PRODUCING NURSES

Nursing Training in the Age of Rationalisation

at

Kingston General Hospital

1924-1939

by

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CONTENTS

LIST OF ILLUSTRATIONS

ABSTRACT

In 1924, the General Hospital at Kingston, Ontario, began a process of rationalisation, following Taylorist principles of scientific management. In concurrence with the restructuring of other North American hospitals, and with the advice given in professional literature, the Governors of K.G.H. secured the services of R.F. Armstrong, a civil engineer. His mandate was to facilitate the transformation of K.G.H. into an efficient, economical modern health institution which would attract not just indigent patients, but also upper-class, paying clients. Part I of this paper analyses the process by which rationalisation was wreaked upon student nurses in the K.G.H. Nurse Training School, considering these women not primarily as students but as an unpaid labour force. I argue that administrators employed a combination of paternalism and scientific management in an attempt to conform student-workers into an 'ideal nurse labourer', as defined by historically specific discourses of gender, class, and Canadian nation/race which converged in the image of the Nurse.

Balancing this 'top-down' approach, Part II of the paper attempts to reconstruct student-workers' experiences of and responses to nursing training. Using nurses' cultural productions and oral interviews, I explore the concept of 'everyday resistance' in the contexts of the Nurses' Home and the hospital workshop, arguing that the continual supervision and surveillance endured by student-workers did not preclude successful attempts to write their own script for their experience of nursing. To the contrary, nurses-in-training developed a culture of mutuality which provided them with the resources to resist and ameliorate the most repressive and totalising aspects of hospital labour and residence life. The result of this reconsideration of nursing training is an increased understanding of student nurse labourers as individuals with hopes and expectations of their own, rather than simply dutiful, obedient daughters in the hospital 'family' who accepted their subordination to the 'ethic of service'.

ACKNOWLEDGEMENTS

A remarkable thing which occurs when one spends a lot of time researching a particular topic is that one's friends and associates begin to search the world over for things which "might be useful" for the paper. To all of mine I say thank you, and you can stop now. Also remarkable is the fact that every conversation longer than one minute inevitably gets steered around to "the thesis." To Mari Evans, Sarah Todd, Alisa Apostle, Joy Frith, Ian MacMillan, Helen Wishart, David Wishart, Viki Soady and a large number of others, thank you for your patience, help, and willingness to let me try out my ideas on you. Todd McCallum, I am deeply in your debt for your incisive editorial comments, your vast knowledge base, your advice, your couch, and your inspiration.

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I have had the privilege of talking to many nurses, former and practising, who have been more than willing to share their experiences with me, and to set me straight on a great many things. Although they appear only anonymously in this paper, they deserve special mention for their contributions and suggestions.

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INTRODUCTION

"In the care and treatment of the sick in the modern hospital, the training of the nurse has within the lifetime of my generation become of almost equal importance to the education of the physician."[1] Paying his respects to the 1934 Kingston General Hospital Nurse Training School graduates, Chief of Medical Staff W.T. Connell unwittingly summarised in one short sentence all that had changed, and that had remained the same, in thirty years of hospital health care in Kingston, Canada in general. His comment reflected major transformations in the way hospitals were managed, as they strove to establish themselves above private homes as the primary loci of health care. The struggle increasingly focussed on the figure of the trained nurse, the most important in a host of new medical technologies which would hopefully convince private citizens to bring their health problems and money to these 'doctors' workshops'. This focus translated to a rationalisation of nursing training contemporaneous with the entry of scientific managers into the hospital. Finally, the hierarchy described by Connell's statement, placing doctors' "education" above nurses' "training" in importance, was rooted in the continued subordination of female nursing to male medicine, based on a gendered division of labour and education.

The turn of the twentieth century was a period of transformation for Canadian hospitals, a time in which practitioners of interventionist medicine, having secured their professional status, developed communal workshops which would act as 'health factories', fixed sites where medical technologies could be applied to paying patients who willingly institutionalised themselves for the sake of their health. While hospitals in name had existed well in the past, until the late nineteenth century what were known as hospitals were essentially

[1] Kingston General Hospital Nurses' Yearbooks (Kingston, 1934), 13. QUA .KGH.N304

charitable nursing homes for the indigent sick and insane. As industrial capitalism and urbanisation in Canada progressed, however, physicians and their allies recognised the profitability and efficacy of centralised health institutions in urban areas, and prevailed upon municipalities to finance these in the name of public health. From the beginning, the primary service provided by hospitals was physician-directed nursing care for convalescing patients; nurses made up the vast majority of hospital labourers, and were responsible for all aspects of patient care except diagnosis, prescription of the limited number of available medicines, and surgery.

As long as medicine remained technologically unsophisticated, nursing tasks were performed by unaccredited female workers who by virtue of being women were presumed to possess intuitive caring skills. Beginning in 1874, however, following the Nightingale reforms of English nursing, hospitals in the U.S. and Canada began to recognise a need for a nurse labourer with a minimum standard of skill and knowledge to complement the physician's practice of medicine. "Nurse Training Schools" were annexed to hundreds of individual hospitals, whose proprietors had come to appreciate the efficacy and economy of a system of captive apprentice labour which would limit labour costs to the price of its physical maintenance. Employing no more than a few experienced nurses as "Instructors," hospitals staffed themselves entirely with "students" whose education consisted mainly of mimicking other, more experienced students, as they went about their daily nursing tasks. Work and living conditions were often grim, and payment came only in the form of room, board, a tiny allowance, and a diploma after two or three years of 'training'. While this system provided some young women with opportunities for income and independence, it exacted a heavy price.

Two general developments gave rise to an impetus to reform this system. The first was the concerted effort by the mainly-bourgeois alumnae of the more progressive training schools to raise the status of nursing to a profession by means of stricter standards of education and student selection.[2] The second was a growing realisation by hospital administrators and doctors that an undisciplined, poorly trained nursing service was both uneconomical and problematic in terms of promoting health and attracting paying hospital clients. It would be impossible to cite a precise beginning date for this change of tone, but it is extremely significant that a concerted reform of hospital Training Schools accompanied the onset of the age of scientific management in hospitals and health care following World War One. As hospitals increased in size and complexity, their doctor-governors began to look toward Taylorist principles of rationalism to reduce their costs and organise their workers. Student nurses, constituting the majority of the hospital labour force, thus attracted considerable attention as a target for rationalist reorganisation. The hospital Training School, with its existing system of paternalistic discipline and reward, was rediscovered as the ideal tool for the reproduction of an obedient, efficient, inexpensive, and scientifically trained nursing service.

Although considerable scholarly attention has been paid to the contradictions between hospitals' stated aims of "educating" nurses into a profession, and their minimalist approach to this education in favour of maximising student-worker labour output, there have been few close studies of Training School institutions themselves. Many histories of nursing in the

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2 For a case study of this process at a large Canadian hospital, see Pauline O. Jardine, "An Urban Middle-Class Calling: Women and the Emergence of Modern Nursing Education at the Toronto General Hospital, 1881-1914," Urban History Review, 17 (Feb. 1989): 177-190.

interwar period do not go far beyond the summary with which I began this paper, describing nursing training as an unsophisticated apparatus of producing cheap, subjugated, hospital labour. The classic in this genre is JoAnne Ashley's Hospitals, Paternalism, and the Role of the Nurse, published in 1976, which is a powerful indictment of the cynicism of hospital administrators' exploitation of nursing students as unpaid female labour.[3] This and succeeding works have had as their main goal the exposition of the roots of 'female' nursing's continued subordination to 'male' medicine, based on a gendered division of labour which posited women as natural care givers. Marxist analysts like David Wagner and David Coburn have seen training schools as part of a process of "proletarianization" of nursing labour in hospitals, subordinating nurses to wage labour and removing them from the control of medical knowledge, the means of health 'production'.[4] These critiques have succeeded in pushing beyond the sometimes romanticised and uncritical institutional histories and nursing hagiographies which characterised much of nursing history before the 1970's. In particular, they have helped to expand the focus of nursing history to the 'rank and file', whose experiences far more closely define the profession of nursing than do those of nursing's leaders whose writings dominate the professional literature.

More recent work in the U.S. and Canada has begun to explore the complexity of the hospital training system, recognising that nursing's position in society was and is "simultaneously defined by class and by gender and further

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3 Joanne Ashley, Hospitals, Paternalism, and the Role of the Nurse, (New York: Teacher's College Press, 1976). In Canada see Judi Coburn, " 'I See and am Silent': A Short History of Nursing in Ontario," in Women at Work, ed. Janice Acton et al (Toronto: Canadian Women's Educational Press, 1974), 127-163.

4 David Wagner, "The Proletarianization of Nursing in the United States, 1932-1946," International Journal of Health Services 10 (Feb.1980): 271-291; David Coburn, "The Development of Canadian Nursing: Professionalisation and Proletarianization," International Journal of Health Services 18 (March 1988): 437-456.

complicated by racial/national/ethnic considerations."[5] Susan Reverby, in an exhaustive study of nursing's struggle to create value for 'caring' tasks, attributes its failure to a combination of class and ethnic differences among nurses, and an institutionalised gender discrimination on the part of the medical system.[6] Like the majority of nursing's historians, Reverby is concerned primarily with the problem of nursing's continued subordination and relatively low status as a women's 'profession'. Kathryn McPherson, in a similarly wide-ranging look at Canadian nursing, chronicles the way that nurses have negotiated amongst themselves, with the health industry, and with society in general over the class, gender, and racial prescriptions for nursing.[7] Both of these historians have to some degree considered the way that nursing training, rather than being a monolithic and trans-historical perpetrator of gender or class domination, has reflected changing societal ideas about women's labour and the provision of health care.

In my research of the Kingston General Hospital Nurse Training School during the period of hospital rationalisation from 1925 to 1939, I was struck by the degree to which the paternalistic training school and the training process was not only a product of hospital labour needs, but also held particular functions in an interwar Canadian society in which working women and public women rode a thin line between respectability and condemnation. By situating itself as a bourgeois paternal protector and guide of vulnerable urban working girls, the hospital gained status and authority as part of a larger system of power which sought to manage young women's lives.

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5 Kathryn McPherson, Bedside Matters: The Transformation of Canadian Nursing, 1900-1990. (Don Mills: Oxford University Press, 1995) , 11.

6 Susan Reverby, Ordered to Care:The Dilemma in American Nursing, 1850-1945 (Cambridge: Cambridge University Press, 1987).

7 McPherson, Bedside Matters.

Reform of nursing training was contemporaneous with a more general societal fixation in this period on the administration of female populations through 'scientific training' in the private sphere. Canadian women and female children found themselves the objects of studies and programs aimed at "the application of scientific principles to household management," in an alliance between the cult of domesticity and the cult of industrial rationality.[8] Across the province and nation, middle- and upper-class social commentators and reformers were increasingly convinced that domesticity, wifehood, and motherhood were not entirely instinctive in all women, but needed to be inculcated through supervision and instruction. This training, as Mariana Valverde has discussed at length, was symbolically and literally permeated by codes of bourgeois morality.[9] It was hoped that this inculcation of discipline through *rationalised training* of girls and women would result in future generations of self-policing, efficient housewives in well-run households. Bourgeois 'domestic scientists' shared the conviction that careful training of women would result in healthy, stable, Canadian family units and a morally and racially 'healthy' Canadian nation.

Using a similarly rationalised combination of teaching, practice, and constant supervision, K.G.H. proposed to develop nurse workers who would efficiently and obediently meet the immediate labour needs on hospital wards, but who would also call positive attention to the hospital and its services with their cultivated membership in the club of approved Canadian womanhood.

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8 Bourne, Paula et al. Canadian Women: A History (Toronto: Harcourt Brace and Company, 1996), 280. See, as an example, Barbara Riley. "Six Saucepans to One: Domestic Science vs. the Home in British Columbia, 1900-1930," in Not Just Pin Money: Selected Essays on the History of Women's Work in British Columbia, eds. Barbara K. Latham and Roberta J. Pazdro (Victoria: Camosun College, 1984), 159-194.

9 Mariana Valverde, The Age of Light, Soap, and Water: Moral Reform in English Canada, 1885-1925 (Toronto:McClelland and Stewart, 1991), especially pp. 45-76.

The hospital construed nursing training and its attendent rigorous physical work as a refining or reforming process for young women. In the process of doing so, it appropriated rhetoric and ideas already made acceptable by social reform movements headed by some of the very same bourgeois leaders who made up the hospital's governing body.

In reconstructing the attempts by K.G.H. management to bring about its new vision, I have drawn upon the theories of administration of populations and training of individuals described by Michel Foucault in both The History of Sexuality, Vol.1, and Discipline and Punish. Not unlike Foucault's eighteenth-century "soldier," the early twentieth-century nurse labourer in this period "became something that [could] be made; out of a formless clay, an inapt body, the machine required [could] be constructed."[10] Professional literature and hospital memoranda in the period 1920-1939 express this belief precisely, referring to student nurses in the rhetoric of scientific labour management and training as "material" which could be shaped into a desired form. I have found Foucault's ideas on discipline and training particularly applicable to the Training School residence, which in its rationalised form after 1927 was a key tool in management's efforts to produce the ideal nurse labourer. In Foucauldian terms, the nurses' residence, and the Training School as a whole, constituted "an architecture that would operate to transform individuals: to act on those whom it shelters, to provide a hold on their conduct, to carry the effects of power right to them, to make it possible to know them, to alter them."[11] It was a site at which historically specific ideas of gender, class, and Canadian 'race' were imposed in a

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[10] Michel Foucault, Discipline and Punish: The Birth of the Prison (New York: Random House, 1977),135. The use of Foucault's "soldier" in this context is all the more apt given the prevalence of military terminology in describing nurse training and practice. See Susan Reverby, Ordered to Care: The Dilemma of American Nursing, 1850-1945 (Cambridge: Cambridge University Press, 1987),52.

[11] Foucault, Discipline and Punish, 172.

systematic training process designed to produce a docile, machine-like nursing labourer, but also a female individual fit for a particular brand of productive Canadian citizenship.

Yet this is only part of the story. Young women who entered the Nursing Training School in Kingston in this period did so with ideas of their own, some of which did not concur with hospital or societal expectations. Many came from small agricultural centres outside Kingston, and saw nursing training as an opportunity to escape the ennui of work in their parents' homes and businesses. Their expectations for nursing training varied, but many desired independence and income, as well as the limited, yet still significant public recognition which accrued to young women trained as nurses. Upon completing their first few months of school, however, nurses-in training found their idealism and energy appropriated for the uses of the hospital. Their lives at work and at leisure were severely contained by codes of bourgeois female behaviour which for many, seemed even more restrictive than those enforced by their parents. Time was rigidly controlled, and the brutal work regime which constituted much of their 'education' had little in common with the idealised cultural portrayals of nurses as skilled, hyper-feminine healers.

Preliminary attempts to recover the experiences of nursing student-workers have understandably focussed on these negatives, leading some historians to conclude that as a result of the unrelenting propaganda and repression of hospital training, nurses developed an unquestioning loyalty to the hospital and worked to maintain their oppression and exploitation.[12] This interpretation is not challenged by the copious writings of nursing leaders from this period, many of whose bourgeois professional ideology, which preached

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[12] Ashley, Hospitals, Paternalism, 33; Judi Coburn, "I See and Am Silent," 127-163.

obedience, loyalty, self-sacrifice and efficiency to nursing students, seemingly echoed the agenda of hospital administrators. Led by Barbara Melosh in the U.S., however, new nursing scholarship has "trace[d] the shadowy outlines of another nursing history," that of rank and file nurses and nursing students.[13] Several recent articles in Canadian medical and nursing journals have drawn attention to the fact that "nursing history tends to be a celebration of those individuals who brought the profession through its development stages." Kathryn McPherson and Meryn Stuart, cataloguing the state of the art of nursing history, note that the historical record has tended to be "skewed towards the elite, formally trained, full-time practitioners, and has oriented... towards the socially respectable or celebratory, leaving more marginal practitioners silent." These 'silent' women developed cultures of work and play seperate from or in conjunction with the 'professionalism' promoted by nursing's elite, encompassing distinctive language, rituals, and codes of conduct which gave them the resources to ameliorate and sometimes challenge their exploitation and subjugation at the hands of consumers of nursing labour, and moreover gave value and esteem to their under-appreciated occupation of caring.

The theoretical signposts which guide my examination of students' challenges to authority extend well beyond the history of nursing per se. In identifying 'resistance' I refer to James C. Scott, whose exploration of this concept has helped to expand its definition to include much more than organised rebellion. He is concerned with elucidating "everyday forms of resistance... the ordinary weapons of relatively powerless groups," of which gossip, 'foot-dragging', subtle mockery of authority figures, hidden rituals, individual anti-social acts, and minor transgressions of codes established by the subordinating

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13 Barbara Melosh. 'The Physician's Hand': Work Culture and Conflict in American Nursing (Philadelphia: Temple University Press, 1982), 5-7; McPherson, Bedside Matters, passim.

group are only a few.[14] More specifically related to my topic, Joanne Meyerowitz, in Women Adrift: Independent Wage Earners in Chicago, 1880-1930, shows that young working women in newly urbanising centres collected their 'everyday resistances' into mostly-female "urban subcultures" which helped mitigate the experience of wage labour and allowed them to pursue their independence from the supervision and subordination perpetrated upon them due to their class and gender.[15]

At K.G.H. during the period of hospital rationalisation, a counter-culture exhibiting components described by both Scott and Meyerowitz thrived in both the hospital workshop and the Nurses' Home. At a time when the intensified supervision of student nurses would seem to preclude opportunities for transgression, we can witness the determination by a group of young women to reappropriate their experience of nursing training for their own purposes. Alice Baumgart and Jenneice Larsen, referring to nursing history as a whole, have written that the forms of resistance used by nurses "individually and covertly... are seldom effective since they cast a blanket of invisibility over the way power is exercised and so leave existing power relations intact."[16] Yet this focus on measurable change to power structures eclipses the fact that nurses have been at times very successful at subverting or circumventing existing hierarchies. As individuals and in groups, student-workers defied the codes of behaviour forced on them via the punitive apparatus of training, attempting to redefine nursing according to their hopes and expectations. They chronicled their successes and failures in yearbooks, journals, art, poetry, and via oral interviews, leaving an

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[14] James C. Scott, Weapons of the Weak: Everyday Forms of Peasant Resistance (New Haven: Yale University Press, 1985), xv-xvii and 302-303.

[15] Joanne Meyerowitz, Women Adrift: Independent Wage Earners in Chicago, 1880-1930 (Chicago: University of Chicago Press, 1988), 140.

[16] Baumgart, Alice, and Jenneice Larson, "Introduction to Nursing in Canada," in Canadian Nursing Faces the Future, eds. Alice Baumgart and Jenneice Larson (Toronto: C.V. Mosby, 1988), 8.

archive which unequivocally challenges conceptions of nurses-in-training as passive and powerless.

My brief historical summary in the first few paragraphs is thus a jumping-off point for a microscopic look at the way that 'scientific' nursing training was wreaked upon the student-workers in one particular Nurse Training School between the years 1924-1939, a period bounded by the advent of scientific management at K.G.H. on the one hand, and the beginning of WWII on the other.[17] Balancing this top-down approach, however, and hopefully filling a gap in the history of nursing, I also attempt to explore students' experiences of training and their everyday negotiations with the institutions and individuals which claimed the right to their discipline and subjugation.

Note on Sources

My numerous primary sources require two explanatory notes. First of all, I occasionally cite the professional literature of American nursing, medicine, and hospital administration in discussing larger trends and issues. At this time, although Canadian doctors, nurses, and hospital administrators developed separate national professional organisations, ties and cross-membership between American and Canadian associations remained strong. K.G.H. Hospital Superintendent R.F. Armstrong, for example, regularly attended meetings of the American Hospital Association, even after he became president of the Ontario Hospital Association. For this reason, the Canada-U.S. border was highly permeable to the flow of ideas, personnel, and literature. I have therefore used

[17] Although the war by no means ended the use of scientific management procedures at K.G.H. and other Canadian hospitals, it resulted in and coincided with numerous changes in Canadian health care, in the makeup of nursing as a profession, and in nurse training, which are beyond the scope of this paper.

some American sources where I feel they represent internationally prevalent attitudes, but have attempted to supplement such usage with Canadian-specific references.

Secondly, I have deliberately and consistently anonymised the names and potentially recognisable features of the nursing students who form the focus of my study, except where these are part of the public record. This is in compliance with my research contract with the Queen's University Archives, but also due to my own recognition that some of the material I present could be sensitive to former nurses and their families. My oral interviews remain part of this anonymised material, at the request of the interviewees.

PART I

"Organised, practical, and scientific training"

CHAPTER ONE

The Roots of Rationalisation

In March, 1925, a marriage took place at the Kingston General Hospital. The nuptials were witnessed by the Hospital's Board of Governors and Committee of Management, and enthusiasm was high as the two parties took their symbolic vows. It was expected that this would be a 'productive' union, resulting in a large number of attractive, well-behaved children and financial success for the entire extended family. Following the ceremonies, the happy couple eschewed a honeymoon; they intended to get right down to work renovating their marital home and preparing it for their brood of children (whom, it appeared, were already well on the way).

This marital union was not one of bride and groom, but of ideas and policies. Kingston General Hospital, for over a hundred years a medium-scale charitable organisation dedicated to paternal ideals of management and service, was coming of age in the twentieth century, and its watchful Governors recognised the need for a firm hand to regulate its continued growth and profitability. It arrived in 1925 in the person and philosophy of R. Fraser Armstrong, a civil engineer schooled and experienced in the worldly precepts of scientific management. His watchwords, 'efficiency' and 'loyalty', warmed the hearts of the hospital's governing body, whose debates in recent years had centred increasingly around the need for those very ideals. The marriage, then, united paternalism and rationalism, and its effects on hospital operation remained tangible long after the original partners had left the scene.

