith, 1994; Tuchman, 1994). Preliminary inquiries were made at various archives and libraries in Canada and the United States, and persons having access to and knowledge of the documented holdings relevant to Georgea Powell were identified.

The research data supporting this narrative come from a variety of sources. Federal and provincial statistical data such as census, school, marriage, birth, and death records from New Brunswick, Alberta, Yukon, and Saskatchewan were used. Victorian Order of Nurses directives and records of public discussions regarding the establishment of a Victorian Order of Nurses service in the Yukon were reviewed. Minutes of Victorian Order of Nurses executive meetings and minutes of the Good Samaritan Hospital board meetings provided both details about each organizations and insights into their daily business. During the journey to the Yukon officers of the Yukon Field Force who accompanied Georgea Powell wrote regular reports to their military superiors. Further information related to the journey came from the diaries of enlisted personnel of the Yukon Field Force. These stories unfolded details of their experiences which complemented and enhanced Georgea Powell's story. Fragments of her story were collected from: Canadian newspapers of the time; correspondence with archivists, librarians, and historians; personal visits to areas in the Yukon where she practised nursing; and personal interviews with relevant informants. Photographs and diaries of others who also journeyed into the Yukon also gave significance to the data and contributed to making Georgea Powell's story whole.

As anticipated with use of narrative inquiry methods, data collection continues until the narrative emerges as a whole. For example, confirming Georgea Powell's given name came very late in the data collection process, with the acquisition of data from her marriage certificate. As well, the evolving narrative of her life raised new questions that required, and continued to require creative ways of seeking out additional data sources

(Connelly & Clandinin, 1990). For example, a question arose from a secondary source that necessitated investigation into determining whether Georgea Powell did, or did not, serve as a nursing sister during the Boer War.

Since Georgea Powell is no longer alive, her direct verification of data interpretations is not possible. Stories and interpretations relating to her experiences have been cross checked by collecting significant data from various sources on the key themes and concepts that have emerged and recurred.

Moving the Stones: Making the Path

The compilation of the data in narrative inquiry is a process of creating a whole from many parts and of presenting that whole as a story with a beginning, a middle, and an end. Though Georgea Powell's story is an implicit whole, the shards had not been previously collected and researched. My study has created a narrative of her life and times which is an explicit whole and is in keeping with the concept of *shalom*, my theory of nursing.

In order to create a biographic narrative from the collected data, my initial task involved organizing the data chronologically by identifying significant dates and events. For example, key dates identified included: the date of Georgea Powell's entrance into and graduation from the Waltham Training School for Nurses; the date she joined the Victorian Order of Nurses; the years that she nursed in the Yukon; and the date she left the service of the Victorian Order of Nurses. Around each event there was a narrative, or a story, that told of her personal involvement regarding the "how, why, where, when, and who" (Connelly & Clandinin, 1990) for her within each event. Around each story there was

a context and within each story, themes or threads. In connecting themes or threads of Georgea Powell's story, different times and places, plots and scenes were united to recreate her story for the reader. All of these dates, events, contexts, stories, themes, and threads, weave together to form a narrative unity of her life and to make a visible pathway through her experiences.

One significant date and event was Georgea Powell's joining the Victorian Order of Nurses. Around this event are several connecting stories: the story of how she became a Victorian Order nurse; the story of how she was invited to join the Victorian Order of Nurses' Yukon expedition; and the overall story of the pioneer district nursing movement. Establishing the Victorian Order of Nurses was not a smooth process either publically or professionally. As a pioneer district nurse in the United States, a pioneer Victorian Order nurse in Canada and a pioneer nurse in the Yukon, Georgea Powell faced considerable accomplishments and obstructions. The themes or minute threads that undulate throughout the warp and woof of her personal and professional life and experiences surface as trials and triumphs. To use a metaphor, Georgea Powell's story is like a Victorian crazy quilt that is made up of the velvet and the satin experiences of her life, as well as those experiences that reflect a coarse handspun wool.

Significant concepts emerged for me during the narrative data analysis process in Georgea Powell's narrative and gave me direction. Some of the concepts that led to a sense of wholeness in the narrative included: expanding the circle of the narrative; making a new path into the labyrinth; connecting the spirits of subject, writer, and reader;

restoring old paths; and polishing the flagstones of the final whole (Connelly & Clandinin, 1990).

Expanding the circle.

In narrative inquiry a broadening (a generalization of either the context of an event or the personal feelings, beliefs, or values of individuals involved) expands the circle of of the emerging narrative (Connelly & Clandinin, 1990). Facts and events are fragments or shards that do not reveal the whole picture of what happened or why it happened. There is a context surrounding each piece of the story. These contextual and peripheral data pull the pieces into a whole by providing a backdrop against which the whole story unfolds.

Georgea Powell lived and practised in the Yukon during the Victorian period. Widening the circle of information from within the data occurred on an internal level with my inclusion of common knowledge of Victorian life. Widening also took place on an external level in the generalization of Georgea Powell's behaviour based on circumstances of time and place for a Victorian woman and nurse.

Connecting the spirits.

As this unfolding narrative continually conveys shared human emotional, moral, and aesthetic qualities embedded in everyday events, the spirits of you as reader, myself as research/writer and Georgea Powell as participant are invited to connect. My intent is for us to become involved affectively in Georgea Powell's story. Reading about certain events in Georgea Powell's life releases feelings within me and I hope within the reader, as we question the experiential origins of these feelings. Reflecting on our own stories and

emotions, and using them as maps to create narrative models, leads us to more deeply connect with the underlying meanings in Georgea Powell's story.

Through my earlier readings on Georgea Powell's journey to the Yukon, I learned that she was assured of clear passage to her destination. However, the information Georgea Powell received was inaccurate and she had no way of knowing the physical, emotional and environmental perils she would face or the degree of adversity she was required to overcome to complete this journey. Though it was expected that eventual arrival in Dawson would ease the life-threatening risks, hazards of a different nature challenged her health and life. Health care conditions in Dawson were primitive and appalling, and she was expected to initiate nursing care amid epidemics and squalor. She met these inhuman challenges and made the sacrifices expected of a pioneer nurse.

My task was to recreate Georgea Powell's narrative of pioneer district nursing, and to story the events accurately so as to reflect her perceptions from within her time and place. As narrator of her story, it is my voice that is heard.

Restorying the path.

Writing a narrative of another individual's life experiences involves restorying (Connelly & Clandinin, 1990). Georgea Powell's story was anonymous and silent. Through my writing, her story is being recreated and told as she, herself, might have told it, if she were alive today. In this restorying, an opportunity for personal or social growth is possible for both writer and reader. Potential exists in this restorying for us to create a new story of self and to create a deeper understanding of our own self-knowledge. We

hear the story of Georgea Powell's experiences in the past, and through reflection ask what it means to us today and what it means in the future.

Polishing the flagstones.

Polishing or smoothing took place during the data collection process when certain identified themes or threads were not chosen for inclusion in the narrative (Connelly & Clandinin, 1990). Insignificant data were eliminated. Polishing achieves balance in the plot of the narrative. When polishing takes place, I am responsible as the narrator to discuss this in the narrative.

For example, I chose to omit the details surrounding the political manoeuvring, unrest, and uncertainty in the Yukon during the time that Georgea Powell was there. In this narrative, descriptions of the disorganized conditions in Dawson gave allusion to the state of affairs regarding: the organization of Canadian physicians in restricting the practice of physicians from the United States; the establishment of the Good Samaritan Hospital; and the rivalry between St. Mary's Hospital and the Good Samaritan Hospital for public funding. While these situations held implications for Georgea Powell's practice and influenced her working environment, she was not directly involved. Therefore all details are not given.

Trusting the Touchstones

In keeping with the tenets of qualitative research, narrative researchers Connelly & Clandinin (1990) note that "narrative relies on criteria other than validity, reliability, and generalizability" (p. 7). Issues of plausibility, realism, credibility, and verisimilitude are also examined. Lincoln and Guba (1985) suggest that, as a naturalistic inquirer, I search

for trustworthiness in my findings and ask myself questions about “truth, value, applicability, consistency and neutrality” (p. 290). My writing of Georgea Powell’s narrative was guided by the touchstones of integrity, authenticity, transparency, truth, genuineness, wholeness, totality, justice, grace, courage, honesty, sensitivity, and respect: the tenets of *shalom*.

The reader determines when the narrative is whole and when the constructions from shards within the narrative sound credible or true. Reliving memories of stories from our own lives and re-experiencing emotions that are triggered by the setting, plot, or story line in a narrative confirms authenticity of the data (Connelly & Clandinin, 1990).

Georgea Powell’s narrative unfolds as a story over a recognizable time frame. I have maintained the integrity of the time dimensions in my writing. Within her story there is a sense of temporality and wholeness. A sense of past, present, and future link the time dimensions. Parallel themes shared between Georgea Powell’s story of the 1890s and my personal narrative reflections of the 1990s contribute to the wholeness of the narrative. The narrative invites the reader on a living, moving journey in time, reflecting on the past, experiencing the present, and envisioning the future (Connelly & Clandinin, 1990).

CHAPTER IV



Figure 2. *Georgea Powell*

Unfolding *Shalom*: A "Spectacular nursing expedition to the Yukon..."

It was a warm day, the 19th of May 1898, and the *S.S. Strathcona*, a small wood burning stern wheeler, was working its way through the tortuous channels of the Stikine River in British Columbia. The spring run off from the mountains caused a tremendous current, moving the sandy bottom into sand bars that snagged the boat at every turn. A young New Brunswick nurse stood on the deck watching the scene as the boat and its crew wrestled with the river (Fenton, 1898, 21 June; Lester, 1898-1899, 20 May 1898; Powell, 1898a). The sound of the river rushing past was soprano to the tenor of the boat dragging on the bottom. Suddenly a slamming, jangling, crunch rang out. Rammed against a pile of trees and driftwood the little steamer struggled to stay upright in the current. Water poured through her side in a gaping slash below the water line. The crew scrambled madly to seal off the compartment that was shipping water. Once the flow was stopped

someone leapt ashore and secured the little boat to a large tree. Pumping out the water and patching the hole took a few days. Those on board entertained themselves, waiting patiently to get underway again. Night travel was impossible so the boat was lashed tightly to trees at the river's edge to protect it from being swept downstream as it moored overnight (Lester, 1898-1899, 19 May 1898). After a fine evening meal, the hours before bedtime passed quickly with music and storytelling as talented soldiers, crew, and passengers provided entertainment (Disher, 1962, p. 8). "This river is the most wonderful winding stream ever was" the young nurse wrote later to her friend in Boston, "so narrow between the mountains that it seemed as we looked ahead...we could never pass through. The scenery was mountains on either [side] their snowy peaks lost in the clear blue of the sky. At their feet little islands covered with fresh balsam trees ..." (Powell, 1898a).

Navigating the Stikine River through northern British Columbia was the first part of the overland and river trips that Georgea Powell (see Figure 2) began that day. As Lady Superintendent of the Victorian Order of Nurses appointed to work in the Yukon District, Georgea Powell, accompanied by three other Victorian Order nurses, was en route to Fort Selkirk on the Yukon River to care for the sick (Greenhous, 1987a, p. 22). These nurses were under the protection of a newly formed contingent of Canadian soldiers, the Yukon Field Force, also en route to Fort Selkirk. Their mission was to support the NWMP in keeping law and order during the rush to the Yukon gold fields (Greenhous, 1987a, p. 21). For Georgea Powell, Margaret Payson, Amy Scott, and Rachel Hanna it was the beginning of what was to be their "spectacular nursing expedition to the Yukon" (Aberdeen, 1898, 28 March).

From her heritage and her experience Georgea Powell knew the lure and power of a river. It was another river, the Richibucto in New Brunswick, that enticed her ancestor, Caleb Powell, to petition for land along its banks after seeing the plentiful fish and stands of virgin forest along its shores. Georgea Powell descended from a family of Loyalist stock who came to New Brunswick by way of Wales and Long Island, New York. As Quakers, they had left Wales in the late 1600s to seek religious tolerance and had moved on again in 1783 when they were caught between their pacifist principles, their loyalty to Britain, and the American Revolutionary War. Like many of their friends and neighbours they again sought refuge, this time further to the north in New Brunswick (Little, 1961, MacLaren, 1993).

The Powell family originally settled around Gagetown and Grand Lake, New Brunswick. Harsh winters and hard frosts destroyed their crops and, looking for a more favourable site, they ventured by canoe and portage to the east. Jacob Powell was the first to see and to travel the Richibucto River. Within a few months he, his father, and five brothers had laid claim to most of the land on both sides of the river from its mouth to almost four miles upstream. They received title to the property in 1805. By then they had set up a profitable fish drying business and trade with the local Richibucto and Micmac First Nations people (Little, 1961; MacLaren, 1993).

The virgin pine, hemlock, and hardwood forest that bordered the Richibucto River provided lumber for export, local shipbuilding, and a contract for masts from the British Royal Navy. The Powells developed these industries. Their trading and enterprises attracted other families to the area. By 1830 the town of Richibucto was the third largest

ship building site in New Brunswick (Little, 1961; MacLaren, 1993). The harbour saw the comings and goings of ships to Newfoundland, Europe, and the United States with loads of incoming and outgoing cargo.

Georgea Powell was born and raised in an area that was originally populated by only the Richibucto First Nations people. Her grandfather, John Powell, was the first English speaking white child to be born in the Richibucto area. Indeed, his birth was assisted by a local First Nations midwife. John Powell could speak in the Micmac First Nations' tongue which stood him in good stead when working with the people (Little, 1961; MacLaren, 1993).

Though the Powells had laid claim to much of the land that the Richibucto First Nations had previously inhabited, relations were friendly. Many of the First Nations people were hired as wood cutters and fishers to supply lumber and fish for the Powell enterprises (Little, 1961; MacLaren, 1993). This co-operative relationship evolved even though the Richibucto First Nations had a reputation of being particularly hostile towards whites. In the early 1700s the Richibuctos had joined with the Penobscots from Maine in capturing a number of Massachusetts fishing vessels. Because stories of their exploits were well known, the Richibuctos were feared by many along the northeastern sea coast (Little, 1961).

First Nations' children frequently visited Georgea Powell's father Gilbert in his blacksmith shop, testing the waters before they entered in by listening for his singing. Hearing a song meant that the work at hand was going well; they knew that when "old man sing, we can go in" (MacLaren, 1993). Georgea Powell's experiences with First

Nations people continued when she went to the Yukon with the Victorian Order of Nurses. Along the way she marvelled at the totem poles on the Queen Charlotte Islands and watched games and sports where “white men, red men, and black men” (Powell, 1898b) all joined in. Invited by a Tahltan First Nation chief to sing at their church service because they had never heard white women sing, she and the other Victorian Order nurses joined in worship with them and found the families “fine looking and intelligent” (Powell, 1898b). The First Nations people were curious to know if the nurses worshipped the same God as they did, and they openly wondered how the nurses felt toward them. To satisfy their curiosity the nurses “did their best for them...and also talked with them” (Powell, 1898b).

Georgea Powell’s roots were in a family of pioneers who carved a home for themselves out of the New Brunswick wilderness. Later, she was invited to do the same for the Victorian Order of Nurses on the Yukon frontier. She was invited to bring her skills in nursing care to an wilderness area where professional health care did not exist and to establish district or visiting nursing in the Yukon. From her father’s example as he forged the nails used by his neighbours in building hoes, rakes and ploughs for working the land, and forged pots and pans for their cooking, she learned to offer her skills to the community (Little, 1961; MacLaren, 1993). Women in Georgea Powell’s family served their community as school teachers. Her sisters, Flora and Maude, taught in local schools as did Georgea herself for a short term on a temporary licence (Government of New Brunswick, 1877). Having the courage to accept the challenge of being a pioneer Yukon

nurse and journeying through the wilderness of British Columbia to serve her community would not have been surprising to Georgea Powell.

“We were three days coming...”

As the small stern wheeler fought against the rush of the river water the warmth of the 1898 May sun beat down on the mountain snow during the long northern days keeping the water level in the Stikine high enough for the *SS Strathcona* and Georgea Powell to reach Telegraph Creek, British Columbia. Telegraph Creek was the gathering place for officers and soldiers of the Yukon Field Force and for the civilians in their charge before pushing through the woods to Teslin Lake and on to Fort Selkirk. They “were three days coming” (Powell, 1898a) including a stop over in Glenora, British Columbia, taking time out to camp in a tent village near town to regroup and plan the rest of the trip. Blue wildflowers carpeted the ground in the dry sandy soil, wild roses grew up the mountain sides, butterflies and birds were everywhere (Lester, 1898-1899, 6, 8 June 1898; Powell, as cited in Victorian Order of Nurses, 1898b). The march over the trail ahead required training; Georgea Powell led the nurses for walks every day (Powell, 1898a) and found “bits of fun” (Powell, 1898b) picking wildflowers, listening to the soldier’s concerts on the banjo, and singing in the evenings. The 24th of May was a special day with the townsfolk. Soldiers and First Nations people celebrated Queen Victoria’s birthday with races, tug of war, and games (Greenhous, 1987a, p. 49; Powell, 1898a).

It took a few days for all the soldiers, nurses, supplies, horses, and others who were in the party to arrive at Telegraph Creek from Glenora. Setting up camp at Telegraph Creek was difficult. The terrain was rough and hilly. Military tents were

perched on every available level ledge or “bench” (Fenton, 1898, 15 June) along the steep hillside overlooking the deep river ravine (Fenton, 1898, 15 June). Once the group was settled, they packed their year’s worth of provisions on the backs of Hudson’s Bay Company mules supplied for travelling on the coming trail.

Telegraph Creek was full of miners en route to the goldfields. Like the soldiers, they had come expecting to find a cleared and marked road to Teslin Lake. However, to date a group of men hired to build a railway line and an accompanying wagon road through to the lake had completed only five miles of the road. Construction of the proposed railway line and wagon road had recently come to an abrupt halt when the crew received word that the Canadian Senate had not approved legislation to sanction the planned work (Adney, 1994, p. 384; Greenhous, 1987a, p. 20, 56-57). As each traveller soon learned, the path to Teslin Lake was “simply an Indian trail” (Lester, 1898-1899, 12 June 1898). What existed beyond the first fifty miles was a mystery since no one had returned to tell of the experience (Powell, 1898a).

Teslin Trail was not the only route to the Yukon interior and to Fort Selkirk. At least fifty years previous to Georgea Powell’s trip into the Yukon others had sought a path. Fur traders from Russia had penetrated the territory from the west, and agents of the Hudson’s Bay Company had come from both east and north to explore the wilderness, build forts, and trade with the First Nations people. The area was populated and known, although uncharted, unorganized, and unpredictable (Greenhous, 1987a, p. 16-17).

Defining the eventual boundaries between what later came to be Alaska, British Columbia, and the Yukon was an arduous task not only because of the hostile terrain but

because of the short summers for travel. It took a number of years before the boundary lines were finally drawn and accepted. In 1867 the United States purchased Alaska from Russia, and the next year the newly confederated Dominion of Canada arranged the purchase of the Hudson Bay holdings in the Pacific and Arctic northwest. In 1878 a flurry of gold strikes in the British Columbia Cassiar Mountains prompted a survey of the boundary line between British Columbia and Alaska, which included the Stikine River where Georgea Powell travelled (Wright, 1992, p. 166). It was not until 1887 that a Canadian surveying party was despatched from Ottawa for the purpose of "gaining information on the vast and hitherto almost unknown tract of country which forms the extreme north-westerly portion of the North-west Territory ... referred to as the Yukon district ..." (Dawson, as cited in Wright, 1992, p. 168-169). Reports of increased mining activity in the Yukon prompted the Canadian government to undertake a general survey and to determine the Canadian boundary. After two resurveys of the line for themselves, a United States team accepted the Canadian results and noted that the line was only "a few yards from where it ought to be" (Ogilvie, as cited in Wright, 1992, p. 220).

Trappers, explorers, missionaries, and the NWMP followed the fur traders into the Yukon interior. Reports went out about the abundance of the scattering of golden yellow specks in the gravel of the river beds, and adventurous prospectors trickled deeper into the territory. In June, 1897 the world received news of the richest gold strike in all of mining history. Miners disembarked from the steamer *Excelsior* in San Francisco, California, staggering under the load of gold dust and nuggets they had brought back from the Klondike River valley (Adney, 1994, p. 1).

The rush was on. Gold seekers poured into the Yukon gold fields in 1897 and throughout 1898. They came by way of the Alaskan coastal towns of Skagway, Dyea, and Pyramid Harbour, then over the mountains through the Chilcoot, White, or Chilkat Passes into Canadian territory. Others pushed against the current of the Yukon River, following its mouth in Alaska to the Klondike and on to the smaller creeks with hopes of finding their fortunes (Adney, 1994, pp. 16-17). These routes, which traversed large portions of Alaska and the United States, also accommodated Canadian civilians and sojourners of other nationalities who passed through en route to the goldfields. However, the Canadian government did not want to risk giving offence by moving the Yukon Field Force, a military detachment of 200 men and officers, through long stretches of United States territory.

The military had two other choices. They could follow the Stikine River and go over the Teslin Trail or they could go overland by way of Edmonton. The Edmonton route was long, treacherous, and indirect, and was described as being "by courtesy designated a trail" (Adney, 1994, p. 17). Considering the alternatives, it was decided to use the Stikine River and the Teslin Trail route, although entering the Stikine River did mean venturing for a short distance through United States territorial waters. Canadians had been granted free rights to navigation on the Stikine, Yukon, and Porcupine Rivers by the Treaty of Washington in 1871 in exchange with the United States for free rights to navigation on the St. Lawrence (Backhouse, 1997, p. 19; Greenhous, 1987a, p. 32). The Stikine route was the least invasive of the United States territory. As the shortest and most direct route to Fort Selkirk, it offered benefits when considering the cost of transporting a military

detachment and its supplies over any distance. Time was also of the essence. Freeze-up in the Yukon comes early, and the military wanted to be established at Fort Selkirk before winter was upon them (Greenhous, 1987a, p. 32).

Between the 11th of June and the 11th of July, 1898 Georgea Powell, Amy Scott, Rachel Hanna, and Margaret Payson, accompanied by soldiers and an officer in command, left Telegraph Creek in northern British Columbia and started off along the Teslin Trail for the Yukon. The advance military axe party cleared and marked the way, followed by a number of detachments and the base party (Lester, 1898-1899, 12 June 1898). Georgea Powell dutifully reported by letter to Victorian Order of Nurses headquarters in Ottawa on June 10th, 1898, "The advance guard is now fifty miles on the way. The Camp is thinning and some are going every day. To-morrow I shall leave - the first of the nurses to go" (Powell, as cited in Victorian Order of Nurses, 1898b). Over the next month each party left Telegraph Creek a few days after the previous one, stringing themselves out like moving beads along the trail and allowing the detachments ahead to pass through before the next arrived. Georgea Powell and Amy Scott travelled together in a lead group with Mrs. Starnes, the wife of the NWMP officer in charge of the Yukon. Major Talbot was in command of the thirty-one soldiers and thirty pack mules as well as a riding horse for the ladies to share. Rachel Hanna and Margaret Payson were with another company further to the rear, and were accompanied by Toronto Globe journalist Faith Fenton, a similar number of soldiers, pack mules, and a horse (Lester, 1898-1899, 14 July 1898). There was a purpose in separating the nurses in groups. Each pair was strategically placed along the line to provide accessibility to those parties before and after them in case of illness or

medical emergency. A military Surgeon and a Hospital Sergeant, also available, moved up and down the line, providing trained assistance as needed (Evans, 1898a). Presbyterian missionary Rev. John Pringle acted as a messenger between the detachments while he visited the soldiers, nurses, and other travellers along the way (Mills, 1974).

“Since I parted with you at Boston Union station...”

Being prepared to give nursing care to soldiers along the trail in the British Columbia and Yukon wilderness and being prepared for the nursing duties to come during the next six years contrasted sharply with Georgea Powell’s last nursing assignment as a private duty nurse in Boston, Massachusetts (Fiske, 1937, p. 30). On leaving Boston, her friends gathered at the train station to see her off, wishing her well in her new position with the Victorian Order of Nurses. By letter she faithfully kept in touch with them and updated them on her activities “...since I parted with you at Boston Union station...” (Powell, 1898a).

Boston was not far from New Brunswick by train or ship. The Intercontinental Railway stopped in Harcourt, New Brunswick, on its regular run to Saint John with connections to Boston. Harcourt, Buctouche, and Richibucto were in close proximity to each other, permitting easy travel by road between the three villages. Ships that called in to port at Richibucto carried passengers and goods to Boston on a regular basis, making transportation available for those who wished to go.

Georgea Powell knew Boston well. She had been a student nurse at the Waltham Training School for Nurses in Waltham, Massachusetts, near Boston. In Waltham she knew many of the nurses who later became her peers in the Victorian Order of Nurses.

The Victorian Order of Nurses specifically recruited graduates of the Waltham Training School because of their experience and training in district or visiting nursing. As Victorian Order nurses en route to the Yukon, Georgea Powell and Margaret Payson, both Waltham graduates, were together again, but far from Waltham where their nursing careers began (Fiske, 1937, p. 18).

Georgea Powell began her nursing studies at the Waltham Training School for Nurses in 1893. Fulfilling the entrance requirements of being in good health, over age 21 and under age 35, with attested good character, and from "a common school education" (Fiske, 1985, p. 28) she was admitted to a two year nursing program that was unique in North America at the time (Fiske, 1985, p. 3, 4, 26, 27). Hospitals were the primary settings for training student nurses in other nursing programs, while community nursing was the primary setting for student nurses at the Waltham school. The concept of the community providing the best learning environment for student nurses and for generating nursing knowledge was deemed revolutionary by contemporary North American nurse leaders and educators of the 1890s. It was charged as being a step backward, not forward, towards their goal of the professionalization of nursing (Fiske, 1985, p. 3; Worcester, 1919, 1949a).

From the early 1800s to 1885 the community of Waltham, Massachusetts, had changed from a small farming village to a bustling factory city. The harnessing of power from the rushing rivers of New England and the building of mills and factories brought hundreds of families looking for work into the area. Canadians from the Maritime provinces and Québec as well as Swedes sought jobs in Waltham cotton mills. The

Waltham watch factory drew craftsmen from England and Switzerland, and Irish tradesmen kept mills and factories running. As Waltham's population increased so did the need for health care. The influx of strangers weakened the previous cohesiveness of the rural community, and the number of single persons versus family units increased (Fiske, 1985, p. 5). All health care was given in the home. Though there was an adequate number of attending physicians, there were not enough nurses to meet the need. Indigent patients were especially neglected as they were totally dependent on the charity of others. Helpers were difficult to find, and most of what was considered to be "the nurse's work had to be done by the doctors themselves" (Worcester, 1927, p. 129).

Dr. Alfred Worcester, a native of Waltham, returned to his home town to practice after graduating from a large Boston teaching hospital. He had a vision: to deal with the nursing shortage in Waltham and to alleviate the health care demands to the community's advantage. His philosophy "that not the individual but the family is the real human unit" (Worcester, 1919) inspired him to instigate and implement a district or visiting nurses' training program in Waltham. His vision was to educate young women to serve all of the nursing needs for all of the social classes in the community. The mission for these young nurses was to provide nursing care and support for all acutely ill or incapacitated patients, and for those who were helpless due to chronic illness or disability (Worcester, 1919).

During his earlier days as an intern at a large Boston hospital, Dr. Worcester had previously responded to the need for competent nurses and had been involved in developing a nursing education program. While he supported the necessity of hospitals to give health care that could not be given at home, he also believed that "hospital ways are

not the only ways of caring for patients and that there are many other kinds of helplessness than such hospitals admit" (Worcester, 1919). He was not satisfied with the level of nursing care available to his patients in the community of Waltham. Dr. Worcester wanted someone other than: the "night-watchers" (Worcester, 1949a) who relieved a tired family for the night; the "neighbour nurse" (Worcester, 1949a) who voluntarily came and went at her discretion; the "professed nurses" (Worcester, 1927, p. 44); or the "women who went out nursing" (Worcester, 1927, p. 5) who may or may not have had some sort of formal nursing instruction and who for a fee gave bedside care and helped with the additional housework that was caused by the sickness in the family (Worcester, 1949a; Worcester, 1927, p. 37).

Dr. Worcester believed that it was a physician's responsibility to direct the nursing care of his patients, and that the art of nursing could only be learned by apprenticeship or "by imitation in actual service" (Worcester, 1949b). Each nursing environment with each patient and family was considered unique and therefore required an expert to demonstrate the art and skills needed by the learner for each nursing situation (Worcester, 1927, p. 4). Dr. Worcester's mother had been "one of the old fashioned night-watchers" (Worcester, 1927, p. 4), and as a boy he himself had been volunteered on many occasions to help her tend the sick (Worcester, 1927, p. 4, 38; Worcester, 1949b). Dr. Worcester expected a nurse to be competent in objectively assessing his patient's condition in his absence, and he expected her to record and report her observations accurately. Skills were required in cooking, bathing, knowing how to take a temperature, doing a wound dressing, making a poultice, giving an enema or douche, and applying antiseptic precautions in all situations

(Fiske, 1985, p. 6). While these nursing skills were included in hospital nursing programs of the day, Dr. Worcester's vision was unique. His belief was that the foundational instruction of nursing should be based in the home so that "the pupil nurse learns by imitation how to do forty things for one patient, instead of one thing for forty patients in hospital" (Worcester, 1949b). In this way, pupil nurses adapted to the varying requirements and conditions that each nursing situation presented. Nursing care was all encompassing.

Family units were assessed and individualized nursing plans developed to meet the patient's and their family's need. Nurses carried out appropriate nursing care and taught family members the necessary skills to facilitate both patient and family wellness. Neighbours who were involved with the family were also taught the required skills (Fiske, 1985, p. 4; Worcester, 1919). These principles of educating health care for and within the community resulted in the Waltham Training School for Nurses being "sometimes accused, and doubtless justly, of training not only its nurses but the inhabitants of the city as well in home nursing" (Fiske, 1985, p. 4).

Home visiting as a health care concept is deeply rooted in nursing history. What began as religiously affiliated practices of visiting the sick poor in their homes, making their beds, feeding them, giving solace, and providing monetary support, evolved and became planned nursing interventions. Home visiting expanded during the 18th and 19th centuries due to increased public awareness of the plight of the poor and to new knowledge that poor hygiene and living conditions caused many diseases. With the support of public officials and concerned citizens, teams of volunteers travelled to

geographical districts in European and English cities to visit the poor, to assess their needs, to bring them relief, and to teach them the principles of sanitation. From these public activities evolved the practice of nurses being employed or supported by charities, associations, foundations, or neighbourhood districts. In this way a charitable visiting nursing service was available to the sick poor, offering direct nursing care and health and wellness teaching to families (Byrd, 1995).

Nursing visits and interventions for families in their homes developed social and educational value that soon became publically evident, and the practice expanded to include care for those who could afford to pay for the service. In later years the terms district, visiting, home or community nursing became somewhat synonymous. Implicit in these various terms is the assumption that nursing service was not necessarily free. Fees were based on a patient's ability to pay (Byrd, 1995). The concept of district or visiting nursing was congruent with Dr. Worcester's belief in the family as "the real human unit" (Worcester, 1919). This model for delivering nursing service was congruent with the needs of the community of Waltham.