The marriage metaphor may be applied more specifically to the working relationship between the new Hospital Superintendent, R.F. Armstrong, and Nursing Supervisor Anne Baillie, whose arrival at K.G.H. predated Armstrong's by a year. Traditional sacrosanct models of hospital organisation pictured the female nursing service and the male medical administration in symbolic heterosexual wedlock, with the hospital as the marital home and the patient as the dependent child.[18] Nurses, with their 'innate' feminine functions of 'caring and cleaning' were responsible for the care of the home and children, while doctors played the role of breadwinner and household head. The advent of nurse training schools and their subsequent proliferation in the early twentieth century added a new member to the hospital 'family': the 'daughter', or student nurse, whose contribution to the family was gruelling, unpaid labour in exchange for residence in the ancestral home. Family terminology permeated professional medical literature in reference to nursing students, and served to naturalise the hierarchical relationships in hospitals and health care. The journal Modern Hospital, for instance, in 1917, explained: "Nurses in training are not employees in the sense that they are wage-earners. They are part of a hospital family, and are cared for as a father cares for his children."[19]

As we shall see, the placement of Armstrong, a layman, as Superintendent of the hospital 'household', modified this cozy arrangement slightly, relegating doctors to the role of sometimes authoritarian, sometimes benevolent 'uncles' whose demands on nurses were mediated by the *paterfamilias* Superintendent. The new relationship which developed, that between the Hospital Administrator and Nursing Superintendent, did not alleviate the burden on the

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[18] The "family" concept in health care organisation has been identified by numerous authors, most notably JoAnne Ashley, Hospitals, Paternalism, 16-18.

[19] Editorial. "The Nurse - Labourer or Professional?" Modern Hospital 8 (April 1917): 269.

student nurse, but aimed at the further exploitation of her daughterly subjugation, loyalty, and work ethic as part of an overall rationalisation of hospital and nursing services. This systematisation, therefore, took existing paternalist structures of nursing labour control and wedded them to selected methods of scientific management in order to produce and maintain a disciplined nurse labour force which would meet the perceived needs of doctors, the public, and the modern, business-like hospital of the interwar period.

Prior to Armstrong's arrival in 1925, there were indications that the student nursing service at K.G.H. no longer met the needs of the modernising hospital. These were not unique to K.G.H., but were components of a debate engaging hospitals and professional health care organisations across the continent. This debate pivoted around the status of nursing education, and the role of nursing labour in the modern, multi-service hospital.

By the turn of the twentieth century, hospitals in North America had developed the Nurse Training School as an institution for producing an inexpensive nursing labour force. A hospital in need of nurses could simply advertise the inauguration of a training program, and begin accepting applications from young women. This became an exceedingly popular solution; by 1909, Canada had 70 training schools for just over 200 hospitals, and by 1930 there were 218 schools, annexed to a quarter of all Canadian hospitals.[20] The School was presented as a give-and-take system, whereby students 'gave' between 12 and 16 hours per day labour on the wards, performing all tasks designated as nursing, and 'took' an education in nursing in return. Hospitals sweetened the pot, and ensured themselves a supply of young women labourers, by offering

[20] David Coburn, "Development," 439-441. The proportion of schools-to-hospitals decreased through this period, but the total number of students increased exponentially.

room and board, along with a small stipend for 'maintenance'.[21] Training consisted of learning by doing, a form of apprenticeship where the 'master' was a student with as little as one month more nursing experience than the 'apprentice.' Classes in anatomy and basic medicine were taught by doctor-lecturers who frequently recycled the same advanced lectures they gave to medical students.[22] Nurses were required to attend classes, but only when their ward work was completed; the vast majority were far too exhausted at that point to apprehend anything of the lectures. As the 1932 Weir Survey of Nursing Education in Canada concluded, the "past practice of attempting to 'educate' student nurses by overworking them ...is unworthy of the name of education."[23]

This system, which provided hospitals with a labour force costing only the price of its bare physical maintenance and supervision, encouraged innumerable atrocities in the name of 'room and board'. In 1925, for example, an inspection found a number of K.G.H. students housed in a "damp, unkept basement, [in which] many of the beds resemble sagging canvas camp beds."[24] In the first four

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21 Students' pay varied widely from hospital to hospital. If allowances were given, students were required to supply uniforms for themselves. Most hospitals after the turn of the century had scaled pay systems. St.Catharines, for example, in 1910-1918, paid its student nurses monthly instalments totalling about $250 over three years. [Mack Training School for Nurses,Student Salaries and Costs, 1927, Folder #18, St. Catharines General Hospital Archives, St, Catharines.] K.G.H. , on the other hand, maintained a $20-yearly payment throughout 1918-1932. See Minutes of the Committee for Management, 1918-1932, passim, Kingston General Hospital Collections, KGH 500.M202, 203, Queen's University Archives, Queen's University, Kingston. Hereafter I will refer to the K.G.H. collection as 'KGH' followed by the deposit number, and the St. Catharines collection as 'SCGH', followed by the deposit number.

22 These lectures were sometimes no more popular with doctors than nurses. At St. Catharines Hospital in 1900, six of the resident medical staff resigned rather than volunteer their time as lecturers for nurses. John Runnals and Helen Beale Brown, A Century with the St.Catharines General Hospital (St. Catharines: no publisher, 1949), 46.

23 G.M. Weir, Survey of Nursing Education in Canada (Toronto: University of Toronto Press, 1932),179. Interviews with nurses from this era reveal that most students used lecture time, as 'Claire' put it, "to catch up on my sleep". 'Claire' , Interview with the author, December 18, 1995, Peterborough, Ontario. Transcript in possession of author.

24 Kingston General Hospital Visiting Governors' Reports, 1925, KGH 500.B110. Statements made by Women's Aid members and other visiting officials from 1893-1927 make continual reference to the poor living conditions of nurses at K.G.H.

decades of the nurse training school's existence in North America, this situation was the rule, not the exception.[25] Moreover, the training school required its student-workers to perform many non-medical tasks in the hospital, from polishing doorknobs and cooking patients' meals to changing bandages and supervising entire wards of patients. 'Claire', a student in the late 1930's, remembers one day being given the lowly task of making Jello "from scratch" for her 24 patients, then a few weeks later being assigned the Night Duty Supervisor position for a 48-bed floor.[26] After a very short 'probationary' period, no distinction was made between students and trained nurses.

As one might imagine, this system often did not produce nurses with a degree of medical knowledge or skill which could be classified as 'professional', nor was it designed to. Trained nursing labour in hospitals in its first thirty or forty years was characterised by a contemporary critic as "a hybrid mixture of the efficient housemaid and glorified bedside mechanic."[27] Medical theory held that a clean physical and moral environment was essential for successful convalescence, and the manufacture of such an environment was the nurse's primary duty. Strict surveillance and discipline by managers ensured the nurse's high moral status and hygiene, while the majority of her daily work consisted of cleaning both patient and ward.[28]

The students' driving motivation throughout their training was to escape

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25 Weir's Survey is the best source for this in Canada (see especially pp. 297-299). See also its American predecessor, M.A. Burgess, Nurses, Patients and Pocketbooks (New York: no publisher, 1928).

26 'Claire', Interview.

27 Weir, Survey, 16; See also Barbara Keddy and Evelyn Lukan, "The Nursing Apprentice: A Historical Perspective," Nursing Papers 17(Jan.1985): 44.

28 See, for example, "Rules and Regulations - Night Nurse Duties," Mack Training School, 1920, SCGH Folder #18. Barbara Melosh discusses the "principles of good housekeeping" and moral hygiene which characterised nineteenth century Nightingalist nursing ideals in "Physician's Hand", 37-76.

the drudgery of institutionalised labour for the "promised land" of private duty nursing, where they could theoretically earn a living free from supervision. This possibility, combined with a narrow female job market, inspired young women to submit themselves to hospital servitude in increasing numbers, more than filling the need created by the increase of hospital training schools. Unfortunately, steady jobs for graduate nurses were few, which meant that the increasing numbers of women training as nurses glutted the labour market, resulting in even lower salaries and unemployment for trained nurses. Many, upon completing their training, spent only a short time, if any, in public nursing before "retiring" and getting married. Moreover, hospitals upheld the domestic subordination of married women by refusing to enrol them as students, or to hire married graduates into the few supervisory positions available. In the final analysis, hospitals rode unapologetically and successfully into the twentieth century on the backs of a large force of young, barely paid, women workers. As a hospital management handbook recognised in 1911, hospitals were "quite as dependent on the training school as the latter [was] upon the hospital."[29]

As early as 1910, the established hospital training system in both the U.S. and Canada began to sustain serious criticism from all quarters. This assault was initiated early on by nurse leaders themselves, who perceived that their attempts to raise nursing to a professional status were thwarted by the patent "unprofessionalism" of trained nurses, and by the resultant (and perhaps inevitable) unwillingness of the medical profession to take them seriously. Articles in professional journals deplored the haphazard and exploitative nature of nurse education and practice; one, reprinted in a respected medical journal, revealed that the per diem instruction for student nurses averaged only 36

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[29] Charlotte Aikens, Hospital Management (Philadelphia: W.B. Saunders, 1911), 334.

minutes, out of an average 10 hours daily work time.[30] Nurses' professional associations sponsored studies and surveys which showed that the proliferation of training schools had caused an "overproduction" of graduates who launched themselves optimistically into the world of private duty nursing only to discover that no 'promised land' awaited them, only infrequent work, low pay, and cutthroat competition for well-to-do clients.[31] Ethel Johns, editor of the journal Canadian Nurse between 1933-1944, described this system as "a cynical way of producing a cheap, efficient, and docile nursing force."[32]

The reforms most frequently demanded by the professional associations were threefold: first, to reduce significantly the number of training schools; second, to hire well-trained graduate nurses to replace students on hospital wards; and third, to completely overhaul nursing education, separating it from paternalistic, exploitative hospitals and creating a system of autonomous, standardised schools in the tradition of medical professional education. Such schools would ideally promote the 'science' of nursing technique while also nurturing the feminine 'art' of altruistic nursing care. Central to the desire for higher standards of education was the belief that such improvements would raise the social class of the average applicant, and thereby rehabilitate the public image of nursing. Nurse leaders, predominantly middle- and upper-class themselves, firmly believed that a uniform educational system for nurses in a bourgeois academic setting would clear the way for the full acceptance of nursing

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30 "Study of Student Activities," JAMA 100 (April 15, 1933): 1179.

31 The sources here are too many to list. Two of the more severely critical are: "Nursing and Nursing Service," JAMA 100(April15, 1933):1179-1183; "Review of the Status of the Nursing Profession in Canada," CN 24 (Jan 1924): 780-786. The most comprehensive condemnation of the nurse training school system came in 1932, with the publication of Weir's Survey.

32 Cited in Mary Kinnear, In Subordination: Professional Women, 1870-1970 (Montreal: McGill-Queen's University Press, 1995), 104.

as a profession.[33] A correspondent to a 1924 issue of Canadian Nurse wryly noted: "We may still get the throb out of the poets' eulogies [to nursing] ...but we will deserve them more if the ministering angel has a little knowledge to guide the soothing hand."[34]

Doctors, too, found reason to comment on the state of nursing education and practice. Letters and articles in medical journals sometimes indicated a degree of sympathy with the protests of nurses' associations, but more often expressed criticism of the way "inferior" nurses reflected upon on doctors' own practice. As Dr. Frederick S. Greenwood noted in a speech to the 1921 graduating class at the St. Catharines Hospital Mack Training School, "Incompetency on the part of the nurse may render nugatory the best efforts of the Doctor ...and the most brilliant achievements of modern surgery."[35] Their criticisms indicated the realisation that the increased specialisation of medical technology and knowledge necessitated a nursing service which could act as 'knowledgeable handmaiden' to medical practice.[36] Doctors required nurses who knew enough about medicine to observe changes in the patient, to assist in a rapidly-multiplying number of medical procedures, and to administer a bewildering array of medications in the doctor's absence. At the same time, they insisted that the nurse continue to be deferential, imbued with the ethic of womanly service, and unfailingly obedient to medical authority. Dr. Greenwood concluded his above-mentioned speech with the nugget: "You have two eyes, and two ears

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33 Keddy and Lukan, p. 41. Pauline Jardine discusses the attempts by the nursing elite to raise the class content of rank-and-file nurses at Toronto G.H. in "Urban Middle-Class Calling," 177-189.

34 "The Ministering Angel, Plus a Little Knowledge," CN 20 (March 1924):142, 144.

35 F.S. Greenwood. "Speech to Grad. Class," Mack Training School for Nurses, St. Catharines, Ontario,1921, SCGH Folder #20. Note that 'brilliant achievements' are achievable only by doctors; the best a nurse can hope for is not to foul them up.

36 Susan Reverby, Ordered, p.58.

with which to observe and listen, but one tongue to keep quiet."[37]

Doctors' suggestions for nursing reform in this period were predictably less 'progressive' in nature than those of nurse leaders.[38] Given their perceived need for a submissive, well-disciplined nursing labour force, they were unwilling to accept the employment of more graduate nurses, whom they perceived as headstrong, uncouth, disobedient, and mercenary due to their experience at private nursing.[39] Yet doctors also felt that existing student nurses lacked sufficient intellect, practical training, and obedience to serve doctors properly.[40] Medical men were divided over the solution to this problem. Some, siding with the nursing elite, insisted that a set of standards for enrolment and training be developed under paternalistic medical supervision in order to meet the nursing needs of modern medicine. Others, more concerned with their professional jurisdiction, protested that increased theoretical education for nurses had already resulted in increased insubordination, as well as a "glorified product, ...a little more than nurse and a little less than doctor."[41] Both sides, however, agreed

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37 Greenwood, "Speech." This comment reflected the school motto assigned it by its founder, Dr. Theophilius Mack: ***Video et taceo*** - "I see and am silent." The Mack Nurse Training School was the first in North America, founded in 1873. Numerous Mack graduates went on to supervise other training schools in the U.S. and Canada, carrying with them the MTSN creed. See Runnals and Brown, A Century, passim.

38 Julia Kinnear surveys this debate as it appeared in the pages of the CN and the CMAJ. She concludes that doctors were by no means unanimously in favour of **increased** nurse education, but that they shared almost unanimously the "paternalistic conviction that the medical profession had the right to influence the development of nursing." Julia Kinnear, "Professionalisation of Canadian Nursing," Cdn. Bulletin of Medical History 11 (1994):170.

39 "Editorial," CMAJ 11 (May 1921): 365

40 The Weir Survey is a rich source of information in this context. Beginning in 1929, Weir polled nearly 1600 doctors across Canada to determine their impressions of nursing service. The three most frequently expressed criticisms were, in descending order, "lack of tact" (meaning both respectful treatment of doctors and patients and the ability to make 'rational' judgments without usurping the doctor's role), "lack of preliminary education," and "lack of intelligence." Weir concluded that doctors required higher admission standards for training schools, and a stricter, more comprehensive practical training curriculum. Weir, Survey, 222-249.

41 Congress of the American College of Surgeons, Montreal, "The education of the nurse," CMAJ 16 (Dec. 1926):1536-7; Dr. Thomas Wicket of Hamilton, in an earlier letter to the editor, noted that this "product" had "almost become a menace to the practice of medicine". "Letter," CMAJ 12 (Feb. 1922): 119-120.

that the 'ideal nurse' was one who possessed a number of specific characteristics. A report entitled "The Function of the Nurse as Defined by the Physician" is worth citing at length:

> What [doctors] want are young women of good breeding and attractive personality with high professional standards which lead to the meticulous following of medical orders. They want women so sensitive, so alert, and finely observant and with a wealth of experience behind them... that they will be able to observe changes in symptoms and report them quickly and intelligently to the Physician.[42]

In this description the traditional demand for unquestioning obedience and subordination is apparent. However, there is a new stress upon the need for a finite, regulated amount of medical knowledge and practical skill to complement the doctor's 'curing' task. Of course, this bundle of knowledge, skill and deference ought to be attractively packaged and 'bred' according to bourgeois norms of womanhood to provide a pleasing work atmosphere for the doctor. The directive "You must be ladies before you are nurses" appeared in more than one doctor's contribution to nurses' Yearbooks in this period. Even more telling, an article written by a doctor for Canadian Nurse pronounced that "A nurses' uniform ...should have graceful lines and tend to improve, rather than hide the natural figure." He continued, without a trace of tongue-in-cheek, "Surely if it has become necessary that automobile builders make their automobiles with graceful lines, a nurse might have a streamlined, graceful tonneau."[43] By the mid-1920's, then, it appears that doctors too were in favour of an increased rationalisation of nurse training set to their particular standards. They reserved the right to have

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[42] Committee on the Grading of Nursing Education Report, cited in JAMA 100(15, 1933):1181.

[43] Nurses' Yearbooks (1921), 7 ; H.B. Atlee, "Uniforms and Stereotyped Minds," CN 29 (Oct. 1933): 515-518. Ironically, this article was intended to show alliance with nurses in this period who were lobbying for reform of uniforms. With this comment, Atlee unintentionally reveals an inherent association of nurses with machinery.

input into this training, since for many, nurses represented animate pieces of hospital technology specifically created for the physician's use. A doctor at the Mack School summed this up: "The keynote of good nursing is intelligent obedience, only attainable by ***systematic education.***'[44]

Hospitals were a third source of criticism of nursing education. Although prior to 1920 most hospital administrators were medical men, there was a growing realisation after the turn of the century that nurses were more important to a hospital than simply as doctors' handmaidens and housekeepers. Nursing was the primary service provided for patients *and* doctors at hospitals, as well the largest labour force. By the 1910's, hospital Governors were expressing dissatisfaction with the content and behaviour of this labour force. In general, their concerns were expressed under two headings: Efficiency and Loyalty. This duo had not been unimportant in previous years, but new conditions were bringing them to the fore.

The 'thrust for efficiency' became a fetish for employers and entrepreneurs in most fields after the turn of the century; the idea that one could simply reorganise one's operation along time and material-saving lines, thus expanding plant and production at little extra cost, was irresistible for many business owners.[45] Hospital governors were no exception, and their memoranda show an increasing usage of the rhetoric of scientific management beginning about 1910,

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44 My emphasis. Lecture, "Nursing," Dr. John Sheahan, Mack Training School, circa 1917, SCGH Folder #16.

45 Bryan Palmer has noted that the "eclectic collection of managerial reforms and innovations" found under the heading "rationalisation" did not simply increase production, but also served to strengthen the power of capital over labour. In the hospitals, where labour organisation was nonexistent, this power came under the heading of "employee loyalty," which I will explore below. See Palmer, "Class, Conception, and Conflict: The Thrust for Efficiency, Managerial Views of Labour, and the Working Class Rebellion,1903-1922," Review of Radical Political Economics 7(Summer 1975): 31-49.

as well as a tendency to "look towards industry" for guidance.[46] In the Minutes of the K.G.H. Committee for Management, for example, the term 'efficiency' occurred only occasionally in the period 1894-1909, but with increasing regularity after 1911, until 1922, when virtually every monthly and annual report related the need for efficiency in another aspect of hospital operation.[47] The proliferation of this rhetoric among hospital administrators also reflected a more general influx of "scientific management" in health care. As Meryn Stuart has shown in the context of public health, "health was a 'business' and since disease was 'the highest cause of poverty', if one prevented disease, one would have prosperity. The ideology of efficiency in business and factory was being applied to the human body, now a 'machine'." She cites the definition of health given by the Chief Medical Officer of the Ontario Board of Health in 1922 as: "the highest physical efficiency prolonged for the longest period of time."[48]

For the most part, it was taken as a given in hospitals that the cost of medical technology and expertise would resist economization. Susan Reverby has noted with some irony that "Physicians, who were just obtaining 'master craftsman' status in the hospital-workshops, were not about to allow themselves to be managed by others in a 'health factory'."[49] The management's economising gaze therefore fixed itself upon two areas where expenditures were seen as more

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46 Susan Reverby discusses this trend in "The Search for the Hospital Yardstick," in Health Care in America, eds. Susan Reverby and David Rosner (Philadelphia: Temple University Press, 1979), 206-226. Kathryn McPherson, in "Science and Technique: Nurses' Work in a Canadian Hospital, 1920-1939," in Caring and Curing: Historical Perspectives on Women and Healing in Canada, eds. Dianne Dodd and Deborah Graham (Ottawa: University of Ottawa Press,1994), 71-101 develops an approach in the Canadian context which emphasises nurses' agency in carrying out hospital rationalisation.

47 Committee of Management, Minutes and Annual Reports,1894-1938. 'Economization' and 'savings' were two other terms whose usage increased significantly in this period. I discovered this trend in the memoranda of other Ontario hospitals as well, notably Hamilton General and St Catharines General.

48 Meryn Stuart, "Ideology and Experience: Public Health Nursing and Rural Child Welfare, 1920-1925," Canadian Bulletin of Medical History 11 (Nov. 1994): 114.

49 Reverby, Ordered to Care, 148.

"Borrowing a Volume From Industry." Source: Hospital Management 10 (Nov. 1920), reproduced in Reverby, Ordered To Care, 146.

flexible: hospital plant operation and the nursing service. Reducing expenses for plant operation was comparatively straightforward. Administrators stressed the necessity for reduction of 'waste' of lighting, water, paper, linen, and so on *ad infinitum*. For example, a set of guidelines proposed by Charlotte Aikens in her influential Hospital Management insisted that "All lights not actually necessary must be extinguished by 9 P.M. Extravagance in the use of light at night will be reported to the superintendent."[50] Lack of thrift was discovered everywhere, from the laundry service to the linen closet to the pilfering of food by student nurses. Hospital inspections were carried out by members of the governing bodies, who scrutinised every dark nook and cranny of hospital operations for signs of 'inefficient' use of resources. The K.G.H. Visiting Governors, a group of mostly well-to-do (and extremely diligent) Kingstonian matrons, reported after their 1922 inspection that a large number of taps and steam pipes were leaking throughout the compound, resulting in wasted hot water. In a follow-up inspection, they noted that the taps had been repaired, and congratulated themselves that "a saving has been made ...without impairing the efficiency of the hospital."[51]

Increasing the efficiency of the nursing labour force promised to be more problematic. It was conceded that most nurses, both students and graduates, worked very hard. The objective, then, was to ensure that this commendable effort was most efficiently distributed and directed. In short, hospitals were most concerned with increasing the number of tasks completed by nurses, while ensuring that the performance of these tasks remained up to standards acceptable

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50 Aikens, Hospital Management, 366. Obviously, an insistence on economising hospital resources formed part of an intensified labour control. Nurses in particular fell in for criticism for their wastage of supplies, as evidenced by the proposed regulation: "Nurses are expressly forbidden to use the printed blanks of the hospital for any purpose other than that for which they were designed."

51 Visiting Governors Reports, Feb. 7, 1922.

to the medical staff. As a doctor-administrator wrote in the periodical Canadian Hospital, "Economy of effort on the part of the nurse ought to be drilled into her along with economy of every sense."[52] There were, however, several other barriers to intensifying the exploitation of students at this time. The first was the increasing number and complexity of nursing tasks, emerging from the proliferation of new medical knowledge and procedure. A second was the establishment by the provincial government of standards for nurse education. Nurse training schools were assigned a minimum curriculum which their students were expected to complete in order for the school to achieve "registered" status.[53] The curriculum effectively reduced the number of hours a student was available for ward work, and required that the hospital either acquire more staff to meet its labour needs, or squeeze more 'production' out of its existing labour resources.[54] Given budgetary priorities, hiring more staff was out of the question, so hospitals turned to the scientific manager to solve their labour 'shortage'.

Problems arose in attempts to transfer the ideology of scientific management to the hospital workshop. The purported goal of efficiency regimes in industry was to achieve the highest possible production at the lowest possible cost. Some attempts were made to emulate the production balance sheets of factories; in a speech to Kingston's civic leaders in 1932, Chairman of the K.G.H. Board of Governors Hugh C. Nickle informed his audience that the scientifically

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52 Brown, Dr.Philip King, "How the Nursing Situation Can be Helped in the Interest of Education, the Patient, and the Hospital," Canadian Hospital 7 (July 1931):11-14.

53 A significant change in training curriculum came in 1925, with the Ontario Ministry of Health's Minimum Curriculum for Approved Training Schools for Nurses (Toronto: Ontario Ministry of Health, 1925).

54 An article in the CMAJ noted in 1927: "One of the most frequent complaints has to do with educational requirements. These are declared to be uselessly high, ...and a chief cause of keeping numbers [of students and schools] low and costs high." Editorial, "The Trained Nurse as a Storm Centre of Discussion," CMAJ 17(March 1927) :359.

managed hospital had treated over 16000 patients, "with only 228 deaths."[55] Armstrong, in his Annual Reports to the Hospital Trustees, included a ledger quantifying hospital "production" under the headings: "Cured," "Improved and Discharged," "Unimproved," and "Deceased." Hospital administrations, however, faced a similar dilemma to that discovered by Susan Porter Benson among department store owners in this same period. Administrators wanted to be "businessmen pure and simple, seeking to maximise profits while reducing costs." But at the same time, store owners and hospital governors alike "thought of themselves as purveyors of a service, managers of social institutions which sold not just merchandise" but also a number of intangible products. Store owners sold style and respectability; hospitals were marketing health, comfort, and personalised care.[56] While physical nursing (or clerk) labour might be divisible into standardised, timeable tasks, production of health and welfare resisted quantification. Hospital administrators thus categorised them in terms of another intangible: employee loyalty.

Loyalty of the work force was firmly connected by administrators to the hospitals' search for new revenue. In the early twentieth century, operators of hospitals became increasingly aware of their institutions' potential as lucrative businesses, and embarked upon a program of public education in a concerted effort to convince the paying public that hospitals were a better place to be sick than their own homes.[57] Previous to this campaign, hospitals had been

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55 Hugh C. Nickle, "Address to Kiwanians, Rotarians, and Governors of the Hospital," May 10, 1932. Hugh C. Nickle Notebooks, KGH 500.H108.

56 Susan Porter Benson, "The Clerking Sisterhood: Rationalisation and the Work Culture of Saleswomen in American Department Stores, 1890-1960," Radical America 12 (March-April 1978): 41-55.

57 George Torrance, "Hospitals as Health Factories," in Health in Canadian Society ,ed. David Coburn et al (Toronto: Fitzhenry and Whiteside, 1981), 479-500. See also Ashley, Hospitals, Paternalism, 7, and G. Harvey Agnew, Canadian Hospitals, 1920 to 1970: A Dramatic Half Century (Toronto: University. of Toronto Press, 1974).

stigmatised by their origins as charity health services for the indigent. Upper-class citizens received health care in the comfort of their own homes from private duty nurses and visiting doctors, and shunned hospitals as dirty, unhealthy places, fit only for the dregs of society. Furthermore, in spite of the capitalist aspirations of their governors, hospitals in this period were still considered semi-charitable organisations for the purposes of government funding. The Ontario Hospitals Act forbade the denial of health care to any individual by a hospital, but the remuneration from the public purse promised by the Act for treatment of 'indigent', or non-paying patients lagged well behind the hospitals' reported costs of patient care. In general, payments from municipal and provincial governments for indigent patients made up only 50 percent of hospital expenditures on these patients, who, in turn, accounted for nearly 60 percent of all admissions.[58] Hospitals were required, therefore, to run on a tight budget, and in the absence of a comprehensive state health insurance program, to depend for revenue upon fluctuating government transfer payments, upper-class paying patients, and bequests and donations.[59] K.G.H., in the period 1917-1920, relied on paying patients (who still made up only 40 percent of patient population) for around 60-65 percent of total revenue, with donations, bequests

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58 R. Fraser Armstrong, Effects of the Present Economic Conditions on Hospital Operation, (Toronto: Ontario Hospital Association,1930), 3. For a detailed contemporary assessment, see Weir, Survey, 474-496.

59 Armstrong, Effects, 3. Hospital insurance only began to take root in the late 1920's, with the advent of group schemes. A comprehensive system of state health insurance did not develop in Canada until 1966. See George Torrance, "Socio-Historical Overview: The Development of the Canadian Health System," in Health and Canadian Society: Sociological Perspectives, eds. D. Coburn et al (Toronto: Fitzhenry and Whiteside, 1983), 6-32, for a brief history of Canadian health insurance. K.G.H., in its endless search for revenue and customers dabbled in health insurance as early as 1912, with a system of "hospital tickets" sold to Queen's University students, exchangeable for limited health care services. Minutes of the Committee for Management, Aug 3, 1912.

and investments tallying a further 10-15 percent.[60] However, over the years 1913-1920, the hospital had registered a 50 percent increase in patient load, but a 200 percent increase in revenue, as paying patients accepted that hospital care was more effective and more economical than home-centred health care.[61] The 1913 Annual Report proclaimed prophetically: "The prejudice against hospitals is fast vanishing, and the public, both rich and poor, is coming to realise that in many forms of sickness the Hospital is the only place where successful treatment can be assured."[62]

The increased concern by hospital administrations over their public image led to careful scrutiny of their primary product, nursing service. Throughout the 1920's and 30's, the average length of stay for K.G.H. patients hovered around 15 days, during which nurses provided for the patient's every need.[63] Administrators came early to the realisation that the omnipresent nurses invariably represented the majority of what was positive or negative about the hospital experience for both patients **and** their visiting friends and families. The Chairman of the K.G.H. Board of Directors concluded, "As regards the public very much of the success of any hospital depends upon the nurse; an unfaithful nurse does more to damn a Hospital than any other factor."[64] Comments in nurse training records and hospital memoranda indicate an increasing focus on

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60 K.G.H. Board of Governors Annual Reports, 1924-1939 [KGH 500.B103]. Each year the hospital calculated its revenue distribution, as part of an ongoing lobby for more governmental contributions. The situation at K.G.H. paralleled exactly that of most other Canadian hospitals. See Armstrong, Effects, 3-5.

61 Dr. Horace Brittain, "Special Report to the Administration Committee: Lay vs. Medical Superintendents," Dec. 29, 1924, reproduced in Minutes, Committee of Management, Dec. 1924 and Edwin Horsey, Care of the Sick and Hospitalisation at Kingston, Ontario, 1783-1938 (Kingston: published by author, 1938).

62 Board of Governors Annual Reports, 1913.

63 Ibid. This figure was inflated by the lengthy stays of quarantine or Isolation patients. The average stay for patients on regular wards was around 6 to 8 days.

64 "Chairman's Report," Board of Governors Annual Reports, 1909. See also Reverby, "Yardstick," 209.

nurse disloyalty and its potentially detrimental effect on hospital profitability as hospitals began to ponder the possibilities of rationalising this important component of labour.

"Loyalty" as defined by hospital governors had several implications for the hospital nurse. First and foremost was her behaviour with patients. Administrators and Governors were less initially anxious about the damage a nurse could do with her work, than with her speech and manner. The negative trope of the uncouth, garrulous woman was trotted out by critics to stigmatise talkative nurses, and contrasted to the ideal professional nurse who kept her opinions on management and health care to herself. Doctors, in paroxysms of professional and personal egotism, insisted that undisciplined nurses' chatter diminished them (doctors) in the eyes of the patient, threatening the slack-jawed awe in which all non-professionals were expected to hold medical men and their hospitals.[65] Dr. John Sheahan, resident at St. Catharines General, insisted circa 1910:

> The Gravest fault save that of negligence is gossip personal or professional. To talk to patients of their ailments and treatments and to describe other cares to them, to detail medical histories, to discuss the comparative merits of medical men, work infinite harm especially to nervous patients who are chiefly disposed to seek such confidences.[66]

Comments in nurse training records and hospital literature indicated an increasing belief that a gossipy nurse could drive away customers, alienate possible donors, and even retard the healing process both through her criticism

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65 The construction of professional status and authority by doctors, while extremely relevant to the history of nursing, is beyond the scope of this essay. Among the more interesting treatments of this process are Michel Foucault' s Birth of the Clinic: An Archeology of Medical Perception (New York: Random House, 1971), and Power and Knowledge (New York: Random House, 1972).

66 Lecture notes, Mack Training School,1910, SCGH Folder #11.

of the institution and through her general 'commonness'.[67]

The management concept of "loyalty" among nurses also implied a self-disciplined work ethic. With their tight budgets, hospitals could ill-afford to hire dozens of managers to keep an eye on every nurse. This became especially true as hospitals like K.G.H. grew in size and patient load, and nurse managers were required for administrative tasks. Moreover, although hospitals increasingly employed non-professional help like orderlies and maids in this period, their commitment to low wage overhead meant that nurses were often still required to perform non-nursing tasks like cooking and housekeeping. The preferred nurse, therefore, was one who was dedicated to an ideal of sacrifice and service to the hospital which would motivate her to work hard for little material reward, at any task assigned her. This ideal had been embedded in nursing service since the advent of training schools, but by the early 1920's it was being undermined by what hospital executives perceived as "the commercialism of the age", as evidenced by incidents of vocal criticism by nursing's rank-and-file.[68] Students and graduates alike protested the brutal working conditions, arbitrary harsh discipline, and slim hope for remuneration to be found in hospital labour. The period 1915-1921 even saw several nursing 'strikes' which were reported on in professional journals.[69]

One incident at K.G.H. serves to illustrate many of hospital management's fears concerning nurse loyalty and discipline. Near the end of 1920, a group of senior students presented a petition which protested the unfair treatment of an

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67 See Helen R. Wakeling, "Nursing Problems," CN 26 (Jan. 1930): 24-27. Also Eva Gamarnikow, "Sexual Division of Labour: the Case of Nursing," in Feminism and Materialism, eds. Annette Kuhn and Annemarie Wolpe (London: Routledge and Kegan Paul, 1978), 109.

68 "Editorial," CMAJ 11 (May 1921):365.

69 Reverby, Ordered, 70-71; "The Striking Nurse," Trained Nurse and Hospital Review 52 (Feb. 1915): 98. Burgess, in Nurses, Patients and Pocketbooks, placed the blame for labour unrest on ungrateful, undisciplined graduate nurses, an assumption which put her in agreement with both doctors and hospital administrators.

ill nurse. When hospital administration did not appear to respond, the students instituted an informal 'work to rule', voicing their dissatisfaction "in so marked a way that it affected the patients' comfort." The Hospital Superintendent, reacting swiftly to this threat to discipline, selected four nurses arbitrarily as ringleaders and suspended them "for the welfare of the school." He reminded the student body that their first duty was to the patient, and maintained his paternal right to mete out punishment to those who failed in that duty. The incident ended with the students being convinced to return to their work, but not without an impression having been made on management.[70] In later Committee of Management meetings, nurse loyalty received increased attention in the belief that incidents such as this one were extremely damaging to the hospital's public image. The lesson had been learned: student-worker discipline was in need of systematisation to recurrent conflict and loss of productivity.[71]

The above review of the criticisms and demands by doctors and hospitals reveals that there was a perceived need for a standardised nurse labourer, one who could be counted upon to perform a large number of both skilled and unskilled tasks quickly, accurately, and economically, all the while maintaining an attractive, engaging demeanour. At first glance, this would seem to indicate the need for a staff of grinning robots, requiring only the occasional dab of oil applied to a squeaky joint. This, however, was precisely what hospitals could not afford to create. In rationalising nurse labour, hospital administrators realised the need to provide a modicum of personalised, possibly inefficient service to the

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[70] Special Meeting of the Nurses Alumnae - recorded in the Minutes of the Committee for Management, Jan. 13, 1921. See also K.C. Crothers, With Tender Loving Care: A Short History of the K.G.H. Nursing School (Kingston: K.G.H. Nurses' Alumnae, 1973), 26-27. This was not the only example of collective action on the part of the student-workers. In August, 1908, the Committee of Management received a petition protesting overwork, irregular time off, and "supervision of the mail." Minutes, Committee of Management, August 31, 1908.

[71] Committee of Management, Minutes and Annual Reports, 1920-1924. In the next two years, at least four more nurses were suspended for breaches of discipline.

patient in order to ensure a positive impression of hospital care in the minds of patients and their families. 'The personal touch,' applied in concert with efficient, standardised, *scientific* health care techniques was the keynote of their P.R. campaigns. What hospitals wanted was a 'human machine,' or, more accurately, a *feminine* machine, able "in her efficiency [to] retain her womanliness" and to perform traditional nurturing functions attributed to women.[72]

As we have seen, pre-rationalised nurse training was haphazard and informal, embodying the idea that "A good nurse is born, not made."[73] Ideally, a young woman born to the calling need only emulate the work of someone slightly more experienced in order to become a perfect nurse. By the 1920's, however, hospitals felt they could no longer afford this sort of pseudo-apprenticeship training of their most important labour sector. Across North America, as many as 25 percent of hospitals had hired lay Superintendents by 1925, men whose expertise was not in medicine, but in civil engineering, accounting, cost reduction, and labour management.[74] These men, it was felt, could construct a system whereby the raw 'material' of nursing students could be systematically moulded into the tools required for modern hospital care. In Ontario, Kingston General Hospital was among the first institutions to hire one of these new breed of professional administrators.

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72 Greenwood, "Speech." The term "human machine" is Susan Reverby's, Ordered to Care, 65.

73 Ashley, Hospitals, Paternalism, 77.

74 As early as 1927, the University of Marquette in Milwaukee inaugurated a degree program in hospital management. Numerous others followed.

CHAPTER TWO

"Let our motto be Progress": K.G.H. Embraces Scientific Management

Crisis of Management: The Brittain Report

In 1923, Kingston General Hospital was on the verge of becoming a major modern health institution. The hospital had embarked upon an ambitious, ten-year, 1.6 million-dollar construction program which would double patient capacity and provide new facilities for increasingly essential new medical technologies like radiology. This progressive program promised to put a massive strain on the hospital's economy, which still seemed precariously unstable.[75] Given these realities, it is understandable that the K.G.H. Governors wished to place the management of the hospital in the hands of a capable administrator. In the past, administrators had usually been medical men, since it was accepted that these had the greatest interest and stake in the smooth running of the hospital. But with the increasing complication and capitalisation of health service provision, a leader with job-specific training and experience was required. Dr. Horace Brittain, head of a Toronto "hospital management consulting firm," and one of a new breed of professional rationalist problem-solvers, was commissioned by K.G.H. to analyse the hospital, and to determine whether a lay or medical superintendent should be hired. On December 29, 1924, Brittain, in his Report to the Administration Committee, recommended a candidate with the following qualifications:

1. Administrative ability and experience.
2. Force of character.
3. A good general education.
4. Ability to cooperate and secure cooperation.

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[75] Committee of Management Annual Reports, 1919.

5. Ability to meet the public.
6. An instinct for economy.
7. Ability to supervise professional staff. [76]

The report lamented the unlikelihood of securing "a medical man with such first-class executive ability who would remain in the position and make it a success," and therefore proposed that the hospital woo Mr. R. Fraser Armstrong away from his successful position in London, Ontario with a princely salary of $5000 per year. Armstrong's curriculum vitae included two university degrees, overseas combat experience as a military engineer in World War One, several years as Town Manager of Woodstock, N.S., and a tour of duty as the Hospital Administrator of the successful Victoria Hospital in London, Ontario. A more ideal candidate could not be desired for the mission of progressive rationalisation and "energetic reorganisation" of Kingston General Hospital; Armstrong was the spirit of Progressivism incarnate.[77]

The language used in this report underscores the increasing division and specification of non-nursing labour in the modernising hospital and the appearance of a new 'profession', that of hospital administrator. According to Brittain, the bulk of the superintendent's duties were to be "administrative and disciplinary," not to treat the sick but "to bring about the conditions and services necessary for the proper care of the sick by those whose function it is."[78] It was his task to reduce flexible hospital expenditures to a bare minimum, while attracting more paying patients and benefactors. Armstrong began immediately on the first objective, creating a centralised linen-dispensing network, and reorganising the laundry and food services to make them more efficient and less

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[76]Brittain, "Special Report."

[77] R.F. Armstrong, "An exercise in occupational therapy: An autobiographical essay," in R.F. Armstrong Papers, KGH 500.B202.

[78] Brittain, "Special Report."

vulnerable to theft.[79] He divided the hospital along departmental lines, appointing a Supervisor for each major hospital function, answerable only to him, with the result that "for the first time each staff member knew what his or her duties were. If something was found that needed attention, there was no passing the responsibility over to the next fellow..."[80] Exhibiting incredible charisma, Armstrong won over the K.G.H. Women's Aid, whose female ancestors had founded the hospital, and inspired them to redouble their fund raising and publicity efforts. Within a few months, however, he had turned his attention, and that of the Committee of Management, to the primary service sector in the hospital, Nursing.

A major component of Armstrong's success as a Superintendent was his recognition that the paternalistic structure of labour control in hospitals was potentially advantageous. In this view he concurred with other managers of his day, whom, as Bryan Palmer has noted, were increasingly conscious of "the importance and utility of paternalistic policies in securing from labour both stability and productivity."[81] Armstrong laid out his labour management policies in a pamphlet published by the American Hospital Association:

> The duties of management may be reduced to these principles:
> a) The development of a carefully studied plan for each minute of the workers' time.
> b) The careful selection of the most competent workers for each task and the training, teaching, and developing of them in this task.
> c) The building up of a spirit of cooperation between management and personnel.
> d) The balancing of the work of all concerned so the summation of

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79 Minutes, Committee of Management, May 1925.

80 Campbell, Mary I. A Short History of the Women's Aid of the Kingston General Hospital, 1905-1968, (Kingston, Kingston General Hospital,1968), 27.

81Palmer, "Thrust for Efficiency," 40. Palmer continues, "To [Frederick, father of scientific management] Taylor, welfare schemes and benevolent or paternal modes of management had been objects of ridicule; to the manager of 1922 they were the most useful of tools."

effort will give an efficient and economical result.[82]

Elaborating further, Armstrong noted that "trouble and friction" might be avoided in labour relations through the clear delineation of hospital hierarchy, combined with a "regard for the human equation."[83] Nursing in particular brought out the paternal spirit in Armstrong, an attitude which made him little different from most hospital administrators; the idea that the hospital was a capitalist institution with a charitable heart persisted throughout this period. This charity was extended not just to the childlike patient, but to the young, impressionable corps of student nurses for whom the hospital was surrogate parent. Susan Reverby sums up this situation succinctly: "[Hospitals'] nineteenth-century paternalism was reformed to meet twentieth-century conditions."[84]

For the rapidly-expanding K.G.H., reform of nursing labour control meant systemisation, which also headed the wish lists of other interested parties in the health care business. The nurse training school provided an ideal base upon which to found this reform; therein was the raw material of nurse labour, waiting to be moulded into the 'feminine machines' deemed necessary for hospital success. The foci of reform: management personnel, selection of students, residence, education and training, and the system of reward, were all components of the old system, subjected to the strictures of scientific management.

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82 Armstrong, Effects, 7. Armstrong's numerous publications, his popularity as a speaker at Hospital Association functions, and his eventual stint as president of the Ontario Hospital Association are good indicators of the acceptedness of his ideas regarding hospital management.

83 Ibid., 8. See also Armstrong, "Some basic features of Hospital Administration", Undelivered Address, n.d., in R.F. Armstrong Papers, KGH B202.