Dr. Worcester's involvement in developing a Boston hospital nursing program had given him experience with the different approaches used in delivering nursing care in the United States, England, and Europe. He knew of Florence Nightingale's personal experiences as a practising visiting nurse at the Kaiserworth Institute in Germany (Worcester, 1927, p. 50-76, 95-104), which he considered "the source of her nursing knowledge" (Worcester, 1949a). He had Miss Nightingale's support for home or visiting nursing. She "doubted the wisdom, in general cases, of withdrawing the sick from under

their roofs to be tended by other hands elsewhere” (Nightingale, as cited by Fiske, 1985, p. 4).

Various British and European models of district nursing, such as the Lausanne School of La Source (Worcester, 1949b), the work of the Queen Victoria’s Jubilee Institute for Nurses (Gibbon, 1947, p. i; Worcester, 1927, pp. 66, 106; Penney, 1996, p. 14), and The Metropolitan and National Nursing Association (Fiske, 1985, p. 3; Gibbon, 1947, p. i) served as guideposts for the new Waltham nursing school. Florence Nightingale was instrumental in the development of the curriculum for both the Queen Victoria’s Jubilee Institute for Nurses and The Metropolitan and National Nursing Association. When asked for advice from the Waltham Training School, she favoured the latter model (Fiske, 1985, p. 3).

Residents of Waltham needed health care and visiting nurses were seen as the solution. Physicians needed assistance in caring for their patients, and this provided opportunities for education and future employment for young women (Fiske, 1985, p. 10-11). Dr. Worcester’s appeal to the community for “young women who would like to become nurses” (Worcester, 1927, p. 132) resulted in recruitment and acceptance of the Waltham Training Schools’ first class of nurses. A special effort was made to inform young women working at the Waltham watch factory that an opportunity was available to become a nurse. Emphasis was placed on recruiting inexperienced young women. Mature women who had family experience in caring for the sick were not likely to appreciate the principles taught (Fiske, 1985, p. 24; Worcester, 1927, p. 7); they were often “too set in her ways to respond adequately to training” (Fiske, 1985, p. 26).

Georgea Powell's initiation into the world of nursing began with a short probationary period. During this time she was introduced to the practice of nursing and was evaluated by her supervisors to determine if she was "thoroughly practical and of refined and cultivated mind...obedient and submissive to teaching and discipline, capable of self-sacrifice, heartfelt sympathy, and of patient, cheerful, kindly devotion to the sick" (Fiske, 1985, p. 27). She met the standards of having "Natural ability, personality, and good common sense plus a strong determination to succeed" (Fiske, 1985, p. 29). Satisfied that she still wanted to pursue nursing as a career, Georgea Powell officially became a student at the Waltham school.

During the first nine months of Georgea Powell's enrollment at the Waltham Training School for Nurses, she endured long days of practical nursing instruction by a doctor or a nurse manager at a patient's bedside, lengthened further by weekday classroom instruction. Classroom lectures, conferences, and presentations on curriculum topics of anatomy and physiology, common diseases, pharmacology, the value of proper ventilation and good hygiene, and life processes gave her the opportunity to learn the foundations of nursing care (Fiske, 1985, p. 47; Worcester, 1927, p. 134). Hands on experience coupled with bedside and classroom instruction in surgical, obstetrical and medical nursing and "general subjects" (Fiske, 1985, p. 49) rounded out the curriculum (Fiske, 1985, p. 49). Self-knowledge for students was valued by the Waltham Training School for Nurses, and was evident in such statements as "It is not enough to give her blind rules to follow; she must know the principles underlying necessary procedures ...so to be able to apply common sense treatment" (Fiske, 1985, p. 46). This approach was

considered progressive for this time. Waltham students were expected to think critically after being well coached in the process, to make intelligent decisions, and to write comprehensive reports about their patients (Fiske, 1985, p. 47).

By the time Georgea Powell began her nursing education at the Waltham Training School for Nurses a small hospital space had been organized in the city of Waltham. The organization of this hospital resulted from two factors, private patients of local physicians preferring to be cared for in an institution (Fiske, 1985, p. 36) and the need for a setting to care for seriously ill patients. In the hospital families were encouraged to stay overnight with severely ill patients, and "trays were served them and everything possible done to relieve their sorrow and anxiety" (Fiske, 1985, p. 57). Previously, "serious cases" (Fiske, 1985, p. 36) requiring care or isolation due to infection were taken by train or horse carriage to Boston.

Under a contracted fee for service arrangement with the Waltham Training School for Nurses, students from the school staffed the hospital. During her second year Georgea Powell had the opportunity to gain experience in hospital nursing. Nurse managers from the school supervised students in their staff roles of head nurse, assisting in surgeries, and nursing public or private patients (Fiske, 1985, p. 42). Only senior students were assigned to the hospital. This training approach was designed to maintain the integrity of the Waltham Training School's curriculum focussed on home or visiting nursing.

Dr. Worcester observed that "pupil nurses...are far more teachable in home nursing" (Worcester, 1919) before their hospital experiences, for afterwards "they are too apt to think they know it all" (Worcester, 1919) and might try to make the home into a

hospital (Worcester, 1927, p. 137). Waltham Training School considered that education in the home was the ideal location for developing the pupil nurse's character as "it is in the home, surrounded by anxious members of the family, that the pupil nurse learns to value life and appreciate the curative power of love" (Fiske, 1985, p. 112). Home nursing "broadens her sympathies and forces her to use all that she has been taught. She thus becomes more tactful, more resourceful, more useful" (Worcester, 1919).

As a student nurse Georgea Powell's allowance during her first year was \$100 and during her second \$150. She received room, board, laundry services, and her nursing instruction in exchange for home and hospital services as a pupil nurse. Patients who could afford to pay for her services were expected to do so in an amount within their means. Her nursing services included visiting, hospital, and resident or private duty nursing, night watching, and obstetrical calls. (Fiske, 1985, p. 112). Monies collected supported the general expenses of the nursing school and charitable causes such as the meals that Georgea Powell sometimes carried from the nursing school kitchen to indigent patients (Fiske, 1985, p. 32; Worcester, 1927, p. 134). Maintaining enough funds to operate the nursing school was a constant priority. Donations and collections from special appeals were necessary when it was necessary to furnish a new classroom or sleeping quarters for the students (Fiske, 1985, p. 59).

"Recommended...for Klondyke service...Nurse Powell..."

Georgea Powell's self-knowledge and experiences related to district nursing made her an ideal candidate for the Victorian Order of Nurses for Canada. Nursing services provided by Waltham Training School pupils paralleled the principles of the British model

of district nursing. This model had been tested since the late 1880s at Queen Victoria's Jubilee Institute for Nurses. In 1897 this model became the accepted nursing model for the Victorian Order of Nurses for Canada (Gibbon, 1947, p i).

Queen Victoria's Jubilee nurses provided home nursing service to families in an impoverished district of London at little or no cost depending on their ability to pay. Funding for the project came from the Queen's Jubilee Fund which was donated by the women of Great Britain to Queen Victoria in commemoration of her fiftieth anniversary as Queen (Penney, 1996, p. 14).

At the first annual meeting of the National Council of Women of Canada in 1894 Mrs. Tilley, from Ontario, articulated the social, healthful, and educational benefits of "nursing the poor in their own homes" (Tilley, as cited by Griffiths, 1993, p. 37). She envisioned "a corps of trained nurses" (Tilley, as cited by Griffiths, 1993, p. 37) visiting the poor in Canada and practising nursing, social, and educational care. This care ranged from hands on nursing to health teaching, from bathing the sick and midwifery assistance to teaching the children and families how to help in the home with meal preparation, cleaning, and other household duties (Griffiths, 1993, p. 37). The general idea of nursing the poor in their homes, and providing direction and assistance in healthful living to families in the community was not new for nursing in other parts of the world; yet, for the benevolent women from western Canada who heard Mrs. Tilley speak the idea was fresh, imaginative and an answer to their concerns.

Washed with waves of foreign immigration and Canadian migration, the Canadian west in the late 1890s was a vast expanse of isolated new settlements. "Settlers...were

hurled at the country by train loads" (Board of Home Missions, United Church of Canada, as cited in Gibbon, 1947, p. 2). Single families dotted the prairies, grouped together in small communities, or joined together in building towns and small cities from Manitoba to British Columbia. Health care support for women who were birthing and raising children was a priority for the western Canadian women's groups in the National Council of Women. The mandate became the promotion of visiting nursing services for outlying districts that did not have health care services.

In 1897 the Vancouver Council of Women seized the opportunity and lobbied for the instigation of a Canadian district nursing service. Soliciting the support of Lady Aberdeen, wife of the Governor General and founder and president of the National Council of Women of Canada, they lobbied for a district nursing service as a memorial for Queen Victoria's Golden Jubilee in 1897 (Penney, 1996, p. 14). At the next annual meeting of the National Council of Women, held in Halifax in 1897, the women of Nova Scotia requested "the organization of a Visiting District Nursing Service" (Gibbon, 1947, p. 4) at the immigration port of Halifax. Vancouver women joined in their cause to establish this nursing service coast to coast by citing their concern for the "dire need that exists in the outlying parts of the Dominion for medical aid" (Vancouver Council of Women, as cited in Griffiths, 1993, p. 69). A resolution was passed establishing the *Victorian Order of Nurses for Canada* (Griffiths, 1993, p. 69).

The original mandate of the Victorian Order of Nurses was to provide skilled, thoroughly qualified nurses in sparsely settled and outlying country districts, to provide small lying-in rooms or wards in cottage hospitals or homes, and to tend the sick poor in

their own homes in cities. City patients with some income obtained the nurses' services for a small fee. These fees contributed to the support of the Victorian Order of Nurses (National Council of Women, as cited by Griffiths, 1993, p. 69). Like any new venture, social, political, and financial support was essential to ensure success. As the wife of the Governor General of Canada, Lady Aberdeen had political friends and allies who were able to secure monetary support in small stipends and to offer personal funding. Non-monetary support was also provided. This included free travel for the Victorian Order nurses across Canada on the newly completed railway (Gibbon, 1947, pp. 5, 23; Victorian Order of Nurses, 1898-1907, 16, 30 March 1898, 11 May 1898). Lady Aberdeen was experienced in the logistics of such a venture because of her active involvement in organizing a cottage hospital and district nursing in England before coming to Canada (Aberdeen, 1893-1898, p. xvii).

Between June 1897, the time that the initial aims of the Victorian Order of Nurses were formulated at the annual meeting of the National Council of Women, and February 1898, an alteration took place in the proposed name and purpose of this new organization. In the interim two significant meetings took place, one with medical advisors and a second with interested citizens. After these meetings a proposal for the development of an alternate scheme described as the "Victorian Order of Home Helpers" (Aberdeen, 1893-1898, p. 376; Aberdeen, 1900, p. 2) was put forward. With Prime Minister Wilfred Laurier's approval a fund was opened to support the organization financially. It was anticipated that at least a million dollars was needed to make the new scheme successful (Aberdeen, 1900, pp. 6-7; Gibbon, 1947, pp. 6-7).

Lady Aberdeen appeared to alter her position regarding the necessity of only graduate nurses being hired as district nurses, and accommodated the concept that the ideal person for home nursing was a sensible woman who would “go from house to house doing all sorts of mercy and kindness rather than the nurse just selected to go to a certain place to attend to a certain case” (Aberdeen, as cited in Gibbon, 1947, p. 6). She was distinguishing between a private duty graduate nurse caring for one patient at home and a visiting nurse helper going from home to home giving simple nursing care to families.

Preparation and training for the “Home Helpers” (Aberdeen, as cited in Gibbon, 1947, p. 6) included a year at a hospital to obtain “a practical knowledge of midwifery ...first aid...simple nursing...a general knowledge of home keeping, simple home sanitation...the ability of preparing suitable foods for invalids” (Aberdeen, as cited in Gibbon, 1947, p. 6). Qualified candidates were required to complete an examination to ensure competency. Trained nurses were also encouraged to apply and would be considered as candidates if they, too, could pass the examination. Local applicants “who are respected, and have the confidence of their neighbours” (Aberdeen, as cited in Gibbon, 1947, p. 7) would, it was initially believed, have the best advantage when it came to hiring.

In Canada hiring anyone other than a trained nurse to be a visiting nurse met with polite and firm public opposition, especially from Canadian nurse educators who believed that only trained nurses should be invited “to serve in the highest of all service, that of God’s poor” (Livingston, as cited in Gibbon, 1947, p. 7). Momentum gathered from various sources, including many women’s groups, shifting support away from “Home Helpers” (Aberdeen, as cited in Gibbon, 1947, p. 6) and firmly establishing trained nurses

as the best candidates for the Victorian Order of Nurses (Aberdeen, as cited in Gibbon, 1947, p. 8).

New objectives formulated for the Victorian Order of Nurses included:

- (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 of Nurses must have a diploma or certificate from a recognized Hospital School, and be trained in district nursing, in maternity work and infectious diseases, and have a knowledge of cooking, dietetics, and the principles of home sanitation. They must be subject to the doctor in charge of each case, and the fees to be paid must be settled by the Local Board (Aberdeen, 1900, pp. 3-4; Aberdeen, as cited in Gibbon, 1947, p. 8).

Money for the fund supporting the Victorian Order of Nurses accumulated very slowly. Sparsely attended public meetings sponsored by local Councils' of Women indicated a modest public interest in establishing visiting nursing in Canada. Political allies of the Aberdeens served on the provisional committee for fund raising and travelled through their respective constituencies on speaking tours to encourage support for the Victorian Order of Nurses program (Robertson, 1897). The Toronto Medical Society acknowledged the plan as worthy although impractical, especially in sparsely settled areas west of Ontario. The Ontario Medical Society acknowledged the good intentions of the

Victorian Order of Nurses supporters but adamantly opposed the scheme with grave warnings, predicting threats and consequences to public safety when nurses are allowed to practise in under-supervised conditions. Medical establishments in Calgary and Winnipeg also voiced disapproval, warning that poorly trained or poorly prepared nurses practicing without adequate medical support jeopardized the health of unsuspecting patients (Aberdeen, 1893-1898, p. 409, 429-430, 437,439, 443-444; Gibbon, 1947, pp. 11-13).

Undaunted, the women of Canada organized under the National Council of Women and persisted with Lady Aberdeen in establishing the Victorian Order of Nurses. Lady Aberdeen appealed to Canadian school children, asking them to respond with funds to Queen Victoria's request to "MAKE THIS A YEAR OF JUBILEE TO THE SICK AND SUFFERING OF MY DOMINIONS" (Queen Victoria, as cited by Aberdeen, as cited in Gibbon, 1947, p. 15). She added her own plea, "WILL YOU GIVE A HAND, CHILDREN OF CANADA?" (Aberdeen, as cited in Gibbon, 1947, p. 15). Funds raised from the children's appeal were small; however, publicity from the appeal brought much attention and grass roots public support for the Victorian Order of Nurses scheme. Local councils of the National Council of Women solicited funds to support the program in their districts. By the fall of 1897 the national total sum available in promised and collected money was \$30,000, considerably less than the original goal of \$1,000,000. Rumours that the Victorian Order of 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...created a great deal of

prejudice and suspicion of the scheme” (Aberdeen, 1900, pp. 7-8) and hampered fund raising efforts.

To spread the word about the proposed Victorian Order of Nurses program, Lord and Lady Aberdeen undertook a comprehensive trip throughout the Maritime provinces. At meetings in Nova Scotia, Prince Edward Island, and New Brunswick in larger centres such as Saint John and smaller towns such as Dorchester, Sackville, St. Andrews and Woodstock (Aberdeen, 1893-1898, pp. 422, 428, 426, 430-431), they explained the purpose and described the anticipated advantages of having a national district nursing service. Methodist minister Rev. Joseph Pascoe of Petitcodiac, New Brunswick penned the following ode to “The Victorian Nurses” (Pascoe, 1897) and to Lady Aberdeen in support of the work of the Victorian Order of Nurses.

Hail, lady great, a countess grand!
 Known for thy good throughout the land,
 Known for deeds of charity,
 For acts of true philanthropy;
 Known for thy virtue and thy fame,
 All worthy of thy honored name;
 Known to the poor, thy works are seen,
 Kind, noble, Lady Aberdeen;
 True patriot, no word and deed,
 Deserving praise in highest meed;
 Thou honor dost to rank and state,
 Art known to prince and potentate.
 And, loyal to our Queen command,
 Thou helpest, with thy heart and hand,
 To found in this Dominion wide,
 Apart from ostentatious pride,
 An order, which receives the name
 “Victorian Nurse”, of royal fame,
 To mark the “Diamond Jubilee”,
 This institution now we see,
 Benevolence walks by its side,

And virtues in its paths abide;
 It surely wears an angel's guise,
 Approved by people good and wise;
 Approved by Him who blest the poor
 With His all gracious Heavenly store;
 Who healed the sick, compassion had
 On the inflicted and the sad.
 To this let our support be given,
 Which bears the seal and stamp of Heaven,
 Which bears an impress pure, divine,
 A monument which shall enshrine
 Victoria's name, forever dear,
 A monarch whom we all revere
 We pray that God will ever bless
 This order with complete success;
 Will bless its laborers with love,
 And register their deeds above;
 Will bless them in their daily walk.
 In all their holy deeds and talk;
 Will bless them as they shall engage
 To help the sick, and pain assuage;
 Will bless them in their every round
 With purity and peace profound.
 True ministers of Christ are they
 Who, thus devoted every day,
 To works of mercy, deeds of grace,
 Find in their hearts for Christ's place;
 And, as they shall their work fulfill,
 Obedient to the Saviour's will.
 May they by Him be ever blest,
 Till gathered into Heavenly rest;
 And then receive their full reward,
 Eternal life, through Christ their Lord
 (Pascoe, 1897, 22 November).

After the Maritimes tour, a side trip to Boston to solicit the support of influential and interested Canadians living there presented Lady Aberdeen with an opportunity to meet Charlotte MacLeod, Lady Superintendent of the Waltham Training School for Nurses (Aberdeen, 1893-1898, p. 435). Charlotte MacLeod invited Lady Aberdeen to visit

the nursing school in nearby Waltham and to meet Dr. Worcester, of whom Lady Aberdeen “had heard so much...Fancy my surprise in finding that not only the Lady Superintendent, but more than half of the nurses in training were Canadians” (Aberdeen, 1893-1898, p. 435). Lady Aberdeen later noted, “Here indeed was a training ground for the Victorian Order” (Aberdeen, 1893-1898, p. 436).

Waltham Training School’s Lady Superintendent Charlotte MacLeod was also a native of New Brunswick, having come from Sussex. After graduating from the Waltham Training School she spent a training period in London and Scotland under the mentorship of Florence Nightingale. At Dr. Worcester’s request, Florence Nightingale agreed to coach Miss MacLeod and facilitate her “studying and observing...methods of training in several of the leading hospitals and district nursing schools” (MacLeod, as cited in Gibbon, 1947, p. 18) to prepare her for the position of Lady Superintendent of the Waltham nursing school (Gibbon, 1947, p. 16).

Dr. Worcester graciously received Lady Aberdeen in Waltham and extolled the gratitude that he felt to Canada “because of the splendid nurses who had come from there” (Worcester, as cited by Gibbon, 1947, p. 19). He asked politely what he or the Waltham Training School for Nurses could do in return. Lady Aberdeen’s answer was direct and immediate. “...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” (Aberdeen, as cited by Gibbon, 1947, p. 19).

Dr. Worcester did as Lady Aberdeen requested although warned “if I should...enter the fray, I need expect no mercy from the enemy” (Worcester, 1927, p.

110). He visited Canada as a guest of Lord and Lady Aberdeen, and the initial reaction of the Canadian medical establishment who heard about his experiences with district nurses was overtly hostile. In Toronto Dr. Worcester was asked, "Does the gentleman from Massachusetts, in spite of the warning that his visit was not wanted, consider it to be decent conduct to instruct us as to our professional opportunities and obligations?" (Worcester, 1947, pp. 112-113). Dr. Worcester's patient perseverance and consistent commitment to the concept of district nursing along with his reasoned, informed responses about the virtues of a Canadian visiting nursing service eventually turned the opposing tide of the Canadian physicians' reservations (Worcester, 1927, pp. 105-117). Relieved to finally have the physicians' support, Lady Aberdeen wrote in her journal, "...the walls of Jericho have fallen for Dr. Worcester..." (Aberdeen, 1893-1898, p. 440).

The Victorian Order of Nurses' gain was the Waltham Training School for Nurses loss as Charlotte MacLeod's temporary three month loan to the Victorian Order of Nurses as their first Chief Superintendent progressively lengthened into a permanent position (Victorian Order of Nurses, 1897-1906, 18 January 1898; Worcester, 1947, p. 106). For Lady Aberdeen success in establishing the Victorian Order of Nurses was certain with "an ideal Chief Superintendent to present...born and bred in New Brunswick, trained specially for our work, and ready to devote herself to starting the Order for her native country..." (Aberdeen, as cited in Gibbon, 1947, p. 19).

Charlotte MacLeod arrived in Ottawa in November 1897, and immediately set to work organizing the formal establishment of the Victorian Order of Nurses. She brought five Waltham graduates and three more graduate nurses from other nursing schools to the

Victorian Order of Nurses Training Homes that were eventually established in Ottawa, Montréal, Fredericton, Toronto, Halifax, Vancouver and Kingston (Aberdeen, 1893-1898, p. 453; Gibbon, 1947, p. 28). Twelve nurses were formally admitted to the Victorian Order of Nurses that fall and applications for their services came in from Nova Scotia to British Columbia. Conditions for sending a nurse to a district included a guarantee from the community for a salary of \$300 a year with board, maintenance, uniform, and a contract for two years of service. A nurse's travelling expenses to the district were paid by the Victorian Order of Nurses Central Board. If a nurse married she could no longer stay in the Victorian Order of Nurses service, and her bridegroom elect was expected to pay travelling expenses for a replacement nurse (Aberdeen, as cited in Gibbon, 1947, p. 28).

An application to Queen Victoria for a Royal Charter of Incorporation and permission for the Victorian Order of Nurses to wear the same badge and uniform as the Queen's Nurses in Great Britain and Ireland was well received and granted. The only difference in the inscription was around the edge of the badge: the Canadian nurses identified as Victorian Order of Nurses and the British and Irish nurses as Queen's Nurses (Gibbon, 1947, pp. 27-28).

Work of the Victorian Order of Nurses for Canada gained momentum and recognition during the winter of 1897 to 1898. Early in the new year an urgent request for nurses to give health care in the remote and uncharted Yukon Territory provided the unexpected and exceptional opportunity for Victorian Order nurses to demonstrate their district nursing expertise. Choosing the nurses to undertake "the high mission of carrying out the aims of the Victorian Order as far as possible, in the Klondike" (Victorian Order of

Nurses, 1898a, pp. 3-4) was "considered most expedient" (Victorian Order of Nurses, 1897-1906, 2 February 1898), and the task was left to Charlotte MacLeod.

The nurses chosen for the Yukon experience were committed, experienced, and exceptional, meeting and exceeding Charlotte MacLeod's critical approval. She "took infinite trouble in the selection of the nurses who were to be the first members of the Order, not only in regards to their personal qualifications, but as to their character, their personality and in short, their vocation for District Nursing" (Aberdeen, as cited in Gibbon, 1947, p. 29). In selecting the Klondike nurses Charlotte MacLeod remembered her students Georgea Powell and Margaret Payson from the Waltham Training School for Nurses and sent them a personal invitation for appointment to the Klondike expedition (Victorian Order of Nurses, 1897-1906, 9 March 1898). Georgea Powell was appointed District Lady Superintendent (Victorian Order of Nurses, 1898a, p. 3). The Victorian Order of Nurses executive heartily agreed with Charlotte MacLeod's decision and "...recommended...for Klondyke service...Nurse Powell..." (Victorian Order of Nurses, 1897-1906, 9 March 1898). Later, Amy Scott and Rachel Hanna were invited to be part of the Victorian Order of Nurses Yukon team (Victorian Order of Nurses, 1897-1906, 23 March 1898).

A whirlwind of preparation began immediately for Georgea Powell and the other nurses. Tents, cots, sleeping bags, blankets, clothing and supplies were purchased and packed. Goodbyes for families and friends, attending official send off parties and dinners, private consultations with Lady Aberdeen, and reading final instructions were completed (Gibbon, 1947, pp. 30-31). At last everything was ready and it was time to go. A large

crowd of well wishers including Lord and Lady Aberdeen and other political dignitaries gathered at the train station in Ottawa to say farewell. Holding bouquets of red roses from Lord Aberdeen and a lucky shamrock charm in a little case from Lady Aberdeen, the Victorian Order Yukon nurses boarded the train and began their long journey to Vancouver. The Yukon Field Force was to meet them in Vancouver and escort them along the rest of the journey to the Yukon (Downie, 1996, p. 238).

The Victorian Order nurses' contract for the Yukon expedition was for three years. If they gave up their assignment as district nurses for any reason other than illness or accident, they were obliged to bring in a replacement nurse at their own expense. The Yukon nurses each received a salary of \$500 a year, while Georgea Powell's salary as the District Lady Superintendent was \$600 a year (Victorian Order of Nurses, 1898a, p. 8). In addition to their salary an emergency fund of \$600 was at their disposal (Hanna, as cited in Mills, 1974). Little, if any direction was given to the nurses. The Executive Council of the Victorian Order of Nurses observed that "The circumstances of that district are so exceptional that we feel it impossible to give anything but general instructions" (Victorian Order of Nurses, 1898a, p. 3). Entrusted with the direction and facilitation of Victorian Order nursing services in the Yukon and to bringing "nursing aid within the reach of as many sufferers as possible" (Victorian Order of Nurses, 1898a, pp. 3-4), Georgea Powell and the other nurses were on their way on the Klondike trail.

"From mountain to swamp and bog..."

Leaving Telegraph Creek the trail climbed up and over a high mountain. The sun was hot and a breathless Georgea Powell arrived at the mountain summit late in the

afternoon. A heavy twelve mile march on foot ended on a narrow winding path cut into the face of the mountain. The sun was bright when the party stopped. At a latitude this far north the sunlight persisted until late in the evening. After a few hours of twilight and night darkness, the next day started with a stampede of pack mules through the sleeping camp and ended with everyone exhausted, including the mules (Powell, 1898b; Tinck, 1898, 15 June).

The trail condition was poor at best, and became much worse once the mule train had passed by. In an attempt to take advantage of the best that the trail had to offer, Georgea Powell, Amy Scott, Mrs. Starnes, and their small escort group took to the trail two hours ahead of their pack train. "The trail is bad - bad for people and very bad for packed animals, all reports to the contrary notwithstanding" (Powell, 1898b), Georgea Powell confided to a friend. Travellers struggled along, fighting off hordes of mosquitoes swarming over them by day and biting through their heavy clothing and gloves. To protect their faces the ladies wore veils that were often torn away by the branches sweeping their heads as they passed. At night the mosquitoes filled the tents, making sleep impossible (Hanna, as cited in Mills, 1974; Lester, 1898-1899, 16 July 1898; Powell, 1898b; Tinck, 1898, 17 June).

The sunny weather did not last. Five days out on the trail Georgea Powell and her companions walked seventeen miles in the rain. Their long wet heavy skirts dragged the ground as they struggled along (Downie, 1996, p. 247). Cold, drenched, and covered in mud they made camp late that night (Powell, 1898b). Much to the relief of the soldiers in the party, time had to be taken after a rain to dry clothing and blankets. Drying out time

provided opportunities for the soldiers to fish or hunt, and to relieve the monotony of a diet of canned beef, hardtack, and tea (Lester, 1898-1899, 15 July 1898; Tinck, 1898, 17 June).

The terrain of the trail went "...from mountain to swamp and bog..." (Powell, 1898b). Following the rain, the wetness of the route intensified through the wetlands. Georgea Powell lamented the perils of "bogs into whose cold, 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" (Powell, 1898b). Consistently the heavily laden pack mules got stuck in bogs and swamps and had to be unloaded and pulled out. It was common to have two or three animals down at once and no matter what the weather everything was covered with mud, including Georgea Powell's personal baggage (Powell, 1898b; Tinck, 1898, 21 June). The soldiers built corduroys or log platforms over the worst wet areas to give some footing to the people and animals as they passed. With the increasing traffic, however, the trail bed became almost impassable, causing long delays in the progress for companies in the rear (Lester, 1898-1899, 27 July 1898).

Georgea Powell and her party pressed on. Often it was just Georgea Powell, Amy Scott, Mrs. Starnes and their horse: "through forests of wind-fallen upturned trees...over sharp and jagged rocks...trampling, leaping, springing and climbing, a strain that only the strongest and most sinewy woman could bear" (Powell, 1898b). Day after day was spent pushing ahead of the soldier escorts and the pack train, following the trail of the advance party ahead. Hungry and weary they arrived at the camp spot marked for them by the advance party. Here they waited for the others to catch up. Moving too far ahead had its

perils. More than once the pack train had difficulty making progress through the swamps and could not keep up to the energetic group of women ahead.

Left alone one night with no prospects of supper or shelter they cut fir tree boughs and huddled on them for warmth. Georgea Powell told the story of the Poor Babes in the Woods.

Oh, don't you remember a long time ago
 Two babes in the woods, whose names I don't know?
 They wandered away from their homes one day
 And were lost in the woods, I've heard people say.
 And when it was night, so sad was their plight,
 The moon went down and gave them no light.
 They sobbed and they sighed and they blithely cried:
 And the two little babes, they laid down and died.
 And when they were dead the Robin so red,
 Brought strawberry leaves and over them spread:
 And sang them a song, the whole night long.
 Poor babes in the woods, poor babes in the woods (Anonymous, ____).

As she reasoned later, she had repeated the lines "by way of comfort and diversion"(Powell, 1898b). Despite the wilderness around them, the trail to Teslin Lake and the gold fields beyond was never empty. On this occasion, their talking and moving about broke the silence of the forest, carrying sounds to a group of camped miners who came over to see who was there. Supper was a feast of bannock, bacon, evaporated apples, and tea for the hungry and thankful trio (Powell, 1898b).

The opportunity for supervised and protected passage to the Yukon for the Victorian Order came about serendipitously. The Yukon Field Force, Georgea Powell and her companions were brought together because of unusual circumstances: the health care needs of people in a new territory and the anticipated need to provide back up for the

NWMP in maintaining law and order in the area. While reasoning for sending each group to the Yukon evolved independently, a mutual advantage was recognized and a partnership formed. The nurses provided nursing care to the soldiers along the way in exchange for the protection and support of the military while travelling (Aberdeen, 1893-1898, p.453).

Providing protection and support to Georgea Powell and her two female companions was difficult at times. Their continual hurrying ahead of their escorts kept the soldiers scrambling after them and sending out messengers to direct them back when the delayed mule train stopped for the night. As Superintendent of the Yukon Victorian Order of Nurses, Georgea Powell was in a hurry to be one of the first to reach Fort Selkirk (Powell, 1898b). Much work needed to be done in organizing and preparing for their role as Victorian Order district nurses. Still at least 400 miles from her destination, Georgea Powell was concerned about the tremendous need for health care for people in this new territory. Going back over an already travelled path was not Georgea Powell's idea of progress and she lamented "Oh dear, the thought of going twice over that piece of trail was surely disheartening" (Powell, 1898b).