84 Reverby, "Yardstick," 219.

Nursing Management

The selection of nursing management personnel suitable for the 'new system' actually began at K.G.H. before Armstrong's arrival. The nurse training school was headed by a Nurse Superintendent who was nominally in charge of all nursing functions. Minutes of the Committee of Management show, however, that her authority was limited by the direct influence of doctors, Board of Governors members, and the Medical Superintendent, to whom she reported. All decisions regarding student enrolment, serious discipline, curriculum, and finances were routed through the Committee of Management, of which the Nurse Superintendent was not a member.[85] Her subordination to all male supervisory staff was thus complete, a situation which caused numerous conflicts, as did her workload, which included the teaching and supervision of all nursing and housekeeping staff, the maintenance of patient and nurse records, and the purchasing of ward supplies. In the period 1919-1923, the hospital's refusal to hire more graduate staff to alleviate this workload resulted in the resignation of at least four superintendents. By 1923, the situation had reached a crisis point, as the hospital endured a year without a permanent Nursing Superintendent. Qualified nurses who were offered the position, daunted by the workload, headed in the other direction or demanded significant changes. Correspondence in 1923 between Committee members and a Miss McLeod from McGill Hospital in Montreal took on a tone of desperation on the part of the K.G.H. executives. McLeod accepted conditionally the hospital's plea for her services as Superintendent, pending "improvements and changes to the

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[85] For example, in April-August 1923, the Nurse Superintendent. came to the Committee with requests for 3 suspensions, a plea for new accommodations for the incoming probationer class, and a request for increased vacation time for herself. These requests were submitted in writing to the Committee and discussed at bimonthly meetings in the absence of the Nurse Superintendent. See Minutes, Committee of Management, April 6, 1923 to August 31, 1923.

hospital." When these did not seem forthcoming, she withdrew her acceptance, leaving the hospital still without nursing management.

Chagrined, the Committee for Management reassessed its position and offered the job to Miss Anne Baillie, a 1909 graduate of the K.G.H. Training School. To her they conceded a new office, more staff, a full-time nurse Instructress, a higher salary, and a special committee composed of herself, the Hospital Superintendent, and several doctors, to deal specifically with nursing issues.[86] In return, Baillie contracted to bring the school up to standards of discipline and practice required for reregistration in the New York Approved Training Schools registry.[87]

Trained in 1909, Baillie was a member of a school of thought which saw incidents like the 1921 'strike' at K.G.H. as indicative of a deterioration of nursing ethics. Her belief was that standards of discipline and training had fallen well below acceptable levels, partly because of poor (read lower-class) students, and partly because of an unwillingness on the part of hospitals to commit resources to nurse training. Nevertheless, she was committed to the paternalistic (for her, *maternalistic)* hospital-run training school, **and** to the philosophy and practice of 'efficiency', an attitude which placed her in lock step with the K.G.H. Governors and, the following year, with Superintendent Armstrong.[88]

Baillie wasted no time in beginning the reform process. At her request, a meeting of the Nursing Advisory Committee was convened to fulfil the conditions of her employment. It was agreed that a full-time instructress be hired to take over teaching duties, as well as four more graduate nurses as ward

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86 Ibid., July 25, 1924.

87 Margaret Angus, Kingston General Hospital: A Social and Institutional History (Montreal: McGill-Queens University Press, 1973), 111.

88 Baillie's commitment to rationalist rhetoric is clearly evident in her editorials to graduating classes. See K.G.H. Nurses' Yearbooks beginning in 1924.

supervisors, bringing the total paid nursing staff up to eight in charge of over a hundred student nurses.[89] In this decision is evident both Baillie's investment in the discipline ideal for nurses, and her force of personality, which allowed her to convince a group of socially powerful (and inertia-bound) men to concede to her requirements. It also clearly shows that K.G.H. administration was prepared to take 'drastic' steps to achieve their modernised, disciplined nurse labour force.[90]

Baillie enjoyed a relatively free hand for six months or so as she carved out her niche in the hospital hierarchy. Armstrong's arrival in March 1925 could have caused conflict, but it seems that both administrators were "going the same way," a patented expression of Armstrong's.[91] Both were committed to the careful maintenance of a hierarchy of authority, combined with close personal contact between immediate super- and subordinates. In effect, as regards the training school, Armstrong and Baillie perpetuated the time-honored symbolic heterosexual 'marriage' of the nursing service and hospital administration. In Armstrong's system, Baillie was head of a department, responsible only to him, and through him to the Board of Governors.[92] This 'marriage' lasted until Baillie's death in 1942, at which point Louise Acton, her carefully-groomed successor, took her place. The results of this harmonious arrangement were

89 Minutes, Committee of Management, August 19 and 22, 1924.

90 One can imagine few steps more drastic for the health industry in this period than the concession of significant administrative power to a woman. It is worth noting, however, that before 1906, K.G.H. and many other hospitals were administered entirely by the Woman Superintendent, reflecting the relatively low status of this position. As hospitals grew in size and status, administration was increasingly given over to men, perhaps due to the increased focus on medical technology and the "curing" function of medicine, men's role by tradition and birthright. Ashley (Hospitals,Paternalism) and Reverby (Ordered to Care) deal with this at length, as does Linda White, "Who's in Charge Here?" Canadian Bulletin of Medical History 11 (1994): 91-118. Eva Gamarnikow's "Sexual Division of Labour" was the ovarian discussion of this sexual division of health care labour.

91 In contrast, Linda White ("Who's in Charge") chronicles the jurisdictional disputes between a Hospital Administrator and Nursing Superintendent in a Newfoundland hospital in the early 1920's.

92 Armstrong, in his typically systematic way, described this power structure in a flow-chart in three succeeding Annual Reports, 1926-1929. See Appendix B for a reproduction of this chart.

quickly noted by the eagle-eyed Women's Aid members, who boasted in their 1927 Annual Report: "We have never had it so good... things are running so well with Mr. Armstrong and Miss Baillie ever on the watch for flaws."[93]

The rationalisation of nursing management was carried to the sub-departmental level as well. Baillie (with Armstrong's approval) appointed graduate nurses as ward supervisors, and assigned the expanded teaching duties to Acton, which left Baillie free to concentrate on guaranteeing efficient administration, surveillance, and discipline of the 100 or more student nurses. This management structure matched precisely that which was suggested in current hospital literature, and reflected the belief that under-supervision of student nurses permitted "waste of time, energy and supplies," as well as substandard work.[94]

Nursing "Material": "The best type of Canadian womanhood"

With systems of upper- and middle-management firmly in place, the next step was to rationalise the process of student selection, which was generally viewed as responsible for the "substandard material" filling the uniforms of contemporary student nurses. This concern was not by any means unique to K.G.H. A study published in Canadian Nurse, for example, found that at the Royal Victoria Hospital in Montreal, in the years 1925-29, over 30 percent of students accepted to the training program did not complete it for reasons of ill health, poor discipline, or inability to do the assigned labour. The authors calculated that this drain of personnel had cost the hospital over five thousand dollars per year. Their report pointedly ignored current nursing literature which recommended that training and nursing in general be made less arduous, but

93 K.G.H. Women's Aid Annual Reports, 1927, KGH 500.H202.1.
94 Aikens, Hospital Management, 337.

instead struggled with the quandary: "Is it possible to find some simpler, less expensive, more efficient process for the selection of student nurses...?" They concluded, "The facts already revealed in this study suggest the value of more dependable tests in guiding the selection of student material." The use of the utilitarian term "material" by scientific managers to refer to student nurs clearly illustrates the way students were depersonalised and pictured as lumps of clay to be moulded to desired specifications. The article's central topic was a report presented in 1933 to the International Council of Nurses Conference in Paris, France, by a Canadian nursing instructor. Speaking to nursing directors and hospital executives from around the world, Miss E.B. Rogers advocated the use of a "personality inventory" test, which purportedly made possible the quantification of "neurotic tendency," "self-sufficiency," "introversion-extroversion," and "dominance - submission." Rating applicants out of 100 on this scale would help a Nurse Training School to select only those best suited to the regimens of nursing labour and discipline.[95]

The date of the above study seems to indicate that Baillie and the K.G.H. management were slightly ahead of their time in restructuring application standards and procedures. As a condition of her accepting the position of Supervisor in 1924, Baillie insisted that all successful applicants must have a minimum two years high school education. This would purportedly improve both the intellect and class of the average applicant.[96] At the staff meeting which instituted this policy, it was also decided that all probationary (first-year) nurses would be submitted to a standard physical examination. This had several stated and unstated purposes. First of all, it prevented nurses who had contagious

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95 Dr. W.T.B. Mitchell et al, "Selection of Students and Integration of Mental Hygiene in the Curriculum," Canadian Nurse 30 (June 1934): 258-262. All italics are mine.

96 Minutes of Committee of Management, May 12, 1925. See Figure 1.

Table 1.

Previous Education of Women Entering Training School, 1922-26, in Percentages

Year Entering	No High School	1 Year	2-3 Years	4 Years	Post-High School*
1921 (n=23)	26	13	43	9	9
1922 (n=21)	14	20	24	24	18
1923 (n=25)	12	40	12	21	15
1924 (n=28)	7	25	40	18	10
1925 (n=37)	8	14	49	11	18
1926 (n=33)	0	0	43	27	30

* One Year of College, University, or Professional School

Source: Nurse Training Records, 1921-1928. In 1926, Baillie instituted the policy which screened out all applicants with less than 2 years high school education.

diseases or infirmities from entering the nurse-in-training stage of the program, thus maintaining the hospital's image as a healthy place and reducing the possibility that the hospital would have to take care of a sick nurse. Secondly, it assessed the applicant's ability to physically survive the gruelling work regimen, with its minimal sleep and extended hours of labour. One fragile young woman who must have slipped through this initial screening process was described by Baillie in her training record as "physically unsuited to any sort of nursing service," and was not permitted to continue.[97] Other individual training records also criticise diminutive students based on their size, which indicates that Baillie probably used her own considerable strength and size as benchmarks. This was not mere arbitrariness on Baillie's part, however. Then, as today, smaller nurses often experienced difficulty lifting patients by themselves, a task frequently required of them due to the rapid pace of work and chronic under staffing.[98] Thirdly, and most disturbingly, the physical exam included a gynaecological inspection. While no specific mission statement was attached to this component, it could easily have been used to weed out those students who showed signs of previous pregnancy, loss of virginity, or sexually transmitted disease. By excluding such women from the nursing student body, the hospital saw itself as

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97 Nurse Training Records, Kingston General Hospital Nurse Training School,1923-1928, KGH 500.N302.4. Nurse morbidity was a serious problem in hospitals, in spite of strict rules for aseptic practice. Nearly every nurse whose records I surveyed lost a minimum of two weeks, up to 6 months, due to illness. Deaths seem to have occurred at a rate of about 1 every second year, which translates to a death rate of about two percent (there are no concrete records of this). Sick time had to be made up at the end of the three-year program before the diploma was granted.

98 'Heather', interview by author, February 20, 1996, Hamilton, Ontario, transcript in possession of author. Equipment for lifting and transferring patients has been available since before the turn of the century. Many nurses tend to avoid using it, however, since it is time-consuming and can be intimidating to patients. Work pace and patient comfort have thus been maintained at the cost of nurses' physical strain and injury.

eliminating future embarrassing discipline and image problems.[99] In any case, the physical exam allowed the school to select the most physically fit students, thus ensuring maximum work force productivity, while couching the *need* to do so in protective, paternal terms.

The application form introduced after 1925 gives further indication of the priorities which guided application screening. The 26 questions elicited the young woman's marital status, religion, freedom from dependents, and so on, demonstrating a desire for both moral and technical information. Armed with this data, Baillie could easily screen the mailed-in applications to determine which of the applicants she wished to interview.[100] The personal interview was the 'unscientific' component of the selection process, and carried the most weight. However, Baillie had a strict criteria for what she saw as an acceptable applicant, based on her moral convictions, class prejudices, and knowledge of the hospital's requirements. The personal interview allowed her to assess the applicant's manners, attitude toward authority, personal hygiene, appearance, and other intangibles which helped form the ideal nurse material. From 1925 onwards, the Nursing Superintendent approved all new students, limited by hospital administration only as to the number to be selected.[101]

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99 After WW I, the fear of sexually transmitted diseases was particularly acute. Young, single, sexually active women were stigmatised as the cause of an epidemic of venereal disease, which may partly explain the emphasis on the gynaecological exam for prospective nurses. Mariana Valverde, in The Age of Light, Soap, and Water (Toronto: MacLelland and Stewart,1991),explores Canadian panics over sexual purity in the period 1885-1925. The role of hospital nurses in the social purity and "mental hygiene" movement, and the effects it had on their training deserves further study. See, for example, W.T.B. Mitchell, "The Importance of Mental Hygiene in the Curriculum of Schools of Nursing," CN (March 1930): 123-127.

100 In most years after 1920, the number of applicants exceeded the number of available places for probationers by a factor of 10. Board of Governors Annual Reports, 1919-1939.

101 By controlling the number of new students, hospital administration could regulate the size of the labour force according to projected needs and income, as well as influence the amount of labour required of each student and graduate nurse.

The Training Metamorphosis: 'Material' to 'Feminine Machine'

As Charles Rosenberg has pointed out, it was "no accident of bureaucratic usage that decided nurses were to be 'trained', not 'educated'."[102] Rationalist ideas of nurse labour control insisted that good nurses were "made, not born"; this was posed against 'non-scientific' conventional wisdom which claimed variously that 'every woman is a nurse', or that some individuals were born to the calling. While Baillie and her contemporaries agreed that certain young women were more predisposed to nursing than others, it was too uneconomical and inefficient a process to find these through trial and error. Each student, once selected according to set requirements, would therefore be systematically "trained" in mind and body to fit the mould of the modern nurse, as defined by consumers of hospital nursing labour.

Far from being a new idea, the notion that populations might be efficiently administered through systematised training of individuals had originally been applied to eighteenth-century Progressivist educational, penal, and military institutions. Foucault's discussion of "The means of correct training," describes these developments, but also reads like a prescription for rationalisation of the Nurse Training School: "We have here a sketch of an institution... in which three procedures are integrated into a single mechanism: teaching proper, the acquisition of knowledge by the very practice of the pedagogical activity, and a reciprocal, hierarchised observation."[103] This ideology of systematic training, applied to nursing schools, aimed at eliminating the loosely organised and inefficient 'learning by doing' format of earlier Schools by substituting "an

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102 Charles Rosenberg, The Care of Strangers: The Rise of America's Hospital System (New York: Basic Books, 1987), 227.

103 Foucault, Discipline and Punish, 176.

organised, practical, and scientific training" comprised of classroom teaching, repetitive performance and transferal of learned tasks and skills in the workplace, and constant supervision.[104]

The disciplined efficiency and obedience to be acquired by student-workers in the course of their training would naturally serve the labour needs of the hospital, but it was also constructed as fulfilling the goals of national programs to regulate and reform Canadian women. A pamphlet distributed to incoming patients in the 1930's, designed to inform them on the staff and policies of the hospital, characterised the hospital's probationary students this way:

> These girls must not only have certain scholastic qualifications, but they must have character references and pass a high standard of health... They are starting a three-year course in nursing; it is one of the most important steps in their lives... Sometimes it becomes clear that [a probationer] is not capable of adhering to the regime and discipline of the nursing school. If she cannot do this, she would never make a good nurse and she is not accepted [to nurse-in-training status].[105]

The clear message is that the "regime and discipline" of nursing training, far from being cruelly exploitive of young women's labour, was a refining process. The pamphlet concluded confidently that by the time they reached their second year at the hospital, nurses-in-training had become "the best type of Canadian womanhood." Failure to "adhere" to this program was evidence of incorrigibility and personal flaw on the part of student-workers, and demonstrated their obvious unsuitability for nursing, and for Canadian womanhood. Appropriating the rhetoric of Progressivist social reform, hospital governors justified as a patriotic service the creation and exploitation of a captive, unpaid female labour

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104 "Miss Baillie's Message," Nurses' Yearbooks (1926), 9. Foucault theorises surveillance and discipline as inherent to teaching, "as a mechanism... which increases its efficiency." Foucault, Discipline, 176

105 Kingston General Hospital, "From an Ex-Patient", pamphlet,(Kingston: published by author, n.d.), 2-3.

force.

The student-workers at K.G.H. and most other hospital schools were categorised under two main headings, "probationer," and "nurse-in-training." Before 1925, K.G.H. maintained a two month probationary program, but Baillie and the new Instructress, Louise Acton, recommended that this be extended to three months, due in part to new educational requirements published by the provincial government which substantially increased the number of classroom hours deemed necessary.[106] This three month period, then, encompassed the major portion of nurse 'education'. Of the 500 to 600 hours of lectures and demonstrations required for graduation, about 200 occurred during probation. This arrangement concurred with current ideas regarding probationers, as an article directed at Nurse Superintendents illustrates:

> The foundation for the right type of nurse is laid within the first few weeks... If during this period extra effort is put forth to instil in the particularly receptive mind the ideals of nursing, ...there will not be much cause for worry over problems of discipline, loyalty, etc.[107]

The probationary period served two main purposes, from the hospital's point of view. First of all, it concentrated and systematised the increasingly necessary process of imparting complex medical knowledge to nurses. "Probies" were admitted in classes of 15-30, twice a year, and were placed in the charge of the Instructress. They received up to four hours of lectures per day, accompanied by four hours personal study, and, after the first two weeks, four hours a day working on the wards. Lectures were scheduled according to preset curriculum, in contrast to the old system where probationers and students alike got instruction if and when it was available. By concentrating a large percentage of

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106 See Ontario Ministry of Health, Minimum Curriculum, 1925. Student records show approximately 400 hours of class time required for graduation before 1925, and nearly 600 hours after 1925. K.G.H. Nurse Training Records, 1923-1927.

107 Wakeling, "Nursing Problems," p. 24.

required lectures into a short, comprehensive program, the training school systematically and rapidly produced a group of nurses with enough training to hold their own (and pay their way) on the wards. This freed upper-year students to some degree from the responsibility of training incompetent rookies, a task which was seen as detracting from worker efficiency.

The second purpose of probation was to initiate novices into the gruelling work rhythms and discipline of nurse labour. From the outset they were schooled in hospital etiquette and hierarchy, learning to stand with hands behind their backs in the presence of doctors and management, and a host of other self-abnegating behaviours.[108] Upper-year nurses cheerfully colluded in this ritual humiliation of probationers, no doubt recalling and revenging their own experiences. A list of "Shalts and Shalt Nots" in the 1928 Nurses' yearbook includes the commandment "Thou shalt not pass through a door in front of your seniors, or show any ill feelings towards them, for it shall be counted against thee."[109] 'Claire', in an attempt to follow this rule, recalled having been left holding the door to the cafeteria throughout her lunch break as doctors, supervisors, and upper-year nurses went in and out.[110] Such petty rituals and codes of deference, which would seem to be contraindicated by the pursuit of efficiency, were maintained in order to drill into the junior nurse's "receptive mind" her subordinate place in the hospital power structure.

Within a few weeks of beginning their training, probationers were placed on the wards in the care of ward supervisors. Here the "repetition" system persisted, as "probies" were allocated one menial task after another, performing each one dozens of times until technique was perfected. They quickly learned

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108 K.G.H. Rules and Regulations, 1922 and 1927, KGH 500.N301.

109 Nurses' Yearbooks (1928), 46.

110 'Claire', Interview.

that there was only one right way to perform every task, and that each task had a set of required steps to its completion; to omit any step was to incur the wrath of the supervisor, with punitive repercussions.

In all nurse training at K.G.H., 'economy' and 'efficiency' were the watchwords. "Economy of effort," achieved by strict attention to technique, would allow rationalised student-workers to care for numerous patients at once, supposedly expending the same amount of energy as their less-efficient, less-carefully-disciplined predecessors might have for a smaller number of patients. Moreover, as young women, nurses were inherently suspect of squandering hospital supplies, a crime which implied a kind of moral deficiency. A contributor to the journal Canadian Hospital, listing the shortfalls of improperly-trained nurses, complained that "dressings, gauze, food, and supplies of all kinds are too often used wastefully." In a comment which recalled the social reform emphasis on "domestic science," he continued: "If proper economy isn't taught these young women in their own homes, it certainly ought to be taught in hospitals."[111] This perceived potential for waste was countered at K.G.H. by a combination of constant reinforcement and punitive measures. The "Rules for Nurses" proclaimed that "Nurses shall practice the utmost economy with hospital supplies and resources," a commandment which was parodied by the 1928 graduates: "Thou shalt not destroy hospital equipment, for it means added expense to the institution..."[112] Student-workers who were perceived to be wasteful were taken directly to task by management. A comment by Instructress Acton in a 1928 Training Report noted that "Miss B.____ is extravagant in her use of hospital supplies." As well, until 1931, nurses-in-training were required to pay for broken equipment such as thermometers out of their meagre 20-dollar-

111 Brown, "Nursing," 14.

112 Nurses' Yearbooks (1928), 45.

per-year stipend.

It was in the routinisation of tasks that the rationalisation of student nursing most resembled that of factory labour by Taylorists. Louise Acton, shortly after her appointment in 1924, compiled a manual of all common nursing tasks, from dusting wards to preparing patients for abdominal surgery. The manual is a monument to rationalisation of work, atomising patient care into its component sub-tasks, and these into standard procedures. The process for "Using a Bed-pan" for example, is related in 13 steps, including the careful recording of the characteristics of the faeces.[113] As Instructress, Acton was charged with imprinting these routines upon the minds and bodies of her students, teaching them to perform them quickly and efficiently, without question or error.

The atomisation of tasks differed significantly from factory to hospital, however. Duties were not generally divided up amongst specific groups of labourers; in spite of the increasing use of non-nursing labour, nurses might be required to perform all aspects of hospital labour, from food preparation to post-surgery cleanup, if necessary. Secondly, nurses were not entirely divorced from the product or purpose of their labour. Unlike the rationalised and deskilled craft worker who fastened handles on hundreds of cabinets, nurses were each responsible for the holistic care of their patient 'products'. Each of the routinized tasks was taught along with a brief "theory" of its purpose and relation to overall health. Bathing, for example, refreshed the patient, removed dirt from pores, cooled feverish patients, and quietened restless patients. Dusting removed dirt, but also created an aseptic atmosphere.[114] By instilling understanding about the

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113 See Appendix C for a reproduction of one of these procedures. Reference: Nursing Techniques and Procedures, K.G.H., Louise D. Acton Papers, KGH 504 Box #2.

114 The instructions to nurses found in this manual would provide the basis for an interesting semiological study, focusing on the symbols of health and sickness which were transmitted to students.

purpose of specific tasks, managers strengthened a student's commitment to that task and, by adding a 'scientific' component to nurse labour, perhaps engaged in a 'reskilling' of nursing practice.[115] This may furthermore have helped reduce resentment over nurses' frequent performance of what were seen as housekeeping chores.

At the end of probation, students were evaluated quantitatively with a battery of subject tests, and qualitatively by the Nursing Superintendent. Comments on K.G.H. probationers' record cards over the period 1920-1929 reflected the new concerns of the rationalising hospital. Where reports prior to 1925 criticised probationers for being "unladylike," "untidy," and "fond of pleasure," those following Armstrong's and Baillie's reform efforts added "inefficiency," "extravagance with hospital supplies," and "lack of system" to the list of undesirable attributes.[116] The obsession with quantification also made its way into nurses' report cards, with a proliferation of tests marked out of 100 percent, whereby students could be judged on their relationship to 'average'. Those assessed as "below average in every way" by Baillie could be dismissed from the program, along with probationers who had proven "physically unsuited to the calling."[117]

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115 McPherson, in "Science and Technique," develops this theme. "Nursing Theory" (read 'procedure') was by far the largest component of the curriculum, constituting about half of probationary training and a third of the entire program. Nursing Theory classes consisted of demonstration, explanation, and practice of the techniques and procedures in Acton's book, using a mannequin patient named "Judy" and a mock ward room. See Crothers, Tender Loving Care, 39, and Nurses' Yearbooks (1925-39).

116 Nurses' Training Records, 1920-1928.

117 There seems to have been some tolerance for allowing "below average" students to continue in their training. Several women thus assessed in 1925 probationer reports show up three years later as having graduated, still with very poor marks and comments. Two cynical interpretations are possible. Aikens, in Hospital Management ,340, emphasises the necessity for treating daughters of local gentry lightly, so as not to alienate future hospital endowments. A former nurse made a similar comment regarding the daughters of doctors. The majority of K.G.H. students were from nearby areas, which makes this a possibility. More likely, however, the hospital was loathe to lose its investment in even poor-quality probationers, and thus allowed them to remain rather than lose their 32 months of labour.

Following the probationary period, students were given their uniform caps, symbolising their acceptance as nurses-in-training. In reality, this meant that the hospital was prepared to use them as full nurses, working 60 to 75 hours per week for the next 33 months until graduation. This did not, however, signify the end of training; rather it was in some ways intensified. While working full-time, students were expected to attend approximately 8 hours of lectures per week during their daily two-hour breaks. Discipline and surveillance remained strict, and breaches of moral, technical, or professional etiquette, if discovered by management, brought immediate retribution. Reiterating the emphasis on the hospital's public image, the Training School "Rules" demanded a "dignity of manner inside and outside of the School," since "the public judge the School [and the Hospital] by the individuals." Each individual would be "carefully watched" to ensure "implicit obedience" to these directives.[118] The continual reference to the public, or community, as observers and judges of nurses' conduct reinforced the self-discipline promoted by constant implied surveillance.

The strictness with which behavioural rules were applied may be illustrated by the experience of 'Jean', a 1934 graduate. One of the regulations upheld most rigorously by management was the prohibition against raising one's voice to patients, since this would certainly reflect badly on the hospital's image. A patient on 'Jean's' floor was an older man, hard of hearing, who was particularly obtuse in his inability to comprehend her hand signals. Frustrated, she repeated her request several times in a calm but increasingly elevated voice, reaching a peak just as the Instructress, Louise Acton, arrived on the floor. Despite her explanations and pleading, 'Jean' was reprimanded in front of the patient and assigned the meticulous cleaning of the entire ward, *after* her 12-

118 "Rules," 2.

hour shift was over.[119] To Acton the issue was not the patient's needs, but the nurse's breach of discipline.

Providing the punitive backbone of the training system was a graduated system of penalties, ranging from public humiliation to dismissal. Punishment for the most part constituted "an exercise - intensified, multiplied forms of training, several times repeated."[120] A nurse who was caught breaking antiseptic technique, for example, would be required to perform a series of unpopular cleaning duties, thus imprinting upon her the importance and process of asepsis, while simultaneously accomplishing necessary tasks in the hospital. A 1934 graduate told of being required to trim the toenails of every patient on her ward, as retribution for having hurried a patient's bed bath.[121] Another frequently-used punishment was the temporary removal of the nurses' cap, symbolically demoting her to probationer status for the duration of the penalty, throughout which she was required to defer to all other student-workers. In order to regain her cap and end the humiliating demotion, a nurse had to demonstrate her worthiness through exemplary work and behaviour, essentially intensifying her labour and self-discipline. For more serious infractions, especially those involving 'moral' issues, a nurse could be suspended, or required to forfeit late leaves or vacation time. A hapless (and lonely) nurse caught spiriting her beau into the Isolation Hospital in 1925 was suspended for two weeks, a time loss which would be made up at the end of her training.[122] Finally, outright dismissal was reserved for the most 'serious' crimes, including sleeping on duty, gossiping about patients or doctors, destroying hospital property, or giving incorrect

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119 'Jean', Interview with the Author, November 15, 1996, Kingston, Ontario, tape recording in possession of author.

120 The citation is from Foucault, Discipline, 179.

121 'Jean', Interview

122 Nurse Training Records, 1925.

medicine. Expulsion was used only when deemed absolutely necessary, since expelling a partly-trained nurse represented a dead loss of her productivity for the balance of her training period.

A procedure for which student-workers became increasingly responsible in this period was the keeping of meticulous patient records. Emphasis on charts and records reflected the hospital's desire to meet standards of record-keeping set by the American College of Surgeons. In addition, by requiring nurses to record every task, managers could monitor the amount of work completed in a particular time frame. Usually, nurses were assigned a certain number of patients to care for in a shift, with the shift ending only when all patient care and related ward maintenance were complete. This daily patient load was increased gradually throughout a nurses' training, constituting a systematic intensification of labour. By calculating the total amount of work recorded by a group of nurses in one shift, the manager could also set (or raise) standards for succeeding groups of nurses. In the late 1930's, the K.G.H. nursing management adopted a system disseminated by the American Hospital Association which provided estimates of the daily care required for standard patient types (by 'standard' nurses), allowing a supervisor to predict the amount of nurse labour required for a given shift. For example, a standard surgical patient was judged to require 4 nurse-hours per day. A ward with 9 such patients would therefore require at least 3 nurses for a 12-hour shift. This 'standardised patient' schedule was based on time/motion studies performed by hospital and nursing administration consultants. Recognising the unspecificity of the 'standards', Louise Acton in the early 1940's carried out her own set of studies of nurses' work time, arriving at different

standards for K.G.H.[123]

The process of rationalisation made perhaps its most direct foray into K.G.H. nurse training with the advent of "Efficiency Reports" in 1926. This addendum to the standard student history contained supervisors' assessments of the student's compliance to the ideal nurse mould, based on categories of "Interest Displayed," "Discipline," "Thoroughness in Work," "Personal Neatness," and so on. In the first year these were used, supervisors made written comments, but in succeeding years, numeric values were employed, presumably to facilitate quantitative comparison. The report was very specific, covering each clinical placement to which the student was rotated after her probation, and recording the number of days' labour in each placement.[124]

The advantages of this standardised training program were manifold. The probationary period served to weed out nurses whose 'breeding' and work ethic did not meet hospital standards. It inculcated in young women their subordinate status in the hospital hierarchy and emphasised the importance of strict obedience to authority. The numeric grading system for classroom and practical work made it possible to quantify student performance for purposes of criticism, comparison, and possible change of training content or technique.[125] Charts and forms designed to record student progress over the three years left no doubt for managers as to training priorities and goals, and ensured that students would

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[123]Judging by Acton's notes, it was somewhat inaccurate. See "Nursing Schedule Formulae", Handwritten Notes, Louise D. Acton Papers,KGH.504 Box #2. For a disturbing look at the use of record-keeping and standardised patients to intensify the labour and self-policing of nurses in the 1980's, see Marie Campbell, "Management As Ruling," Studies in Political Economy 27 (Autumn 1988): 29-51.

[124] Nurse Training Records, 1925-1928.

[125] It also gave hospitals hard evidence of scholastic commitment with which to counter charges of exploitation made by nurses' professional organisations, and made a good impression upon the Ontario Training School Inspector. See Reports of the Inspector of Training Schools, 1936, KGH 500.N303.3. The Inspector commented that "The teacher is making a conscientious effort to bring about a closer application of theory to the practice of nursing."

receive education in all clinical areas. The structured format further allowed doctors, the major consumers of nurse labour, input as to content, a privilege upon which they continued to insist. Nursing curricula were prepared by Baillie and her staff and submitted to Armstrong and the Nursing Supervisory Committee, who made suggestions according to current medical or hospital needs.

From a labour standpoint, the intense training of the probationary period guaranteed the hospital a functional nurse labourer at the end of three months. The rote learning of standardised tasks, along with constant surveillance and strict discipline by managers produced, on the surface at least, the 'nurse machine' which hospitals and doctors were seeking. The management-constructed imperative of charting and recording every activity constituted a system of student self-policing which reduced the need for paid managers. Rotation of duty meant that this nurse machine was flexible, able to complete virtually any task assigned to it. Finally, along with learning the particulars of every medical department, nurses at K.G.H. were encouraged to memorise the idiosyncrasies of individual doctors, particularly in the operating room, where one doctor might prefer the use of a certain type of dressing, and so on. For example, Instructress Acton's lecture notes indicated that Dr. J.C. Connell, in contrast to the rest of the medical staff, "prefer[red] to use cocaine and adrenalin for eye operations" (we assume as an anaesthetic). The implication leaps off the page of the nurses' Training Manual: Doctors, as professionals (read 'rational men') are to be indulged in their quirks and variations of technique, whereas nurses, as irrational women, must stick closely to a disciplined routine or brook disaster.[126] This attention to doctor's special needs gains added significance when

126 Louise Acton, "Nursing Techniques and Procedures," handwritten notes, Louise D. Acton Papers.

we consider that hospitals existed in large part as workshops for doctors, geared to **their** convenience. Careful training of the subordinate staff thus served the needs of the *real* medical practitioners in the hospital.

The material benefits of the rationalisation of nurse training can be reconstructed using hospital statistics. Over the period 1923-1934, in spite of the Depression, hospital admissions increased by 42 percent, and total revenue by over 78 percent.[127] The number of student labourers, however, remained fairly stable, decreasing only slightly in the mid-1930's as the hospital began to rely more upon a pool of 'post-graduate' nurses who were continuing their training in nursing administration and thus cost little by way of wages.[128] This implies that individual nurse 'production' was effectively increased with minimal or negligible increase in labour overhead. Labour costs were further decreased by the cancellation in 1931 of the stipend of $20 per year traditionally given to students, and by the economy of scale in room and board made possible by the new (1928) Nurses' Home.[129] Amazingly, nursing students actually worked *fewer and fewer days per year* in this period, due to constraints imposed by government educational requirements. The conclusion suggests itself that K.G.H., through its rationalisation process, was able to intensify nurse labour to such a degree that it could significantly expand its production of nursing service without a corresponding increase in labour costs.

The contribution by student nurses to the hospital economy is even more

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127 This accords with hospitals across Ontario, which altogether registered a 60 percent increase in revenue 1925-1930. Armstrong, Effects, 3. See also Appendix A.

128 The hospital presented this as its response to the graduate nurse unemployment which was endemic in the 1930's. As a paternalistic concession, it cost the hospital little, and promoted the idea that the Governors were concerned about "their nurses" even after graduation. See Board of Governors Annual Reports, 1935, and Appendix A.

129 B. of G. Annual Report, 1931. The hospital thus recouped just over one percent of annual expenditures. In this same year the hospital requested a 5 percent wage "donation" from its employees to help the hospital weather the economic downturn, which represented another 2-3 percent savings. The "donation" was kept in force until at least 1937.

impressive when calculated in terms of labour-hours. In the course of three years of training, the average nurse at K.G.H. worked a total of 880 to 900 days in various clinical placements.[130] From 1925-1939, the workday consistently averaged 10 hours labour and 2 hours 'rest' for lecture attendance, which provides us with the probably underestimated figure of 8800-9000 hours labour as the 'tuition cost' of a nursing education. This total is exclusive of class work, which added between 450-600 hours (depending on the year) to the student's time commitment.[131] Hospital officials were by no means oblivious to the potential image problems associated with this blatant exploitation; on public occasions, especially nursing graduation ceremonies, a tone of righteous defensiveness permeated their speeches and press releases. The Whig-Standard account of the 1936 Jubilee Graduation explained:

> Dr. Etherington also pointed out that nursing schools were made possible by using nurses who gave their services free of charge. After the first year, the nurses had an earning capacity and was extremely valuable, yet she had to work without pay, although the Nurse Training School formed a valuable contribution to the health of a community. However, hospital authorities states they could not afford to pay for the service rendered by the nurse in training and there did not seem to be any practical means of rewarding the nurses-in-training for their hard and useful work.[132]

The public, with its long-established investments in the rhetoric and practice of women's service and charity, may have been comparatively easy to win over to

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130 This total takes into account the short days worked by probationers. See Nurse Training Records, 1923-1928, and Report of the Inspector of Training Schools, 1936. One nurse, graduating in 1923, worked a total of 1020 days. A sample 1936 grad worked 883 days, perhaps reflecting changes in both educational requirements after 1934 and the increasing use of graduate and "post-graduate" labour. Rahno Beamish, in Fifty Years a Canadian Nurse (New York: Vantage Press, 1970), 44, produces similar estimates for this time period, arriving at a total of 1008 days worked at the Toronto Western Hospital Training School in the late 1920's.

131 In 1935, for example, hours of instruction over the three-year course were officially increased to 499, up from 466 the previous year (Board of Governors Annual Reports, 1935). Students' record cards show that few, if any, actually received the full amount of instruction, which indicates that ward work still took precedence over education.

132 "Jubilee Held at Grant Hall", Whig-Standard (Kingston), June 3, 1936, p.14.

the use of unpaid nursing labour to improve "the health of a community." Student-workers, however, were the focus of a more concentrated program of indoctrination.

'The Highest Privilege': Creating Consent

The newly utilitarian structure of the training school, although it aimed primarily at promoting efficiency and rigid reliance on system, never lost its belief in the necessity for normalisation and internalisation of paternalistic responsibilities and altruistic ideals among nursing students. Susan Reverby and Kathryn McPherson state that, to some degree, students came to nursing already trained in these gender-specific ideals, as women in a patriarchal society. Philip and Beatrice Kalisch, studying popular images of nurses, have noted that popular culture pictured the nurse as part ministering angel, embodying the self-sacrificing, nurturing characteristics of perfect womanhood, and part heroine, facing disease and death with calm compassion.[133] And nursing as a profession promoted a self-image which transfused the womanly ideal with "knowledge to guide the soothing hand," insisting that the achievement of this ideal constituted professionalism. Hospital administrators thus had no shortage of suitable rhetoric in constructing the self-sacrificing, obedient, loyal paradigm of nursing which they had determined was necessary. At K.G.H., the promotion of this standard was further facilitated by the fact that Nursing Superintendent Baillie and her lieutenant supervisors gave it their full support. Baillie, like many other nurse managers and doctors, believed that the "new women" who arrived at nurse training schools in the mid-1920's were far too liberal,

133 Beatrice Kalisch and Philip Kalisch, The Changing Image of the Nurse (Menlo Park: Addison Wesley Pub., 1987), 56-98.

mercenary and pleasure-seeking.[134] She saw it as her mission to imbue them with the proper attitude, as defined by the "Florence Nightingale Pledge," which with her blessing was recited at the annual graduation ceremonies.

Promotion of the cult of altruism was systematised as part of educational changes. The "Minimum Curriculum for Approved Training Schools for Nurses" published by the Ontario government in 1925 required 12 hours of lectures in the "History of Nursing and Ethics." The mission statement for this component of training is revealing: "to arouse interest and enthusiasm in nursing as a vocation... and to place before [the students] the highest ideals of the nursing profession so that they may be inspired to uphold its traditions." The "fundamental principles" of these traditions, according to this government document, were "founded upon the ideals of service."[135] At K.G.H., Instructress Louise Acton instructed probationers with a program which traced the nurturing role of women in healing from Ancient Egypt to the present, emphasising the historical willingness of pure-minded women to put the welfare of others before themselves with little hope of earthly reward. The course followed a 'nursing's progress' narrative, demonstrating that although nursing in North America had become more scientific since the glorious Nightingale reforms beginning in the 1860's, it still maintained the 'art' of unselfish caring.[136] By the mid-1930's, Instructress Acton employed a course outline published by the Sterling Rubber Company, a producer of pharmaceuticals and medical equipment. The outline contained suggestions for reading material and lecture topics, and was

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134 Nursing Superintendents at both St. Catharines G.H. and Peterborough Civic Hospital exhibited similar attitudes, romanticising the "old days." See Staff Notices re: Discipline, Mack Training School (SCGH Folder#15), and Anne Graham, For God and for Humanity: The History of the Peterborough Civic Hospital Nursing Training School (Toronto: John Deyell,1991).

135 Ontario Ministry of Health, Minimum Curriculum, 6. This document was produced with the cooperation of doctors, hospital administrators, and the nursing elite, represented by Jean R. Gunn, the President of the Ontario Nurses' Association.

136 "Lectures - Nursing History," 1924-1954, Louise D. Acton Papers.

accompanied by a series of collector's cards depicting a hagiography of 'nurses' from history. Each card carried a likeness of "Famous Nurses" such as Florence Nightingale, St. Elizabeth, Jeanne Mance, and the more contemporary Mary Agnes Snively, highlighting the sacrifices made by these women in the course of duty.[137]

This reconstruction of nursing history and mythology was endorsed by nursing educators as a necessary step towards professionalisation, but as revisionist historians point out, it helped to maintain the idea that nursing was rightfully subordinate to medicine, and that nurses should expect the majority of their reward to be spiritual. In this paradigm, complaints, insubordination, or group protests on the part of student nurses were, by extension, challenges to nursing's core ideals. Baillie underscored this with annual editorial notes in graduate Yearbooks glorifying the nurses' role: "People speak of the hardships of a nurses' life. Have they failed to see our recompense? To us belongs the highest privilege women can claim - that of nursing the sick back to health and providing the last comforts for the dying."[138] No message could have been better designed to justify continued exploitation of student-workers by the hospital; to be exploited was a privilege offered only to a select few. Writing in the 1936 Jubilee Yearbook, Baillie even managed to retrofit the twentieth-century priorities of scientific management to a romanticised nursing history: "The pioneers of nursing went unostentatiously to their work as grads and practised their profession with quiet efficiency... It is my earnest hope that you too will carry on as efficiently and courageously as they of previous years."[139]

The high status of nursing was reinforced by school ceremonies which

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137 Sterling Rubber Company Series of Famous Nurses, in Louise D. Acton Papers.
138 Nurses' Yearbooks (1926), 10.
139 Ibid. (1936), 5.

"St. Elizabeth," Series of Famous Nurses, Sterling Rubber Company. Source: Louise Acton Papers, Box #2.

aimed at granting status in the form of symbolic material signifiers. The presentation of the nurses' cap at the end of probation was solemnly celebrated as the frivolous girl's metamorphosis to serious nurse, and the silver school pin and black cap-band presented at graduation represented the nurses' acceptance into a sorority of superior womanhood. The capping ceremony was highlighted by a candle-lighting ritual during which each new nurse-in-training lit her individual taper and recited a pledge promising "loyalty to the patients, medical staff, and school, and honour to the profession."[140] A pamphlet distributed by the hospital to patients reinforced the idea that nursing was a maturing process: "Their three years of hospital training has changed them. In their early twenties, each has formed her philosophy of life and attained a poise she could not have acquired in three years in any other environment."[141] The complete uniform further set nurses apart, and commanded respect from the community. A maid in the housekeeping service related watching the nurses going to church as a group in the early 1930's, resplendent in their navy blue capes, and seeing the people at the church door stand aside to let them pass.[142] This sort of promotion and reinforcement might have been a powerful motivator for young women attempting to make their way in a society where out of uniform they were usually powerless.

Armstrong and the male administration chimed in to make a chorus extolling the rewards to be had from the service ethic. In the Annual Reports the Chairman continually emphasised the grand service with which the hospital and nurses provided the community, and the undying gratitude displayed by the

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140 "31 Student Nurses Capped at KGH," Whig-Standard, n.d., 1936, clipping in Louise D. Acton Papers, Box 2.

141 Kingston General Hospital, "From an Ex-Patient," 4.

142 Crothers, Tender Loving Care, 31.

community in return.[143] Much was made, for example, of the 1918 Influenza epidemic, during which the students at K.G.H. had worked around the clock to nurse hundreds of sick Kingstonians. In speaking or writing to nurses and the public, Armstrong always portrayed the patient not as a paying customer, but as a tortured soul throwing himself on the mercy of the hospital and its compassionate staff.[144] The image of the hospital and nursing service as charitable enterprises was assiduously maintained alongside calls for efficiency and economy. Nursing was therefore not a job in the normal sense of the word, but a special purpose or mission which justified the use of extreme measures like discipline and overwork, or at the very least a community service, in which every member of the hospital staff played an integral part. Armstrong was a great fan of "teamwork" cliches, positing himself as part of the coaching staff which nonetheless "pull[ed] our oar in the boat."[145]

Somewhat paradoxically, the management message to nurses also promoted the belief among some that their diploma was the first step to a life of economic independence in private duty nursing. Indeed, the salaries of graduate nurses who could find work were, although not extravagant, probably sufficient for comfortable single living. According to Mary Kinnear's figures gleaned from the 1931 Canadian census, female nurses and teachers were paid forty percent more on average than the unspecified female "labour force."[146] After 1932 the

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143 Invariably, the Chairman or Armstrong would comment that they wished the community would show a little **more** gratitude in the form of increased financial generosity. See especially Board of Governors, Annual Reports, 1927.