On one occasion, after a soldier had come forward to call them back to the night camp, Georgea Powell and her companions lost all sight of the return trail in the swamp and became lost. After building a fire, the soldier's plan was for the ladies to wait until he went out and found the trail. Georgea Powell convinced the soldier to let her go with him. She explained "but, you see, I am one who can not remain still when I think something could be done" (Powell, 1898b). Together they retraced remembered fallen trees

landmarks in the moss, and found the right path. Georgea Powell later recounted this experience of being lost in the woods for three hours as an adventure where “none of us was so badly frightened that we did not get some amusement and fun from our misery and discomfort” (Powell, 1898b). The soldier with them felt misery as he faced questioning from his superior about leaving the frightened Mrs. Starnes, wife of the officer in charge of the Yukon NWMP, alone while he and Georgea Powell searched for the trail (Powell, 1898b).

“The soldiers came...”

Soldiers recruited for the Yukon Field Force came from across Canada. One group came from Georgea Powell’s home province of New Brunswick, and starting out from Ottawa by train on the 6th of May 1898, the Yukon Field Force picked up members as it travelled west to Vancouver (Greenhous, 1987a, pp. 26-27). The soldiers carted their weapons and ammunition with them, including two machine guns which were dragged over the Teslin Trail. Since their assignment to the Yukon was for a two year period, the necessary amount of provisions and supplies were prepared. Other artillery and enough provisions for one year were shipped to Fort Selkirk via the Yukon River. The remaining year’s worth of provisions were carried by pack mules. The contracts for rations included 42 tons of tinned meats, 21 tons of hard-tack biscuits, and 69 tons of flour. Other items such as 250 pounds of soap were also on the shopping list (Disher, 1962; Greenhous, 1987b). Approximately 80 tons of items considered essential to the survival of the troops and the Victorian Order nurses were prepared in Vancouver for the trip overland (Greenhous, 1987a, p. 33).

Georgea Powell and the other Victorian Order nurses bound for the Yukon travelled west from Ottawa by train as well. Stops were made along the way to attend meetings held to gather support for the newly organized Canadian Victorian Order of Nurses and to promote the contribution to health care that Georgea Powell, Amy Scott, Margaret Payson and Rachel Hanna were to provide for people in the Yukon (Powell, 1898a).

After a two week stop in Vancouver and a trip to Victoria to promote the Victorian Order of Nurses, "...the soldiers came..." (Powell, 1898a), and it was time to leave. Georgea Powell, the other nurses, the soldiers, their food, supplies, equipment, and some animals boarded the steamer *SS Islander* for the trip north to Wrangell at the mouth of the Stikine River. The *SS Islander* was a converted cattle boat (Kruger, as cited in Greenhous, 1987b) crowded with other passengers, but the soldiers and Victorian Order nurses attempted to board. Berths that had been reserved for the military and the nurses had been given to men and women stampeding to the goldfields. A delay followed while this was sorted out, and the displaced passengers were content to sleep on the deck and the bridge. When they were ready to sail a large crowd sang and cheered as they pushed off. Impatient to be under way and on with the task of nursing in the Yukon, Georgea Powell felt relieved as the ship pulled away (Powell, 1898a).

At Wrangell, a small Alaskan town at the mouth of the Stikine River, the soldiers and their party disembarked and reorganized to board the two small stern wheelers waiting to take them up the Stikine to Telegraph Creek (Greenhous, 1987a, p. 33; Powell, 1898a). Straining to see through the rain and mist, Georgea Powell's first glimpse of Wrangell

came into focus as the *SS Islander* pulled up to the dock. Wrangell had the reputation of being home to lawlessness and disorder, and the military officers warned the soldiers to be on their best behaviour (Disher, 1962, p. 8).

Originally the site of a Tlingit First Nations People's village and an old abandoned Russian trading fort, Wrangell had sprung to life again during the previous year and had become a gold rush boom town. Every store, saloon, and gaming den was wide open for business from dawn until late at night. The unloading and reloading of all that had to be transferred from the large steamer to the stern wheelers took more than a day, so Georgea Powell and the other nurses accepted an invitation for a guided tour of the town. The streets were impassable muddy ditches, and walking was difficult along the springy, narrow, plank sidewalks that were laid on tree stumps for support. The sidewalks lacked a handrail, so Georgea Powell picked her way along in the rain, being careful not to tumble off into the mud. Shack homes perched on stilts scattered at will along the water's edge, clinging like the everlasting fog up the mountainside. Tents squatted shoulder to shoulder on every available spot, and the constant drizzly downpour kept everything damp (Powell, 1898b; du Lobel, as cited in Greenhous, 1987a, p. 34; Fenton, 1898, 4 June).

"A strain that only the strongest and most sinewy women can bear..."

Overland on the Teslin Trail the rain continued more or less, mostly more, as Georgea Powell and her travelling companions pushed forward. On clear days the sun blazed down; scorching hot on the travellers who had to stay bundled up in their heavy clothing to escape the ever present mosquitoes being roused from muskeg and swamps (Evans, 1898a; Lester, 1898-1899, 17-20 July 1898). In the highlands alternating and

opposing challenges emerged. They were either wading through fast flowing icy mountain streams blocking their path or tramping through hot ashes from the burning forest smouldering underfoot. Lightening strikes and the careless tending of campfires ignited frequent forest fires which slashed and burned their way across the landscape. At their feet black dust rose up in choking clouds from the narrow trail through the burnt areas.

Keeping clean and tidy was impossible (Evans, 1898a; Powell, 1898b).

The terrain was mountainous with high wild tablelands and blue mountain lakes. The lakes were fed by rivers that cut between wooded ravines and steep rock faced gorges. Through undiscovered country, the trail wound up and down the mountain sides, around and over boggy hills covered in muskeg, into spongy swamps in the ravines below and back up the other side. Monkshood, lupins, and dog violets grew in profusion in the woods, spotting the ground with their bright colours. Squirrels played in the bushes. Huge expanses of dead white trees, once blackened by fire and now bleached by the weather, stood in patches like forest skeletons on the hills. Around, them tracts of forest were still on fire. Smoke hung in the air and the crash of falling smoking trees echoed to them. Some nights the ground smouldered where they pitched their tents, and details of soldiers kept constant watch with buckets of water (Fenton, 1898, 8 October; Lester, 1898-1899, 24 July, 16 August 1898).

The length of the Teslin Trail from Telegraph Creek to Lake Teslin was agreed to be more or less 150 wandering miles that increased in proportion to the amount of back tracking that was done or the number of detours taken (Fetherstonhaugh, 1981). The "so-called guide books" (Lester, 1898-1899, 16 August 1898) of the day set the distance at

130 miles, but all who travelled this route agreed that it was much further (Lester, 1898-1899, 16 August 1898). Some seasoned travellers of the Teslin Trail gave warnings about the conditions ahead such as "You will be devoured by the mosquitoes. The trail is the limit" (Hanna, as cited in Mills, 1974) and the trail "has not one redeeming feature" (Lester, 1898-1899, 16 August 1898). Others greeted prospective travellers with "Oh, the trail is not half bad" (Hanna, as cited in Mills, 1974) and urged the newcomers forward.

There was a comraderie amongst all who passed through, either coming or going and strangers met, exchanged news or camped together for days just talking (Hanna, as cited in Mills, 1974). Reverend Pringle made regular trips to and from Telegraph Creek hand delivering the mail to soldiers (Hanna, as cited in Mills, 1974; Lester, 1898-1899, 1 July 1898). Sounds of men, occasional women, mules, oxen, dogs and horses rose in snatches from the landscape as each struggled along. The pieces of sound were hard to catch as they echoed from gorge to mountain.

Miners en route to the interior creeks carried their belongings in large packs on their backs or attempted to push their worldly goods in primitive wooden wheelbarrows along the path (Greenhous, 1987a, p. 111; Powell, 1898b). Traffic moved in both directions, miners on their way to Teslin Lake or miners on their way back home, having turned around in despair. After losing their possessions in the muddy swamps or fjording raging rivers many abandoned their hopes of ever reaching the gold fields (Powell, 1898b). Hired packers worked their way up and down the trail with their mule trains carrying goods and supplies for those who could afford to pay for their services (Fenton, 1898, 30 July; Lester, 1898-1899, 21 July 1898). First Nations people in encampments shared their

resting places with the strangers and curiously watched to see what was happening (Hanna, as cited in Mills, 1974).

Answering a 24 hour call for nursing care, Georgea Powell and the other three nurses responded to the soldiers' healthcare needs as the convoy moved along the Teslin Trail. Along the path they cared for the ill miners they met as well as other miners who were seriously ill and brought in by their friends from the creeks (Powell, 1898b). Stories about the nurses' care of the sick travelled throughout the territory reaching First Nations people who also came forward for consultation and medicine. They insisted on paying the nurses for their care, and payment came in the form of a trade such as a piece of buckskin to mend a pair of riding gloves (Hanna, as cited in Mills, 1974).

Headache, fever, chills, and abdominal pain of a malaise called mountain fever plagued the miners and some of the soldiers. Its symptoms could be relieved with rest and hot drinks of lime juice and sugar, but there was more to be done. The nurses identified that bad water and badly cooked food were the root of the problem, and they took action to do what they could to rectify this (Hanna, as cited in Mills, 1974).

Although there was an abundance of water from the creeks, rivers, and swamps the water was not always clean enough to drink (Lester, 1898-1899, 4 July 1898). The best water available was sometimes full of wiggling water bugs and polliwogs (Lester, 1898-1899, 26 July 1898). Though the soldiers had antiseptic tablets to put in their drinking water to help limit the incidence of mountain fever, the miners did not have this advantage. Georgea Powell and her nurses gave the sick miners supplies of antiseptic

tablets for their water as well as extra tablets for their companions back in the creeks (Hanna, as cited in Mills, 1974).

Contaminated or spoiled food was also recognized as causing the mountain fever. Miners brought with them supplies of food they could carry, and despite its condition they ate all that they had. Up and down the trail Georgea Powell and her nurses found sick miners suffering from abdominal pain and other symptoms attributed to the spoiled food (Hanna, as cited in Mills, 1974). Rations for the trip to the Yukon for both the nurses and soldiers had been calculated at four pounds per person per day and all of this was packed on the mules that accompanied the detachment. What Georgea Powell and her nurses had to share with the sick miners consisted of dry biscuits or hard tack, tea, canned beef, mutton, salt cod, bacon, potatoes or fresh beans, rice, dried fruit, butter, sugar and lime juice (Greenhous, 1987a, p. 50). As time progressed, some of these items were in short supply. Although there was not an abundance of food to share, the nurses filled the sick miners' haversacks with fresh food, lime juice, and sugar. Their goal was to intervene and facilitate the miners' recoveries with wholesome nourishment (Hanna, as cited in Mills, 1974).

Both soldiers and nurses foraged for wild onions (Lester, 1898-1899, 30 July, 1 September 1898), currants, gooseberries, and raspberries (Lester, 1898-1899, 24 July 1898; Tinck, 1898-1899, 23 July 1898). They bought fresh meat from passing travellers (Lester, 1898-1899, 30 July 1898), raided wild bees' nests (Tinck, 1898-1899, 27 June 1898) and caught fish (Lester, 1898-1899 13 July, 16 July 1898) to relieve the monotony of the military diet provided for them. What was found was shared, and they feasted on

the delicacies whenever they could find them. The soldiers' work was strenuous and having enough to eat was a priority.

The soldiers complained that they needed more than two small buns and two spoonfuls of dried apples for supper if they were to continue at the pace set for them (Lester, 1898-1899, 3 June 1898). This brought results and they soon received more and better food (Lester, 1898-1899, 4 June, 29 July 1898). Food was a precious commodity and the soldiers were ever on guard protecting their food stores from pilfering by the hired packers (Evans, 1898a). Even though one of the Victorian Order nurses, Rachel Hanna, lost thirty pounds on the trail (Mills, 1974) Georgea Powell was grateful that her nurses did not suffer so much as a cold during the journey (Powell, 1898b).

Injuries and broken bones were common for both soldiers and miners due to the heavy demands working on the trail or working their claims. Georgea Powell and the nurses did what they could to take care of the injuries with the supplies they had carried with them (Fenton, 1898, 30 July). The nurses often worked alone as the military surgeon and his assistant were not always available. Because the doctor carried the keys to the medicine basket with him as he travelled up and down the trail, the nurses had to improvise and sick men had to wait for their medicine until the doctor returned. The nurses received nothing but praise from the soldiers for their work and were sometimes embarrassed by the credit given to them for being healers (Hanna, as cited in Mills, 1974). Disgruntled with the doctor's frequent absence, Corporal Lester (1898-1899, 20 June 1898) grumbled to himself about things just not being as they should be with the medical arrangements and how abominable he thought the situation was for the men.

Persistent rain, sleeping on wet ground in tents, being waist deep in icy mud, and fording cold mountain streams brought on severe and crippling rheumatism for two of the soldiers. Word was passed down the line that the nurses were needed immediately to care for a soldier. Rachel Hanna and Margaret Payson quickly packed and were on their way with their escort. They took charge of the situation when they arrived. Despite protests by the military captain who wanted the soldier to remain in military quarters, the nurses ordered the sick man to be moved to their hospital tent. Rachel Hanna warned that there would be "a lot more aches and pains" (Hanna, as cited in Mills, 1974) as there had been a lot of rain and the soldiers were sleeping on poorly drained ground.

A high dry place was cleared for the hospital tent and the sick soldier was moved from his wet place. Under Rachel Hanna's direction another soldier fashioned a bed for the patient from a piece of canvas stretched between two poles that were supported on logs at the head and foot. On the trail Rachel Hanna had seen "this ingenious idea" (Hanna, as cited in Mills, 1974) for a bed back. After his first warm bath the sick man started to recover and went back to his duties when able (Fenton, 1898, 30 July; Hanna, as cited in Mills, 1974; Lester, 1898-1899, 24 July 1898). Another soldier with rheumatism became helpless from his symptoms and was not fortunate enough to recover; his friends carried him on a stretcher back over the trail and he was transported home from Telegraph Creek (Lester, 1898-1899, 24 July 1898; Tinck, 1898-1899, 22 June 1898). Overall, the health of the troops during the march was reported to be very good considering the conditions under which they travelled (Lester, 1898-1899, 20 July 1898).

To make the hospital tent cheery the nurses hung cans filled with wild roses on the outside poles (Hanna, as cited in Mills, 1974). They had *carte-blanche* "to do what they liked with nothing" (Hanna, as cited in Mills, 1974) and they gave nursing care from all of the resources that they could muster using their pool of self-knowledge.

To facilitate the travelling that the nurses did in their work the military provided each group with a horse. The horse assigned to Georgea Powell and her companions plodded along the trail banging into trees and getting stuck in the mud. Not relying on the horse, Georgea Powell chose to walk to escape the horse's lurching, jolting ride. Amy Scott clung to the horse's back, enduring not only the pounding along the trail but the horse's whim to take a bath in a river or swamp with her aboard (Powell, 1898b). At first the horse's antics were a source of fright, then a source of humour; however, Georgea Powell's patience with the animal was gone long before they reached Teslin Lake. "Stupid, lazy, old pony" she related to a friend. "I have no patience with laziness in either man or beast, you may be sure..." (Powell, 1898b).

As a blacksmith's daughter Georgea Powell was familiar with horses. Rachel Hanna did not have this advantage; she needed practice and impromptu lessons to prepare her for riding a horse that was deemed no better than the horse assigned to Georgea Powell. It was a "big fat lazy thing...my shoulder lame...from urging him on" (Hanna, as cited in Mills, 1974). Not surprisingly, "Miss Payson and Miss Fenton were always glad when it was their turn to walk" (Hanna, as cited in Mills, 1974). Later, after a frightening ride on a more spirited animal, Rachel Hanna also preferred to walk (Hanna, as cited in Mills, 1974, p. 13) despite the rigours that walking entailed.

Urging their horses to continue was only a small facet of what the nurses offered to lift the spirits of everyone and everything in their midst. Comforting, urging, encouraging, and supporting others was a part of their daily routine. Georgea Powell's motto of "Victory or Death" (Powell, 1898b) was adopted at the beginning of her trip and was evident throughout. To encourage all others who came behind her she wrote these words as little messages on guideposts along the trail. Other verses etched into the trees vented the feelings of those who doubted the worth of the trip and wanted to

Damn the journey, Damn the track,
 Damn the distance there & back,
 Damn the sunshine, Damn the weather,
 Damn the Goldfields altogether (Anonymous, as cited in Lester, 1898-1899, 16 August 1898).

"We came into camp...and are not sorry to rest..."

Triumphantly, Georgea Powell and her party reached Teslin Lake on the 1st of July, 1898. Averaging about 11 miles a day it had taken them 14 days to walk the distance from Telegraph Creek (Powell, 1898b). The last 30 to 40 miles of the trail was continuous bog and muskeg that sucked them down in the mud above the permafrost. Log platforms or corduroys were built over some of the worst soft spots but these were often more of a hazard than a convenience as the logs sunk or shifted in the black ooze. Choosing a different path than the trail was the alternative but this only resulted in the discovery of more bog and obstacles (Fenton, 1898, 8 October).

Teslin was a welcome sight. Georgea Powell emerged from the forest to see a panorama before her. Surrounded by a burnt out area, a few log buildings, and numerous white tents, she sat on a hillside overlooking Teslin Lake. Low mountains rose up behind

the hills that sheltered the lake, and three or four small islands sat a little off-shore near the town site. The little town of 200 souls was a metropolis in the middle of nowhere (Fenton, 1898, 8 October; Powell, 1898b). "...We came into camp...and are not sorry to rest..." (Powell, 1898b) she later wrote to a friend: at last a place for her to rest.

First Nations men and women, wrapped in colourful blankets, carrying enormous packs, and accompanied by their children and faithful dogs, silently came and left as they passed through Teslin in groups on their way to other camping grounds. Some from nearby camps offered buckskin moccasins to the soldiers for \$2.50 a pair. An enterprising pretentious little store complete with a verandah was stocked with a small amount of basic supplies such as flour and bacon at \$1.00 a pound. Here, cash or gold dust was accepted as legal tender from those who could afford to buy the scarce and expensive goods (Fenton, 1898, 8 October; Lester, 1898-1899, 18, 19, 25, 26 August 1898; Smith, 1898, 28 May). Saloons charged \$5.00 a quart for whiskey (Fenton, 1898, 8 October). Packers carried a letter in or out at a price of 50¢ for the first letter and 25¢ for each letter per man after that (Tinck, 1898-1899, 10 July 1898). In a flurry of activity hopeful miners sawed and hammered green lumber into boats that would take them on the rest of their journey (Fenton, 1898, 15 October; Powell, 1898b). A lumber mill across the Teslin River with its one small circular saw noisily spewed out boards destined to become the little steamer *Anglian*, which was slowly taking shape on the sandy lakeshore. Everyone was in a hurry. Time was of the essence. The mill whistle marked time with sharp blasts at 0700, 1200 and 1800 hours. It was early July, but freeze-up could come in early September. If

the lake and rivers were to be used to get to the Klondike, it had to be now (Smith, 1898, 28, 29 May).

Along the trail Georgea Powell had heard of how plans to build a railway and wagon road to Teslin Lake had been suddenly abandoned that April due to a lack of support in the Canadian Senate (Greenhous, 1987a, pp. 20, 56-57). A row of roofless, half built log cabins stood in silent testimony to the departed Teslin crew that had been hired to work on the now abandoned road and rail line (Powell, 1898b).

Part of the original plan was to have stern wheelers connect with the railway at Teslin Lake so that travellers could proceed to Dawson (Downs, 1972, p. 42). Machinery to build the mill that would make lumber for the steamers as well as machinery and metal parts to build the steamer *Anglian* came from Telegraph Creek over a trail that followed the many rivers and lakes leading to Teslin Lake. Most of the heavy machinery was hauled there on sleighs during the fall of 1897 and winter of 1898. When spring came the remaining needed supplies were loaded onto boats for the treacherous river trip to the lake (MacBride, 1944; Smith, 1898, 11 May).

Miners with enough money to buy boards from the mill for their boats were the first to push off into Lake Teslin for the innermost parts of the Yukon territory. Lumber prices at the mill were very high so most of the anxious travellers cut trees and ripped logs into boards by hand to fashion their little boats. The lake and river route ahead was full of rapids and sand bars. Many of the boats were not sea worthy and tales of lost lives and supplies were common, especially at Five Fingers Rapids on the Klondike River (Hanna, as cited in Mills, 1974; Porsild, 1998, p. 144). Facing the perils of setting off into

the unknown did not dampen the miners' spirits as they were filled with the excitement and promise of finding gold.

Georgea Powell was anxious to reach Fort Selkirk to organize the new hospital and to put in place the Victorian Order of Nurses' plan for health care in the Yukon. The advance party of the Yukon Field Force also needed to be on their way as soon as possible, to build barracks and facilities at Fort Selkirk for the soldiers coming behind them and to build a residence for the nurses. Transportation to Fort Selkirk was available by contracting the nearly completed steamer *Anglian* to transport the military advance party, some of the troops, and supplies and by then building scows to transport the rest (Evans, 1898a).

Unwritten laws of supply and demand formed the axis around which all business revolved in Teslin. Owners of the *Anglian* set the price of \$150.00 per passenger and \$200.00 per ton of freight for those who wished to use its services. Considering these prices for transportation to be out of the question, the officer in charge of the Yukon Field Force prepared the advance party to build all of their own boats and scows to take them to Fort Selkirk (Evans, 1898a).

Meanwhile, Georgea Powell waited patiently in the military encampment on a hill overlooking the lake. Weary from the discomforts of tent living and looking forward to the day when she could keep herself clean and tidy, she busied herself planning the work ahead and writing letters to friends (Powell, 1898b). Margaret Payson and Rachel Hanna arrived safely at Lake Teslin ten days after Georgea Powell and Amy Scott, but there were new concerns. Because the nurses were kept separate to care for the soldiers, there was a

chance that they would not all reach Fort Selkirk before the fall freeze up (Hanna, as cited in Mills, 1974; Powell, 1898b). Georgea Powell and Amy Scott continued with the advance party while Margaret Payson and Rachel Hanna followed with the rest of the soldiers. Georgea Powell's was concerned for the two nurses left behind. She mulled over the uncertainty of the next few weeks for them. She was

...hoping we may get passage to Selkirk for if we wait here to build boats it will take us late in the autumn, and there will be barracks to build after that... it may be long before the remainder of the force get here...if the steamer is unable to stem the current up again to get them down, and such fears are entertained, the others will have a long, cold wait here. The outlook is not very cheerful (Powell, 1898b).

The officers and men in the Yukon Field Force advance party proceeded to build a dock and the boats and scows to take them to Fort Selkirk. Firm negotiations with the owners of the steamer *Anglian* continued until at last a price of \$25.00 per passenger and \$25.00 per ton for freight was agreed upon. Included in the contract was a clause whereby the *Anglian* was to return for the remainder of the Yukon Field Force and the Victorian Order nurses before the 25th of August, 1898. If the *Anglian* was not able to do so, the company who owned the steamer would provide scows and boats for their trip to Fort Selkirk (Evans, 1898a). In the event that the steamship company did not keep the agreement, the soldiers were still prepared with boats and scows that they had built themselves.

“Still 400 miles from Fort Selkirk...”

With the assurance that Margaret Payson and Rachel Hanna would not be left behind to winter at Teslin, Georgea Powell boarded the steamer *Anglian* in the early afternoon of July 21, 1898. The steamer left the dock on her maiden voyage taking

Georgea Powell on the next part of her Yukon journey (Powell, 1898b; Tinck, 1898-1899, 21 July 1898). Captain C.A. MacDonald and C. A. Garner were up top in the pilot house taking charge of the voyage, and were assisted by Mate Andy Howat and second Mate J. E. Doddridge. Down below Chief Engineer Frank Hinley alertly responded to the commands from above. While he kept an eye on everything in the engine room, assistant engineer J. R. Gaudin made sure the stokers kept the fire high and the boilers steaming. The noise below was deafening and the heat from the boiler fire drove anyone quartered on the lower deck out into the fresh air (Fenton, 1898, 15 June; MacBride, 1944).

The water level was high in the lake and the little steamer with her passengers and cargo churned its way out into Lake Teslin. They were "...still 400 miles from Fort Selkirk..." (Powell, 1898b). The first destination was the end of the lake, 100 miles to the north, where a network of rivers linked and merged the passage that led to Fort Selkirk.

The fire box under the steamer's boiler quickly consumed a mountain of logs piled on the deck beside it. Frequent stops made along the way to take on more fire wood provided the passengers an opportunity to explore the landings, gather a few wildflowers, and pick tart black currants for a snack (Tinck, 1898-1899, 23 July 1898). The long hours of daylight from the summer Yukon sun allowed the steamer to travel late into the day. During the short hours of twilight the crew moored the steamer on shore for the little vessel's safety. When the sun finally set in the evenings, the sky was a landscape of colours. "the most beautiful it has ever been my luck to see" (Lester, 1898-1899, 30 August 1898) wrote Corporal Lester of the Yukon Field Force. The colours reflected in the mountain snow and the lake water gave the entire scene a rosy glow (Fenton, 1898, 22

October). Bushes on shore harboured hundreds of attacking mosquitoes, and it was a relief to be underway again after stopping for the night. Navigation was difficult through the small islands and sandbars filling Teslin Lake, so the steamer moved forward cautiously to avoid grounding (Smith, 1898, 6 June).

Leaving the quiet waters of Lake Teslin, the first link to the mighty Yukon, the steamer *Anglian* caught the current of a little river running out of the lake. Riverbanks along the way alternated between steep sandy cliffs and deep rock ravines where white headed bald eagles and sand martins filled the sky. Ducks and geese were plentiful, and it was tempting for the soldiers on board to take advantage of the opportunity and catch some for supper (Smith, 1898, 6 June; Hanna, as cited in Mills, 1974). The force of the rivers pulled sand and gravel from one spot and piled it up in another, wearing away the riverbanks. The water was not deep (Lester, 1898-1899, 4 September 1898) so the danger of running aground on the shoals remained constant (Hanna, as cited in Mills, 1974; Lester, 1898-1899, 4 September 1898). Jumping into chest deep cold river water to push a boat back into the current was a common occurrence for the men, and also a time for fun and diversion (Lester, 1898-1899, 6 September 1898).

For miles along the rivers the solitude was unbroken. Remains of camp sites and patches of fire or burnt out forest from neglected camp fires were the only reminders of other people in this wilderness. (Fenton, 1898, 22 October; Lester, 1898-1899, 4 September 1898; Smith, 1898, 6 June). Once the *Anglian* reached the junction of the river that was connected to the route the miners were taking to the Klondike from the Chilcoot Pass, traffic on the river became a flotilla. Miners and their companions in little rowboats,

barges, and scows caught the wind and current as best they could, hurrying their way to the goldfields (Lester, 1898-1899, 7 September 1898; Smith, 1898, 6 June). At the mouths of the many creeks emptying into the river, miners cached their outfits and supplies on platforms or in small houses high atop tall cut-off trees to keep their food safe from marauding wildlife while they scouted the creek for gold. Others sat on the riverbank with all of their food and worldly goods spread around them drying after having the misfortune of capsizing in the river (Smith, 1898, 6 June). At stops made along the way passengers gathered blackberries for lunch and wildflowers for the *Anglian's* tables (Tinck, 1898-1899, 23 July 1898).

The most dangerous and dreaded part of the trip was ahead at Five Finger Rapids. Compressed into narrow channels the current of the wide Yukon River became churning strips of water that squeezed between five massive irregular blocks of rust coloured rock. Hidden behind a sharp turn in the river the rocks suddenly loomed up ahead like giant stepping stones towering above the water and stretching from one shore to another (Adney, 1994, p. 156; Fenton, 1898, 22 October).

Waiting for the *Anglian's* return to Teslin to pick up Margaret Payson and herself, Rachel Hanna worried about Georgea Powell's and Amy Scott's safety. "There have been so many disasters at the Five Fingers, we had no way of knowing if Miss Powell's party had got through safely" she worried "...we were doubtful of any boat being able to make a return journey" (Hanna, as cited in Mills, 1974). Stories spread amongst the miners about the tragedies at Five Fingers Rapids and warned them to take care for the safety of their lives and belongings. Seagulls circled overhead waiting for spilled rice and other food that

floated on the water after a boat capsized. The travellers had options: shooting the main channel freely with everyone and everything on board, attaching ropes to shore and guiding a loaded boat through, or landing ashore and packing the supplies overland to a spot below the rapids. The secret to navigating Five Finger Rapids was to keep to the largest or main channel where the water was the deepest and the rocks below less treacherous (Adney, 1994, p. 156-7; Fenton, 1898. 22 October; White, 1898, 2 July).

Cautiously approaching the Five Finger Rapids in the early morning light the *Anglian* eased ahead in the pull of the Yukon current. Struggling to enter and to stay in the main channel between the high rock walls to the far right, she quickly shot through the passage. But before anyone could catch their breath a quick grinding shudder vibrated the boat. The *Anglian* had hit a hidden rock below the water line and began to take on water. Baffles saved the lower deck from flooding but repairs were needed before they could continue their journey. In the quieter waters below the Five Finger Rapids the *Anglian* made for shore. All of the freight was unloaded and then reloaded after the hole in the bottom was repaired. By late afternoon Georgea Powell and Amy Scott were on their way again to Fort Selkirk (Tinck, 1898-1899, 24 July 1898).

Six miles downstream trouble struck again. Another set of rapids filled the river, leaving only a narrow path for safe passage along the right shore. Again the *Anglian* missed the channel and smashed against a hidden rock, leaving another large hole crushed through her bottom. Once ashore the soldiers on board quickly helped to unload, repair, reload, and refloat the little steamer (Evans, 1898a, Tinck, 1898-1899, 24 July 1898).

Four days after leaving Teslin, Fort Selkirk was a welcome sight. This was Georgea Powell's destination: the place where she was to establish the Victorian Order of Nurses in the Yukon, bringing health care to the hundreds of settlers coming into the territory. For her companions in the advance party of the Yukon Field Force the task at hand was to choose a site and to build the barracks, mess hall, and other essential buildings for the troops who were coming behind. Also in the plans were the hospital and nurses' quarters (Evans, 1898a; Lester, 1898-1899, 12 September 1898).

As one of the main stopping places on the Yukon River the traders at the well established trading post at Fort Selkirk had traded with the local First Nations people for over 50 years. Designated as the new capital for the Yukon Territory by the Canadian government, Fort Selkirk was a beehive of activity and government surveyors were already laying out the new townsite. A Tutchone First Nations village nearby added to the activity. Sitting high on the riverbank a new hotel and a church added a semblance of civilization to the wilderness (Evans, 1898a; Greenhous, 1987a, p. 159; Lester, 1898-1899, 17 September 1898; Porsild, 1998, p. 44).

"Typhoid prevails..."