144 This contrasts conspicuously with his all-business view of patients in his personal notes and professional writing. See Armstrong, "Hospital Notebooks", R.F. Armstrong Papers.

145 Armstrong, Effects, 8.

146 Mary Kinnear, In Subordination, 185. Kinnear relates that trained nurses and female teachers averaged $917 yearly, as opposed to $559 for female "labourers". Male "labourers" (as opposed to "professionals"), on the other hand, earned $925 per year, a figure which speaks for itself in indicating the relative value of women's professional work. The Weir Survey concluded that nurses' salaries were sufficient for independent survival but not for savings. See pp. 66-96.

tantalising possibility was also held out that exemplary graduates might be hired into the very few supervisory and general duty positions available in the hospital. The Annual Report published that year, announcing the creation of six new positions for grad nurses, intoned, "Recognising the fact that the nursing profession has, under existing conditions, become overcrowded, we have endeavoured to do what we can, in a small way, to relieve the situation."[147] Given the potential value of the diploma to graduate nurses then, not to mention room and board, it was presented as reasonable that nurses should pay for it with a little hard work. This fit easily into the paternalistic paradigm of hospital relations, with its exchange of 'male' duties of protection and provision for 'female' duties of service, obedience and loyalty.

In any case, except by reason of illness, very few nurses did not complete their training in the period 1925-1939, perhaps an average of one or two out of every class. Furthermore, no more 'nurses' strikes' or even labour conflicts were reported until well after World War Two, when the hospital staff comprised almost 50 percent graduate nurses. The key point is that management at K.G.H. and at hospitals throughout North America saw this sort of propagandising as a necessary part of their labour control toolkit, and used it liberally.

147 It is likely that management was responding to the publication of the Weir Report, which proved conclusively that the use of more graduate nurses tended to improve hospital efficiency. As well, there was pressure from the professional nurses in the Kingston Nurses' Alumnae, who, in tune with their provincial and national organisations, argued against the production of even more nurse graduates in a period of high unemployment and plummeting numbers of paying patients.

CHAPTER THREE

"Home" Away From Home: The K.G.H. Nurses' Residence

The housing of nursing student-workers has received only passing mention in the literature of Canadian and American nursing history.[148] Residence, for the most part, has been reconstructed historically as a component of paternalistic labour management which helped solidify the workplace repression of student nurses. This framework is valid in itself, but it overlooks the centrality of the Nurses' Home to the agendas of the hospital **and** to the experience of training by nurses. In the Canadian hospital industry, the large, rationally managed, nursing students' residence, although a relatively innovative concept in the pre-World War One period, was given increasing exposure in the early 1920's. Articles in professional literature paid increasing attention not just to the possibility of more efficient use of hospital resources in constructing these institutions, but, in response to current discourses of social control in Canada, to the activities and bodies which would be housed within.[149] New Nurses' Homes addressed certain requirements of the burgeoning hospital health care system, as well as changing ideals of gender and class in Canadian society. If, as Foucault theorised, "the [modern] hospital building was gradually organised as an instrument of medical action" in the nineteenth century, the Nurses' Home emerged in the early twentieth century as a "mechanism of

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148 The notable exceptions are Anne-Marie Adams, "Rooms of Their Own: The Nurses' Residences At Montreal's Royal Victoria Hospital," Material History Review 40 (Fall 1994): 29-41, and Karen Kingsley, "The Architecture of Nursing," in Images of Nurses: Perspectives from History, Art, and Literature, ed. Anne Hudson Jones (Philadelphia: University of Pennsylvania Press, 1988), 63-94.

149 In Canada, the journal Canadian Hospital led the way in publicising suggestions for the rationalisation of hospital and Training School operation. First published in 1924, it was directed at the new breed of hospital administrators.

training" and discipline for the young women who were hospital workers.[150]

Inaugurated in 1928 as part of the long-term restructuring program, the Kingston General Hospital Nurses' 'Home' was the required place of residence for all student nurses for the duration of their training. By demanding that all nurses eat, sleep, and recreate within the confines of the residence and hospital compound, the hospital solidified its influence over its unpaid labour force, extending the workplace socialisation of student-workers into their non-work environment. Moreover, and perhaps more importantly, the 'Home' as it existed in the imaginations of management and the public, functioned to reinforce and reproduce the social order outside its walls, a task which legitimised and even necessitated the hospital's use of paternalistic social control on the inhabitants.[151] In the residence institution, 'administration and regulation,' of the young female population was far more than an administrative task; it was elevated to the level of civic and patriotic duty. Like the housing provided for female workers in paternalistic factories, the Nurses' Home occupied a liminal space between the supposed binaries of public and private, a site where students slept, ate, and played, but where they also endured moral and physical surveillance and discipline by hospital management and the community at large.[152]

Prior to the advent of Armstrong's rationalisation program, the

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150 Foucault, Discipline, 173.

151 Michael Ignatieff relates the need to consider the ways "total institutions" (after Erving Goffman), "work their effects on society through the mythic and symbolic weight of their walls on the world outside," in "Total Institutions and Working Classes: A Review Essay," History Workshop Journal 15 (Spring 1983): 169.

152 Lown, Judy, "Not So Much a Factory, More a Form of Patriarchy: Gender and Class During Industrialisation," in Gender, Class, and Work, eds. Eva Gamarnikow et al (London: Heinemann, 1983), 28-45. In Canada, see Joy Parr, The Gender of Breadwinners: Women, Men, and Change in Two Industrial Towns (Toronto: University of Toronto Press, 1990), 34-58. Both of these authors discuss the ways in which provision of housing by paternalistic "welfare capitalists" came with moralistic strings attached.

paternalistic provision of room and board was patently unsystematic, both at Kingston General and other secular Canadian hospitals. Student-workers inhabited clusters of rooms scattered about the hospital campus, often in unused storerooms or even ward rooms. Living quarters were cramped and unsanitary, and exacerbated both poor health and poor discipline, since the Nursing Superintendent and her tiny staff were unable to oversee all nurses' living areas. Decentralised and substandard housing arrangements were thus blamed for uneven or incomplete socialisation of student nurses into the desired efficient and loyal labourers. Moreover, as I have discussed above, the hospital staked much of its reputation on its nurses attaining a bourgeois ideal of pristine Canadian womanhood, yet housed them in quarters usually associated with immigrants and the 'dangerous classes'. This paradox was lost on neither hospital administrators nor the concerned public. The previous three decades of rapid urbanisation and economic change in Canada, with the attendant increases in single women's urban employment and public visibility, had fostered in the imaginations of civic leaders the spectre of the 'woman adrift', the young working girl living in unsupervised residences in an urban environment, unsheltered by patriarchal authority.[153] Initially, this panic fostered a reactionary and repressive response, as illustrated by a comment by the police inspector heading Toronto's morality squad in 1910: "Immorality among young girls is increasing, caused by too much freedom to roam the streets, and the consequent results therefrom."[154] By the end of World War I, however, it was more

153 Carolyn Strange in Toronto's Girl Problem: The Perils and Pleasures of the City, 1880-1930 (Toronto: U. of Toronto Press, 1995) has researched the moral panics with respect to 'working girls' which thrilled Canadian social reformers. Numerous organisations in this era devoted themselves to the housing and moral regulation of young independent working women, who were constructed in social purity rhetoric as a eugenics time bomb. In this context, hospitals were performing a civic and patriotic duty by containing student nurses in morally hygienic residences.

154 Staff Inspector Kennedy, in Annual Report of the Chief Constable, 1910, quoted in Valverde, Light, Soap, and Water, 111.

generally accepted in Canada that 'working girls' were a good and useful phenomenon, provided they were properly 'managed'. Promoting women's supervised boarding houses, the Toronto Star-Weekly proclaimed in 1917: "It would seem to be but our duty, from an economic as well as a humanitarian stand-point, to see that [the working girl] lives under conditions which tend to make her more efficient, as well as a worthy citizen. It is not too much to say that the future of our country lies in the hands of these girls."[155] And in 1920, a social worker quoted in the Ottawa Citizen commented that supervision of single women's residences was necessary to "keep women 'good'...not in a moral sense alone, but ...efficient so that they may go forth with health and body and spirit to do good useful work."[156] Absent in these comments was the condemnatory language which had characterised earlier critiques of single working women. Supervision of young women's private space, like the supervision of their labour, was now seen as a tool for the scientific management of valuable labour power, and as a component of Canadian nation-building. With these outcomes at stake, K.G.H. could hardly afford not to provide its female student-workers with a supervised "home away from home."

Accordingly, as the final component of its ten-year modernisation program, begun in 1916, the hospital announced plans for a new, 120-bed Nurses' Home, to be financed in large part by concerned citizens. At the ground breaking ceremony on May 13, 1927, General Ross, a longstanding Hospital Governor and Kingston civic leader, left no doubts as to its significance:

> There is no building about the hospital which is more important that the nurses' Home. The citizens in general do not fully appreciate the services which are being given at the hospital. The

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155 Toronto Star-Weekly, September 22, 1917, p. 21.

156 Ottawa Citizen, October 20, 1920. Cited in Strange, Toronto's Girl Problem, 178. The speaker, Miss Bollet, was Director of Sherbourne House, a huge boarding house run by Simpson's department store in Toronto.

> hospital has lost many fine nurses because of the quarters they have had to live in.[157]

The word "lost" here can superficially be interpreted as referring to nurses who quit (or even died) due to ill health or inability to put up with despicable living conditions. At the same time, however, the term reflected contemporary social purity rhetoric which characterised female moral transgressors as 'lost' or 'fallen' women, either incorrigible or in desperate need of reclamation. The future inhabitants of the new residence institution were thus set in favourable contrast to 'lost' nurses of the past.

The Home was presented as a gift from the hospital and community to the student nurses, solidifying in brick and mortar the commitment to beneficent paternalism. The hospital thereby demonstrated its ability and right to exert patriarchal protection and authority over these vulnerable young women during their time away from the shelter of their families. To drive home this point, Hospital Superintendent Armstrong provided the local press with an accounting of the costs associated with nurses' upkeep. According to the fastidious manager, nurse training cost the hospital $85,696.61 per annum, of which 75.56%, or $64,775.00, went directly to food and shelter for the 120 student nurses.[158] Hospital Governors were lionised in the Kingston Whig-Standard for their obvious deep concern for the young women in their care. The inauguration of the new residence was momentous indeed, since it effectively stated that the hospital intended to continue the apprenticeship system of nurse education on a

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157 "Laying Corner-stone of Nurses' New Home at General Hospital," Kingston Whig-Standard, May 13, 1927, p.11. In the years 1914-1934, 24 Ontario hospitals built new nursing homes, according to John Murray Gibbon, Three Centuries of Canadian Nursing (Toronto: MacMillan Co., 1947), 354.

158 "Nursing School is Educational Asset of the City," Kingston Whig-Standard, May 8, 1931, p.12. The larger figure included salaries of nursing management and grad nurses, and "Heat, light, water, telephones, etc. as supplied to the nursing division." Typically, Armstrong failed to mention the dollar value to the institution of its captive, unpaid, nursing labour force. These benefits were consistently undervalued in literature defending the apprenticeship method of training.

large scale in defiance of the increasing criticism levelled at it by Canadian nursing leaders, and in spite of the closure of similar schools across the continent.[159] Press, local dignitaries, and hospital officials took the opportunity to pontificate on the privilege and gratitude that the nurses ought to be feeling, and the degree to which this provision would improve their already commendable work.[160]

Physically, the residence building embodied the ideologies of both rational functionalism and paternalism which had inspired its construction. Its block-like, four storey central tower loomed over the junction of George and O'Kill Streets, a testimony in solid grey limestone to the seriousness of the nurses' calling and the legitimacy of the hospital institution. Instead of the Romantic balustrades and Athenian columns which graced the front of its predecessor, built in 1903, the 1928 Nurses' Home was decorated only with a set of evenly-spaced apertures along the roof, reminiscent of rifle-slots. In fact, the shape of the residence, with its central tower cornering two wall-like wings, resembled nothing less than Kingston's first protective structure, Fort Henry. Unlike the previous inefficient, scattered nurses' quarters, the new building was designed to maximise the efficient use of space and resources. At the same time, however, the Home was intended to function as a showpiece of the superiority of the K.G.H. nursing service and Training School. The exterior, shelled in Kingston limestone, mimicked that of the venerable Queen's University buildings just up the hill, reminding observers of the hospital's close partnership with the university, and implicitly establishing the training school as one of the

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159 Schools did not close in large numbers before the beginning of the Depression, but already by 1929, smaller hospitals were succumbing to economic and other pressures to close their schools. The Weir Survey states that as many as a third of training schools in Canada existing in 1925 had closed down by 1932.

160 Whig-Standard May 12, 1928, p. 17. See also Hugh C. Nickle, Member Board of Governors, "Notebooks", KGH 500.H108.

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THE MORNING ROLL CALL.

Top: Kingston General Hospital Nurses' Home, 1928 - 1969. Source: Margaret Angus, Kingston General Hospital, Appendices.
Bottom: "The Morning Roll Call." Source: Nurses' Yearbooks (1928), 60.

"educational assets of the city." The entryway and foyer also bespoke respectability, with a marble terrazzo floor and a heavy pair of oak-and-glass doors. Immediately off the lobby to the north were a reception room, a large living room, and an office for Administration. This was an arrangement not dissimilar to the gendered architecture of family homes, in which areas for public use, or parlours, were usually near the main entrance, while rooms dedicated to the use of women and family were set either to the back of the building or on a second floor. Domestic space was mapped out according to clearly demarcated boundaries of public and private. In harmony with management's obsession with the hospital's image, and with middle class architechtural ideals, these public rooms, in which parents, relatives, and other community members would be received, were given special aesthetic attention, as noted by a Whig-Standard correspondent: "The plaster has been given a special hand-worked finish, and all of the hardware and other metal is hand wrought iron made to special designs."[161]

As part of the opening ceremonies, tours were organised through the building, which was already occupied by the nurses. It is here that we see the most obviously "public" component of the Nurses' Home; its walls were effectively transparent to concerned members of the community, and the residents and their activities were subject to public scrutiny. The journalist writing this account leads his audience on the tour, using the all-encompassing "we" to encourage his readers to participate in the voyeuristic exploration as "we enter through a doorway into a corridor leading to the nurses' private rooms." These doors, set in decorative archways, symbolically restricted access to the

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161 Whig-Standard, May 11, 1928, p 17. Leonore Davidoff and Catherine Hall, in Family Fortunes: Men and Women of the English Middle Class, 1780-1850 (Chicago: University of Chicago Press, 1987), 375-380, discuss the formation of these architectural codes in English homes.

bedroom areas of the residence, yet the writer blithely passes through. The rooms themselves, the reader is assured, are "small, nevertheless ample for [the nurse's] use and comfort," implying that both the writer and reader, as concerned adult citizens, have an intrinsic knowledge of "the nurse's" personal needs. "We" are invited to open one of the built-in wardrobes, and to survey the "various personal articles belonging to the occupant of the room." Bathrooms invite special comment, with their toilets and plumbing fixtures "of the latest type." There is the recognition that this is private space, but no question that "we" are justified in entering it. With no trace of irony, the writer describes a balcony on the second floor which supposedly "gives the nurses a sitting out place *protected from the view of the public*" (Italics mine). He thus leaves no stone unturned nor door unopened in assuring his readership that there was nothing hidden or secret in this residence which would endanger the moral and physical health of its young female inhabitants. It was, he noted, "Perfect in every detail."[162]

The keynotes of the building, both in its architecture and administration, were supervision and surveillance. The principles of panopticism, or "seeing without being seen," informed the construction of the front entryway, for example, which was the only authorised access to the building. Directly adjacent the large foyer was the Administration office, the open door of which permitted a clear view of all who entered and left the building. Superintendent Baillie's three-room suite also adjoined the foyer, and her window commanded a wide view of the front steps and the street in front of the residence. Access to general society through this portal was directly controlled by Baillie and her subordinates, and every excursion from the campus, day or night, required special permission. Students were given one "late leave" (until 10:30 or 11 p.m)

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[162] Ibid.

per week, which was jealously guarded and distributed by Baillie herself. In order to receive a late leave, a nurse had to preregister the purpose, duration, and companions of her excursion. A sign-in book at the front desk added a textual component to this rigid time control. Baillie's seen and unseen presence, then, served as a reminder to student-workers that 'unseemly behaviour', or non-conformance to institutional codes, would not be tolerated.

Along with the inauguration of the new residence came codified standards of behaviour to which nurses were expected to conform in return for room, board, and the privilege to work toward a nursing diploma. The "Rules for Student Nurses," drafted by Baillie in 1927, were designed to segregate nurses within the walls and grounds of the residence where their fitness, both physical and moral, for productive nursing duty could be assured. Heading the list was the following directive: "The nurses' rooms shall be *accessible for inspection at all times.*"[163] It is clear that the categorisation of nurses bedrooms as 'private' was little more than a figure of speech; although the interior walls were not literally transparent to a central authority as prescribed by Bentham for the Panopticon, the policy of unannounced inspections aimed at a similar goal of fostering self-policing by individuals.

A number of "Rules" aimed at training nurses' bodies to the required level of physical fitness by regulating sleep, diet, and exercise according to an iron-bound schedule. 'Lights out' was 10 p.m., at which point the residence doors were locked until reveille at 6 a.m. Meals were provided at specified times, and, according to the 1928 graduate Yearbook, "Thou shalt be early for breakfast or

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163 K.G.H. "Rules and Regulations for Student Nurses," 1927, p.8. Italics mine. The term "accessible" leads me to believe that managers did not expect to routinely inspect student rooms, but merely reserved the right to do so. On the other hand, according to a respondent to Kinnear's survey of Manitoba nurses from this period, "our rooms were inspected daily." Mary Kinnear, In Subordination, 112.

forfeit thy weekly late leave."[164] Reflecting the belief in fresh air as a restorative, half-hour constitutionals were made a daily 'duty' of every nurse.[165] For nurses who fell ill, it was directed that they place themselves in the charge of the house doctors, a service provided "free of charge" by the paternalistic institution, but which implied that students would follow these doctors' instructions back to a state of productivity.

Other guidelines sought to guarantee the systematic and economical operation of the home itself, emulating the workplace imperatives of efficiency and economy. Nurses were held responsible for "the careful treatment of all hospital property," and the frugal use of light, water, gas, linen, and other resources, under threat of financial penalty or expulsion. Rule 19, for example, stated that "Nurses caught using or destroying the linen in the Home for such purposes as boot cleaners, dusters, or ironing board covers will be instantly dismissed."[166] It was drilled into student workers that their Home was a public trust, down to the most personal fixtures like bed linen, and that this trust must under no circumstances be taken advantage of. Nurses were to have no rights of ownership, merely a recognition of debt and responsibility to the paternalistic provider.

High on the list of functions of the residence institution was the administration of student-workers' sexuality. As I noted above, nurses' sexual

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164 Nurses' Yearbooks (1928), 46.

165 "The Rules" were listed in a pamphlet given to every probationer and posted in the residences and on the wards. See Rules and Regulations, K.G.H. Training School, 1927. Rules for other training schools were more or less similar; all reflected the recommendations by Charlotte Aikens in Hospital Management, 362-367. K.G.H. stopped short, however, of instituting the program recommended by a doctor in "Health and the Student Nurse: Increased Effectiveness During Training," TNHR 71 (Dec.1923): 526-32, which suggested that the Superintendent record students' daily food intake, and length and regularity of menstrual periods, as indices of physical fitness.

166 "Rules," 9. Dismissal was not a punishment used lightly, since it deprived the hospital of that nurse's labour until she could be replaced by the next class of probationers. Obviously, then, this particular rule was seen as an imperative.

morality was connected equally to the hospital image and to the imperatives of bourgeois society outside the institution. The key point, following Foucault's History of Sexuality, is not that sexual expression was repressed, but that nurses-in-training were to be disciplined into a particular kind of sexuality. Mariana Valverde, discussing the motives of Canadian moral regulation in this period, emphasises that the "real aim was not so much to suppress as to recreate and re-moralize."[167] For nurses, the model for moral 're-creation' was, according to nursing historian Kathryn McPherson, "an exaggerated version of Victorian social deference, sexual passivity, ...and ladylike gentility."[168] This ideal specified that sexuality be expressed only within the bounds of the socially and racially homogeneous, heterosexual, progenerative family unit, which was upheld by the medical institution and the state as the last defence against the literal degeneration of the Canadian nation/race, and way of life.[169] Student nurses, like other single public women, embodied a threat in this vision, since they were supposedly more susceptible to the alternatives offered in the urban environment.

Further still, a prevalent belief among social observers and reformers was that "moral hygiene" was an essential component of public health, and that immorality was literally contagious. Wayward student nurses were thus seen as having the potential to cause a moral 'infection' in the hospital and the community. To reinforce this association of immorality with disease, probationers received, after 1925, a 6-hour course on "Venereal Diseases," as mandated by the Ontario Ministry of Health's Minimum Curriculum for

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167 Valverde, Light, Soap and Water, 32.

168 McPherson, Bedside, 165.

169 Valverde, Light, Soap and Water, 33. Foucault, in History of Sexuality, Vol.1 defines this as a "juridicial and medical control of perversions, for the sake of a general protection of society and race." (120)

Approved Training Schools. The objective of this course, far from elucidating bacteriological and viral theories, was "To help [the nurse] to understand the social significance of these diseases and to secure her interest and cooperation in removing the social and economic causes which contribute so largely to their development."[170] The social/sexual position of the nurse-in-training was here made explicit: she must be kept above those "social and economic" categories or classes in which sexually transmitted diseases supposedly throve, in order to be an efficacious part of the bourgeois health apparatus.

Moral regulation, as I have already noted, began with the student-worker's application to the Training School. Applicants underwent a gynaecological screening, which, I maintain, sought to detect previous sexual indiscretions or diseases. It also established from the outset the right of management to use intensely invasive control techniques on its workers, an authority perhaps bolstered by doctors' medical use of these very procedures on patients in the hospital. As well, every applicant was required to provide the names of two references to their character, invariably members of the clergy, male medical professionals, or legal/political figures. From the moment of a young woman's entry into the Nurses' Home, then, moral surveillance and supervision were explicit, and prohibition was brought to bear on all modes of sexual expression which fell outside the bourgeois ideal. Homosexuality was particularly feared by management, although it was present in regulatory texts only as uncomfortable innuendo. The "Rules for the Nurses' Home," for example, stated that "Nurses must not occupy any bed or room other than their own" (Rule #5), and that there should be "no visiting in other rooms after 10 p.m., when lights must be

170 Ontario Ministry of Health, Minimum Curriculum for Approved Training Schools, 7.

out in nurses' rooms" (Rule #8). More telling is the anecdote provided by a former nurse, who revealed that despite the acute shortage of bathtubs (9 in total), a rule was posted that "only one could bathe at a time." Mornings and evenings were chaotic, as 100 or more nurses did their respective toilets, with the result that two or more young women would routinely share a bath or shower. As the story goes,

> The rooms were patrolled so if a matronly voice said 'is there only one of you in the tub?' it was the rule among the nurses that only the one in the middle said 'Yes, Miss!' I eventually realised that they were scared stiff of lesbianism.[171]

The bath doors "were like the swinging doors on T.V. saloons," with open spaces in the tops and bottoms of doorframes, a technology of observation chronicled by Foucault at Paris-Duverney's Ecole Militaire.[172] Ironically, it seems that supervisors were too modest to actually peer into bathing and toilet areas, which, as this nurse related, "made the rule unworkable."

Inappropriate heterosexuality also received censure. In the hospital workshop, nurses were forbidden to sit on patients' beds, which may have been in the interests of patient comfort, but, given the story of one nurse who was dismissed for having spent several hours in a bathroom with a male patient, it seems more likely that propriety was the issue.[173] Jewellery and makeup while on duty were taboo, since these might draw undue attention to a young nurse's sexuality, resulting in a patient's having unhygienic, and thus unhealthy, thoughts. Members of the public were enlisted to help maintain sexual discipline

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171 Biographical letters, 27 Sept- 4 Nov. 1994. Margaret S. Keyser Fonds, QUA. ARCH.5105.2, Box #2.

172 Foucault, Discipline, 172. For a more contemporary Canadian example, see Steven Maynard, "Through a Hole in the Lavatory Wall: Homosexual Subcultures, Police Surveillance, and the Dialectics of Discovery, Toronto, 1890-1930," Journal of the History of Sexuality 5 (Oct. 1994): 207-242, on the use of surveillance and "multiple and intersecting observations" to police gay men.

173 Nurses' Training Records, 1927.

among student-workers, as indicated by a 1934 staff notice, which read: "There is considerable criticism [from the Women's Aid] that some nurses are dressing and undressing in front of windows without drawing the blinds, thus affording entertainment for the public. Any nurse who does this lacks a sense of refinement and modesty to say the least."[174] The standard for proper moral behaviour was thus set according to the mores of Kingston's middle and upper classes. In the residence institution, these standards were enforced by Superintendent Baillie, whose celibate, middle-class, middle-aged presence was intended as a moderating influence on the young women in her charge. Indeed, it was during her lengthy term as administrator that moral standards at K.G.H. gained the reputation, according to a former student, of having been more stringent than those at Kingston's Hotel Dieu, a hospital run by Catholic nursing Sisters.[175] Even suspicion of sexual impropriety was enough to merit suspension or dismissal.

It was obvious to managers that attempting to confine off-duty nurses to the residence where their every move could be watched was not enough, since the Devil always found work for idle hands. Although the regime of hospital labour tended to exhaust student-workers and minimise their waking non-work moments, there remained the problem of what could be done with this time. A near-obsession with the problem of nurses' leisure occupied hospital managers and community leaders, paralleling the concerns of Canadian social purists over administration of young women's play. Urban amusements like dancing and drinking as enjoyed by independent young people were linked, in the rhetoric of reformers, to promiscuous sex and prostitution, and a host of other diseases of

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174 K.G.H.Staff Notice, May 29, 1934, in Nursing School Notes, Exams, Lectures, KGH 500 N304.4.
175 Betty Blackwell, Interviewed by Susan Conley, Elgin, Ontario, July 2, 1985, Queen's Archives "Sights and Sounds of a Century" Project, QUA.ARCH Audio Tape #67.

the body politic. In defence of the ideals of chaste womanhood, domestic motherhood, and national 'purity', reformers launched a variety of alternative recreation schemes designed to counter the immoral recreation observed among the working classes. The hospital, with its economic reliance on a bourgeois ideal for its nurses, similarly strove to prevent them from being lured into the questionable entertainments of common labourers. Prescriptive literature, led by the journal Canadian Hospital, insisted that "the recreational facilities of the nurses should receive careful attention" as an integral component of training.[176] In order to more easily keep watch over student-workers' non-work activities, the hospital attempted to contain leisure in the residence building itself, constructing facilities which would discourage nurses from exploring the alternative pleasures and perils of the urban environment.

Nurses' libraries, for example, came to be seen in this period as essential components of Training Schools. At K.G.H., the library occupied the third floor of the residence's central tower, and featured a set of French doors which opened onto the roof, where students could read and sunbathe "protected from the view of the public." This, of course, was once more a mere figure of speech, since the library came under the aegis of the Kingston Women's Aid, who instituted an ad hoc censorship of nurses' reading material. The 1930 Annual Report of the K.W.A. advised:

> We spent a bit of our money to purchase uplifting-type books for a nurses' library and book cases to hold them. Members also contributed books, some of which, I regret to say, are not very suitable reading for young ladies... I suggest that if any of you plan to donate books, that you use a bit of discretion. If they are not fit for your daughter to read, get rid of them in some other way.[177]

176 Olaf Z. Cervin, "Housing of Staff and Employees," CH (June 1925): 13-14.

177 Kingston Women's Aid, Annual Reports, 1930, KGH 500.H202.1.

Doctors were encouraged to donate used medical texts, and the K.G.H. Graduate Nurses' Alumnae Association graciously provided copies of current nursing textbooks and journals. Salacious reading material had no place, according to these upstanding ladies, in a home for the 'daughters' of the hospital, who were in training to become the "best type of Canadian womanhood." The Nurses' Library thus took its place in the larger apparatus of containment and regulation.

In keeping with suggestions made in professional literature, K.G.H. also provided its student-workers with a tennis court, to provide salubrious exercise. Garden parties and card-playing events, coinciding with various patriotic and municipal occasions, and organised by the 'surrogate mothers' of the K.W.A., further served to distract nurses from off-campus leisure, with the added benefit of raising money for Home decorations. On at least one occasion, Superintendent Baillie enlisted the help of off-duty student-workers in painting and cleaning, so that "the hospital sparkle[d] with cleanliness."[178] One can imagine that the 'volunteers' took a dim view of this particular appropriation of their scarce leisure hours. Finally, nurses were expected to use their time off duty on Sundays to "associate themselves with their respective churches," a requirement which constituted one of the few appropriate off-campus activities, but which ensured that students remained under *some* patriarchal authority in their non-work time.[179]

The Nurses' Choir provides a well-documented example of how this regulation of student-workers' leisure was believed to function. In May 1930, an article appeared in the Canadian Hospital chronicling the success of "voice culture and choral singing for nurses-in-training" at Toronto's Western Hospital. According to the article, this program had not only promoted the development

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178 Ibid., 1926.

179 "Rules," 9.

of "pleasant well-modulated voices [which are] as much to be desired as a sunny disposition," but it allowed "an opportunity for getting together at a collective activity at least once a week and develop[ing] an esprit de corps that is very desirable." The editor recommended this to all Training Schools, "no matter how small," on the basis of its cost-efficiency, but also for the positive light it cast upon the hospital.[180] It seems no coincidence that beginning in 1930, K.G.H. sponsored a Nurses' Choir which went on to become extremely popular, performing several times a year to audiences of the general public. These events drew positive attention to the attractive, talented, wholesome, student nurses and the excellent hospital institution which trained them. Moreover, weekly practices reduced the amount of time nurses had for unsupervised leisure, supposedly decreasing their opportunities for 'unseemly behaviour'. The promotion of the Choir in Canadian Hospital, a journal dedicated to "the establishment of unparalleled efficiency" in hospital institutions, thus indicates that voice training was seen by managers as far more than mere entertainment for nurses.[181] Rather, the Choir and similar structured leisure activities were used as tools for ensuring and publicising the docility, productivity, and bourgeois respectability of their female student-workers.

Given the weight that this disciplinary technology brought to bear on the free time and sexuality of student-workers, it would appear at first glance that hospital management and the concerned public were against any variety of sexual expression on the part of nurses. Yet a closer look at the administration of student sexuality at Kingston General Hospital Nurses' Home in the 1920's and 30's, and indeed at most non-denominational hospitals across Canada, reveals that the goal of management was not to eliminate all sexuality, but to produce a

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180 Editorial, "Voice Culture and Choral Singing for Nurses in Training," CH 6 (May 1930): 23.
181 "Editorial," CH 1 (January 1924): 3.

particular type of feminine bourgeois sexuality which met societal demands both inside and outside the hospital institution. As one Canadian doctor mused, "It is the sweet sympathy of woman that soothes and allays our suffering, but in her efficiency she must retain her womanliness and ever be the noble type of good heroic womanhood."[182]

Following the lead of Canadian social reformers, who had determined in the early 1920's that a degree of supervised heterosocial and heterosexual contact was advisable for young single women, the training school at K.G.H. undertook to guide its charges into sexual and moral modes which were "proper," "healthful," and useful to the hospital. To this end, there were a small number of activities and spaces where student-workers were allowed to associate with men, under the watchful eyes of nurse managers and other adults. Chief among these were dances, organised by the nurses-in-training on various holidays, and held either in the multi-purpose classroom/dance hall in the residence basement, or, on more special occasions, the convocation hall of Queen's University. Although arranged by the nurses themselves, dance programs were subject to the approval of Miss Baillie; "slow numbers," where youthful bodies of opposite sexes might be prone to touch, were rationed. Alcohol and cigarettes were banned, since their supposed effects on the inhibitions of even the most upright young women were well-documented. And of course, along the walls, in the corners, mingling among the dancers, and at the door, were the chaperones: male and female members of the hospital governing bodies, Nursing Alumnae, and the Kingston Women's Aid.

"Visiting" was a second authorised format for heterosocial contact. Were the hospital concerned with divesting its nurses altogether of sexuality, male

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182 Greenwood, "Speech."

visitors to the Nurses' Home would doubtless have been tabooed. Instead, a set of rules governing such visitors was enacted which permitted nurses to meet and socialise with individual men while ensuring that such contact remained chaste. Off-duty nurses could receive male callers in the either the reception room or living room off the main foyer, built especially for this purpose. These rooms were large, open spaces well-furnished with couches, chairs, and card tables, where nurses might serve tea and play at bridge or hearts with their beaux. The ornate decoration and formal atmosphere, combined with the constant possibility of Baillie's unannounced arrival, no doubt placed a damper on inappropriate behaviour. Significantly, the rule book stated that "these rooms are for the use of all nurses," which meant in practice that the opportunities for privacy were few. The rest of the Home was sacrosanct; no visitors of any sort were permitted, without "special permission" from Miss Baillie. The residence system further functioned to restrict private romantic contact by the fact that telephones were communal, one to a floor, and their use was restricted to five minutes. As one nurse put it, "Any time my boyfriend called, the whole floor knew about it."[183]

The Training School's association with the University and Medical School facilitated the promotion of a socially homogeneous sexuality among nurses. Nurses' yearbooks, letters, and memories indicate that a large number of their male companions were internes, Med students, or other university students,

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183 'Jean', Interview. One Yearbook protests mail censorship by management - it is unclear whether this actually occurred, or if the nurses merely suspected it. A somewhat ambiguous rule in the student nurse Handbook states that "All correspondence in connection with training in hospital must pass through the Superintendent of Nurses." In this case, the threat might have worked as well as the practice. See Nurses' Yearbooks, (1936). It is worth noting that in 1996, nurses in Ontario hospitals must agree to waive their right to free speech and free press in reference to internal hospital activities. 'Heather', Interview.

men who were destined for bourgeois careers.[184] This was not entirely coincidental - most social activities approved by management were advertised only at the hospital and university. In this closed environment, which privileged bourgeois norms of courting and sexual behaviour, men who were not members of the hospital and university society stood out as different. 'Jean', discussing her courtship with a young farmer from her home town just outside Kingston, recalled that she went home to visit him on her days off, and implied that he felt some discomfort visiting her at the Nurses' Home.[185] The pressure on nurses to associate with the right sorts of men must have been at times acute. 'Claire', a 1939 grad, related that she found Med students "arrogant and saucy," and refused to date them. Her discrimination was foiled, however, when a friend set her up on a blind date with an interne. "We [nurses and internes] were thrown together," she recalled, both at work and at play.[186] In contrast to McPherson's findings elsewhere, K.G.H. management seems to have tolerated a limited degree of flirtation in and around the hospital between nurses, internes, and even physicians; one doctor was well-known for his habit of taking various nurses out to the show on their evenings off and bringing them chocolates while on duty.[187] Another former student related that hospital internes "were all like brothers to you - you found that you had a very personal relationship with them if they had a decent personality, and most of them did."[188] These "personal relationships" often resulted in marriages following graduation; the Nurses' "Comment," referring to nurses who dated internes, used the code phrase

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184 A copy of the 1935 Yearbook held by Queen's Archives contains a handwritten list of graduates of that class, along with their addresses and husbands' names. A significant number of the men's names are followed by the program at Queen's from which they graduated.

185 'Jean', Interview.

186 'Claire', Interview.

187 McPherson, Bedside , 166; 'Jean', Interview; also Nurses' "Comment", n.d. KGH 500. R500.

188 Blackwell, Interview.

"aspires to be a Doctor's Assistant."[189] A cartoon in the 1928 Yearbook pictures two nurses in wedding dresses with their new interne husbands, with the caption "These couldn't wait." One wonders whether for these young women, the transition from "physician's hand" to "doctor's wife" was merely a logical step; the choice between making a hard-working living after graduation at full-time nursing, or heading back to one's home town and family, both set against accepting a young doctor's marriage proposal, must have been an elementary decision for some. At any rate, if numerous comments in Yearbooks and journals are to be trusted, many nurses seem to have added an "MRS." to their R.N shortly after graduation.

The issue of marriage raises some problematic issues. McPherson, defending nurses' motives, insists that students "did not view nursing as a path of upward mobility through marriage."[190] My impression is that this statement, although correct for the majority, does not accurately describe all nurses. Students could not have been, and indeed were not, oblivious to the fact that those who married men whom they met at the university, looked forward to a future as wives of society's bourgeois leaders.[191] At the same time, supporting McPherson, nurses-in-training recognised that marriage meant the end of their nursing career and whatever degree of independence it provided them. A poem in the 1929 Yearbook about a nurse's romance with an interne concludes, "Ain't love grand - and Romance too! / She gave up bed-making to learn to cook stew. / The fate of this nurse is a warning to all / Well, finish your training before in

189 Nurses "Comment," Oct. 7, 1928.

190 McPherson, Bedside, 12.

191 The degree to which nurses married university men and future doctors is impossible to ascertain. My conclusions in this rest primarily on references in Yearbooks, which often related the romantic aspirations and destinies of individual graduates. 'Jean', when asked whether nurses often married shortly after training, responded, "Most married whoever they went with during training. Many girls married men they met at the hospital and the university." 'Jean', Interview.

love you fall." Marriage during or just after training meant sacrificing one's career; it could also mean future security which was by no means guaranteed by the profession of nursing.

The management of nurses' sexuality served both the hospital and the community. By allowing a degree of carefully supervised heterosociability, the hospital hoped to continue to exploit student-workers' labour without producing 'defeminised' women doomed to spinsterhood by their experience with urban labour, or worse, sexual 'inverts' whose 'natural attractions' were not towards men. Conversely, by limiting this contact and containing it primarily in the paternally supervised space of the Nurses' Home, hospital managers reduced the risk that inappropriate behaviour on the part of nurses might sully their image as the "best type of Canadian womanhood" which was central to hospital self-promotion. From the perspective of the community and nation, which were beginning to accept female labour outside the home as inevitable, if not absolutely necessary, the hospital's enforcement of bourgeois codes of social and sexual conduct in the morally hygienic residence building allayed fears that the experience of urban labour and its attendant sinful temptations might be causing the degeneration and downfall of single Canadian women. Community leaders, social reformers, and medical professionals alike could rest assured that, following her stint at the "special task" of nursing labour, a young woman would be well-prepared for her life as wife and mother to succeeding generations of healthy Canadians.

PART II

"Rules Are Made to Be Broken": Nurses' Resistance at "Home" and Work

A thread which runs through the entire fabric of the story of Nurse Training Schools is the determination of these young female student-workers not to allow brutal work conditions and the heavy hand of moral governance to completely determine their experience of training. As individuals and as a group, the young women in the Nurses' Home challenged the codes of behaviour inflicted upon them due to their gender, class, and age. These transgressions were not isolated incidents, but part of an everyday negotiation with the confining boundaries of the Training School institution and society in general, the "everyday resistances" identified by James C. Scott.[192] As a former student explained matter-of-factly, "Well, **everybody** broke the rules."[193] Yet 'breaking the rules' was not a frivolous activity; infractions of behavioural codes, if detected by authority, had very real consequences for student-workers, within and without the institution. At the same time, choosing whether they would conform to or resist regulations allowed some students to rewrite the script of their training experience according to their own hopes and expectations.

Insight into the expectations of K.G.H. nursing students in this period may perhaps be gleaned from their application forms, which elicited information used by Ann Baillie to select the most appropriate applicants. Nurses graduating in the years 1925-1929 overwhelmingly listed "working at home" as their only previous occupation. Interviews and records left by student-workers indicate that many applied to the Training School to escape a claustrophobic home life where they often held the status of servants or unpaid labourers. Some, like several friends of 'Jean's', worked with their siblings in their parents' businesses, and saw

192 Scott, Weapons of the Weak, xv. See also Foucault, History of Sexuality, Vol. 1 , 93.
193 'Jean', Interview. See Figure 2.

Table 2.

Previous Occupations of Women Entering Training School, 1921-26, in Percentages

Year Entering	At Home or High School	Clerk or Sales	Teacher	Other*
1921 (n=23)	78	13	4	5
1922 (n=21)	76	19	5	-
1923 (n=25)	68	12	-	20
1924 (n=28)	79	11	4	16
1925 (n=37)	68	14	8	10
1926 (n=33)	76	6	10	8

* Including nurse, housemaid, telephone operator, stenographer.

Source: Nurse Training Records, 1921-1928.

nursing training as "something different" to the ennui of small-town dry goods shops and the like. A few, like 'Claire', entered training against the wishes of well-to-do urban families who "didn't think women should work." A frequent motivation among these young women, then, seems to have been a desire to expand the scope of a restricted, perhaps boring existence. Nurse training in the small but thriving port town of Kingston must have seemed like a legitimate opportunity to leave the fold and strike out on one's own. The possibilities in terms of heterosociability and urban leisure seem to have been attractive, judging by the degree to which nurses-in-training attempted to indulge in both. This desire for entertainment and social independence was recognised and roundly criticised by Superintendent Baillie and her contemporaries as a "love of pleasure" unbefitting of "the best type of Canadian womanhood." Consequently we must read as transgressive any attempts by nurses to explore the possibilities of the city and to bypass codes of docile, chaste, female behaviour.

Students' expectations for nursing training were not, however, limited to a pursuit of novelty. Another section on the students' application forms asked for "Reasons for wanting to become a nurse."[194] While some answers reflected the ethic of service to humanity which permeated most cultural representations of nurses, many accorded with one applicant who wrote: "The time has come when I want to be independent and fit myself for the future."[195] This contradicted the hallowed ideals of nursing, in which docile obedience to and dependence upon authority, disdain for personal profit, and expectation of heavenly reward figured prominently. Given the high degree to which these ideals defined societal expectations regarding nursing and individual nurses, and the equally high degree to which idealism was used cynically by management as

194 Nurse Training Records, 1928.
195 Ibid.

justification for exploitation, we can interpret nurses' expressions to the contrary as challenges to a system and profession which did not meet their expectations. Complaints by nurses regarding overwork, fantasies about money, and attempts to restructure their work environment combined into a particular work culture which criticised and in some cases subverted the exploitive and repressive structures of both the "ethic of service" and the scientifically managed hospital.

My exploration of resistance, then, is divided between two physical sites - the residence building, and the hospital workshop, or, as tradition would have it, the private and the public. As we have seen, each of these structures was used by hospital management to impose upon student-workers it's own priorities and the larger imperatives of bourgeois society, together constituting what seems at first glance a monolithic culture of discipline and control. To the contrary, however, both sites were contested ground, pitting student-workers against individual managers, rigid structures of time control, and codes of gender and class conduct.