Georgea Powell and Amy Scott settled in at Fort Selkirk, relieved to have finally arrived at their destination. However, within hours of their landing came the urgent news of a raging epidemic of typhoid fever at Dawson, with the death count reaching ten men per day. "Can you come immediately?" (Hanna, as cited in Mills, 1974) the message said, "...Typhoid prevails..." (Evans, as cited in Gibbon & Mathewson, p. 260). A similar message for help arrived for the officer in charge of the Yukon Field Force. Thousands of

prospective miners and their camp followers were flooding into Dawson and the NWMP needed help in maintaining law and order. The stacks of gold bars and bags of gold dust piled high in makeshift vaults and warehouses needed guarding until they could be shipped south (Adney, 1994, p. 325; Greenhous, 1987a, p. 165). Changing her plans drastically Georgea Powell joined a group of officers and soldiers of the Yukon Field Force and set off up river by steamer to Dawson. Reluctantly, Georgea Powell left Amy Scott alone at Fort Selkirk to nurse the sick at the fort and in the surrounding countryside (Evans, as cited in Aberdeen, 1900, p. 41).

From Fort Selkirk the Yukon River continued to stretch and wind its way towards Dawson, becoming more placid as the scenery around changed from rugged mountains to rolling high hills. Islands filled the channel, at times making it difficult to see down stream. The river's edges alternated between steep sandy banks and grassy flats. After one last turn around a sweeping bend, the smoke from the stove pipes of Dawson came into view (Black, 1986, p. 38, Downie, 1996, p. 259). Ahead on the hillside a prominent landmark signalled that they had reached their destination. An old landslide in the shape and colour of a stretched moose skin scarred the high hill overlooking the Dawson townsite (Schwatka, as cited in Wright, 1992). To the right, the wide open mouth of the Klondike River joined the Yukon at a sharp right angle. The most recent gold strike that gave Dawson its birth was up the Klondike and its tributaries.

"To see and be in Dawson..."

By now it was the first week of August, 1898 (Powell, as cited in Aberdeen, 1900, p. 35). The Yukon summer was almost over. Anyone wanting to leave Dawson before the

September freeze up had already left or had booked their passage out. The steamer pulled up to the wharf and took its place amongst the long line of steamers that were busily loading and unloading cargo and passengers. The arrival of every steamer was a cause for occasion and people crowded down to the dock to greet the newcomers, receive their mail, and pick up new provisions. Dawson was a hustling, bustling, port and "...To see and be in Dawson..." (Evans, as cited in Aberdeen, 1900, p. 42) was an exciting time.

The population of Dawson in the winter of 1897 was 6,000 souls (Adney, 1994, p. 330). By the summer of 1898 its population was greater than that of Vancouver or Victoria (Downie, 1996, p. 260). Indeed, it was the largest community in North America north of Seattle and west of Winnipeg (Backhouse, 1993, p. 3). According to a census taken by the NWMP early in 1898, 16,000 to 18,000 people were encamped on the Dawson flats, with 4,000 to 5,000 more within a fifty mile radius (Adney, 1994, p. 386; Steele, 1915, p. 321). Once the ice left the Yukon River, it opened to navigation. Steamships, home made boats, and barges descended on Dawson. Hordes of adventure seekers funnelled into the swelling town. Dawson's population soared to an estimated peak of 30,000 in 1898 (Backhouse, 1995, p. 3; Porsild, 1998, p. 65) before subsiding in 1901 to approximately 10,000. The town was less than two years old and already boasted of all of the services and conveniences that anyone might need, though many of the places of business were home made tents (Adney, 1994, p. 178).

Dawson was "the sight of a lifetime" (Evans, as cited in Aberdeen, 1900, p. 42); situated on a reeking, oozy, black, mud flat. One and two storey log buildings were laid out in some sort of orderly fashion sharing space with hundreds of tents and smaller

cabins. The warehouses of enterprising trading companies dominated the main street. At the north edge of town the Roman Catholic church and hospital sat on high ground at the base of Moosehide Mountain. Along the river's edge on the flats every spot was taken by barges and scows that belonged to those who had come to Dawson seeking their fortune or delivering goods and provisions. Tents fashioned from heavy cotton were slung over wooden frames. Tiny shanties littered the surrounding hillsides and the black muddy flat down to the waterline, and stretched atop the barges and scows floating in the water.

Three sawmills hummed day and night trying to keep up with the demand for logs and lumber. Every available tree of any size was hauled off to the mill. The short northern growing season made the search for trees large enough to saw into building logs or boards a challenge, but the price of \$100 to \$500 per thousand board feet, depending on quality, made the search worthwhile. Nails were especially scarce. A single pound cost \$6. Fires were frequent, and after any wooden building met its demise by fire the ashes were sifted and the nails recycled. As the demand for all goods and services increased, prices increased as well (Adney, 1994, pp. 180, 181, 297, 365, 366, 388; Black, 1986, p. 38).

Walking down the gangway to the wharf at Dawson, Georgea Powell began a five year life and nursing experience that gave her pride and despair (Powell, as cited in Aberdeen, 1900, pp. 35-40). Rachel Hanna reflected later "we thought we were tired, but looking back from Dawson, a nest of disease, what we would have given for one day on the trail" (Hanna, as cited in Mills, 1974).

Accompanied and still under protection of the members of the advance party of the Yukon Field Force, Georgea Powell arrived in Dawson. This trip was intended to be a

visit to determine the state of affairs in Dawson and the need for Victorian Order nurses (Evans, 1898b). The small NWMP detachment eagerly greeted the Yukon Field Force military unit that came to assist them in maintaining law and order. The newly formed Board of Managers for the Protestant hospital warmly welcomed Georgea Powell. Dawson was in the midst of a typhoid epidemic and the hospital Board of Managers, not knowing how to cope, asked her to stay and to help nurse the typhoid victims. Bishop Bompas, Anglican Bishop for the diocese of Selkirk, had written privately to Lady Aberdeen earlier in March asking for her assistance in sending nurses to care for the sick in the Yukon (Good Samaritan Hospital, 1898. 9 March). The Reverends Pringle, Dickey, and Grant, all Presbyterian missionaries in the area, loudly echoed this appeal for help (Mills, 1974). Based on a typhoid outbreak the previous summer, the current situation had been predicted and expected (Constantine, 1897; Fawcett, as cited in Guest, 1985, pp 248-249).

The flats around the mouth of the Klondike River where it meets the Yukon had long been a summer fishing camp for the local Han tribe of First Nations People. The Han were semi nomadic hunters and fishers. They set their nets just below the mouth of the Klondike where the plentiful salmon were caught, split, smoked, and dried for stockpiling for the coming winter (Adney, 1994, p. 283; Johns, as cited in Adney, 1994, p. 283; Kirk, 1899, p. 86; Porsild, 1998, pp. 45, 50). After 1896, floating logs that had been cut from the hillsides for lumber by the miners consistently destroyed the Han weirs. The site was abandoned except for a few families who clung to the base of the mountain across the Klondike River from Dawson (Adney, 1994, pp. 177-8). Bishop Bompas was very

concerned about the well-being of the Han people, and was successful in obtaining a parcel of land for them from the Canadian Department of Indian Affairs at a site about two miles downstream from Dawson on the Yukon River (Porsild, 1998, p. 49).

Described in 1883 as “a fine stretch of hay land...which would make a good grazing place for cattle if the mosquitoes would not eat them up” (Schwatka, as cited in Woodside, 1901), the eventual site of Dawson at the junction of the Klondike and Yukon Rivers was a muskeg covered flat sprinkled with bushes and rimmed by spruce trees along the river. To the north was Moosehide Mountain, to the east the steeply rising hills that rimmed the Klondike River valley, to the west was the Yukon River, and to the south the Klondike. The entire area was about a mile long and a quarter of a mile wide and only ten feet above the low water level of the Yukon River (Woodside, 1901).

In the early 1800s when the fur traders were building forts and trading stations along the Yukon River, a spot for a fort was chosen about five miles downstream from the mouth of the Klondike. Fort Reliance was high on the riverbank at the back of Moosehide Mountain, easily reached by the Han First Nations People, traders, and miners in search of supplies. However, Fort Reliance was eventually abandoned because of a lack of gold mining activity in the area. When the news of the gold strike up the Klondike at Bonanza Creek exploded in the late summer of 1896, the enthusiastic and enterprising trader who had once been at Fort Reliance stampeded back to the Yukon as soon as he could the following summer to prepare for business. Bypassing the old fort site he hastily built a warehouse, saloon, sawmill, and cabin and staked out a town site on the swampy flat that

became Dawson. He sold building lots to other businessmen who cheerfully paid up to \$20,000 for a choice corner spot (Adney, 1994, p. 365; Wright, 1992, pp.288, 292-293).

Dawson was officially surveyed as a townsite in January, 1897 (Wright, 1992, p. 301). By then most of the lots on the flat marsh had been staked or claimed. Any remaining public land was divided into 40 by 60 foot lots to be sold for cabins. The price attached was \$200 to \$500 dollars, depending on the location. There was another public section, intersected by a swampy drainage slough, that was designated as the Government Reserve. On this site the NWMP had built their new post, Fort Herchmer, the location where Georgea Powell and the newly arrived Yukon Field Force were to be quartered (Adney, 1994, p. 365).

“Practically without baggage or nursing provisions...”

Collecting her few belongings Georgea Powell graciously accepted the invitation to proceed from the Dawson wharf to an area on the Government Reserve where the Yukon Field Force was to camp. Her clothes were threadbare and her boots, which were supposed to have lasted for three years, were worn out from the rigours of her long arduous trip (Aberdeen, 1893-1898, p. 458). A solid row of tent and log shops, hotels, warehouses, saloons, and gambling houses crowded both sides of Main Street just beyond the wharf. Business was brisk as the gold dust flowed from hand to hand. The air was hot and dry. The stench of rotting garbage, undrained bog, and open sewage flowing in the gutters filled the air. Clouds of choking dust billowed up around her feet as she made her way towards her destination at the south end of the town. Large mud holes pocked the street as ever constant reminders of the semi thawed bog underfoot or of the flood that

had occurred in May. It was important to stay on the main, or front, street as the other streets behind were still knee deep in mud (see Figure 3). Teams of horses struggled and lurched as they hauled their heavy loads through the quagmire. Anyone venturing there needed gum boots or galoshes, something Georgea Powell did not have. Dogs, large and small, were everywhere. Throngs of men walked aimlessly up and down Main street. A few women moved amongst the crowd, and pairs and groups of men stood idly chatting at street corners. Every chair on every hotel and saloon verandah was filled (Adney, 1994, pp. 180-18; Evans, 1898b; Backhouse, 1997, p. 116; Ferguson, 1901, pp. 37-38).

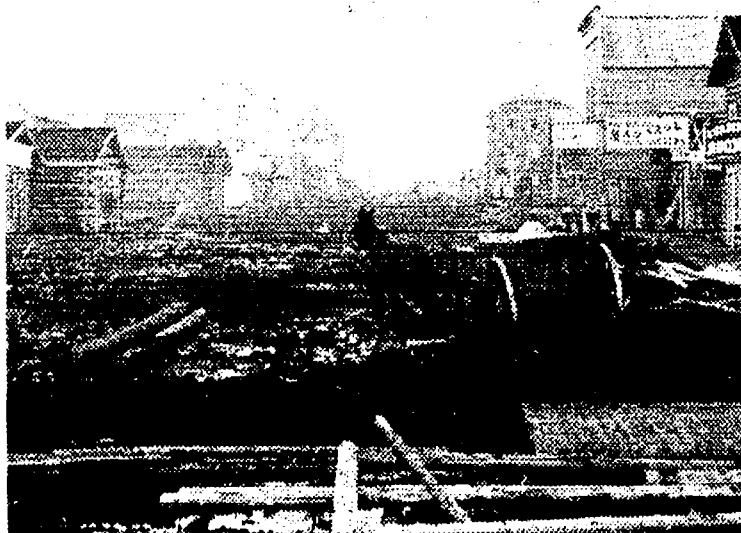


Figure 3. *Dawson side street, Dawson, YT.*

Hundreds of men had arrived in Dawson too late to find an available claim on Bonanza Creek or its tributaries. They had spent their last dollar preparing for a future in the gold fields. Now piles of mining supplies, household, and personal goods filled open

spots between buildings and tents where the disheartened would-be miners tried to sell their wares to arriving hopefuls. It was a cosmopolitan crowd; they were from every corner of the world and from all occupations and professions. Jobs were scarce but the rewards were high for any entrepreneur with a service to sell. Many had brought a quantity of food with them. Sleeping outdoors in makeshift tents during the warm, dry, summer made living without a job difficult but tolerable (Adney, 1994, pp. 374-377,381; Kirk, 1899, p. 90).

With its Union Jack fluttering, Fort Herchmer was a welcome sight to a weary Georgea Powell. "...practically without baggage or nursing provisions..." (Powell, as cited in Aberdeen, 1900, p. 35). She arrived at the fort gate accompanied by her Yukon Field Force escort. Inspector Constantine was in charge and showed them through the four foot brush fence that enclosed the post on the side facing the Yukon River (Adney, 1994, p. 178). Completing the compound were the eight or ten log "poor small shanties" (Evans, 1898b) housing officers and men, stores, offices, post office, prison, court room, and infirmary (Adney, 1994, p. 178). Arrangements were made for the Yukon Field Force to camp nearby and to begin preparations for establishing a post in Dawson. Georgea Powell remained with her Yukon Field Force escort and oriented herself to her surroundings.

Cutting through the Government Reserve at the north side of Fort Herchmer was a slough, or deep inlet, that remained full of stagnant water. When the Yukon River swelled during the spring run off that May, the NWMP compound was completely cut off from the main part of town. The central part of Dawson was also flooded for a number of weeks in

one to five feet of water. It was necessary to use boats for getting around (Adney, 1994, p. 372; Steele, 1915, p. 321). Each year when the ice moved out of the river and the snow melted up stream it was an anxious time for all as they waited to see how far the river would rise and how high the flood waters would reach. As the river receded water became trapped in the slough, and there it remained as a deep swamp until freeze-up in late September or early October.

Standing on the south bank of the slough beside the NWMP compound in Dawson, Georgea Powell looked at two crude one storey log buildings that were being built on the other side. The buildings stood about 50 feet apart, and workmen were finishing the outside work (Evans, 1898b; Powell, as cited in Aberdeen, 1900, p. 35). These were the humble beginnings of two buildings destined to be the general hospital where Georgea Powell was to embark upon a nursing experience beyond her imagination.

When Georgea Powell arrived in Dawson there were a number of establishments where the sick could receive care. A few women and men were self-employed as private duty nurses and were hired out to nurse the sick at \$10 a day (Porsild, 1998, p. 151). Other women gave nursing care to sick men in their cabins, and operated their homes as small nursing homes or private hospitals. Private hospitals, operated by physicians, were also available and public marketing notices advertised their qualities to prospective patients (Backhouse, 1995, p. 150; Porsild, 1998, p. 151; Thompson, 1901, p. 321). Due to the typhoid epidemic currently raging in Dawson anyone with the slightest bit of nursing, medical, or veterinary knowledge was pressed into service (Porsild, 1998, p. 151).

St. Mary's Hospital, which had been organized and built the previous year by Father Judge, was bursting with patients. Father Judge operated the hospital alone until a small group of nuns who were not certified nurses but had "a vast storehouse of knowledge, and a legacy rich in experience in dealing with humanity in the raw ..." (Barrett, as cited in Backhouse, 1997, p. 117) arrived in July, 1898, to relieve him. The majority of the patients that Father Judge had cared for at St. Mary's during the summer of 1897 were sick with typhoid fever, which had been brought in by someone from the outside. In the winter of 1897-98 food was scarce and scurvy was rampant. Many scurvy patients, as well as those with pneumonia and frost bite, made their way to St. Mary's Hospital for care; their afflictions brought about by poor resistance and the extreme cold (Constantine, 1897; Richardson, 1897 p. 317; Steele, 1915, p. 322; Wright, 1992, pp. 297-8).

St. Mary's Hospital was originally a tent that Father Judge erected at the extreme north end of Dawson on high dry ground at the base of Moosehide Mountain. He canvassed diligently in Dawson and throughout the gold fields for the funds to build a two story log building to replace the original hospital tent. Three ounces of gold dust bought a one year ticket that guaranteed a specified number of days treatment or hospitalization along with board and nursing care at St. Mary's. Though these tickets brought in money for operating costs, there was never enough to pay all the bills. For those without tickets the charges were set at \$5 per day for hospital care plus \$5 for a daily physician's visit. St. Mary's Hospital was consistently in dire financial straights due to the number of indigent

and destitute patients who came to the door asking for help (Adney, 1994, p. 350; Porsild, 1998, p. 148; Wright, 1992, p. 298).

St. Mary's Hospital and the other small health care establishments in Dawson were not able to provide nursing care for all members of the exploding population. There was an abundance of medical attention available. Physicians from the United States and other parts of Canada who had joined the stampede into the Klondike competed for patients. Their fees ranged from \$5 for a physician's visit within the town to \$500 for a visit in the outlying areas of the mines (Adney, 1994, p. 350; Porsild, 1998, p. 152). By the summer of 1898 the Canadian physicians began to organize themselves into the Yukon College of Physicians and Surgeons. Within a year the organization had fifty members, all of them allowed to practise under the regulation that they were registered with the Yukon College of Physicians and Surgeons. Registration hinged on being a graduate of a recognized institution, and most American physicians were not seen to qualify. During the typhoid epidemic of 1898 the NWMP refused to press charges against the unlicensed physicians who ran private hospitals. They were allowed to practise as long as they did not advertise and they kept a low profile. When the need for their services abated the pressure to restrict them resumed (Adney, 1994, p. 430; Guest, 1985, pp. 250-251; Porsild, 1998, p. 152).

In February, 1898, a group of prominent Dawson men met, with the intent of organizing and building an additional hospital to ease the desperate need for nursing care and accommodation for the sick. Initiation of this gathering is credited to the Reverend Hall Young, a Presbyterian missionary in Dawson. His work was solidly supported by the Reverend Doctor Grant, a Presbyterian missionary and also a medical doctor (Cantwell,

1992, p. 83). The group called themselves "subscribers to the Good Samaritan Hospital" (Good Samaritan Hospital, 1898, 12 February). It included a number of Protestant clergy, officers of the NWMP, local merchants, and physicians. After a Board of Managers was elected from those present, the business of funding the hospital and finding a suitable location was discussed.

Many of those present contributed personal funds for the hospital. This amount, in addition to monies that had been solicited from others, allowed the calling for tenders for "350 house logs...sawed on three sides to be delivered on the ground by April 5" (Good Samaritan Hospital, 1898, 2 March). Later, 200 more logs were ordered, and work on two hospital buildings, Ward A and Ward B, began. By June 29th the shell of one building was being used by the Presbyterians for Sunday services under the condition that they "not interfere with the workmen by leaving materials used for seats in their way" (Good Samaritan Hospital, 1898, 29 June). Camped on the ground around the unfinished hospital were men in tents and make-shift shelters. Anyone who was ill was allowed to stay on the recommendation of a physician; all others were asked to leave (Good Samaritan Hospital, 1898, 29 June).

The Board of Managers of the Good Samaritan Hospital decided not to sell tickets or subscriptions for health care at their hospital as Father Judge was doing at St. Mary's. They decided instead to engage

a canvasser, to solicit and collect funds for the Hospital to be put into the field at once, with instructions to visit all the citizens of Dawson and the surrounding communities, creeks and settlements, and that to secure his earnest and continued efforts, he be allowed as his commission 5 per cent of all the money collected (Good Samaritan Hospital, 1898, 9 March).

A private businessman committed to the Good Samaritan Hospital offered an interest free loan in the form of a mortgage. There was hope of obtaining an annual grant from the Federal government, as a similar grant had been made to St. Mary's Hospital. The matter of financing the new hospital was an issue; after paying the bills there was approximately \$397.00 left in the bank the month before the Good Samaritan Hospital was about to open (Good Samaritan Hospital, 1898, 12 July).

"Typhoid was at its height..."

The pressing need for shelter for the sick forced the Good Samaritan Hospital to accept patients before the building was completed. "...Typhoid was at its height..." (Powell, as cited in Aberdeen, 1900, p. 35) in Dawson, and as Georgea Powell looked across the slough at the partially completed hospital buildings when she arrived, ten patients were already receiving care in the West Ward from "a lady nurse and a male assistant" (Good Samaritan Hospital, 1898, 11 August). More patients were expected to be admitted as soon as a space was prepared. Solicitation for funds for the hospital was in progress and had met with some success. The Board of Managers now had approximately \$1,000 to operate the hospital until more funds were found (Good Samaritan Hospital, 1898, 11 August).

The word went out that the Good Samaritan Hospital was being built, and applications for employment came to the Board of Managers from as far away as San Francisco (Good Samaritan Hospital, 1898, 9 March). The staff positions available included that of matron, hospital surgeon, cook, and others deemed essential in running a hospital. The cook's position was filled for a salary of \$50.00 a month plus board. A male

nurse was hired for \$100.00 a month plus board, and a notice was put out “to secure the services of a second male nurse at a salary not to exceed the sum of \$100 per month” (Good Samaritan Hospital, 1898, 11 August).

At the 11th of August, 1898, meeting of the Board of Managers (Good Samaritan Hospital, 1898, 11 August) two written applications for the position of matron were read. Miss Hoe and Mrs. Egerton both presented their desire for the position and outlined their qualifications. Georgea Powell offered her verbal application for the position on behalf of the Victorian Order of Nurses via Captain Starnes of the NWMP. Time had not permitted her to prepare something more formal. Having arrived in Dawson only three days previously, the Board of Managers was not aware of the qualifications and nursing experiences that she offered. Board member Captain Starnes spoke for her and supported her application by elaborating on the purpose of the Victorian Order of Nurses in the Yukon, their mission to provide nursing care, and the conditions for their employment. Georgea Powell had authority from the Provisional Committee of the Victorian Order of Nurses to decide “as to where and how the necessary work can be carried on with the most general advantage” (Victorian Order of Nurses, 1898a, p. 7) and “... the amount of fees to be paid for services rendered...” (Victorian Order of Nurses, 1898a, p. 7). After a vote was taken for the position of matron, Georgea Powell was chosen over Miss Hoe by the narrow margin of one vote (Good Samaritan Hospital, 1898, 11 August). The agreed fee of \$160 per month for her services was payed to the Victorian Order of Nurses fund (Kelcey, 1990, p. 227).

Georgea Powell began work immediately and “undertook the charge of the Good Samaritan Hospital, entering on my duties as matron, teacher, nurse, and maid of all work” (Powell, as cited in Aberdeen, 1900, p. 35). The seven patients in the partially completed West Ward increased to 18 by the end of her first week, and by the end of the second week the workmen had the floor completed in the East Ward and 18 more patients were admitted (Powell, as cited in Aberdeen, 1900, p. 35). The majority of patients were victims of typhoid fever.

Raw sewage was everywhere. Drinking water was taken from the Yukon River near or at the same spot that sewage and garbage was dumped into it. The swampy, boggy, ground that existed underfoot could not be drained. The “utter disregard of ordinary attention to sanitation arrangements on the part of the inhabitants” (Richardson, 1897, p. 317) persisted, to the dismay of Acting Surgeon, W. A. Richardson of the NWMP.

Georgea Powell thought that she had seen and nursed severe cases of typhoid fever before in her practice. “Such sick men” (Powell, as cited in Aberdeen, 1900, p. 36) she exclaimed in her report to Lady Aberdeen.

Temperature ranging from 101° to 103°, in 2 or 3 instances to 104°...Of severe haemorrhage cases we had six at one time...Typhoid with pneumonia, with malaria, congestion of the liver, rheumatism, neuralgia, sore throat, discharge from the ears, and sore eyes (Powell, as cited in Aberdeen, 1900, p. 36).

Many of the sick men walked in the sun for up to 12 miles before reaching the hospital grounds. Part of Georgea Powell’s daily routing was searching amongst the stumps and

torn up roots that surrounded the hospital buildings for the delirious men who didn't have the strength to reach the hospital (Powell, as cited in Aberdeen, 1900, p. 36).

In a small tent behind the hospital buildings (see Figure 4) and "near enough to be within call" (Powell, as cited in Aberdeen, p. 38), Georgea Powell placed her small bundle of belongings in cramped quarters, and prepared her "apartment" (Powell, as cited in Aberdeen, 1900, p. 38). Walking around inside was difficult because of the low ceiling. As well, dampness from the wet ground below seeped into the floor. She arranged a postal sack filled with boards and shavings for a bed so that she could sleep "when she had a chance" (Powell, as cited in Aberdeen, 1900, p. 38).



Figure 4. Dawson, YT, looking south, showing hospital buildings

Outdoors, in the open space between the two hospital wards, was a big round table where, in all weather, the nurses and hospital staff "prepared food for patients, made poultices, received supplies, cut out garments, held consultation, drew charts, wrote

records, and swallowed a hasty bite while watching a delirious patient within the wards” (Powell, as cited in Aberdeen, 1900, p. 37). The ground was covered in shavings from the mill to help absorb some of the dampness and to protect their feet. The shavings also served as a resting place for patients who were able to stagger close to the hospital, throw themselves down, and wait until a place inside became available (Powell, as cited in Aberdeen, 1900, p. 38). Telling the sick men that they could not stay when the hospital was full to capacity was trying for Georgea Powell. She later confided “oh how hard it was to send them away” (Powell, as cited in Aberdeen, 1900, p. 38).

Off to one side of the work area between the hospital wards was another tent that the nurses and hospital staff used as a store house, dining room, and kitchen. On a tiny cookstove, in two baking pans and a few butter cans, the cook prepared meals for the patients and staff. All patients could not eat at the same time, since there were not enough cups, plates, or eating utensils, so they ate in shifts. The nurses supplied their own utensils or shared amongst themselves. While the quality of the food was deemed to be fairly good, Georgea Powell wished that it could have been better prepared. The nurses at the Good Samaritan Hospital ate very little, their appetites dampened by fatigue and the sights and the smells around them (Powell, as cited in Aberdeen, 1900, p. 38). Rachel Hanna was particularly affected and was “suffering from indigestion much of the time” (Powell, as cited in Gibbons & Mathewson, p. 264).

Food was plentiful that summer due to the constant arrival of the *steamers* from the outside, but it was expensive and often out of reach for those who could not afford to buy. In the summer of 1898 canned milk cost \$1.00 a can; eggs \$3.00 a dozen; oranges,

apples and lemons \$1.00 each; and potatoes were 50 cents a pound (Adney, 1994, p. 377). Someone had the foresight to bring a cow to Dawson, and for \$5.00 a customer could buy a brandy bottle full of fresh milk (Adney, 1994, p. 430; Hanna, as cited in Mills, 1974). The estimated cost to provide board and meals to a patient in hospital was \$3.00. This amount didn't include the cost of nursing care, medicines, or physician's fees (Thompson, 1898, p. 252). The rate of \$5 a day for everything except the physician's fee was decided as a fair charge. However, when most typhoid patients remained in hospital for a month, the bill was considered quite high (Ogilvie, as cited in Guest, 1985, p. 252).

For the Board of Managers of the Good Samaritan Hospital the objective was to provide quality health care to the patients and to operate the facility without a financial deficit. Although there were many miners prospering in the gold fields the reality was that a larger number of indigent men in Dawson and the surrounding area did not realize their dreams of striking it rich. Having spent all of their resources to come to the Yukon they had neither the money to buy a passage home nor the money to stay. Poor nutrition, fatigue, and the prevalence of disease made them susceptible to illness (Hanna, as cited in Mills, 1974). Those cared for at the Good Samaritan Hospital were expected to pay, but many could not. Like St. Mary's Hospital at the other end of town, this situation resulted in the Good Samaritan Hospital persistently being in a financial crisis. The balance of fees due to the hospital from discharged patients remained grossly disproportionate to the sum that had been paid (Good Samaritan Hospital, 1898, 18 October). Within three months of opening the Good Samaritan Hospital the Board of Directors voted on a motion to

refuse to receive any patients pay or non pay herewith...That we proceed immediately to wind up the affairs of the institution...In as much as the moneys at our disposal are inadequate to meet outstanding debts & less than 15 per cent of the patients at present in the hospital can pay anything... (Good Samaritan Hospital, 1898, 28 October).

With infusions of money and goods from various sources, the hospital did continue to operate. Local businessmen were not always sympathetic to the plight of the patients, and solicitations of two mill owners for a donation of lumber to improve the facility "met with very indifferent success" (Good Samaritan Hospital, 1898, 29 August). As matron, Georgea Powell was responsible for the quality of nursing care that the patients received on a day to day basis. "We had so little to do with. Such things as we needed were not to be had - or if they were, we had not the money to buy them" (Powell, as cited in Aberdeen, 1900, p. 38). She grieved as she echoed the desperation of the situation.

Within the wards (see Figure 5) of the Good Samaritan Hospital every available inch of space was occupied. Shallow wooden boxes perched on wooden legs served as beds. Georgea Powell and her staff moved sideways in the pathways for there was not enough room to walk comfortably between the beds. Heat for each building came from a stove made from a large iron oil tank that stood on its end. Rocks were kept on top of the stove and used later to warm patients' feet. Candles were the source of light for the nurses as they worked at night (Hanna, as cited by Mills, 1974).

Only the very sick had the benefit of a mattress or a sack of shavings on their bed; the majority of the patients rested on a blanket, folded to protect them from the rough boards below. Blankets were scarce as well. If a patient brought a blanket with him it was used out of necessity. The disadvantage of using patients' blankets soon became obvious

gold fields, and a miner was considered very clean if he changed his underwear every two
Routine bathing was not convenient nor a priority for the men who worked in the
Aberdeen, 1900, p. 37).

their woolen coats or overalls and used these to support their heads (Powell, as cited in
dollars a week" (Powell, as cited in Aberdeen, 1900, p. 37). For pillows the men rolled up
to say the least. The washing of a blanket cost \$4; our laundry bill ranged from \$50 to \$75
work of trying to keep clean can easier be imagined than described. Disheartening it was
inhabitants of the beds advanced. A discouraged Georgia Powell explained that "the
"rise above them...rise above them" (Fiske, 1985, p. 62) as the small unwelcome co-
Calm advice from physicians during Georgia Powell's student nursing days was to

Figure 5. Ward 1 in Good Samaritan Hospital, Dawson, VT.



(Hanna, as cited in Mills, 1974).
and her staff "got them aired by degrees...to say nothing of the fight with the vermin"
pp. 36-37). Most of these blankets had never been aired or washed and Georgia Powell
as "those were oftener than not alive with vermin" (Powell, as cited in Aberdeen, 1900,

weeks. Bath houses in Dawson, or nearby settlements, were profitable businesses that provided necessities such as hot water, tub, and soap whenever the miners could make it into town (Adney, 1994, p. 349). Most men had only one set of rough coarse woollen longjohns that they wore winter and summer, and when they arrived at the hospital this was all that they had to wear (Powell, as cited in Aberdeen, 1900, p. 37). There were “no nightshirts in the cupboard and very little left of the ones the men had on” (Hanna, as cited in Mills, 1974). Shirts were borrowed from the NWMP to relieve the situation until the underwear that the men were wearing could be sent out to be laundered and then mended by the nurses. A supply of cotton fabric finally arrived, and the ladies of the Anglican church made the nightshirts needed at the hospital (Hanna, as cited by Mills, 1974).

The sick men who came to the Good Samaritan Hospital often arrived after being ill in their cabins for days. Their hair and beards were long and unkept, and the nurses went about clipping and shaving off the matted hair (Hanna, as cited in Mills, 1974). Bathing patients was difficult due to a shortage of towels. There were no wash cloths (Hanna, as cited in Mills, 1974; Powell, as cited in Aberdeen, 1900, p. 37) and the nurses cut bits of canvas from window coverings to wash the men for “there was not a yard of cotton to be had in the city” (Hanna, as cited in Mills, 1974).

On the trail through the mountains and bogs from British Columbia into the Yukon Georgea Powell and her group of Victorian Order nurses persevered in providing nursing care with little external support. Their nursing care evolved from within their pooled self-knowledge: knowledge that emerged from all of their life and professional experiences. At

the Good Samaritan Hospital in Dawson Georgea Powell again met the challenge of providing nursing care with meagre resources.

The sickness that surrounded Georgea Powell in Dawson was compounded by the “filth and vermin ...No disinfectants - there were not any in the place” (Powell, as cited in Aberdeen, 1900, p. 36). Materials to make proper dressings were non-existent. Scraps of cloth served as improvised bandages to cover wounds. Skilfully she pulled from her self-knowledge to give the best nursing care possible and to give the best possible direction to the staff. She felt alone. Nurses Payson and Hanna still had not arrived from Lake Teslin and Amy Scott was still needed at Fort Selkirk (Evans, as cited in Aberdeen, 1900, p. 41). “Trained nurses were not to be had, and such as we had did not know how to watch a patient, some of them needed careful watching...It is beyond me to describe the work of nursing under these difficulties, one must need to take part in it to understand” (Powell, as cited in Aberdeen, 1900, p. 38).

Three weeks after Georgea Powell took “full charge” (Evans, 1898b) of the Good Samaritan Hospital signs of the upcoming winter became evident. Temperatures dropped below freezing every night. Her little tent was “poor quarters for her after her day of severe and trying work” (Evans, 1898b). Observers marvelled at her stamina and nursing skills, and commented about how she was “worked off her feet...and to see Miss Powell at work is an object lesson not to be forgotten” (Evans, 1898b). A week later Georgea Powell was not able to continue the pace. “Worn out for rest and sleep and weak for the want of nourishing food, I gave out...a victim to typhoid fever” (Powell, as cited in Aberdeen, 1900, p. 38). Distraught and disappointed about being ill and concerned for the

care of her patients, Georgea Powell was confined to her bed in her tent and accepted “the pain and disappointment of having to give up when I was so much needed” (Powell, as cited in Aberdeen, 1900, p. 38).

“They done it, the Jollies - Her Majesty’s Jollies...”

Lying ill in her tent Georgea Powell knew that her nurses were on their way and she hoped for their safe arrival within a few days. The news of the nurses leaving Lake Teslin came by way of Colonel Evans of the Yukon Field Force who had visited her when he came to Dawson the previous week. The steamer *Anglian* which Georgea Powell and Amy Scott had taken with the advance party of the Yukon Field Force from Lake Teslin to Fort Selkirk had attempted to return to Lake Teslin to pick up the rest of the troops along with nurses Payson and Hanna. However, by then the water level in the mountain rivers leading back to Lake Teslin was low and the *Anglian* was wrecked in shallow water on some rocks as it tried to navigate back up stream (Evans, 1898a, 1898b).

The main body of the Yukon Field Force and nurses Payson and Hanna waited patiently at Lake Teslin for the return of the *Anglian*. Colonel Evans had left the order that if the *Anglian* did not arrive by August 25, 1898 (Lester, 1898-1899, 17 August 1898) to pick them up, they were to leave for Fort Selkirk on the four scows and five boats that the Yukon Field Force had built on their arrival at Lake Teslin. The group watched and waited anxiously as August 25th came and went. Time was again of the essence. The water levels were dropping in the lake and the rivers; what water was left was about to freeze. Pushing time to the edge they decided to give the *Anglian* three days grace but each extra day came and fell away with no sign of the steamer. Finally there was

no further time to delay and the little fleet pushed off early in the morning of August 29th for Fort Selkirk. Equipped with a large rudder, oars, and a canvas sail each scow carried about fourteen tons of goods and supplies along with a crew of thirty novice sailors. A sheet metal stove stood prominently on deck so that the meals could be prepared for the crew and the passengers in the accompanying boats (Fenton, 1898, 22 October; Lester, 1898-1899, 26 August 1898).

Proudly flying the Union Jack the scout, commanding officer, and some of the men took the lead in three small boats. Next came the four scows with nurses Hanna and Payson on "The Lady of the Lake" followed by the "Bugaboo", "La Canadienne" and the "Nova Scotian" (Lester, 1898-1899, 29 August 1898). The two remaining boats with their passengers and crew brought up the rear to make a "unique spectacle" (Fenton, 1898, 22 October) as the fleet pulled away from the wharf at Lake Teslin.

Fourteen days later on September 11, 1898, nurses Payson and Hanna arrived safely at Fort Selkirk. Rain, fog, sand bars, shoals, the Five Finger Rapids, uncharted channels, and periods of calm had hampered the progress of the fleet during their journey. The heavy awkward scows were difficult to manoeuvre and to keep on course, but with persistence and patience the men and nurses had made it through. There were no serious mishaps and everyone arrived safely; "...they done it, the Jollies - Her Majesty's Jollies..." (Fenton, 1898, 22 October) and for this everyone was thankful (Lester, 1898-1899, 30-31 August, 1-11 September 1898).

Within an hour of reaching Fort Selkirk and only taking "enough time for a cup of tea" (Hanna, as cited by Mills, 1974) Rachel Hanna and Margaret Payson boarded the first

passing steamer to Dawson. Georgea Powell was waiting for them. Too ill to work at the Good Samaritan Hospital she needed one of them to stay with her and to take charge until she became well again. For the other nurse, Georgea Powell had other plans. She had agreed to send a Victorian Order nurse to Grand Forks to take charge of the hospital there (Powell, as cited in Aberdeen, 1900, p. 38).

Rachel Hanna was chosen to stay with Georgea Powell at the Good Samaritan Hospital in Dawson and within two weeks Margaret Payson took charge of the hospital at Grand Forks. It was late September; winter, with its first snowfall was upon them. Margaret Payson tramped 12 miles on foot through slush and mire over the trail to Grand Forks. She found

in the hospital - if so miserable a building could be called - 10 patients - bad cases - and simply no conveniences ... no sheets, no towels, nor cloth of any kind, save a few flour sacks, a slop pail, hand basin, and a soap box - the furniture" (Powell, as cited in Aberdeen, 1900, p. 39).

Thus began Margaret Payson's nursing experience in the Yukon. The lack of supplies and facilities for nursing care was compounded by "Bread, bacon, and rice, very little sugar, the daily bill of fare. No fresh meat, no butter nor milk, the patients' food being chiefly boiled rice and gravy" (Powell, as cited in Aberdeen, 1900, p. 39). And to Georgea Powell's amazement, the patients recovered (Powell, as cited in Aberdeen, 1900, p. 39).

Winter had arrived. The little tent behind the Good Samaritan Hospital remained Georgea Powell's and Rachel Hanna's home. It was hoped that a cabin may have been built for the Victorian Order nurses by then, but cabins cost a great deal to build. Logs

were \$10 each and the wages for a carpenter ranged from \$10 to \$15 a day (Evans, 1898b). Finding adequate shelter for Georgea Powell while she recovered from typhoid fever was essential. There were no cabins available and no funds to build one. Reverend Doctor Grant, Superintendent of the Good Samaritan Hospital, insisted that Rachel Hanna move Georgea Powell into his cabin, and he moved into the tent. The nurses settled into the new accommodations. However, a few days later, their cabin became an extension of the hospital (Hanna, as cited in Mills, 1974).

Reverend Dickey, a Presbyterian missionary, had been found unconscious on the trail to Grand Forks, another victim of typhoid fever. The hospital was full and Dr. Grant did not know where he would find a place for Reverend Dickey. "Can he come here?" he asked Georgea Powell and Rachel Hanna. Within the time that it took to put a set of bedsprings on sawhorses in the corner and to put a blanket over a ceiling beam for a curtain, the little cabin expanded into a two bed ward. Rachel Hanna made her bed on a pile of cargo mats on the cabin floor and snatched rest when she was not needed by patients in the cabin or at the hospital (Hanna, as cited by Mills, 1974).

Rachel Hanna was determined that they would have a cabin of their own, and with Georgea Powell's support received permission to build a cabin on a Government Reserve lot. Members of the Yukon Field Force rallied to their aid by taking up a collection for the cabin fund (Evans, as cited in Aberdeen, 1900, p. 43). Rachel Hanna withdrew her salary for the year and the emergency Victorian Order of Nurses fund from the bank, purchased the materials needed, and solicited Dr. Grant to take charge of the construction of the cabin (Hanna, as cited in Mills, 1974).

Once the cabin was completed there was a flurry of activity to move. Sheets of cream coloured paper intended to line skirts or to be put between blankets to keep out the wind and cold were glued on the walls and ceiling. A studded partition sectioned off a sleeping area. Unbleached cotton stretched and nailed onto the studding completed the divider. Some blue and white ticking was found to make drapes, and the nurses' rain cloaks became rugs. Georgea Powell pieced together strips of fur that the nurses had cut from the hems of their long dragging fur coats and made a sofa cover that was attached to the wall with hooks to hold it in place. On the wall Georgea Powell hung a large map detailing the arduous route that the Victorian Order nurses had conquered. Across it she wrote, "LEST WE FORGET, LEST WE FORGET" (Hanna, as cited in Mills, 1974). "Our cabin was unique" (Hanna, as cited in Mills, 1974) Rachel Hanna said proudly. "...I never saw Miss Powell's equal for doing so many things well" (Hanna, as cited in Mills, 1974).

Georgea Powell's recovery from her illness with typhoid fever was slow. She was not able to continue as hospital matron and another nurse filled the vacancy. On behalf of the Victorian Order of Nurses, Rachel Hanna accepted a position at the Good Samaritan Hospital to fill a void created by the loss of Georgea Powell's nursing expertise (Kelcey, 1990, p. 227) and the overall "lack of help, the constant changing of nurses etc." (Good Samaritan Hospital, 1898, 27 September).

Rachel Hanna was a graduate of the Toronto General Hospital and experienced in surgical nursing. Due to the extreme winter cold many suffered from frost bite. The amputation of a finger, toe, or limb was a common surgery (Powell, as cited in Aberdeen,

1900, p. 40). Rachel Hanna took charge of the surgical cases at the Good Samaritan Hospital “and here her services to the surgeon were invaluable” (Powell, as cited in Aberdeen, 1900, p. 40). Rachel Hanna was “...looked upon with jealousy by her fellow workers...” (Powell, as cited in Aberdeen, 1900, p. 40) because of her nursing expertise. “Bearing much, but making little complaint” (Powell, as cited in Aberdeen, p. 40), Rachel Hanna “worked faithfully on” (Powell, as cited in Aberdeen, p. 40). Georgea Powell was able to resume her nursing duties at the hospital as a member of the nursing staff, and Margaret Payson, the Victorian Order nurse assigned to Grand Forks to organize the hospital there, returned to Dawson to assist with the heavy work load at the Good Samaritan Hospital (Victorian Order of Nurses, 1897-1906, 8 October 1898). Their salaries of \$100 a month were deposited to the Victorian Order of Nurses’ fund. For some months there is no record of their salaries being paid, an indication of the hospital’s dire financial situation (Kelcey, 1990, p. 277). Though Amy Scott was hired by the Good Samaritan Hospital, she never did work there as a staff member (Good Samaritan Hospital, 1898, 13 September).

After Amy Scott was released from her duties at the NWMP hospital at Fort Selkirk she voiced her preference to nurse at the NWMP hospital at Fort Herchmer and to reside at the fort in Dawson. Because of the government support and assistance that the Yukon Victorian Order nurses received in reaching the Yukon, the nurses were obligated to nurse any members of the Yukon Field Force or the NWMP free of cost (Victorian Order of Nurses, 1898b, p. 5). This arrangement created a problem, as Amy Scott was essential to the eventual establishment of the Victorian Order of Nurses as district nurses

in the area. Georgea Powell conceded to Amy Scott's request to take charge of the "fairly well equipped" (Powell, as cited in Aberdeen, 1900, p. 38) NWMP hospital in Dawson, allowing that "Nurse Scott was not strong enough to undertake the more laborious nursing" (Powell, as cited in Aberdeen, p. 38). Dr. Thompson of the NWMP rejoiced to have Miss Scott's assistance and commended her for "invaluable services" (Thompson, 1898). Although Amy Scott was a Victorian Order nurse, her services did not contribute to the Victorian Order of Nurses' Yukon funds.

Amy Scott's boldness in expressing where she preferred to nurse caused concern for Georgea Powell for it was her responsibility to choose the work placements for the nurses. She and the others "felt a little hurt" (Evans, 1899) when Amy Scott "refused to go into the cabin with them as she had been brought up a lady" (Evans, 1899). Nurse Scott "appears to have quite cut loose from the Order" (Evans, 1899). Colonel Evans reported to Lady Aberdeen (Evans, 1899).

During the winter of 1898-1899 Amy Scott fell ill and underwent surgery (Victorian Order of Nurses, 1897-1906, 1 December 1898). Georgea Powell's report to Charlotte MacLeod in Ottawa of both Amy Scott's illness and her behaviour resulted in a letter being sent to Nurse Scott from Miss MacLeod

asking her what her intentions were in regard to the Order...requesting her to provide medical evidence of her physical fitness for the work, as it was impossible for the Order to maintain her as an invalid nurse...if she do determine to remain...she must live with the other nurses and be under the directions of the Superintendent, Miss Powell (Victorian Order of Nurses, 1897-1906, 2 March 1899).

Amy Scott chose to leave the service of the Victorian Order of Nurses in the spring of 1899 and eventually served as a nursing sister in the Boer War (Government of Canada, 1899-1902).

“Taking the heavy end...”

The crisp, cold, still, temperatures of the winter of 1898-1899 froze the wet swampy ground around Dawson and the spread of typhoid fever mercifully abated. The perfect stillness of the air allowed the snow to cling and pile into sculpted mounds on each tiny branch of every tree (Adney, 1994, pp. 352-353). From the first of December to the middle of January the Yukon darkness descended. Miners whiled away their time in their cabins waiting for the light to reappear and for the spring sun to come. Food was scarce and expensive. Those who went hunting, could afford to buy supplies from the store, or purchase fresh meat from the Hans First Nation’s hunters fared better than others. As winter progressed a prolonged lack of fresh fruits and vegetables precipitated another crisis. Scurvy broke out, and the Good Samaritan Hospital again filled to capacity (Adney, 1994, p. 350; Hanna, as cited by Mills, 1974; Powell, as cited in Aberdeen, 1900, p. 40).

“Scurvy, we thought, was mostly among sailors from eating salt pork, but the miners came in with it from the hills where they lived mostly on game they shot” (Hanna, as cited by Mills, 1974) Rachel Hanna observed. She knew that scurvy was caused by a lack of variety of food, and she went on to suppose that it was also due to depression from being in the dark cabins for many weeks (Hanna, as cited by Mills, 1974). Nursing scurvy patients was a new experience for Rachel Hanna, Margaret Payson, and Georgea Powell but was not unknown to others who survived life in the remote north. Scurvy was feared.

Although it was rarely fatal, scurvy could incapacitate a victim for a whole season and curtail his ability to work. Feeling weak, darkening skin, as well as swollen, tender, bleeding gums warned of the disease. Muscles became weak and the tendons behind the knees hardened and shortened, making it difficult to straighten the legs or to walk. A combination of a lack of fresh meat and vegetables, improperly cooked food, exposure to the elements, and foul air were guessed to be the causes of the disease. The actual cause was a dietary lack of vitamin C due to the absence of fresh fruit and vegetables. Seasoned veterans of the Yukon learned from the First Nations People to avoid scurvy by drinking a tea made from boiled spruce tree needles (Adney, 1994, p. 350).

Newcomers to the area were not so well informed. A number of the men whom Georgea Powell had recently nursed with typhoid fever were readmitted to the hospital, this time suffering from scurvy, never having fully recovered from the typhoid (Powell, as cited in Aberdeen, 1900, p. 40). The men came to the hospital "anaemic, their gums swollen and shaded like a rainbow from pink to bright red...teeth were coming out...knees were near his chin and could not be straightened out..." (Hanna, as cited by Mills, 1974). Some had been in their cabins for weeks while the scurvy progressed, too weak to feed or care for themselves. Rachel Hanna "kept at those legs, although the doctors had pronounced them hopeless, until I got them straight. Measuring from under the knee to the bed every day..."(Hanna, as cited by Mills, 1974) and tending to the large bedsores that developed as a result of the men lying incapacitated for days in their cabins (Hanna, as cited by Mills, 1974). The Good Samaritan Hospital filled and overflowed, the staff

struggling to cope with patient care and "...taking the heavy end..." (Mills, 1974) of all that there was to do.

For Georgea Powell, "Nursing scurvy patients at best is disgusting work" (Powell, as cited in Aberdeen, 1900, p. 40). The men were unshaven and unclean, and physically resisted her attempts to bathe and care for them, "demanding much and giving small thanks in return" (Powell, as cited in Aberdeen, 1900, p. 40). Georgea Powell's patience was expended. She thought that the men were "almost the very lowest grade of humanity" (Powell, as cited in Aberdeen, 1900, p. 40), making her work double what it ought to have been (Powell, as cited in Aberdeen, 1900, p. 40).



Figure 6. *Good Samaritan Hospital, Dawson, YT.*

Financial difficulties continued to plague the operation of the Good Samaritan Hospital (see Figure 6). Some relief did come in the form of payment by the Yukon Council for the care of the indigent patients (Guest, 1985, p. 253)

as men were lying sick in Dawson and all over the mining districts and no one to take care of them...The great majority of the people seemed to be perfectly heartless in this matter. We, as a civilized Government could not allow these men

to die like beasts, consequently we had to take care of them (Ogilvie, as cited by Guest, 1985, p. 253).

“Nearly all, or quite all” (Powell, as cited in Aberdeen, 1900, p. 40) of the scurvy patients were indigent, and their expenses pushed the Yukon Council funds to the brink of depletion. A combination of public fund raising benefits, an appeal to local merchants, and the assistance of relief organizations again enabled the Good Samaritan Hospital to remain open (Guest, 1985, p. 253).

The spring came and the ice left the Yukon River. Public health began to recover in Dawson and the surrounding area when fresh food arrived on the river boats. And most importantly, a vigorous campaign to make Dawson a more sanitary place to live began in earnest. A series of drainage ditches were dug to drain the stagnant pools of water that collected on the flat surface of the town site. A new well dug into the gravel of the confluence of the Yukon and Klondike Rivers supplied drinking water for public use via a series of conduits throughout the town, and regular testing ensured that the water was clean and suitable to drink. The garbage site or dumping area for the Yukon River was located at a place down stream from Dawson, and those still choosing to haul drinking water from the river were warned to do so at a place well up stream. Under the watchful eyes of the duly appointed public health officer, sanitary inspector, and the NWMP there was strict enforcement of regulations against those allowing pools of stagnant water to collect on their properties or not disposing of garbage and sewage as directed (Guest, 1985, p. 254; Steele, 1915, p. 322; Woodside, 1901). All of these measures towards public sanitation made Dawson a much more pleasant and healthier place to be.

In the summer of 1899 the news of another gold strike at Nome, Alaska reached Dawson. Within a week 8,000 men fled the town (Adney, 1994, p. 462), jamming themselves into every available space on the downstream Yukon River boats, or fighting against the current in whatever craft they could find. Others followed decreasing Dawson's population significantly. Public health issues associated with overcrowding diminished. Although there were reoccurrences of typhoid fever the number of cases were much less than the previous summer, and by fall the general health of the community had greatly improved (Evans, 1899; Guest, 1985, p. 256; Primrose, 1899).

Georgea Powell and the other three Victorian Order nurses persevered in their mandate to bring their nursing skills to as many ill people as they could in the Yukon (Victorian Order of Nurses, 1897-1906, 16 April 1898). They gave nursing care to many hospitalized typhoid fever and scurvy victims during the late summer and fall of 1898 and the winter and spring of 1899. Once the acuity of the typhoid fever epidemic abated and the incidence of scurvy diminished the services of the Victorian Order nurses at the Good Samaritan Hospital were less in demand.

It was time for Georgea Powell to direct her attention in earnest towards the permanent establishment of the Victorian Order of Nurses in the Yukon as a visiting and district nursing service. Georgea Powell, Margaret Payson, and Rachel Hanna began taking on "some outside cases" (Evans, 1900), anticipating that this was the beginning of their future work. "I had an interesting case at Gold Bottom" (Hanna, as cited in Mills, 1974) Rachel Hanna recalled. "A quantity of earth fell on a miner's back, dislocating a bone" (Hanna, as cited in Mills, 1974). Soliciting the skills of a local carpenter, Rachel

Hanna improvised, drew on her self-knowledge to plan her nursing care, and designed a fracture bed for her patient. The carpenter built a frame the size of the bed and Rachel Hanna covered it with canvas and "...put it on top of the bed, four bricks at each corner; made a hole so it came at the lower part of his back, covered with a flap of canvas" (Hanna, as cited in Mills, 1974).

"Miss Powell...to further and develop the work of the Order..."

Finding the funds to sustain and to continue the work of the Victorian Order of Nurses in the Yukon was Georgea Powell's responsibility. The Provisional Committee of the Victorian Order of Nurses optimistically suggested that "...Miss Powell..." (Victorian Order of Nurses, 1898a) form "...a committee of miners and others who would endeavour to further and develop the work of the Order and who would raise a fund for bringing in and supporting additional nurses, or for constructing and maintaining hospitals..." (Victorian Order of Nurses, 1898a). With the population in Dawson and the surrounding area diminishing there was no need for another hospital. The permanency of any population in any Yukon community was always in a state of flux, depending on the latest gold find. For most persons coming to the Yukon the intent was to make their fortune and return home. Becoming involved in an endeavour that had a sense of permanency such as the establishment of the Victorian Order of Nurses was not in their plans (Adney, 1994, p .433; Kirk, 1899, p. 115).

In October, 1898, the observation "...of the Klondike fund, there was still \$1,388 in hand + \$600 due out of this to the nurses..." (Victorian Order of Nurses, 1897-1906, 8 October 1898) was a warning for concern. The following March Georgea Powell received

a letter that outlined the future of the Victorian Order of Nurses in the Yukon. Dr. Gibson wrote in his letter on behalf of the Victorian Order of Nurses Board of Governors,

The fund for this purpose has been exhausted...take steps to lay the matter before the people and try to raise sufficient funds to pay expenses...if the inhabitants of Dawson do not show their appreciation of...services by subscribing funds for this purpose...leave and return to Ontario (Victorian Order of Nurses, 1897-1900, 8 March 1899)

Efforts by a special committee in Ottawa had been made to solicit federal government monies for the Yukon fund (Victorian Order of Nurses, 1897-1906, 8 March 1898). Despite numerous letters of support regarding the "good work" (Steele, as cited in Aberdeen, 1900, pp. 43-44), "great usefulness" (Good, as cited in Aberdeen, 1900, pp. 46-47), "valuable assistance" (Thompson, as cited in Aberdeen, 1900, pp. 45-46) and "zeal and self sacrifice" (Dickey, 1900, as cited in Aberdeen, 1900, p. 48) of Georgea Powell and the other Victorian Order nurses in the Yukon, there was "no hope of any Government help being available for the Klondike" (Victorian Order of Nurses, 1897-1906, 6 July 1899).

Accepting the inevitable, the Board of Governors for the Victorian Order of Nurses passed a motion to begin the withdrawal of Victorian Order of Nurses services in the Klondike (Victorian Order of Nurses, 1897-1906, 6 July 1898). Georgea Powell received a letter from Charlotte MacLeod advising her

to remain in Dawson as a Victorian Order nurse...to propose to the other nurses that they return to Eastern Canada for service under the Victorian Order of Nurses or withdraw from all connections with the Order...to be charged with the disposal of the nurses' outfits and with the letting of the cabin, should she herself come to have charge of a hospital (Victorian Order of Nurses, 1897-1906, 6 July 1899).

For the time being, Georgea Powell stayed on as the only Victorian Order nurse in Dawson. Margaret Payson and Rachel Hanna chose to leave the Victorian Order of Nurses. Margaret Payson remained in Dawson and took a position at the Post Office. Rachel Hanna continued to nurse in Dawson and later became matron of St. Andrew's Hospital in Atlin, British Columbia (Aberdeen, 1900, p. 21; Mills, 1974).

Many women, alone or with husbands or companions, joined the rush to the Klondike gold fields. They came for many reasons. Some, intent on earning their fortune, staked claims and panned for gold, some came looking for work in unskilled, skilled, and professional positions, and some entrepreneurs established businesses and services in support of the mining activity around them (Adney, 1994, p. 355; Backhouse, 1995, pp. 11-14; Porsild, 1998, p. 20). The exact number of women in the Yukon during the peak of the Yukon stampede is not known. The figure is estimated to be approximately 1,200 in 1898, or about 8 per cent of the total population for the territory. In Dawson the figures were a little higher with approximately 12 per cent of the population being women (Porsild, 1998, p. 20).

Getting "...through it..."

Health care for the women of Dawson and the surrounding mining communities was available, at a cost. Confinement for childbirth at St. Mary's Hospital including the doctor's fee was set at \$1,000 (Black, 1980, p. 44). "I decided to get through it alone" (Black, 1980, p. 44) one woman said, "The baby came ahead of time. I was alone, and it was over quickly, an incredibly easy birth" (Black, 1980, p. 44). The women who worked as prostitutes were examined regularly for venereal disease by the NWMP physicians

(Porsild, 1998, p. 102). When they required hospitalization they sought care from the nuns at St. Mary's Hospital (Cantwell, 1992, p. 87).

The Good Samaritan Hospital did not accommodate women until 1900 ("Women's ward," 1900), and the admittance of maternity patients was curtailed in 1901 unless the woman could afford to pay \$15 per day for a number of days in advance. Dr. Grant made the decision to implement this policy due to the number of indigent women seeking maternal-child care at the hospital (Guest, 1985, p. 257). In order to provide private space for women at the Good Samaritan Hospital, the Methodist Ladies Aid Society gathered items to furnish a ladies ward. They were told by the hospital Board of Managers that there was no further space available for women, and they were invited to furnish a men's ward and parlour instead. At a later meeting a discussion ensued regarding the furniture that the ladies had donated to the hospital. Apparently the furniture had disappeared (Methodist Ladies Aid, 1900-1905, 29 January, 5 February, 12 March 1900). When female nurses became ill, they nursed each other in their tents and cabins (Evans, 1899; Hanna, as cited in Mills, 1974; Powell, as cited in Aberdeen, 1900, p. 38).

A terse funeral notice in the Dawson Daily News on November 22, 1899 reports the death of Mrs. William Bradley after childbirth "where the little baby boy, whose life began within a few hours of the mother's death, has been given into the care of Miss Powell of the Victorian Order of Nurses" ("Funeral services," 1899). Without friends or family to take care of the infant Georgea Powell accepted the responsibility for the baby's care, acknowledging the helplessness of the baby and the father. "Child saving" (Government of Alberta, 1910-11, p. 32) later became the focus of Georgea Powell's

nursing career when she accepted the position of matron at the Edmonton Children's Shelter in 1912 (Government of Alberta, 1912, pp. 67-8).

"Stepping across Broadway..."

Another season had passed and Dawson was seized and suspended in the frozen space of the 1899-1900 winter. Georgea Powell "alone remained in the service of the Order" (Victorian Order of Nurses, 1897-1906, 30 October 1899) in the Yukon. She was retained until the following spring when navigation would allow her to move to another position with the Victorian Order of Nurses. She lived alone in the Victorian Order of Nurses cabin, with a faint hope that she might be able to find the financial support needed to maintain a Victorian Order of Nurses unit in the Yukon. She had only these last few months to find that support and the resources she needed (Victorian Order of Nurses, 1897-1906, 30 October 1899). Colonel Evans and one half of the contingent of men in the Yukon Field Force retired from the Yukon late in 1899, and the rest left in June, 1900 (Greenhous, 1987a, pp. 208-210). A railway line now provided access from Skagway, Alaska, into the interior of the Yukon via the White Pass, and an accompanying telegraph line put Georgea Powell and Dawson in touch with the rest of the world ("Telegraph," 1899).

By the turn of the 20th century a number of two storey wooden and brick homes stood in Dawson, giving the town a beginning air of permanency. Many Dawson businesses continued to enjoy support from the mining activity generated by established miners and the recently arrived large mining companies. A number of churches, social societies, visiting cultural groups, clubs, and organizations provided outlets for social and

cultural exchange, and the prolific saloons and gambling establishments continued to do a brisk business. Any occasion was an opportunity and cause for celebration with a tea, reception, dance, carnival, elaborate dinner party, or formal ball. There were two social circles, "the crowd who went out" (Berton, 1972, p. 49) and "the crowd who stayed in" (Berton, 1972, p. 49) with "women of travel and taste who form a little social world quite equal in brilliance and intelligence to any of the monde in bigger cities" (Brown, 1900). A number of ladies' dress and millinery shops supplied the latest fashions from all over the world for those who could afford to buy them. A "woman walking down Dawson streets might be stepping across Broadway or 5th Avenue in New York - as far as her costume is concerned" (Brown, 1900).

In the printed newspapers Georgea Powell's name does not appear in the available guest lists of the formal social evenings or gatherings of the day. When her "nearest friend" ("Wedding," 1900), Faith Fenton, married Dr. John Brown, Territorial Secretary for the Yukon, in the evening of New Year's Day 1900, Georgea Powell hosted at her cabin home "a pretty little wedding supper" ("Wedding," 1900) for the newlyweds. Faith Fenton had continued in Dawson as an active newspaper journalist after her arrival as the correspondent for the *Toronto Globe* in 1898. Following her marriage to Dr. Brown who became the Yukon Medical Officer of Health, Faith Fenton took her place amongst Dawson's social elite (Downie, 1996, p. 278). Although socially connected both personally and professionally with the Dawson "crowd who went out" (Berton, 1972, p. 49), Georgea Powell maintained a low social profile (Berton, 1972, p. 46).

Spring arrived in 1900 and despite Georgea Powell's social and political connections the people of Dawson did not come forth to support the continuance of the Victorian Order of Nurses in the Yukon. The population of Dawson had decreased to approximately 5,500 persons: approximately 4,500 men, 650 women and 240 children. The private hospitals were empty or closed (Ferguson, 1901). A letter from Charlotte MacLeod advised Georgea Powell that "her salary would be paid up to May and an allowance given for travelling expenses..." (Victorian Order of Nurses, 1897-1906, 17 February 1900), and that she must "close up the work and pay off all accounts unless a District Committee would be formed...to pay...salary and all the expenses connected with that branch of the order" (Victorian Order of Nurses, 1897-1906, 17 February 1900). Charlotte MacLeod's letter again allowed for the faint hope that support for the Victorian Order of Nurses could be found. In May 1900, Georgea Powell responded that she had decided to withdraw from the Victorian Order of Nurses and that she planned to stay on in Dawson. She declined the offer of a transfer to another post (Victorian Order of Nurses, 1897-1906, 4 May 1900).

"Sergeant Bate called occasionally..."

Caught in the swirl of activity and need that overshadowed every waking moment when she first came to Dawson and began nursing at the Good Samaritan Hospital, Georgea Powell graciously accepted the concern and the support of the NWMP attendants who were waging their own war against disease at their hospital nearby. When she became ill with typhoid fever and Rachel Hanna arrived to join her in Dawson, "Sergeant Bate of the Barracks hospital called occasionally to see how I was making out

(or it may have been to see Miss Powell)...” (Hanna, as cited in Mills, 1974), Rachel Hanna later confided, noting that “...he would bring some things to help out...” (Hanna, as cited in Mills, 1974). Although it was difficult to find respectable places in Dawson for couples to socialize, to court, and for romance to bloom (Porsild, 1998, p. 158), Georgea Powell and George Bates developed a friendship that progressed to marriage in 1904.

Contrary to the expected Victorian decorum for a single lady in Dawson (Berton, 1974, p. 32) Georgea Powell continued to live “cheerful and contented” (Evans, 1899) and alone in the Victorian Order of Nurses cabin after the other Victorian Order nurses had left (Government of Canada, 1901). The winter of 1900 was especially trying; dense fog hung over Dawson. The extreme cold plus the dampness fostered a sharp increase in the number of persons suffering and dying from pneumonia (Thompson, 1901). Georgea Powell found a kindred spirit in George Bates, someone who shared her commitment to nursing and could share her experiences of nursing in the Yukon. George Bates was well respected by his superiors and they valued his expertise; “Reg. No 2299 Staff -Sergeant Bates, hospital Steward in Dawson District is in my opinion one of the best men possible for this position, he is thoroughly experienced, kindly in disposition and strictly attentive to his duties” (Steele, 1898, p. 10).

Georgea Powell left Dawson on the 10th day of August, 1904 (Craig, 1897-1907, p. 208). She returned to New Brunswick to spend time with her family before her wedding to George Bates in Regina, North West Territories on the 28th of January, 1905 (“At Alexander Hotel,” 1905).

CHAPTER V

Creating *Shalom*: Making the Implicit Explicit

Come walk with me
As we journey together and unfold our mysteries;
Guiding us to know each other's inner beings.

Come walk with me
To build bridges and discover our parallel paths;
Bonding us through what we share as knowing.

Come walk with me
Throughout the labyrinth of ourselves;
Remembering that we as one or more are whole.

Come walk with me
While we create *shalom* for all we know;
Sharing our unfolding, caring, calling, telling, voices.

Come walk with me
"LEST WE FORGET" to hang the "...beef tins...filled with roses";
Healing one another by choosing "Victory" over "Death" (Winans, 2000).

During the process of collecting the fragments of Georgea Powell's story of her life and experiences, and of creating and recreating her narrative from an infolded maze into an unfolding labyrinth, a change has taken place. I, the writer, am no longer the same person who reads and reflects on what is written (Woolf, as cited by Rolfe, 1997). The "multiple researcher 'I's'" (Clandinin & Connelly, 1994, p. 416) of narrative inquiry became apparent. I began as a gatherer, sometimes snatching, sometimes tugging, sometimes rolling together the strands of Georgea Powell's story. In this gathering I share with her the role of nurse, woman, narrative participant, teacher, critic, and informant.

Within this sharing another perspective has developed; identifiable events, themes, and threads occurring throughout her story have stirred thoughts and feelings of either

shalom or disequilibrium for her, and have also created thoughts and feelings of *shalom* or disequilibrium for me. In other instances I feel dis-ease when she is silent or silenced.

Where I am silent about either her or my thoughts and feelings of disequilibrium, I recognize “smoothing” (Connelly & Clandinin, 1990) in the narrative that I have written. This is where the adoption of the role of “I the critic” (Connelly & Clandinin, 1990) of “I” the writer becomes imperative so as to bring to light untold stories and to maintain ethical sensitivity to Georgea Powell and her narrative.

My task is to build bridges over the gaps, to smooth out the sharp turns in Georgea Powell’s story, and to make her narrative as whole, accurate, and authentic as it can be at this time. By probing within myself to seek out fresh knowledge through my reflection on the actions, thoughts, and feelings of both her and me that have been uncovered in writing her story, I deepen the inquiry process. With reflection there is an opportunity to consider the resonance of Georgea Powell’s personal and professional nursing practices with our own. In seeking the illumination of such intuitive insights, the reader and I can further our reflection on our actions and become reflective practitioners ourselves (Van Manen, 1990, pp. 125-126). My reflection on Georgea Powell’s experiences combined with my reflection on my own experiences shapes the inquiry (Clandinin & Connelly, 1994).

As Georgea Powell lived her story, she did so from within a living tapestry that was being woven as she lived. Her experiences happened within the context of the professional, personal, sociopolitical, educational, temporal and gender circumstances of her pioneer time. One hundred years later the process of writing her narrative has taken

place from within the context of my place and my time. This has both shaded and informed the writing. While I examine her experiences as researcher from my era, I can recreate her narrative holistically and with the richness of her complex human personhood because of the knowledge, technology and methods such as computer retrieval systems for archival materials and the narrative reflective methods available from my era. To inform the narrative further, through our parallel stories I have made my reflection on my own experiences transparent to the reader. I have written biographically of her and autobiographically of myself (Smith, 1994).

Distillation of the essence of Georgea Powell's narrative develops from constructing and re-constructing her story, creating something new in the writing that the writer and the reader can identify as self-knowledge (Rolfe, 1997). The creative act of writing is a means of "tapping the unconscious" (Holly, as cited in Rolfe, 1997). For the writer this evokes the opportunity for the discovery of self-knowledge, an opportunity to probe within the self to seek out fresh knowledge and to develop theory (Rolfe, 1997). This is where my "multiple researcher 'I's'" (Clandinin & Connelly, 1994) expand to include the role of learner and facilitator. In searching for meaning and endeavouring to make sense of what I as the writer think that I know, I present my observations for perusal by others. I have taken the opportunity through writing to convert the implicit to the explicit and to unlock implicit meanings through analysis (Holly, as cited in Rolfe, 1997). "Writing teaches us what we know, and in what way we know what we know" (Van Manen, 1990, p. 127), supporting the importance of writing the stories or narratives of nurses who have previously been silent and anonymous in nursing history. Nursing

history holds “hidden worlds” (Thompson & Perks, as cited by Kirby, 1997/98, p.45) or spheres that have not been included in what is traditionally accepted as nursing history. Participating in bringing these hidden spheres to light through writing Georgea Powell’s narrative allows me to contribute self and nursing knowledge.

To make the implicit in Georgea Powell’s experiences explicit the study of her experiences must focus simultaneously in four directions: inward and outward and backward and forward while attending to the developing pattern of the whole. The “whole” is the whole of her personal and professional experiences from the resources available and employed in this inquiry and how these experiences interlock with one another to form a path. Focussing inwardly means focussing on personal feelings, hopes, aesthetic reactions, values, and moral considerations; focussing outwardly is focussing on existential conditions, the environment, or the reality of the situation; and focussing backward and forward is looking at the past, present and future or what is happening, what has happened and what could happen (Clandinin & Connelly, 1994).

While Georgea Powell searches to make meaning of the evolving patterns of her experiences she is searching for a pattern that she recognizes. She is seeking wholeness or *shalom* trying to keep in step or recapture the rhythm of her life that she senses is temporarily in discord with what she knows (Newman, 1999).

While using narrative inquiry as the methodology for this research I attended to the possible pitfall of presenting “the illusion of causality” (Crites, as cited by Connelly & Clandinin, 1990, p. 7) in the analysis in relation to the events or experiences that are written as the narrative. Events or experiences in the narrative unfolded within their own

time and place and when reviewed with hindsight may present a sense of one event or one experience being hinged upon the other or when reviewed in a futuristic sense may suggest a clear outcome. To make the implicit explicit in Georgea Powell's narrative my intent is for readers to experience a model that explains or observes from her narrative as a whole, her narrative as a person, and not from a model of cause and effect (Connelly & Clandinin, 1990, p. 7)

Maintaining the process of looking inward, outward, forward, and backward simultaneously (Clandinin & Connelly, 1994) during the analysis of Georgea Powell's narrative may present peril for the reader. Because the pathway is not linear the reader may become lost or disorientated as to the direction being followed at any one time. I have endeavoured to unfold her story as a whole, revealing patterns that she herself was searching to recognize in her experiences. Georgea Powell found meaning in her life story through hanging the "...beef tins... filled...with roses..." (Hanna, as cited in Mills, 1974) or creating *shalom* for others and herself. Her maxim of "...Victory or Death..." (Powell, 1898b) while on the trail into northern British Columbia and the Yukon and her watchwords of "...LEST WE FORGET, LEST WE FORGET..." (Powell, 1898b) are her metaphors, grasping meaning from within her personal and professional experiences. These metaphors were a part of Georgea Powell's everyday language and affected the way in which she perceived, thought, and behaved (Lakoff & Johnson, 1980, p. 3). From within these metaphors Georgea Powell's narrative unfolds: seeking *shalom* for others and herself, loyalty to her commitments, honouring the dedication of others, and honouring her own pioneer spirit. Her metaphors defined, illustrated, constructed, and manifested her

paradigm of reality. It was what she accepted as truth (Lakoff & Johnson, 1980, pp. 3, 159-184). Georgea Powell's metaphors resonate meaning for me, and these echoes of metaphors and meaning shape the following discussion.

Hanging the "...beef tins...filled...with roses..." : Embracing *Shalom*

"The banner...of beauty..."

When I read what I have written of Georgea Powell's narrative I see a woman and a nurse who values the presence of peace and *shalom* for herself, her patients, and her community. In her writings of her experiences as a Yukon nurse, and in writings of those who shared her experiences, there is a constant repetition of an awareness and an appreciation of the beauty of nature in the Yukon landscape surrounding them.

Spectacular sunsets, forest greenery, mountain magnitude, massive rock formations along mountain streams, river rapids, and sandbanks along the Yukon River describe "...the banner...of beauty..." (Fenton, 22 October) that was constantly before them (Fenton, 1898, 4 June-15 October; Lester, 1898-1899, 24 July 1898; Powell, 1898a, 1898b).

It was spring when Georgea Powell travelled through the mountains in British Columbia and the Yukon on the Teslin Trail. Mountain wildflowers were blooming everywhere. This emerging life and its signs of renewal, this glorious profusion of colour, welcomed the visitors. Flowers were living proof that it was possible to exist and survive in this northern Yukon climate, possible to bloom, to die, and to bloom again, snatching warmth from the intense northern sun during the short spring and summer weeks.

Georgea Powell sought the positive in the paradox between the delicacy of the wildflowers and the rawness of the journey. Despite the rigours of navigating trails and

surviving hardships endured on the trail into the Yukon, the beauty around was not ignored. Attempts to capture this aesthetic elegance by picking wildflowers and using them to decorate tables on the boats brought the Yukon wilderness beauty inside to the traveller's surroundings. When these Victorian Order nurses set up their temporary hospital tent on the trail they made it "cheery" (Hanna, as cited in Mills, 1974). Outside the tent they decorated with discarded canned beef tins filled with wild roses. Inside they brought flowers to their tables, making their own surroundings cheery. Hanging the flowers outside offered both invitation to others to share appreciation of the surrounding beauty and welcome to visitors to a safe and homey place amid the vast wilderness.

Georgea Powell seemed to find beauty no matter what her circumstances, whether marvelling at the simplicity and complexity of nature or watching the "...glow of the rosy dawn..." (Powell, 1898b). For myself, watching eagles soar above the river near my home, seeing mice playing in the grass beside the bus station, walking in the woods, or forcing daffodil bulbs inside in winter sustains and renews my spirit, moving me forward through my days and creating my experience of *shalom*.

"Comfort and diversion..."

Georgea Powell accepted the responsibility of sustaining morale for her travelling companions along the trail into the Yukon. When her small group became lost, she recited the story of Poor Babes in the Woods (Anonymous, ____) "by way of comfort and diversion" (Powell, 1898b). Providing comfort and diversion for her travelling companions was another means of creating a safe place for others and herself. She sought humour in their getting lost, and wrote of her trip and misfortunes in the Yukon as adventures. In

letters (Powell, 1898a, 1898b) to her Victorian Order of Nurses friends, she described the fun of participating in the May 24th celebrations in the wilderness and of looking back on the trip over the Yukon trail saying, "It was not so bad after all" (Powell, 1898b).

In a previous research study on an historical nursing figure, interviews with senior nurses (Gautreau & Winans-Orr, 1994) revealed similar perspectives. After relating a gruelling experience of our nursing education or practice, our views echoed Georgea Powell's self comforting comment that "It was not so bad after all" (Powell, 1898b). The paradox is that, although our nursing education and practice had moments of distress from discipline or hard work, we often reflect that it was all worthwhile, that the end justified the means, that the hardships needed to be endured to be well prepared nurses.

Comforting others by diverting their attention from or to their circumstances is a constant presence in my practice. When practising in a hospital intensive care unit, severe illness, death, and crises were my daily reality. Today I mentor students, walking with them as they navigate through processes of discovering who they are as individuals so they can move on meaningfully and personally into caring for others. My goal is to facilitate the wholistic learning process with students, to guide them to be reflective thinkers, bearing witness to their own and each other's past, present, and future experiences. In finding comfort and trust in the self-knowledge that sustains them and faith that they are valued as persons and nurses "...after all" (Powell, 1898a).

Finding a "home"

Establishing a home, a place of refuge, a place of *shalom* for herself and her family was a key role played by pioneer women. Staying alive or staying healthy during the

rigours of establishing a place to call home was priority for women who pushed into the unknown Canadian west at the turn of the 20th century (Rasmussen, Rasmussen, Savage & Wheeler, 1976, p. 8). Conditions were harsh and pioneer women physically helped to build their homes. They accepted the responsibility of maintaining a dwelling for themselves and their families. Making life cheerful and keeping “up the tone of the men...when the day’s work is over” (“The women wanted.” 1902) were valuable and respected qualities for pioneer women.

Georgea Powell was both a pioneer woman and a pioneer nurse. She was from a pioneer family who had settled and put down deep roots in New Brunswick. In times when travel was difficult, she chose to uproot herself from rural New Brunswick and move to Waltham for her nursing studies, and later her journey continued into the Yukon with the Victorian Order of Nurses. Upon her arrival in Dawson the only accommodation available was a tent, with the only provisions provided by the Yukon Field Force. After her appointment as the matron of the Good Samaritan Hospital she moved her tent closer to the hospital buildings so as to be “within call” (Powell, as cited in Aberdeen, 1900, p. 38), and euphemistically referred to her lodgings as where “the matron had her apartment” (Powell, as cited in Aberdeen, 1900, p. 38). Her quarters were cold, cramped, and uncomfortable but they protected her from the elements. While her basic needs of food and shelter were the responsibility of the Good Samaritan Hospital, Colonel Evans (1898b) was relieved when the hospital Board of Directors took Georgea Powell in and provided her with shelter, a “...home...”, as he “...cannot imagine...” (Evans, 1898b) what she would have done otherwise. Living in a tent was the norm in Dawson. The city did not

have an air of permanency as the objective of the gold seekers was to make their fortunes and return home to the families they had left behind (Adney, 1994, p.433; Kirk, 1899, p.115).

Georgea Powell lived alone in her tent until Rachel Hanna arrived. They then set about putting down roots for themselves and for other Victorian Order nurses by building a cabin and creating a home by hanging "the beef tins...filled...with roses" (Hanna, as cited by Mills, 1974). Intuitively they created a place of *shalom* amongst the confusion and illness surrounding them. They created comfort in their cabin with what was at hand. Pieces of fur from the bottoms of their too long fur coats were sewn together into a luxurious couch cover, discarded packing paper became wallpaper, and rain cloaks were used to cover the floor (Hanna, as cited by Mills, 1974).

Throughout my nursing career I constantly moved location due to family transfers. Uprooting myself every few years and reestablishing myself in a new nursing position and a new community has been trying at times. Knowing that I would be moving on in one or two years made it difficult to put down roots and to develop friendships. The positive outcome is that I have learned to readjust and respond to many situations both in my personal and professional experiences by experiencing a variety of learning opportunities. While working at the Toronto at Sick Children's Hospital I watched the first open heart surgery that was performed there, and I nursed post operative cardiac patients with the new procedure of hypothermia. About two years later I was in Vancouver at St. Paul's Hospital and was a member of the nursing team that prepared and monitored a primitive heart and lung machine developed by surgeons for adult open heart surgery. As a nurse on

the intravenous therapy team, it was my task to keep a constant fresh blood supply running. Like Georgea Powell I developed a sense of *shalom* and a home for myself by keeping interested and involved in whatever was going on around me, and by taking advantage of learning opportunities as they arose.

“Going to...” and “seeing...”

To her patients in the Yukon Georgea Powell brought her self-knowledge or personal knowing, intuitively embodied as a whole from all her personal and professional experiences (Chin & Kramer, as cited in Smith, 1992). She created a safe place for her patients physically, mentally, and spiritually with self-knowledge of caring and healing. District nursing shaped her practical strengths of “going to” (Byrd, 1995, p. 84) and “seeing” (Byrd, 1995, p. 84) to open the door to family and community nursing care.

Georgea Powell valued the principle of nursing patients at home where each patient was an individual with a unique nursing situation in their own environment (Worcester, 1927, p. 4). She gave direct care to the patient and their families or significant others so as to keep the family well (Byrd, 1995). The sick men who were the patients at the Good Samaritan Hospital were often indigent and without adequate shelter. The hospital became a place of refuge and a home while they were ill. Georgea Powell sought them out, going to them, caring for them amongst the stumps where they lay ill, and bringing them home to the hospital (Powell, as cited in Aberdeen, 1900, p.36). By hanging “the beef tins...filled...with roses” (Hanna, as cited by Mills, 1974) in her nursing practice Georgea Powell acknowledged the humanness of each patient and the personal in each

situation. She approached each patient as a whole, knowing “how to do forty things for one patient, instead of one thing for forty patients” (Worcester, 1949b).

Georgea Powell acknowledged the helplessness of others such as the baby and his father when the baby’s mother died in Dawson (“Funeral services,” 1899). She helped those in her care to find meaning in the evolving and changing patterns of their lives by attending to their *shalom*.

As a student nurse, the primary setting for Georgea Powell’s learning was in the community. She demonstrated praxis (Chin, 1995, p. 2-3) in her nursing care to patients in the Yukon when she refined and applied self-knowledge to her nursing practice. In conveying the message “I know what I do, and I do what I know” (Chin, 1995, p. 2-3), she transformed her self-knowledge into action, changing the state of her patient’s well-being (Chin, 1995, p. 2-3). Georgea Powell was able to fluidly transfer and to apply what she had learned and practised in the community to a hospital setting without interrupting the quality of her nursing care. She understood the holistic principle of nursing a patient and the patient’s family or supporters within their unique environment no matter what that environment may have been (Worcester, 1927. p. 4).

In the Yukon Georgea Powell took charge of the Good Samaritan Hospital, gave nursing care to patients, managed the hospital, and supervised the nursing care given to patients by others, even though her previous nursing experience had not been in an institution. Her ability to do this contradicted the expectations of North American nurse leaders of the day who did not support nursing education programs that placed emphasis for learning outside of a hospital setting (Worcester, 1919).

During the first two decades of 1900, trouble brewed and then overflowed for the administration and students of the Waltham Training School. When the Massachusetts State Nurses Association (MSNA) was initially formed, Waltham graduates were urged to join the association, and their credentials were accepted for membership. As MSNA became more organized, representatives of hospital based nursing schools within MSNA, because of their numbers, gained control of licensing for nurses and subsequently controlled admission to nursing organizations such as the Red Cross and Public Health (Worcester, 1919). Although privately agreeing that “we all know and admit the excellent training the Waltham School gives” (Palmer, as cited in Fiske, 1985, p. 137) the fact that district nursing, not hospital nursing, was the school’s focus and that some nursing instructors were not licensed made Waltham graduates ineligible for nursing registration (Fiske, 1985, pp. 136-145). Dr. Worcester (1927) argued that nursing students should be given the opportunity to “win their diplomas in other environments” (Worcester, 1927, p. 153). He was appalled at the MSNA suggestion that Waltham’s nursing program was substandard as his consultations with Florence Nightingale herself revealed “this is the way of training nurses that she advised” (Worcester, 1927, p. 154).

At first the Waltham Training School resisted pressure to change their curriculum; observing that

the pioneer is almost always condemned so long as he remains a solitary figure and it is trying ...to see such a pioneer insist on following his own way and claim that it is right when all of the world knows that he is wrong (Fiske, 136).

Agreeing to include two full years of uninterrupted hospital based nursing education for students was the only way out of the dilemma of gaining registration for

Waltham graduates. The Waltham School acquiesced, conforming to curriculum standards set by MSNA. Early graduates who had not expanded their formal nursing education to hospital nursing did not receive full licensing, and were offered an “associate membership” (Fiske, 1985, p. 145) in nursing organizations. Some refused this demotion and chose to remain non-members (Fiske, 1985, p. 145).

Through their Yukon experience Georgea Powell and her peer Margaret Payson demonstrated that the self and nursing knowledge developed in the community of Waltham was transferable to a hospital setting, and that a district nursing curriculum prepared them to nurse in a variety of settings. As a graduate of a hospital based nursing program, I hear myself making statements about “going to work” when I am on hospital clinical duty with students. This is a holdover from my practice as a staff nurse in an institution. Although nursing has incorporated community and family nursing into nursing curriculum, the concentration and value is on institutionally based education. Georgea Powell’s experiences validated the value of a district nursing curriculum not only in her era but in mine, which certainly gives us something to reflect upon in current nursing curriculum development ventures. The tendency to favour institutional settings for nursing education remains, although historically Georgea Powell demonstrated that nurses can fluidly transfer self-knowledge from community settings to institutional ones.

The impact of the licensing debate for the early Waltham graduates has not yet unfolded in my research into Georgea Powell’s narrative. Her Waltham experience and nursing education were valued by the Victorian Order of Nurses. In assuming an administrative position in child welfare after leaving the Victorian Order of Nurses, she

indicated that self-knowledge continues and is valuable. As one of her peers stated in defence of her nursing credentials at the time of the licensing conflict for Waltham graduates, "To my Alma Mater I owe all of my success, and I am prouder today than ever to be a Waltham graduate" (Finnerty, as cited in Fiske, 1985, p. 144). I expect Georgea Powell would have given a similar response.

In my own experience, after moving from Ontario to British Columbia I applied for registration in British Columbia. I expected a smooth process, and assumed I would be accepted by proxy as I was already registered in another province. Though I had passed the Ontario registration exams, it was not considered enough. A rigorous examination of the curriculum of the hospital nursing school where I graduated delayed my acceptance for registration in British Columbia until three months later. Meanwhile I sought other work to support myself.

Later, when applying at the Université de Moncton in a Baccalaureate of Science Nursing program in 1980, I was required to write a psychiatric nursing exam in order to meet the then current qualifications for registration in New Brunswick. Although I had studied psychiatric nursing while a student and had worked as a psychiatric nurse in the meantime, the Registered Nurses Association of Ontario's exams in 1959 had not included an exam in psychiatric nursing. Thus, my credentials in psychiatric nursing were not accepted. I was penalized because the formal exams of the day were not comprehensive.

Standardizing the requirements of nursing education is important to the professionalization of nursing. Nurse leaders throughout the past century have diligently toiled to raise standards of nursing care. One way involved raising the standards of nursing

education. Historically, many early graduate nurses were silenced and their stories lost to nursing history because their right to practise was forfeited through default. They were abandoned because of a process that disallowed recognition for past experiences and nursing programs that were "...different..." (Fiske, 1985, p. 136). In New Brunswick today entry to practice is a Baccalaureate in Nursing. Nurses licensed previous to this change are unaffected, and nurses who graduated from nursing programs that were "...different..." (Fiske, 1985, p. 136) from the baccalaureate are protected and their experiences valued.

"The work of nursing..."

Presenting a professional public image and remaining loyal in all aspects to the cause was trying at times for Georgea Powell. Once she and her peers accepted their positions and agreed to go to the Yukon they became part of the publicity campaign that Lady Aberdeen and her supporters orchestrated to promote the establishment of a visiting nursing service in Canada. Being able to provide district nursing care in the uncharted, remote, Yukon Territory was an extreme and seemingly impossible example of how useful a visiting nursing service could be.

Before Georgea Powell and the other three Victorian Order nurses left Ottawa and later as they travelled across Canada, they were caught in a whirlwind of parties and receptions planned to draw attention to their upcoming Yukon expedition (Gibbon & Mathewson, 1947, p. 250). "I was just tired enough of being a Klondike nurse" (Powell, 1898a), Georgea Powell confided in a letter to her friend Annie Pride. The "soldiers came at last and gave us our freedom" (Powell, 1898a). Needing to share her feelings with her

friend she did what is familiar to me as a nurse. She spoke privately about her issues with a peer, something that I do with my peers with an understanding that confidentiality and acceptance will be maintained. With my nurse peers I am part of an informal culture that serves to protect us. Although somewhat isolated from a larger culture we are at the same time pulled together, and personal bonds develop (Kirby, 1997/1998). Georgea Powell was part of a similar informal culture within her place in time. She played her part well, presenting a professional image of nursing and maintaining a discreet personal image of her trials and tribulations, her "hidden world" (Kirby, 1997/1998). As her experiences in the Yukon became more intense she openly remarked that "to describe the work of nursing under these difficulties...one must need take part in it to understand" (Powell, as cited in Aberdeen, 1900, p. 38). Eventually, she moved outside her private world and became more public about her frustrations.

As time went on, Georgea Powell's energies to sustain *shalom* in dire circumstances depleted. For me this brings to mind nursing situations that I have experienced where patient numbers were so heavy that little time or energy to do what needed to be done in the time allotted was available. I recall many evenings spent in the Coronary Care Unit (CCU) where the duties included responding to a Code 99 in another department, responding to emergencies in the CCU, admitting new patients for cardiac monitoring, transferring patients to other departments to make room for the new admissions, nursing patients already admitted, and maintaining paper trail for the patients. Due to the extreme shortage of staff throughout the hospital, a call for help usually resulted in no help being sent. After a while I gave up calling.

Georgea Powell's feelings of being overwhelmed echoed back to me as I recall feelings that I had while trying to cope with demanding workloads in CCU. Although I connected with her experiences, I also felt dis-ease when reading her descriptions of the scurvy patients as "the very lowest grade of humanity, demanding much and giving small thanks in return" (Powell, as cited in Aberdeen, 1900, p. 40) and of nursing care being "disgusting work... scrubbing and cleaning of these miserable creatures" (Powell, as cited in Aberdeen, 1900, p. 40). Her candid and graphic recollections in print belied what I was taught as professional behaviour and broke the code of my micro-culture of nursing.

The traditions of my nursing experiences are rooted in the traditions of Georgea Powell's nursing experiences. For me that meant keeping silent about a "hidden world" (Thompson & Perks, as cited in Kirby, 1997/8) of nursing where the realities of work life issues are discussed privately, not publicly, if at all. The military metaphor for nursing that was Georgea Powell's experience at the turn of the 20th century, and mine as a student at mid-century, espoused the virtue of unswerving loyalty to the patient, the profession of nursing, and the institution where one worked (Wurzbach, 1999). This is what we were taught and lived as nursing etiquette.

The implication for nursing from Georgea Powell's example is that nurses have been expressing concerns about their work life issues for over a century, but within their private spheres. Concerns, though voiced, have been confined to anonymity and secrecy. The organization of nursing under the military model bureaucracy, chain of command, and responsibility to superiors decreased the desire or the right to challenge such systems openly. There were inherent rewards. Keeping publicly silent was self-protecting,

maintained a position, and collected praise from supervisors (Kelman & Hamilton, as cited in Wurzbach, 1999). Learning to be silent has been detrimental to my creating *shalom* for myself and others. "...it is time to tell" for me and for Georgea Powell. Her voice must be heard through my writing about her life and practice experiences. This writing has illuminated for me the importance of acting and speaking about the truths of my realities; my personal and professional issues in nursing voiced and not silenced as in the past.

"What is a nurse anyway but a physician's lieutenant?"

Since graduating from my first nursing education experience, my nursing career has passed through two subsequent periods that have adopted different metaphors for nursing, and I am currently living in an era that has adopted still another. During the 1960s and 1970s nursing education moved from the hospital to an independent setting. The roles and responsibilities of nurses became the focus for nursing research. Out of this research evolved the position that a nurse's role is to support the patient's goals versus those of the physician or institution, thus throwing off the cloak of the "...physician's lieutenant" (Worcester, 1897). Advocacy, defending the rights of patients, became a new metaphor for nursing (Wurzbach, 1999).

The subsequent metaphors for nursing that have evolved during my time have included individualism, community, and caring. Individualism is associated with "the dignity of man, autonomy, privacy, and self-development (Lukes, as cited in Wurzbach, 1999). From within the all encompassing metaphor of individualism, autonomy has caused the most reflection for me. Military metaphors for nursing have been my metaphors for a long time, and this has resulted in an experience that having autonomy in my practice or

the “ability and right to follow one’s own beliefs and values despite the consequences” (Wurzbach, 1999, p. 97) causes significant role conflict. For years my self-perceived role was to take direction under the authority of others, and that when I followed my own beliefs and values sometimes there were consequences.

I perceive myself as being restricted in practising with autonomy by physicians, health care systems, clients, the community, and by my past experiences (Wurzbach, 1999). Friedson (as cited in Schiedermayer, 1999) stated that

the only truly important and uniform criteria for distinguishing professions from other occupations is the fact of autonomy...a position of legitimate control over work...The single zone of activity in which autonomy *must* exist in order for professional status to exist is in the context of the work itself (p.2).

According to this definition Georgea Powell did not have true autonomy when nursing in the Yukon. Her military metaphor for nursing and her perception that her role was to be obedient to a higher authority would likely have led her to not expect autonomy in her practice (Wurzbach, 1999). She and her peers practised within a hierarchal organization where nursing was dominated by the medical profession. On their trip into the Yukon the one available military physician was often absent. This left Georgea Powell and the other Victorian Order nurses to rely on their self-knowledge and initiative to give health care to soldiers and to miners independently.

Georgea Powell’s nursing education at the Waltham Training School contained seeds which prepared her to practise nursing with autonomy. She was taught to be a leader, to think critically, to make informed and intelligent decisions regarding her plans for patient care, and to act on those decisions (Fiske, 1985, p.47). However, she was also

taught that the physician was “in charge” (Fiske, 1985, p. 61-62) of a patient’s nursing care. Leadership, autonomy, and subservience would thus become mixed metaphors creating contradictions. Dr. Worcester maintained that the physician should be the initial teacher, later agreeing that nurse supervisors could take over some of the supervisory training for pupil nurses (Fiske, 1985, p. 52). At the Good Samaritan Hospital Georgea Powell assumed a leadership role and accepted responsibility for the quality of nursing care that was given to the patients. Rachel Hanna took initiative and succeeded in assigning a young doctor to night duty while the patients slept. She observed that they needed her services more during the day (Hanna, as cited in Mills, 1974). Georgea Powell demonstrated praxis, leadership, and autonomy when she and the other Victorian Order nurses gave fresh food and lime juice to miners on the trail afflicted with symptoms of mountain fever, fashioned a fracture bed for a man with an injured back from poles and canvas, gave hot baths to a soldier with rheumatism, carried out passive exercises on the contracted limbs of miners afflicted with scurvy, and cleansed and covered wounds to prevent infection without direct medical direction (Fenton, 1898, 30 July; Hanna, as cited by Mills, 1974; Lester, 1898-1899, 24 July 1898; Powell, 1898b).

During the period that Georgea Powell and the other Victorian Order nurses practised nursing in Dawson and the surrounding area, a number of Canadian and American physicians also offered their services to patients. The nurses were witness to the Canadian physicians quickly organizing themselves and succeeding in their lobbying for legislation which put them in control of the licensing process for all physicians in the

Yukon. The Canadian physicians' goal to eliminate American colleagues as competitors was successful (Guest, 1985, p. 250).

Historically, physicians in Canada have influenced the evolution of the role of other physicians as well as the role of other health care workers, most significantly the role of nurses. For example, the development of physician experts in specialty areas such as obstetrics contributed to the diminishment of obstetrics in a family physician's practice. This same influence has affected the acceptance of nurse midwives, something that has not changed since 1897 when Canadian physicians warned of grave consequences if Victorian Order nurses were allowed to attend to patients at home (Sutherland, 1996, p. 10).

Physicians in Canada have an established record of achieving autonomy through leadership. Georgea Powell and the other nurses witnessed this process in the Yukon, as have all nurses up until the present day. As Ferguson-Paré (1998) stated, "Autonomous professional practice continues to be elusive for registered nurses" (p. 7) and a lack of autonomy contributes to increased stress, decreased job satisfaction, staff turnover, and absenteeism. Leadership is the key for registered nurses becoming autonomous. Nurse managers have direct contact with staff nurses and need to listen to their concerns, to support them to make decisions about their individual practice, and to encourage nurses to focus on their professional role (Ferguson-Paré, 1998).

From my experience, the level of autonomy permitted to nurses varies with the degree of availability and experience of physicians. As a young graduate practising in a large, urban, hospital in British Columbia in the early 1960s the physician's shadow over my nursing practice was expected. This is what I had been taught in nursing school and

what had been enforced from within the health care system. One day I shave prepped a patient for surgery without a written order. Although the area prepared was correct and the eventual physician's order duplicated what I had already done, I was publicly chastised for proceeding without proper direction. A few months later I moved to northern New Brunswick where I practised in a very small hospital with few practising physicians. I was a relatively new graduate but when the head nurse became ill within a month of my arrival, I became the head nurse of the surgical floor. In that position I called the physician about a woman who was having abdominal post-operative pain from what we determined was gas. I was looking for an order before acting. The physician asked what I had already done to relieve her pain. When I replied nothing, I was told to do what I thought was best and if that did not work, to let him know. Hot stupes, a rectal tube, and a small enema gave the patient the relief that she needed. From then on I understood that the expectation in this hospital and for the physicians in this area was for me to exercise some autonomy in my practice before asking for direction.

After my stay in northern New Brunswick I moved to an isolated community in northern Québec. I did not have paid employment but was conscripted into the trio of nurses who lived and gave health care in the community. One of the nurses was employed as the official nurse but she was more often absent than present. The other nurse was often ill so I was left as the unofficial keeper of the antibiotics and narcotics box. The doctor who served the community was employed by the mining company near town. Every three months he flew in for visits. However, he was always accessible by telephone and this was how most of his care was given. Here, I learned by doing: by attending to miscarriages,

suturing simple wounds, and making assessments that determined whether or not it was time to give penicillin and when it was time to fly someone out. During this time my practice was autonomous.

Returning south to another large teaching hospital restricted my autonomy. A senior patient with diminished hearing acuity asked me to examine her ears. I determined that they were full of wax, so I syringed her ears. Both assessing a patient's ear canals and ear syringing were part of my previous practice at the small New Brunswick hospital and in northern Québec. As I was coming out of the patient's room with the soiled treatment tray in my hands I met her young, attending, physician. He inquired as to what I had been doing. When I told him he quickly pointed out that the treatment of ear syringing was his responsibility and that he was not sure if he would concede to writing an order to "cover" my over stepping the boundaries of my practice or not. On numerous occasions this same physician had been subtly coached by senior nursing staff.

Autonomy as a concept is a paradox. Internally I believe that I have personal autonomy and demonstrate this by taking responsibility for myself and my actions. I also advocate for others to have the right to chose their own destiny. At the same time I internally hold thoughts about the constraints to my professional autonomy shaped by my well worn military metaphor for nursing. Within the context of my professional practice I also feel external constraint on my autonomy through limitations placed on my practice by government legislation, my society's acceptance of patriarchy, and the policies of my workplace.

Making independent decisions about nursing practice requires first that nurses have a voice, and with their voices give voice to others. My writing Georgea Powell's narrative gives us both voice, opens a space, and leads the way for discussion about what we share as our nursing practice. This voice empowers and validates us in decision making and moves us towards autonomy (Ferguson-Paré, 1998).

Currently the metaphors for nursing are community and caring. These metaphors cause less role conflict for me. During the progress of my Master of Nursing studies these metaphors have become meaningful. The community as caring metaphor or "a view of health care as the promotion, maintenance, and restoration of client well-being in a co-operative community" (Wurzbach, 1999, p. 97) is what I recognize as qualities of *shalom*. To fulfill my purpose of creating *shalom* for Georgea Powell, myself, and for nursing I reflect upon the metaphors for nursing that I have experienced. I take the best of what is offered and leave the rest as I mix the metaphors into a balance that creates *shalom*.

"Victory or death...": Inviting *Shalom*

"Through day and night we valiant fight..."

Georgea Powell (1898b) adopted the personal maxim of "Victory or death" (Powell, 1898b) when she began her trip to the Klondike. As she pressed on with her co-travellers the words of her maxim passed from being a personal determination to a wish for everyone. She wrote "Victory or death" (Powell, 1898b) on the guideposts along the trail as a rallying cry for others who were coming behind her and wryly commented that as the journey progressed she became more convinced of the wisdom in the words (Powell, 1898b). With similar words Joseph Rouget de L'Isle (as cited in Bartlett, 1919) stirred the

hearts of French peasants during the French Revolution after the battle of Tuileries in 1792 with his patriotic song and words

Ye sons of France, awake to glory!
Hark! Hark! what myriads bid you rise!
Your children, wives, and grandsires hoary,
Behold their tears and hear their cries!

To arms! to arms! ye brave!
The avenging sword unsheathe
March on! march on! all hearts resolved!
On victory or death! (Rouget de L'Isle, as cited in Bartlett, 1901)

Adopted in 1879 as the French national anthem, Rouget de L'Isle's (as cited in Bartlett, 1919) words and music mustered courage in citizens of France to rise above their fears and to fight for democracy with their lives. Georgea Powell's determination to succeed at any cost gave her strength and stamina to strive to meet her goal of reaching the Yukon and establishing a Victorian Order of Nurses practice there. Georgea Powell was born and raised in a predominantly Acadian area of New Brunswick. She taught Acadian students in primary school and watched Acadian families role model the determination needed to succeed in rural New Brunswick.

Further supported by the ringing words "Fides, spes" (Fiske, 1985, p.18) from her nursing school motto, Georgea Powell pushed on. No failure in any task. Success the anticipated outcome. "Fides, spes": confidence, faith, trust, and hope were her resources (Fiske, 1985, p. 18). Her nursing school song recounted the same principles.

Like a minted coin the Builders
Planned the symbol true;
Clear cut and long enduring
Its message comes to you

The Cross, the oak, the anchor.
 A triple strength reveal.
 Over our hearts we bear you
 Carved on our golden seal.

“Fides, specs” the war cry
 of “The Captains of Life and Death”,
 Through day and night we valiant fight
 To stay the fleeting breath.

The strength of the oak in our sinews,
 Faith anchored deep in our soul,
 May we justify our Builders
 In their plan of a perfect goal (Williams, as cited by Fiske, 1985, p. ii).

She proudly sang this song as a student. It described the origins and significance of the Waltham Training School for Nurses insignia, metaphorically reminding her that “The Cross, the oak, the Anchor” (Williams, as cited by Fiske, 1985, p. ii) gave her courage as she ventured into uncharted territory in the Yukon. Spurred on by her song’s promise of meeting her goals she had determination to succeed and to take pride in whatever she did. “The Victorian Order of Nurses...showed great pluck...”

The physical demands made upon Georgea Powell and her companions as they struggled along the Teslin Trail into the wilds of British Columbia and the Yukon were beyond what anyone had expected (Lester, 1898-1899, 16 August 1898; Powell, 1898b). Later, in Dawson, the environment continued to be hostile. Maintaining their personal survival in finding shelter and food, and maintaining personal safety, especially avoiding illness, was a day to day reality for the Victorian Order nurses. Superimposed on the physical hazards that surrounded the nurses was the psychological anguish they felt in

diligently doing what they could in an often hopeless situation (Powell, as cited in Aberdeen, 1900, pp. 35-40).

Georgea Powell had sustaining inner strength that she pulled from all of her resources. She had hardiness and resiliency. These qualities supported her as she continued on in the face of adversity and the unknown. Moving forward towards a goal was her expected outcome to any endeavour; she freely shared her philosophy with others by encouraging them to continue and "...showed great pluck..." (Evans, 1898a) when role modelling her courage.

Although not a practising Quaker herself (Government of Canada, 1901), Georgea Powell's heritage is deeply rooted in the Quaker beliefs. Her ancestors left Wales and sought religious asylum at Long Island, New York. They chose to move again to New Brunswick when the serenity of their lives was challenged by the conflict between their religious and political principles and the circumstances surrounding the impending American War of Independence (Little, 1961; MacLaren, 1993).

Georgea Powell also came from a family of blacksmiths; her pacifist, great grandfather Solomon Powell of New York state was imprisoned because he would not make or repair the guns being prepared for the fighting. He escaped his cell by digging a tunnel under the wall only to find the ground beyond was covered with light snow. By walking along the top of pine rail, zig-zag, fences he eluded his captors and found his way to freedom (MacLaren, 1993). Georgea Powell also walked a risky path in the Yukon as she zigged and zagged through her experiences convinced that where there was a will there was a way and any thought of failure was not a consideration.

Honesty, industry, and reliability are words used to articulate the attributes of those who live according to the tenets of the Quaker belief (Furnas, 1961, p. 80). Georgea Powell was steeped in the traditions of these tenets from her ancestors and used them to frame her world view. She sustained her inner courage by valuing what honesty, industry and reliability meant to her personally and acted out her values as she lived her personal and professional experiences. Georgea Powell described herself as someone who “cannot remain still when I think something could be done”(Powell, 1898b) and after accepting the responsibility of being the Lady Superintendent of the Yukon nurses she led the way. She continually pushed ahead of the convoy of soldiers and others who were travelling with her on the Teslin Trail and responded immediately when requested to change her plans and to go to Dawson to provide nursing care to the typhoid victims. She did what she considered was her duty and never refused a challenge of circumstances that arose from the rigours of the trail to the desperate health care conditions that she found in Dawson. Georgea Powell worked long hours sacrificing her own health for the health of her patients at the Good Samaritan Hospital and faced her own death while attempting to achieve victory over the illnesses of her patients.

From my own memories and experiences of knowing and sharing my practice with other nurses, honesty, reliability, and industry are common traits as well as expected norms. We trusted and relied on one another to be honest, reliable, and willing to take initiative and doing what needed to be done to create a team effort of creating *shalom* for patients and for each other.

Health concerns for nurses have remained a constant threat. Tuberculosis was prevalent during my student nursing era and I like others carry the scars from infection. We were particularly vulnerable to tuberculosis due to exhaustion from our 12 hour days and 6 day weeks. Tuberculosis has been replaced today by the acquired immunodeficiency syndrome virus (AIDS), medication resistant bacteria, and various viral strains of hepatitis; the threat to health for nurses continues and increases.

"My dear Annie..."

A personal letter (Powell, 1898b) that Georgea Powell wrote from Teslin Lake to one of her peers in Vancouver on July 10, 1898 was published in the Toronto Globe. The letter described Georgea Powell's trip from Vancouver to Teslin Lake, the scenery, places that they visited, and her adventures and challenges along the way. She related how she had difficulty keeping clean or tidy, fought off ferocious mosquitoes, and often lost the trail. Her letter made its way into public print and gave her a public voice relating the progress that she and others had made in their attempts to reach the Yukon. I wonder on reflection what her thoughts and feelings were if her personal letter to her peer was made public without her previous knowledge.

By contrast, another letter (Powell, 1898a) that Georgea Powell wrote ten days earlier from Glenora to "My dear Annie" (Powell, 1898a) again describes her trip but includes more personal comments of how she is tiring of the excitement and publicity which encircles her departure for the Yukon. The letter remained private for many years keeping this voice of Georgea Powell privately silent.

Georgea Powell's boldness, honesty, and courage in sharing her challenges in her reports to her superiors, Lady Aberdeen and Charlotte MacLeod, at Victorian Order of Nurses headquarters in Ottawa became more evident as time went on. Her statements about negative responses that were directed towards her and the nursing staff, from patients suffering from scurvy, and observation that Rachel Hanna was ostracized by staff at the Good Samaritan Hospital because the staff was jealous of her nursing expertise (Powell, 1898d) was courageous behaviour for Georgea Powell's era in nursing. A sense of Victorian propriety could have tempered Georgea Powell's commitment to honesty or true description in her reports or a sense of duty stemming out of loyalty to patients and the nursing profession (Kirby, 1997/98). Her comments in these reports were not published in newspapers but she was quoted verbatim by Lady Aberdeen in Lady Aberdeen's widely presented paper What is the use of the Victorian Order of Nurses for Canada? (1900)

Thompson (as cited in Kirby, 1997/98) observed that "the more people are accustomed to presenting a professional public image, the less likely their personal recollections are to be candid" (p. 54) in their portrayal of events. Georgea Powell was candid in her comments although she was the epitome of the professional public image of a Victorian Order nurse. She showed her courage by speaking out candidly to her superiors with her chosen words of being the "... maid of all work..." (Powell, as cited in Aberdeen, 1900, p. 35) echoing her exasperation with her situation.

Having voice is synonymous with having power. The majority of nurses are women and the socialization of women in Victorian society to be seen and not heard has

continued to modern times. Nurses were “trained to know their own proper sphere...” (Worcester, as cited in Stuart, 1992) and to adopt a position of subordination to physicians and others (Stuart, 1992). It is in recent times that nurses, physicians, and the public are being socialized to the concept that nurses adopt a collegial relationship with physicians. This type of relationship is slow in becoming a reality due to the established acceptance by the male hierarchy in the health care system and the perpetuation of silence and anonymity in nursing of nurses. It is perceived by the male hierarchy that it is their right to remain in the position of having all of the power (Thomas & Droppleman, 1997).

The motto chosen in 1874 for the first nursing school in Canada was “I see and I am silent” (Canadian Women’s Educational Press, 1974) twice validating voicelessness as a virtue for women and nurses. Socialized into a state of passivity and anonymity, nurses as women lost their voice and are now struggling to regain it (McPherson, 1996, p. 35; Reverby, 1990, pp. 49-57). Part of this phenomenon is incorporated within the long-standing adoption of the military metaphor; nurses are to do their duty and to be of service to others (Fry, 1994, p. 67; Weber, 1992). From its military heritage, nursing inherited the belief that nurses have moral obligation or duty to do what is right for the good of their country and mankind, to be self-sacrificing, and to maintain dignity in service. Not only nurses but the public, physicians and the health care system harbour threads of the military metaphor for nursing and pulling them for replacement with current metaphors is a long and tedious process.

"My old Yukon nurses..."

Georgea Powell had voice when she shared her frustrations regarding her situation in Dawson with Lady Aberdeen and Charlotte MacLeod and when she publicly described her trip from Vancouver to Teslin Lake. Her voice is not heard in the literature that surrounds the life and experiences that she collectively shared with the administration of the Good Samaritan Hospital, local Dawson authorities, the officers and soldiers of the Yukon Field Force, or the NWMP. Others spoke for her and about her describing in the passive voice her virtues, values, and state of being (Dickey, 189_; Evans, 1898b, 1900, 1901. Good, as cited in Aberdeen, 1900, pp. 46-47; Steele, as cited in Aberdeen, 1900, p. 43; Thompson, as cited in Aberdeen, 1900, pp. 45-46). When she arrived in Dawson it was Captain Starnes of the NWMP who explained to the Good Samaritan Hospital Board of Managers the purpose of the Victorian Order nurses in the Yukon and their mission to provide nursing care (Good Samaritan Hospital, 1898, 11 August). Colonel Evans (1898b, 1899, 1900, 1901) of the Yukon Field Force kept his superiors in Ottawa and Lady Aberdeen informed by letter regarding his perceptions of the success of Georgea Powell's and the other Victorian Order nurses' nursing activities. Lady Aberdeen published one of these letters (Evans, 1898b) in a newspaper sanctioning the legitimacy of Colonel Evan's commentary.

One of the purposes of Victorian Order nurses being sent to the Yukon was to prove their usefulness as a visiting district nursing service and hence gain support for the establishment of the Victorian Order of Nurses in the rest of Canada. Voices coming from the Yukon that endorsed the Victorian Order of Nurses' existence were not the voices of

the Victorian Order nurses; the voices heard came from prominent males who held the power at that time.

In the minutes of the meetings of the Board of Managers for the Good Samaritan Hospital (1898) Georgea Powell is referred to as “Miss Powell” (Good Samaritan Hospital, 1898, 27 September) when she is elected to be matron; otherwise she is anonymously referred to as “the matron” (Good Samaritan Hospital, 1898, 27 September). The title of matron carries with it the connotation that the person who is acting as the matron is mature and behaves maternally (Merriam-Webster’s Collegiate Dictionary, 1993). Georgea Powell considered the Good Samaritan Hospital as the patients’ home while they were recuperating from their illnesses and accepted the maternal position that her role of matron implied.

Nurses are socialized to play the maternal role and have the history of accepting and assuming a maternal position within the hierarchy of the health care system. This role changes to that of wife, daughter, or subordinate when the nurse interacts with the male doctor or male authority figure in the same setting (McPherson, 1996, p. 15) and in this way the nurse becomes a player in a patriarchal system. Colonel Evans (Evans, 1901) patriarchally refers to Georgea Powell as one of “my old Yukon nurses” (Evans, 1901) in a letter to Lady Aberdeen. He accepted the responsibility of ensuring the Victorian Order nurses safe passage to the Yukon from Vancouver and visualized himself as their protector long after he had left the Yukon.

Georgea Powell was allowed public voice when her comments were newsworthy and promoting the efforts of the Victorian Order of Nurses in the Yukon. She privately

had voice in correspondence with her superiors and her friends. The paradox is that although it can be said that she had voice, her voice was muffled by others who spoke of, and for, her. Finding snatches of her voice and putting her words into sentences and paragraphs is my purpose for writing her narrative: to release her from anonymity, to give her voice, and to give her identity.

“Unless...self supporting...the nurses will be recalled...”

Within her self-knowledge that was accumulated from her life and nursing experiences Georgea Powell had “sociopolitical knowing” (White, 1995) that gave her insight or understanding into the sociopolitical context of nursing as a profession and her place in that context (Thomas & Droppleman, 1997). She accepted the social rules and regulations of her Victorian upbringing carrying out her nursing practice under the rules and regulations of the Victorian Order of Nurses and accepting her place in her male patriarchal and hierarchal society.

The available literature relating to Georgea Powell’s narrative does not address the reason or reasons why Georgea Powell did not seek partnership or collaboration with her peers outside of the Good Samaritan Hospital although there were many other health care facilities and health care persons in the area. Georgea Powell does not comment about her championing the cause of the Victorian Order of Nurses in the Yukon. Colonel Evans (1898b) speaks for her and explains that Dawson was in such a state of confusion when she arrived that “...house to house or tent to tent nursing is out of the question...” (Evans, 1898b).

Georgea Powell's determination to succeed at any cost or "Victory or death" (Powell, 1898b) becomes less evident as time goes on. She spoke of the physical and mental fatigue that came from the overwhelming immensity of her responsibilities as a Victorian Order nurse (Powell, as cited in Aberdeen, 1900, p. 38) and confided to Colonel Evans that "unless the Order can be self supporting...the nurses will be recalled" (Powell, as cited in Evans, 1899). Her energies were depleted after she performed her nursing care at the Good Samaritan Hospital and left her with little energy to seek the power and support that she needed to permanently establish the Victorian Order of Nurses in the Yukon.

Georgea Powell understood that the success of the Victorian Order of Nurses being established in Canada was in direct relationship to the quality of the nursing care that she and the other nurses gave in the Yukon, how they directed and managed their practice, and how they interacted with the physicians. She was committed to her personal and professional convictions for succeeding that stemmed from her personal and professional experiences as well as to the larger world view of being committed to the aims of the Victorian Order of Nurses. She was patriotic and dedicated herself to a cause that was national in scope and imperialist in underpinnings. Establishment of the Victorian Order of Nurses as a district nursing service would benefit all of the citizens of Canada while at the same time honour Queen Victoria and the British Empire. During the Victorian era in Canada being a part of "the greatest empire the world has ever known" (Finkel, Conrad, & Strong-Boag, 1993, p. 290) was a strong rallying force for Canadians who supported their British ties.

Student nurses who entered the Waltham Training School for Nurses were expected to have “a strong determination to succeed” (Fiske, 1937, p. 29). Georgea Powell’s determination to succeed became her motto of “Victory or death” (Powell, 1898b). Her determination almost cost her life when she became ill with typhoid fever and it threatened her general health as she pushed on and exhausted herself while giving nursing care to patients. She practised nursing in a hostile environment where there were numerous regulations and mandates in what she knew as a health care system; her workday included coping with a shortage of experienced staff, absent or insufficient supplies and equipment, and an overwhelming workload; a lack of support from society in Dawson to promote the work of the Victorian Order of Nurses; criticism from patients regarding their nursing care; and personal attack against the Victorian Order nurses by jealous peers (Hanna, as cited by Mills, 1947; Powell, as cited in Aberdeen, 1900, pp. 35-40).

Georgea Powell’s narrative of her experiences reverberates with familiar sounding themes that I know to be true today. Working in the current health care and health education system I cope with bureaucracy; the shortage of staff, a constant vigilance to maintain costs at the lowest point possible; a self-consuming workload; the rising concern of nurses and the public regarding a deterioration of the health care system; and the abuse of one health care worker towards another (Thomas & Droppelman, 1997). The motto “Victory or death” (Powell, 1898b) presents a black and white, adversarial picture of alternatives when trying to succeed in any endeavour.

Military metaphors and similes commonly appear in the language that nurses use to describe hostile work environments (Thomas & Droppleman, 1997). Reflecting on Georgea Powell's experiences has forced me to examine what I want to accomplish as a person and as a nurse and at what price. Success for me means achieving a voice in the discussion of health care issues, creating autonomy within my practice where I am free to choose when I deem to maintain control or to pass control to someone else on the health care team, facilitating *shalom* for patients, having time and resources to give the sort of nursing care that I want to give, taking a leadership role to promote autonomy for myself and others, and participating in ending horizontal violence (Muff, 1982, pp.183-4).

The word victory more aptly describes what I think of as success; victory that comes about as a part of a process includes overcoming difficulties in partnership and collaboration versus winning at the expense of another. The violence that one nurse directs at another comes about as a response to the anger that nurses feel from themselves being targets of abuse and discrimination from within and from without the health care environments (Muff, 1982, pp. 179-185). Prolonged anger is not healthy and if allowed to linger a metaphorical death may well be the outcome: loss of self-esteem, vision, and caring and an inability to create *shalom* for patients and for self. I must reconstruct my anger into empowerment; enabling me to transform myself and transform the system within which I practise (Thomas & Droppleman, 1997).

A "...high and lofty mission..."

Superimposed on the military metaphor for nursing that was Georgea Powell's experience was a religious metaphor for nursing that was held by her superiors in the

Victorian Order of Nurses (1898a). Her assignment to the Yukon was seen as a calling and a “high and holy mission” (Victorian Order of Nurses, 1898a, p. 14) with the connecting attributes of altruism, humility, self-sacrifice, and compliance typifying her nursing practise (Ross-Kerr, 1998, p. xxiii; Victorian Order of Nurses, 1898a, p. 15).

From the influence of the church, nursing inherited a commitment to serve God by serving mankind, to be self-sacrificing with no thought to personal gain or comfort. Dr. Worcester (Worcester, as cited in Gibbon, 1947) entrusted Georgea Powell as a Victorian Order nurse with “teaching useful information, in making homes and patients cleaner, whiter, purer, in letting God’s clear light stream through dark places, and in sweeping out foul dust...” (Worcester, as cited in Gibbon, 1947, p. 25).

The metaphors for nursing of duty and religious calling play out as the ‘you musts’ and the ‘you shoulds’ of nursing, the unwritten tenets through which I and Georgea Powell carefully manoeuvred. We were allowed to become nurses because we were deemed teachable, discreet, honest, industrious, conscientious, loyal, even-tempered, dependable, charitable, tactful, kind, and to have self-control (Aikens, 1928, p. 30 ; Fiske, 1985, p. 28). These qualities were assumed to imply our acceptance of duty and calling as part of our metaphor for nursing. Letters attesting to my suitability to nursing from prominent and reliable persons were required. For me, there developed an ambiguity caused by the implicit not being explicit; I intuitively sensed a mismatch between my self-knowledge and the imposed nursing metaphors of duty and calling. During my research process and through my attempts to make the implicit explicit in my philosophy of nursing, I found my voice; creating *shalom* is my metaphor for nursing practice.

“LEST WE FORGET, LEST WE FORGET”: Venerating *Shalom*

“Remembering...”

Georgea Powell (Hanna, as cited by Mills, 1974) was deeply affected by what she had experienced personally and professionally both in the process of arriving in the Yukon and in the discovery of what awaited her and the other Victorian Order nurses when they arrived. Georgea Powell’s voice was the night watch call of the memories. “LEST WE FORGET, LEST WE FORGET” (Powell, as cited by Mills, 1974) she warned by writing the words in capital letters across a map of their trip that she placed on the wall of the Victorian Order of Nurses cabin in Dawson. Over 100 years later I am writing the narrative of her life and her experiences from the shards that I have been able to gather, pulling her voice forward out of collective anonymity. By giving her voice, I heed her words “LEST WE FORGET, LEST WE FORGET” (Powell, as cited by Mills, 1974) and strive to capture her message. The story of her experiences was important to her and important for her to tell. What I have gleaned to tell is not all of her story. There is more yet to be revealed more that is buried in her memories and in my memories as I ferret out what it is that “LEST WE FORGET, LEST WE FORGET” (Powell, as cited in Mills, 1974).

Remembering is experiencing. Remembering an incident, feeling, thought, or vision that was originally a part of another’s or one’s own experiences, results in a new experience. It is the process of experiencing, remembering, reflecting, perhaps sharing, experiencing, and remembering again that moves the cycle of Georgea Powell’s unfolding narrative to have meaning for me. Remembering is a step in my search for meaning:

searching and researching within the depths of self-knowledge for that which has significance for me within my personal and professional experiences (Connelly & Clandinin, 1990). Remembering Georgea Powell's experiences draws the reader of her story as well as the writer into the cycle of her unfolding narrative and generates an experience to be remembered for the reader. That which I remember from my experiences which is triggered by Georgea Powell's narrative will be different from that which is triggered in the memories of others when reading her narrative.

"Good common sense..."

Georgea Powell used the words "LEST WE FORGET, LEST WE FORGET" (Powell, as cited in Mills, 1974) before the words became well known as a remembrance of those who died fighting in the First Great War of 1914-1918. In 1897, just before Georgea Powell and the other Victorian Order nurses went to the Yukon, Rudyard Kipling (Kipling, as cited in Quiller-Couch, 1919) published his acclaimed poem Recessional. Kipling (Kipling, as cited in Quiller-Couch, 1919) warned the people and government of England about becoming complacent and assuming that the British Empire was impregnable and in total control in the colonies. He saw disparity and discrimination between what Great Britain saw as acceptable for those living in England and what was deemed acceptable for those living in the colonies (Henn, as cited in Landow, 1999). Victorian England as described by Landow (1999) was a place of "unblinking worship of independence and of hard cash; the same belief in institutions - patriotism, democracy, individualism, organized religion, philanthropy, sexual morality, the family, capitalism and progress; ...overwhelming self-confidence" (Landow, 1999).

Georgea Powell lived and practised nursing in the British colony of Canada and she was also part of the Victorian Order of Nurses which was directly patterned after a district nursing service in Victorian England. Her mentor, Lady Aberdeen, was a member of British aristocracy, and Florence Nightingale, a mentor to those connected to the Waltham Training School for Nurses and to the Victorian Order of Nurses, was well entrenched in Victorian English society. Georgea Powell demonstrated that she prized the values of patriotism, being her own person, and the importance of the family as the basic human unit; she had the self-confidence that she would succeed at any cost (Powell, 1898a, 1898b).

Kipling's poem Recessional (Kipling, as cited in Quiller-Couch, 1919) is included below for you as the reader to experience his words for yourself, to hear his voice as he tells his cautionary tale.

God of our fathers, known of old-
 Lord of our far-flung battle-line-
 Beneath whose awful Hand we hold
 Dominion over palm and pine-
 Lord God of Hosts, be with us yet,
 Lest we forget, lest we forget!

The tumult and the shouting dies-
 The captains and the kings depart-
 Still stands Thine ancient sacrifice,
 An humble and contrite heart.
 Lord God of Hosts, be with us yet,
 Lest we forget, lest we forget!

Far-calle'd our navies melt away-
 On dune and headland sinks the fire-
 Lo, all our pomp of yesterday
 Is one with Nineveh and Tyre!
 Judge of the Nations, spare us yet,
 Lest we forget, lest we forget!

If, drunk with sight of power, we loose
 Wild tongues that have not Thee in awe-
 Such boasting as the Gentiles use
 Or lesser breeds without the Law-
 Lord God of Hosts, be with us yet,
 Lest we forget, lest we forget!

For heathen heart that puts her trust
 In reeking tube and iron shard-
 All valiant dust that builds on dust,
 And guarding calls not Thee to guard-
 For frantic boast and foolish word,
 Thy Mercy on Thy People, Lord! (Kipling, as cited in Quiller-Couch, 1919).

Kipling's (Kipling, as cited in Quiller-Couch, 1919) choice for the title of this poem metaphorically gives the reader the vision that his warning words are given against a backdrop of departure, leaving, or change. When Georgea Powell wrote the words "LEST WE FORGET, LEST WE FORGET" (Powell, as cited in Mills, 1974) across the map of the trail to the Yukon, the backdrop was the trials and tribulations that she and the other Victorian Order nurses had experienced en route. Putting the words on the map was an explicit act that had an explicit meaning. Against the larger backdrop of Georgea Powell's personal and professional experiences is, for me, the implicit meaning of her message that as women and nurses we must not forget where we came from, where we are now, and where we are going.

Exploring Georgea Powell's stories of her nursing experiences, listening, and watching through her words how she pioneered the science and art of nursing in pioneer Canada helps me to discover my nursing heritage. The memories that are triggered for me from Georgea Powell's narrative include my experiences as a student nurse where my beginning nursing skills and knowledge were learned from the stories of graduate nurses

who supervised my practice. Few of these nurses were formal instructors. The nurses who worked with patients lived their stories and told us through anecdotes why they did what they did.

One memory, for me, involves a man who had had a stroke. Throughout the bath, turning, and passive exercises that the nurse and I did, the nurse continued to talk to both of us as if we were all participating in the conversation, although the man was unresponsive and appeared not to be aware of what was happening. In front of him she asserted that it was important to include him in the conversation because she believed that he could hear and understand. She was acknowledging him as a person, a skill she had learned from her grandmother who had suffered a stroke. When her grandmother recovered her speech, she told how frustrating it had been when caregivers talked around her and assumed that she did not understand. Through this shared knowledge I learned comfort conversing with those who were not responsive. This comfort has followed me throughout my career, especially in intensive care where some patients remain comatose for long periods of time.

Undefined, yet evident, was the craftsmanship these practitioners taught of how to be and how to transform that being into nursing (Moch, as cited in Smith, 1992). We did not question what they told or showed us as their knowing, we intuitively apprenticed ourselves to their wealth of knowledge. The value of these stories was and is essential to our professional learning. Oral stories told by these nurses provided a way to transfer to the next generation their individual life stories and everyday experiences within a context of the culture and the nursing practice of that period (Cruikshank, 1997). It is important

that Georgea Powell's story is told and written for it keeps nurses today in the conversation and lifts the silence that has kept the written history of nursing somnolent.

Nelson (1997) questioned whether or not modern professional nursing perceives itself as needing to put a distance between itself and the past so as to achieve credibility and autonomy. In traditional recorded nursing history, the theme usually centres around a perceived progress or achievement, with the nursing practice that went before being portrayed as primitive and needing apology. Georgea Powell's narrative (Hanna, as cited in Mills, 1974; Powell, 1898a, 1898b; Powell, as cited in Aberdeen, 1900, pp. 35-40) tells her stories of her nursing experiences in the Yukon. She, by way of improvisation and adaptation of existing circumstances and materials at hand, fabricated sick room furniture, linen, bathtubs, footbaths, bed warmers, fracture beds, and dressings. Problem-solving or using "good common sense" (Fiske, 1985, p. 29), improvising, and using the resources available to her when providing nursing care, were part of Georgea Powell's nursing education as a student (Fiske, 1985, p. 47).

The stories of how she participated in the construction of materials that she needed in order to give nursing care in the Yukon reminds me of how I prepared dressings during my early nursing career from lengths of gauze and cotton, sterilized in an oven, and kept ready to use in a covered enamel pot. Another remembrance for me is from the early 1960s when I was on my own and attending to a mother in northern Québec who had had a spontaneous abortion. In an attempt to reduce her bleeding and to prevent her from going into shock, I successfully used an ironing board padded with pillows to elevate her

legs and her lower body in the bed. These stories I do not often tell; writing Georgea Powell's narrative has caused me to remember some of them and to find my voice.

"Talk about...experiences..."

The statement that "most veterans no longer talk about their experiences since the general perception is that no one is interested (Miller, 1992, p. 343) resonates with my experiences. A paraphrase of this statement "most veterans have no voice and so no one is listening" is the state of current nursing history. Like my voice, Georgea Powell's voice is the voice of a veteran someone mature and experienced as a person and experienced in the practice of nursing in diverse situations and under diverse conditions. I remember one incident in which I was describing to a recent graduate the equipment that we once used as a gastric suction apparatus. The conversation started over the emptying of a suction machine that seemed always to be in the way of giving care to a patient. I told her my story about what I once used for equipment.

It was something on a large frame, that was built by Maintenance from an old patient screen, and that by using a series of gallon jugs filled with water, connected by a maze of tubing, a suction system was set up by the displacement of the water running from one jug to another, pulling the drainage into another empty bottle. The system worked well as long as all of the tubes and bottles stayed connected and in the right order. The horror was the chance of bringing the whole thing crashing down, glass and gallons of water combined, because of tripping over the support legs of the old screen frame, or trying to move the whole thing in one piece so as to reach the patient (Personal journal, May, 1984).

The other nurse's response was one of a nod and moving on to the next patient. I did not know whether she thought that I was belittling her concern over the crowded space, was too busy to take time to share my memories, or was not interested in a past

that she perceived had nothing to do with her. All of these were possibilities; we were busy with our patient care and I chose not to explore this any further at that time. This was one incident of many incidents that I used to convince myself that no one was interested in what I had to tell of my past experiences, and I allowed this fear to continue to silence me as nursing has done with other nurses' stories from the past.

My experience in this culture of nursing is that the past is devalued and that younger generations dismiss older generations by making them invisible and hiding them away in institutions. In a quiet, persistent, and patient voice Georgea Powell's cautionary reminder to herself and to the other Victorian Order nurses re "LEST WE FORGET, LEST WE FORGET" (Hanna, as cited by Mills, 1974) reminds me that releasing my and Georgea Powell's narratives from within the institution of nursing is healing and cathartic: healing because of the opportunity to make meaning by identifying and reflecting upon the experiences; cathartic because of the opportunity to choose to retain or discard impressions or misimpressions revolving around these experiences.

Summers (1996) observed that "sometimes we disown our own history"(p. 215). This separating occurs when nurses uncouple the past from the present. Nursing history is not included in most nursing curricula in Canada and is not considered essential in the process of preparing nurses to practise. Uncoupling the past from the present prevents preparation for the future; knowledge of the past in nursing provides nurses today with an historical knowledge base from which to draw information for change in the future. If nurses wish to manage change in their practice and in the constantly changing health care system, apply problem-solving in their nursing practice, provide leadership to others on

the health care team, and be effective managers of their nursing practice the narrated experiences of those nurses who have gone before them needs to be a part of every nurse's self-knowledge (Crowder, 1994).

Georgea Powell's professional experiences as a Victorian Order nurse are told (Gibbon, 1947; Gibbon & Mathewson, 1947; Penney, 1996) but her story is told from within the context or against the backdrop of the story of the establishment and the achievements of the Victorian Order of Nurses. It is the story of the Victorian Order of Nurses that is told; Georgea Powell's narrative to date is an anecdote within the Victorian Order of Nurses narrative. She was a contributor to a whole but her specific contribution to the Victorian Order of Nurses story and to the history of nursing is in fragments throughout a dearth of reports and letters written mostly by others. Georgea Powell and her three peers made a positive difference in health care for the patients that they nursed in the Yukon and what must not be forgotten is that their success cemented the credibility of the Victorian Order of Nurses as an institution in Canada.

CHAPTER VI

Continuing *Shalom*: Changing Metaphors

Researching and writing Georgea Powell's narrative has released her from collective anonymity and has given her voice. Her life and experiences as a pioneer, Canadian, nurse were collected as fragments and constructed and reconstructed into a whole. I accept that I have not found all of the pieces and that her story will continue to unfold naturally. For now, I must be content, knowing that what I write as her story is as complete as it can be at this time.

By releasing Georgea Powell's forgotten story of her life and her experiences from collective anonymity I begin releasing forgotten stories of nurses and women into history. Writing her narrative is my contribution of knowledge to the story of nursing heritage and to the story of pioneer women.

While unfolding Georgea Powell's story it became obvious that incidents and issues implicit in her story are also implicit in my story. We share parallel paths as we are nurses and women. It is through our stories that readers have the opportunity to hear their own stories embedded in ours, to connect with these stories as they resonate with personal experiences, to reflect on their experiences, and, through reflection, to add to their self-knowledge as I have.

Co-existing with Georgea Powell within her narrative during my writing of her story has brought to light for me the need to explore further the depth, meaning, and significance of metaphors that guide our lives. Our metaphors are conceptualizations of the beliefs and values that we hold about nursing, ourselves, and our roles as nurses and as

women. Metaphors define, illustrate, construct, and manifest our paradigms of reality. They are imbedded in our contexts and come from our experiences (Froggatt, 1998). Metaphors are complex and ambiguous. They provide a bridge between thinking concretely about something that is abstract, making a comparison between the unknown and the known so as to give meaning and accessibility to the essence of the unknown. The paradox surrounding metaphors is that while they can extend meaning and accessibility to the essence of the unknown they can also restrict us from questioning our world views. Because our metaphors are our perceptions of beliefs and values, the metaphors that we adopt can become well entrenched within our personhood and our context and are difficult to change (Hartrick & Schreiber, 1998). As stated by Furlong (1994)

when significant differences exist in backgrounds, beliefs, experiences, and cultures, knowledge of the metaphors emerging in conversation can be crucial to negotiating mutual understanding and constructing a shared story (p. 56).

Georgea Powell's nursing metaphors remained constant within her context and time. I, on the other hand, have experienced a change in the metaphors that surround my nursing practice. What is an epiphany for me is the discovery of a language that describes my journey through the various changing metaphors, a language that I did not have until writing Georgea Powell's narrative and exploring her metaphors that were used to verbalize her experiences. Through exploring her metaphors I have discovered new meaning and new insights into the metaphors I have experienced within my nursing practice (MacCormac, as cited in Wurzbach, 1999). By examining the metaphors over the past 40 years, I have illuminated and clarified my dis-ease with the incongruencies between what I thought were my roles in nursing and the roles externally imposed.

Metaphors created by nursing for nursing have changed consistently since Georgea Powell and I began our nursing education. The changes range from military and religious metaphors in the 1800s to the 1950s, to advocacy and academic metaphors during the 1960s and 1970s, later to individualist metaphors, to the current metaphors of community and caring (Wurzbach, 1999). On reflection, I can identify that I was incorporating the advocacy, academic, individualist, community, and caring metaphors into my holistic metaphor for nursing while still carrying the military and religious metaphors. I sought to expand my education in the 1960s but was not able to do so until the 1980s because of program accessibility. When studying nursing theory in the 1980s I searched for nurse theorists who advocated for nurses and who included the nurse as an individual in their theory. In the late 1980s I practised community nursing; currently I am facilitating nursing students to become caring nurses.

Georgea Powell's metaphors add meaning to phenomena that existed within her experience, and through shared experiences my interpretations are deemed credible (Czechmeister, 1994). Her metaphors about her life and professional experiences provided windows of opportunity for me as the researcher to unfold self-knowledge (Kangus, Warren, & Byrne, 1998). When reflecting on her metaphors I am searching for generalizations from the particular, for patterns merging into a larger context, and for connections to theory (Burns & Grove, 1995, pp. 412-413).

Making the implicit explicit in Georgea Powell's narrative and creating *shalom* for her is to uncover what she accepted as truth from within her life and her nursing experiences. Her truths are implicit in the metaphors from within her narrative. From these

implications come lessons that we can apply 100 years later thus, creating *shalom* for ourselves and for nursing.

Unfolding the metaphors hanging the "...beef tins...filled with roses..." (Hanna, as cited in Mills, 1974), "...Victory or Death..." (Powell, 1898b), and "...LEST WE FORGET, LEST WE FORGET..." (Powell, 1898b) lifts a veil that covers inherent tensions which existed for Georgea Powell in her role as a nurse and as a woman. Similar tensions exist today for women and nurses as they did for Georgea Powell. I experience these tensions when my metaphors for nursing begin to break down and I search for meaning in the unfamiliar and unknown. Uncovering the tensions in Georgea Powell's life and professional experiences through narrative inquiry releases an opportunity for participants to share their experiences, to uncover their tensions, to discover their truths, and, through praxis, to apply these truths as lessons.

Enfolded within Georgea Powell's metaphors in her narrative are tensions and truths that influenced her personal and professional practice. We can learn from her experiences and we can develop self-knowledge, enlightenment, and wisdom by attending to the lessons that she shares with us. Lessons about nursing education, the professionalization of nursing, and the way nurses communicate with one another are present in her narrative, and voiced through her metaphors. These lessons interlink, interlock, and overlap to make a whole. Separating them is difficult because where one ends another begins.

Within the metaphor hanging the "...beef tins...filled with roses..." (Hanna, as cited in Mills, 1974) dwells creative, aesthetic, comforting, caring, nurturing, and community

development ideals as well as values of nursing. For Georgea Powell these ideals and values defined what she practised as nursing. This metaphor began to break down for her with the onset of the professionalization of nursing. In the early 1900s a scientific, or a medical, model for nursing practice was adopted and this model was very different from the model used at the Waltham nursing school. Nursing leaders of that day refused to accept a nursing curriculum that was different from the mainstream. This position rendered early Waltham graduates ineligible for licensure, despite years of nursing experience and caring for patients. The Waltham graduates' metaphor for nursing was to care, to nurture, to comfort, and to facilitate families in order to achieve and maintain wellness. They were very successful in their practice of nursing but were judged inadequately prepared by their licensing body; their previous learning in the community was ignored and discredited. Georgea Powell demonstrated that the nursing expertise acquired as an early Waltham graduate was valuable. She was recognized by the Victorian Order of Nurses as a nurse leader and able skilfully to transfer her self-knowledge from one clinical setting to another. This lesson from the past indicates the importance of exploring all possible settings for nursing education and relinquishing metaphors that narrowly define nursing education settings.

However, the distancing between nurses who have different educational backgrounds is opening wider today (Kitson, 1997). In the early 1990s, a Bachelor of Nursing was adopted as entry to practice in New Brunswick. Nurses licensed before 1997 were not required to meet the new standards and were permitted to continue practising. A specific program for these nurses to upgrade their qualifications and to receive their

Bachelor of Nursing degrees is currently in place. A standard credit is given to them by the university for their previous nursing experience and education and each student receives the same predetermined credit. A nurse's individual nursing experience and educational preparation is not examined. They are judged as being equal so their personal experiences and education remain anonymous. A process, such as assessing each nurse's prior learning and experiences before entering a Registered Nurse/Bachelor of Nursing program, would release nurses from collective anonymity and would empower them as individuals.

Nurturing and caring for each other as nurses involves respecting each other and our achievements. Attempting to marry the nurturing and the scientific metaphors for nursing causes tensions and both metaphors break down under the strain of striving to develop expertise and individualism in conjunction with partnerships, collaboration, and collegiality. Georgea Powell admired and respected Rachel Hanna's expertise as a surgical nurse and valued her nursing care. Other nurses at the Good Samaritan Hospital were jealous of Rachel Hanna's skills and openly spoke out against her. Georgea Powell was able to bridge the gap between her self-knowledge and Rachel Hanna's self-knowledge to the benefit of all. By adopting the philosophy of "going to" (Byrd, 1995, p. 84) and "seeing" (Byrd, 1995, p. 84), Georgea Powell bridged diversities and adversities; she had a sense of community that transcended application to district nursing alone.

Individualism as a metaphor for nursing introduces the concept of autonomy. Having legitimate control over work distinguishes professions from other occupations (Friedson, as cited in Schiedermayer, 1999). Georgea Powell's military metaphor for nursing did not include a perception of autonomy for her because she practised within a

hierarchical system. Nurses who internalize autonomy as a part of their metaphor for nursing perceive that they have autonomy in their practice. Again, this metaphor is breaking down because constraints to autonomy are placed on nursing practice by government legislation, society's acceptance of patriarchy, and nursing workplace policies. Further study is needed to examine autonomy as a concept, how autonomy adds meaning to nursing as a phenomenon, and how the relationship between autonomy and nursing influences the professionalization of nursing.

Ongoing for nurses is the struggle to assimilate the changing metaphors of nursing that evolve as the professionalization of nursing advances. Being initially socialized to remain silent obliterates voices and socializes nurses to uphold this metaphor that interferes with effective communication. Nurses socialized in the advocacy metaphor tend to speak for those who cannot speak for themselves. Clearly, the tensions created by these two metaphors indicate the importance for nurses to understand and to articulate the influences of these metaphors. A nurse who is practising from a military and religious metaphor has a different world view than a nurse who is practising from an advocacy metaphor.

Nurses who were socialized to remain silent need support, mentoring, and leadership to facilitate them to speak out. Nurses taught to speak out need to continue speaking and encouraging the nurses who are silent. Each can support the other to reach holism or *shalom*. Following parallel but separate paths must cease. From Georgea Powell's experience we learn that through silence she and other nurses, other than the

elite, have remained absent from the dialogue for a century. This can be avoided with purposeful, caring communication.

The words "...Victory or Death..." (Powell, 1898b) paint a mental picture of core human values such as perseverance, stamina, loyalty, and upholding justice, equality, democracy, and freedom with pride, faith, and honesty; all virtuous pursuits of a nurse and a "good woman" (Nightingale, 1898). The burden of upholding these virtues creates tension for nurses and women. Maintaining physical and mental wellness while accepting overburdening responsibilities both physically and mentally is exhausting. We speak in muffled voices taking a place within collective anonymity, promoting a cause and not the self, coping with horizontal violence within our workplace and society, and experiencing job dissatisfaction and burnout. These are experiences that Georgea Powell and I continue to share as nurses and as women. The lesson for nurses today is to acknowledge and address the toll of striving to maintain an idealistic metaphor for nursing that is impossible to maintain, tempering idealism to fit with the current changing social and economic conditions.

"LEST WE FORGET, LEST WE FORGET" (Powell, 1898b) rings like a tolling bell for nursing. Georgea Powell's words warn us to give voice to nursing history, to discover our nursing heritage, and to take pride in how we as nurses and as women have become transformed through our experiences. Her watch call was a self-fulfilling prophecy. She and her peers became part of collective anonymity within the story of the development of the Victorian Order of Nurses and pioneer nursing in Canada.

There has been a distancing of the past in nursing. In order to give credibility to the present and the future there has been distancing of the past (Nelson, 1997). This I have experienced throughout my years as a nurse. As time goes on the increasing tension for me is a sense of urgency to unfold the stories of nurses who taught the “being” and “doing” of nursing, before these stories are lost to nursing history.

While unfolding Georgea Powell’s narrative, a lesson that I have learned is the importance of my approaching the stories of pioneer nurses with an understanding of what they understood as nursing etiquette. Nursing etiquette was their interpretation of what is known today as nursing ethics. Nurse pioneers had a different metaphor for their code of nursing behaviours than what is currently accepted today. When writing their narratives their values must be honoured as part of the ethics of the research process.

“...it is time to tell” and examine the tensions in our experiences by walking with other pioneer, Canadian, nurses and by unfolding the maze of their experiences to construct their narratives, collecting the fragments of their stories so as to make a whole. Creating *shalom* is to discover our parallel paths and to build bridges between what we know as self-knowledge, bonding us through what we know as nursing.

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Appendix A

Office of Research Administration

University of New Brunswick

Application For Review of Research or Other Study

Involving Human Participants

Section A: Personnel

Principal Investigator(s):

Academic Unit:

Patricia WinansNursingTelephone Numbers: Office 856-3513Home 386-6438

Student Investigator(s):

Academic Unit:

Telephone Number(s): Office _____

Home _____

Section B: Project InformationCommencement Date: September, 1998 Completion Date: May, 1999
(Month, Year) (Month, Year)Title of Project: A Narrative Inquiry into Pioneer Canadian Nursing:
Charting the Footsteps of Georgina Powell

Indicate Type of Project:

Faculty Research Clinical Teaching

Class Demonstration Student Thesis [] Class Project

Workshop Other _____
(Describe)

Funding Details (if applicable):

Is the project currently funded? Yes No []
Agency _____ Period _____
Is funding being sought? Yes [] No

Agency Maritime Centre of
Excellence for Women's Health Period 1998-99

Section C: Description of the Proposed Project

(Attach additional sheets as necessary)

All primary data related to this study are collected from the public domain. Corroboration of these data sources, though not required in the study, will be sought from individuals such as descendants. Ethical review may need to be applied when contacting these persons. These contact persons can only be considered as participants in the broadest sense.

1. What, in general, is the nature of the study?

This study is a biographic, narrative inquiry into the history of pioneer New Brunswick nurse Georgina Powell.

2. How will participants be recruited for the study? Also, indicate the nature of any inducements that will be used to obtain volunteers, such as money, grade points, or other incentives?

Persons required to corroborate data will be contacted.

3. How will the nature of the study and the nature of what they will be asked to do be explained to them before they agree to serve, so that they can give informed consent? *(Please attach a copy of the "Informed Consent" form if one will be used.)*

A letter explaining the rationale, purpose and description of the study (see attached), an 'Informed Consent' form (see attached) and return envelope will be forwarded to contact persons.

4. If a written informed consent form will **not** be used, please explain why not and what alternative measures will be taken to insure participants can give informed consent. If invasive procedures will be used, a signed written consent form will be required.

Not Applicable

5. Outline procedures to be employed in the project. In particular, what instructions, stimuli, or manipulations will be used that might cause participants to experience anxiety, embarrassment, distress, or some other negative state?

All primary data sources are from the public domain. Contact persons will be invited to corroborate data.

6. Describe any deceptions to be employed in the project and what steps you will take to insure that your participants are adequately debriefed following their service.

Not applicable.

7. List below or attach a list of any questionnaires, interview formats, or information soliciting devices to be used. Include both self-constructed and commercial instruments. Please provide copies of each with your application.

Contact persons will be asked to tell what they remember about Georgina Powell. Their information is not essential to the study but may provide additional information or confirm current data.

8. University Ethics Policy specifies that student participation should be an educational experience for the students. The information given should explain to the student the purposes and theories being examined and the rationale for the methods used, etc. This educational component should be given as soon as possible following their service and the investigator does not need to wait until the results are obtained. Students should be asked if they would like to receive a summary of the major findings at a later date and arrangements should be made to deliver this summary to them.

What information will be given to student participants, when and how? Please provide a copy of your educational component if students will be used as participants.

Not applicable.

9. If persons who are not students are used, it will be necessary to provide some form of feedback as well. What positive steps will you take in this regard?

Contacts who may have additional information will be directed to the public sources of the data and will be provided with information

that has been gathered while doing this study if requested (see consent form).

10. Outline briefly what you consider to be the major ethical issues raised by this study.

All primary data sources are in the public domain. There are no foreseeable ethical issues in this study.

¹ Student participation in this context refers to students serving as subjects in a research project.

Section D: Ethics Checklist

All primary data related to this study are collected from the public domain. Corroboration of these data sources, though not required in the study, will be sought from individuals such as descendants. Ethical review may need to be applied when contacting these persons. These contact persons can only be considered as participants in the broadest sense.

Part A

Please complete the following checklist by checking (☒) the appropriate response. If any items are not applicable, simply write "NA" beside the checklist question.

1. Is there any reason why the participants in your study will be unaware that they are participants? (*e.g. study of crowd behaviour*) YES NO

2. Will the information about the participants be obtained from sources other than the participants themselves? YES NO
3. Is there any reason why you will not inform the participants that they can discontinue their participation at any time? YES NO
4. Will deception be used in any form to obtain agreement to participate? YES NO
5. Are you and/or your associate(s) in a position of power vis-a-vis the participants?
Some examples: Are you recruiting participants from a class you teach? Are you recruiting your own employees? Are you in a client-therapist relationship with the potential volunteer? YES NO
6. Is any inducement or coercion used to obtain the participant's involvement? YES NO

7. Is there a possibility that a participant's identity can be determined by someone other than the investigator(s). (*e.g. is non-coded information to be given to third parties? Would dissemination of your findings interfere with confidentiality?*) **N/A** YES NO
8. Does the study involve physical stress or the participants' expectations thereof, such as might result from heat, noise, electric shock, pain, sleep loss, deprivation of food or drink, drugs, alcohol, physical fatigue, etc.? YES NO
9. Do the procedures you propose to use pose a threat to the physical safety of participants such as may arise from faulty electrical equipment, lack of oxygen, falls, proximity to dangerous equipment or other physical dangers, possible hearing or vision loss, etc.? YES NO
10. Does the study involve blood tests and/or any other invasive physiologic or medical-nursing procedures? (e.g. catheterization) Please provide evidence of the necessity for the procedures and provide evidence that the procedures for the conduct of the tests and

disposal of waste products will meet the standards recognized by regulated health professionals and similar associations. YES NO

11. Does the study involve significant emotional stress to the participants such as might result from a socially stressful situation, focusing on a personal crisis, perceived failure in a task, a request to perform a morally unacceptable act, etc.? YES NO

12. Does the study involve participants who are not legally or practically able to give their valid consent to participate (such as children, prisoners, psychiatric patients, etc.)? YES NO

13. Is there any reason why participants will not receive debriefing and appropriate feedback immediately following their service? N/A YES NO

14. Might the study trigger changes in behaviour or attitudes that could last beyond the duration of the study itself? YES NO

If the answer to any of the above questions is "YES", please provide additional details for the Committee. Please attach extra pages as needed.

Part B: Ethics Checklist

All primary data related to this study are collected from the public domain. Corroboration of these data sources, though not required in the study, will be sought from individuals such as descendants. Ethical review may need to be applied when contacting these persons. These contact persons can only be considered as participants in the broadest sense.

1. Will the investigators make every effort to provide participants with any services needed as a result of their participation in the study (e.g. counselling, assessment or therapy, etc.)? N/A YES NO

2. If children or adolescents (under 18 years of age) are used as participants, will written consent be obtained from parents or legal guardians? N/A YES NO

3. If children are used, will each child be independently informed of her/his rights to decline to participate?
(The choice will need to be presented at an appropriate level of communication). N/A YES NO

4. If the study is taking place outside of the University of New Brunswick, (e.g. in schools, hospitals, nursing homes, playgrounds, malls, etc.) has written consent been obtained from the appropriate administrators? N/A YES NO

In process

5. If private materials (documents, video tapes, third person interviews, etc.) provided by the participant will be made public as a result of research, have you obtained written consent of the participant to disseminate this material? YES [x] NO
6. If the project requires the use of copyrighted materials, have you obtained permission from the holders of the copyright to make use of their property? YES [x] NO
7. In cases in which a study involves examination of a cultural or religious group will you endeavor to provide accurate and respectful descriptions of heritage and customs and be discreet in using information about group members' daily lives and aspirations? N/A YES NO

8. In cases in which a researcher's work involves interviews or structured observations of persons who hold or seek political office, or who are civil servants, or are employees of private companies, will you be able to insure that confidentiality can be maintained, free and informed consent is obtained, and that participants are protected from harm as a result of participation? N/A YES NO
9. If your research involves the acquisition of manuscripts, documents, or artifacts, are the materials to be used for the sole purpose of scholarship and not for sale, for personal gain or for personal collections? YES NO
10. Have you discussed, and resolved, with your colleagues and student researchers issues of authorship, acknowledgments, ownership of data and other products resulting from your research activity? YES NO

11. If research materials, such as written documents and audio tapes, are to be retained beyond the end of the project, have the necessary steps been taken to ensure the security of such materials? (You should be prepared to provide details to the Committee if materials contain personal or sensitive information). YES NO

If the answer to any of the above questions is "NO", please provide additional details for the Committee. Please attach extra pages as needed.

Section E: Code of Ethics for Research and Professional Conduct

In the conduct of the following project:

Title of Project: A Narrative Inquiry into Pioneer Canadian Nursing:
Charting the Footsteps of Georgina Powell I (We).

the undersigned, declare that I (we) have read and agree to abide by the ethical standards of (*Check one of the following for each applicant*):

Principle Investigator	Supervisor (if student research)
<u>Patricia Winans</u>	<u>Doctor Dolores Furlong</u>
(Name)	(Name)

Social Sciences and Humanities
Research Council of Canada,
Ethical Guidelines for Research
with Human Subjects:

Medical Research Council of Canada,

Guidelines on Research
 Involving Human Subjects 1987: ✓ ✓

Canadian Psychological Association -
 Code of Ethics or Canadian Sociology
 and Anthropology - Code of Ethics:

Other Code of Ethics (*Please identify
 and provide copy to the Committee*)

Canadian Nurses Association ✓ ✓
- Code of Ethics for Registered Nurses

Ethics Committee Use:

Project File Number: _____ Date Submitted: _____
 Date Approved: _____

Modifications Required: None See Attached
 Ethics Committee

Appendix B

Title of Study: A Narrative Inquiry into Pioneer Canadian Nursing:
Charting the Footsteps of Georgina Powell

The purposes of this study are to write the biography of a professional nurse from New Brunswick who pioneered nursing in Canada, to add knowledge to nursing heritage and knowledge of the experiences of pioneer women to the history of nursing, to honour Georgina Powell as an individual, and to invite other nurses to hear their stories told in the story of another nurse.

You were chosen for this study because of a personal connection with Georgina Powell. You are being invited to participate in a tape recorded discussion to verify existing information regarding her life and experiences or to voluntarily contribute information.

Your participation in any discussion or contacts is entirely voluntary. If you agree to be involved in any discussion, you have the right to terminate the discussion at any time. If you would like anonymity and confidentiality of your name and information, let me know

The results of this study and/or any other information that has been gathered while doing this study can be made available to you, if you ask. The plan is to present the information from this study at nursing and historical conferences, to publish articles in nursing, history, research, and women's studies journals and the popular Maritime press, to publish a book, and to make the information available to other researchers.

If you have any questions about the study or your rights regarding participating in a discussion relating to the study, contact:

Patricia Winans,
Principle Researcher
1-506-856-3513
pwinans@unb.ca

or

Dr. Dolores Furlong,
Research Supervisor
1-506-648-5777
dfurlong@unbsj.ca

Date: _____

Research Supervisor: _____

Principle Researcher: _____

I have read the above description of the study and I, _____ agree to
(Name)
be contacted by telephone to take part in discussions related to this study.

Date: _____

Credits

Frontispiece. Map of route followed by the Victorian Order nurses to the Yukon. Adaptation of original map courtesy of R.C. Fetherstonhaugh, The Royal Canadian Regiment, Department of National Defence, Ottawa, ON.

Figure 1. Photograph of Margaret Payson, Rachel Hanna, Georgea Powell, and Amy Scott, Victorian Order of Nurses, and Faith Fenton, journalist, the Toronto Globe. Courtesy of the National Archives of Canada, Ottawa, ON. Original photograph #C145597, National Archives of Canada.

Figure 2. Photograph of Georgea Powell. Courtesy of Dr. Margaret Conrad and Powell family. Original photograph archived at the Department of History, Acadia University, Wolfville, NS.

Figure 3. Photograph of a Dawson side street, circa 1898, Dawson, YT. Courtesy of the Yukon Archives, Whitehorse, YT. Original photograph #6493 archived at the Yukon Archives, McLennan Collection.

Figure 4. Photograph of Dawson, YT looking south and showing hospital buildings. Courtesy of the McBride Museum, Whitehorse, YT. Original photograph #2281 archived at the MacBride Museum.

Figure 5. Photograph of Ward A in Good Samaritan Hospital, Dawson, YT. Courtesy of the Yukon Archives, Whitehorse, YT. Original photograph #3769 archived at the Yukon Archives, MacBride Museum Collection.

Figure 6. Photograph of Good Samaritan Hospital, circa 1900, Dawson, YT.

Courtesy of the National Archives of Canada, Ottawa, ON. Original photograph

#PA17123 archived at National Archives of Canada.