CHAPTER FOUR

Culture of Escape - Resistance in the "Home"

On October 20, 1929, 'Louise,' a senior nurse-in-training, acquired a late leave from Miss Baillie in order, she contended, to go out for dinner with her boyfriend and his parents. It was duly recorded in the Nurses' Home sign-in book that she would be returning at 10:30 p.m. sharp. At eight o'clock, a dapper young man in a late-model car arrived at the Home to pick up 'Louise,' whereupon she rushed out the door and into the car before Baillie could grill her further regarding the particulars of her date. 'Louise' had managed the first step - escaping the walls of the residence building for a night on the town. Her plans for the evening differed significantly from the itinerary she had given Miss Baillie; she and her date were headed to the Roy York, a Chinese restaurant which was transformed into a dance club from 9:00 until it closed at one or two a.m. With a little luck and the help of a the nursing textbook her friend had promised to wedge in the fire escape door, she intended to sneak in well past curfew and avoid being suspended.

Louise's extra-curricular exploits, and those of her classmates, were chronicled in a poem entitled "Ode to the Class of 1930" which appeared in the 1930 K.G.H. Nurses' Yearbook. Emulating Rudyard Kipling's "If," the poem's sixth stanza reads:

> If you can glide past 'sunshine' at nearly day break,
> Sign the book and make it look like 10 o'clock,
> If you can fool the supervisors and the nurses,
> When you go hatless for a walk around the block.

It concludes, dramatically, two stanzas later: "Yours is the earth, and I'm here to

tell you / You'll be a nurse, and a saint, my child."[196] In cultural productions like these, the young women in the K.G.H. Nurse Training School celebrated their successful (and sometimes unsuccessful) challenges to the paternalistic hospital institution, which claimed the right to administer their public and private lives. The above poem can help us understand the scope of these challenges; it suggested that the graduating class understood the pleasures and dangers associated with non-conformity; it implied a common knowledge that the nickname "sunshine" referred to the dour Miss Baillie; it united the class in the program of "fooling the supervisors"; and it concluded by insisting that these transgressions were part of an initiation into nursing.

This seemingly universal culture of rule-breaking was both a function of, and reaction against, the group institutionalisation of student nurses in the Nurses' Home. What in fact made transgression on any large scale possible was the very *esprit de corps* that the hospital administration promoted with group living, group activities like the Choir, and peer tutoring in the work environment. Students, faced with the new and frequently overwhelming experience of urban life and work, away from parents and siblings, banded together under the protective roof of 'their' Home, forming an impromptu 'separate female sphere'. Diana Pederson, describing this strategy in the case of Y.W.C.A. boarding houses in this same period, explains that "within this separate female public sphere, women derived considerable strength from shared female values and an intense network of friendships and interpersonal relationships..."[197] According to Pederson, these relationships helped young women negotiate "an inhospitable male world," a genuine problem for single

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196 Nurses' Yearbooks (1930), 47.

197 Diana Pederson, "Building Today for the Womanhood of Tomorrow - Businessmen, Boosters, and the YWCA, 1890-1930," Urban History Review 15 (March 1987): 226.

working women. While this proto-feminist organisation was one function of the friendship network in the Nurses' Home, the 'separate space' created by student nurses also served as a critique of and challenge to the micro-management of their lives in the residence institution. Within this space was room for a wide range of activities and expressions not sanctioned by hospital management or by general society.[198]

Student-workers were very aware of the existence of their group support system. "We all helped each other all the time," is the refrain which was and is invariably used by former nurses to describe residence life.[199] Indeed, individualism seems to have been nonexistent in this close environment; a code of mutuality governed most interactions. A 1939 graduate related the following story: "One girl in my class had gotten married in her first year of training, secretly, and in the third year she got pregnant. All of us helped cover for her, because we wanted her to get her R.N. It was easier in those days to hide a pregnancy because of the long dresses and bibs we had to wear. She worked until her seventh month, and then went home "sick." The night of our graduation, we heard that she had twins - everybody was so happy for her."[200] This deception would have required a conspiracy involving nearly every student and, one suspects, certain members of management.[201] On a less sensational level, students commonly went out of their way to make training easier for one other.

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198 Carroll Smith-Rosenberg, in "Politics and Culture in Women's History," Feminist Studies 6 (Spring 1980): 55-64, uses nurses as an example of the cultural and social networks formed by women to empower their work. Also helpful on the topic of women's group life is Meyerowitz's treatment of the young working women and their residence in boarding houses in Chicago in Women Adrift, 115 and passim.

199 See, for example, "Speech by Hannah F. McQueen, Class of '28," Kingston Whig-Standard, July 24, 1992.

200 'Claire', Interview.

201 By the mid-1930's, as the hospital began to hire more graduate nurses, lower-level management were often selected from the ranks of recent graduates, which may have promoted a degree of leniency on the part of lower management towards student misbehaviour.

In fact, the incidents which stand out in former nurses' memories are not of the everyday mutuality, but rather the rare occasions when an individual betrayed the trust of the group. In 1933, for instance, it was discovered that one young woman in the residence had been pilfering money, clothing, books, and jewellery from other nurses' unlocked rooms. 'Jean', describing the confrontation, said "I guess we were pretty hard on her... That was my biggest disappointment in training - and to think she was my friend."[202] The sense of betrayal and disbelief was acute, even after 60 years.

Friendships between women in this environment tended to be very intense. Archival deposits contain correspondence between classmates fifty or sixty years after graduation; 'Jean' and 'Claire' still write to and meet former classmates on a regular basis. As a result, graduation for most nurses was a time of mixed feelings: joy at finally reaching the end of the gruelling training period, tempered with sadness as individuals returned to their home towns, married, or moved away to begin nursing professionally. Although I have not found clear evidence to indicate that nurses' friendships delved into the homoerotic, the group bathing I described earlier would seem to indicate a very high level of comfort and security among these young women. More suggestively, a tiny, rather ambiguous sketch in the 1930 Yearbook, headed "Things we dream about," pictured two androgynous figures 'spooning' in a single bed. Certainly, hospital management feared the 'worst', as the homophobic regulation prohibiting nurses from "occupying any bed or room other than their own" clearly shows.[203]

Kathryn McPherson, in a more general study of Canadian nurses' sexuality, struggles to find examples of "lesbian" relationships among student and graduate nurses on the implied grounds that they may have been enabled by

202 'Jean', Interview.
203 "Rules," 8.

the imposed homosociability of the nursing profession.[204] If these relationships did indeed exist, they would have represented a particularly subversive challenge to nursing's ideal femininity, as well as a previously unrecognised or unmentioned degree of personal sexual agency on the part of this group of women. Given the general lack of evidence of same-sex erotic relationships, however, I think the important conclusion to reach is that the homosocial space of the Nurses' Home, combined with the pressures of training and constant surveillance, promoted mutuality and group consciousness among female student-workers.[205] This environment helped provide the resources for otherwise socially powerless young nurses to push out the boundaries of their cramped existence. When they chose to escape the boundaries of respectability set by management and society, they could often, like the above-mentioned pregnant nurse, expect help in avoiding the consequences.

Chief among the "boundaries" beyond which nurses sought escape were those of the residence building itself, as illustrated by the example of 'Louise'. The policy of containment which locked nurses into the institution at 10 p.m. every night and which restricted their daytime mobility, generated a good deal of frustration on their part. For students who had entered nurse training as a step towards adulthood and away from parental control, the hospital's form of systematised infantilization was intolerable. This frustration was voiced by an anonymous contributor to the 1937 Yearbook, who demanded to know "Why must we be treated like high school girls?"[206] Subsequently, a whole corpus of knowledge sprang up detailing strategies for escaping the residence building, and

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204 McPherson, Bedside, 186.

205Some of the historical problems of interpreting relationships between women have been discussed by Gerda Lerner, "Where Biographers Fear to Tread," Women's' Review of Books 4 (Sept.1987): 11-12. For myself, the fact that many of the subjects of my study still live in and around Kingston indicated the need for discretion on my part.

206 Nurses' Yearbooks (1937), 41.

was passed from nurse to nurse, from one year to the next. For example, it was commonly known among students living on the first floor that certain of the bathroom windows could be pried open to allow passage in or out after dark.[207] Others, like 'Louise', arranged with friends to prop open the fire escape doors on the second and third floors, a strategy termed "coming in by the back door." Even more ingenious, or perhaps desperate, was the nurse who, in 1935, climbed out of her second storey window with the aid of the thick vines and protruding limestone blocks on the residence wall.[208]

Escaping the residence meant, literally and symbolically, escaping the rigid control of leisure time exercised by Baillie and the rest of management. While student-workers pursued a range of activities when they managed to circumvent the institutionalised surveillance of the Home, the most frequently mentioned and celebrated were those which allowed unsupervised contact with men. Taken together, these activities formed a direct challenge to the codes of social and sexual behaviour to which nursing training sought to discipline students; as individual acts, they represented everyday efforts by young women to express their still-forming sexuality and gender on their own terms.

One of the most popular destinations for nurses out on the town was the Roy York, a Chinese restaurant and dance hall. Dancing, for students, was the princess of leisure activities, seldom indulged in due to its considerable expense; it was universally acknowledged that one had to be "dressed to the nines" in order to go out, a difficult prospect for unpaid labourers.[209] Go out they did, however, as often as possible. Kathy Peiss, studying young women's leisure in New York, theorises that the popularity of dance halls in the early twentieth

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207 'Jean', Interview.

208 Nurses' Yearbooks (1934); Nurses' "Comment," 1931 and 1935, passim; also Blackwell, Interview.

209 'Jean', Interview

century was due in large part to their explicit rejection of the family-based origins of dance in favour of catering to the youth culture's preoccupation with heterosocial fun. Young women generally attended alone or with female friends, with the intention of "picking up" a man to dance with, a practice which made a mockery of the traditional rules of parent or institution-sponsored introduction and courtship.[210] For young nurses in Kingston, the situation seems to have been very similar. They dressed and danced to be noticed, celebrating their youth, singleness, and publicness, emulating dance styles which ridiculed sexless middle class dance and the accepted conventions of public physical contact. 'Ladylike' behaviour, supposedly so integral to good nursing, was often discarded in this environment. An entry in the Nurses' Comment in 1936, describing a planned night on the town, reads:

> We, the undersigned ...have agreed
> 1. That we are going to go out and get 'dirty drunk'... on June 23/'36
> 2. That we will uproot all flowers, remove all magnolia bunches, and poison all squirrels at Dr. Bogart's.
> 3. And we shall forget our boarders' reach, burping, etc. at the dinner table.
> So help us.[211]

The tongue-in-cheek character of this entry does not obviate the fact that nurses obviously constructed off-duty time as an escape from the strict rules which governed much of their lives. Moreover, they did not accept as sufficient the regulated and chaperoned leisure provided for them by hospital management. This attitude carried over quite markedly into student-workers' social and sexual relationships with men.

'Picked up' men were often not just dance partners; they could also be a solution to the student-workers' chronic insolvency. Without an income, and

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210 Kathy Peiss, Cheap Amusements: Working Women and Leisure in Turn-of-the-Century New York (Philadelphia: Temple University Press,1986), 100-104.

211 Nurses' "Comment," June 5, 1936.

frequently with little support from parents, nurses' ability to participate in 'amusements' like dancing was dependent to some degree on the willingness of young men to foot the bill. Historians of young women's' urban leisure have suggested the term 'treating' to describe this relationship. In exchange for access to urban amusements, young urban women offered 'generous' men a range of sexual favours. Urban reformers of the age categorised them as "occasional prostitutes," and "fallen women" driven either by depravity or neglect to sell their bodies for trifles. Kathy Peiss and Christine Stansell, rereading the statements of these working girls, have instead seen this practice as a limited form of social and sexual autonomy which allowed otherwise powerless young women to negotiate with men over the value of their virtue.[212] In general, men possessed sexual power and prerogatives, based in economic superiority, social capital, and physical strength. Young women, in order to be able to afford entertainment, catered to men's sexual wants. While this situation effectively illustrates the sharp limits of autonomy, it seems that despite the fact that sexual power relations usually disadvantaged single women, some deliberately chose to have sex for their own reasons, even using it as a negotiating strategy.

Among nurses-in-training, attempts at sexual autonomy were multifarious. At one extreme was 'Joyce', a student in the late 1930's who made an income through occasional prostitution. In the words of one of her classmates, "She kept inviting me to make some extra money by going out on dates with her. She was happy enough with her lot, but I used to wonder how she passed her exams when there were car horns beeping for her every night." Although 'Joyce' seemed to be able to keep her moonlighting a secret from

212 Peiss, Cheap Amusements, 100-104; Christine Stansell, City of Women: Sex and Class in New York,1789-1860 (New York: Knopf,1986). See also Carolyn Strange, "From Modern Babylon to City Upon a Hill," in Patterns of the Past, eds. Roger Hall et al (Toronto: Dundurn Press, 1988), 255-278.

management, her fellow nurses had some difficulty condoning her actions. After nursing training, she invited the above classmate to visit her home on a houseboat, an offer which was declined. Recounting the tale many years later, the classmate admitted, "Let's face it - I was scared of what might be on that houseboat."[213]

Most other transgressive expressions of sexuality by student nurses were less audacious. It was a popular warm-weather activity, for instance, to walk alone or in pairs along the lakefront where one might be "chatted up" and "picked up" by men.[214] These men could be counted upon to solicit "dates," which were a student's ticket to urban entertainments. Management was aware of this practice, and forbade nurses to go down to the lake on their breaks, a rule which discouraged no one.[215] Nurses' Yearbooks contain numerous innuendoes and cartoons regarding certain Romeos known to frequent the ground-floor windows of certain nurses. The Nurses' "Comment," a hidden journal kept by the nurses in the O.R., is filled with references to these liaisons with mysterious paramours, be they real, imagined, or wished-for.

Heterosociability which did not conform to bourgeois codes was not relegated solely to off-campus locations. Directly subverting the hospital's paternalistic conceit that the Nurses' Home was a public trust, nurses sometimes appropriated it for their own purposes, as the description of a 1926 soiree denotes.

> We had a fine party in the Home the other night. The 'supes' all went to the hockey match and left B. and I for chaperones. The party got slightly rough towards the end. Miss Baillie landed in @ 12:35, and the men dispersed 'toute de suite', two of them taking a rather

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213Biographical Letters, Margaret Keyser Fonds. Keyser relates this story in a letter written in 1992 to a former classmate. Her original training occurred at Vancouver General Hospital in British Columbia, but she also trained and then worked at K.G.H. in the early 1940's. It is unclear from her story whether it took place at V.G.H. or K.G.H., but I have nonetheless included it as an extreme case example.

214 'Jean', Interview.

215 "Rules," 10: "Nurses are not allowed to go to the lake park during their hours off duty in uniform."

unusual way out in their haste.[216]

The presence of men at the party suggests that students were willing and able to contravene the strict regulations governing male visitors to the Home. Moreover, it is clear that two distinct definitions of "private space" prevailed at K.G.H. Training School. For management, who subscribed to bourgeois norms, the "private" areas of residence were supervised areas of confinement, where only a chaste, marriage-oriented sexuality was acceptable. Student-workers, to the contrary, attempted to claim their living space for their personal use, and for themselves the right to determine who might visit it, and which behaviours, "rough" or otherwise, were permissible.

The degree to which this extra-curricular heterosociability culminated in sexual intercourse is difficult to assess. Certainly, some students had sex, as shown by the examples of 'Joyce', and several who went home pregnant.[217] It is also conceivable that these medically-educated young women knew more about sex and contraception than the average, which might have allowed them an extra measure of sexual freedom. Coded references to sexuality permeate writing and art produced by nurses-in-training, like the ambiguous sketch of two figures in a bed discussed above. A 1930 entry in the "Comment" chides a particular nurse for going away for the weekend to "make whoopee with her best beloved."[218] Whether this was the exception or the rule is obscured by both the nurses' coded language and a general lack of concrete evidence. What *is* clear is that nurses thought, talked, dreamed, joked, and speculated about sex in ways which directly contravened their 'training', both as nurses and as young women in a paternalistic institution.

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216 Nurses' "Comment," January 1, 1927.

217 'Jean', Interview.

218 Nurses' "Comment," August 3, 1930.

Pursuit of sexual and social autonomy had real perils. Although the degree to which student-workers successfully flaunted regulations and dodged surveillance might imply that transgression was merely a frivolous activity, the evidence is to the contrary. Supplementing the disciplinary gaze of the hospital management was an auxiliary administration made up of members of the community, ever on the watch for 'unseemly behaviour' on the part of nurses. As single 'professional' women governed by bourgeois codes, they were far more visible outside the hospital environment than the working-class women who laboured in Kingston's factories and businesses. Nocturnal excursions in the city, therefore, came at the risk of being espied by a middle-class matron who would invariably pass the information on to Superintendent Baillie. Retribution was swift, as 'Jean' explained: "If there was even a rumour that somebody had been out drinking, well, you were nailed the very next day."[219] Punishment, as I have discussed, varied, but was always accompanied by a humiliating and infantilizing lecture from Baillie or Instructress Acton, and a further reduction of personal freedom for the duration of the penance. Worse, inappropriate behaviour could ruin the prospects for future employment. American hospitals, a common destination for K.G.H. graduates, required a reference from the applicant's Superintendent of Training. One of the questions on the reference form solicited the moral suitability of the applicant; a designation like "too fond of pleasure" from Baillie could thus ruin a nurse's chances at steady employment.[220]

Even more seriously, single women's explorations of their sexuality, whether driven by desire or as part of the practice of 'treating', occurred, as Peiss has shown, "within a context of dependency and vulnerability."[221] Depending

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219 'Jean', Interview.

220 Nurses' Training Records contain copies of such applications from all over the U.S.

221 Peiss, Cheap Amusements, 110.

upon men, often strangers, to abide by the limits set by individual nurses for "how far they would go" was risky business, especially since as public women, nurses on the town or even in the hospital might be seen as fair sexual game. As Kathryn McPherson illustrates, the mantle of respectable womanhood which cloaked nursing could be used "to enhance nurses' claims to social respectability" which ensured some degree of protection from the salacious rumours which often surrounded public working women, but also from the predatory sexual demands of men.[222] Yet for those who chose to cast off this cloak in favour of activities which defied their gender and class training, the label "fallen woman" was never far off: Nursing, especially in the hospital institution, held no place for such women, and public disgrace and possibly expulsion were possible.

The training record of a 1926 graduate provides a good example of this. Under the heading "Special Discipline," Superintendent Ann Baillie wrote: "Miss ____. ...was too familiar with one of the male patients and a cause of a great deal of trouble to all concerned with the hospital, besides bringing a great deal of notoriety to the nurses. This has all been denied by Miss ____."[223] Although the details of her indiscretion are incomplete, the scenario seems to have paralleled that of others chronicled in the training records in which male patients accused nurses of 'familiarity', perhaps to shift attention away from their own frustrated libidinous advances.[224] Since the hospital followed the code that "the patient is always right," an accused nurse was immediately under suspicion.

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222 McPherson, Bedside, 186.

223 Nurses' Training Records, 1926. Piecing together the facts of these stories is extremely difficult, since managers seldom recorded the final outcomes of disciplinary actions.

224 The persistent sexualization of nurses in the workplace and the media has received increasing attention in the last 10 or 15 years, as nurses have struggled to take control of the image of their profession. Kalisch and Kalisch, in Changing Image deal with this extensively, as does Janet Muff, "Handmaiden, Battleax, Whore: An exploration into the fantasies, myths, and stereotypes about nurses," in Janet Muff, ed., Socialisation, Sexism, and Stereotypes: Women's Issues in Nursing (London: C.V. Mosby, 1982), 113-153. McPherson, Bedside takes a closer look at the perils for nurses of their sexualization by male patients in the interwar hospital.

The 'notorious' nurse described here already had a diminished credibility, as evidenced by two previous references on her Report to "behaviour unbecoming a nurse," both of which had resulted in the public humiliation of removal of her cap. While we can do no more than speculate, it seems that this nurse had labelled herself as flirtatious or even promiscuous through her previous non-conformity to required codes of nurse behaviour in the hospital. Happily, she was eventually allowed to graduate, which indicates that she must have succeeded in clearing her name, against all odds. The above-mentioned 'Joyce', however, was not so fortunate; her extra-curricular activities culminated in her pregnancy, and she was forced to leave training.[225]

In spite of these dilemmas, K.G.H. graduates have remembered residence life and the female camaraderie which characterised it, as the most enjoyable aspects of nursing training. Some, like 'Jean', even experienced it as "the best time of my life."[226] The invariable differentiation between residence and hospital in nurses recollections of training, however, is not coincidental. Most nurses felt hospital work to be akin to "slave labour," a term which appears frequently in their written records. Mary Kinnear, studying student nurses in Manitoba in this same period, concludes that the "feminist support groups" which existed in nurses' residences, "were at the cost of infantilizing and military-type subordination during training."[227] While it is true to say that the repressive experiences of training inspired nurses to band together in the Home, it is also clear, at K.G.H. at least, that these "support groups" and the strength that nurses derived from them, also worked to ameliorate and challenge the rationalised process of training in the hospital institution.

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225 Keyser, Biographical Letters.

226 'Jean', Interview.

227 Mary Kinnear, In Subordination, 119.

CHAPTER FIVE

Culture of Challenge - Resistance in the Hospital

In exploring the realm of student-workers' work culture, I think it is no longer valid to merely unearth instances where nurses' resistance resulted in measurable change to the employing institution or to the profession of nursing. Traditional labour history has focussed primarily on 'organised' or ideological resistance or the lack thereof, a paradigm of study which tends to overlook the ordinary, daily negotiations of workers with the conditions of their labour. Indeed, union organisation and strikes were, and continue to be, extremely rare and fraught with problems for nurses.[228] Student-workers, as unpaid, easily replaced labourers, presumably had even fewer resources for organised militancy. What I have attempted with this project, then, is to consider how nurses experienced hospital labour, and how they attempted to reshape this experience according to their own needs. In many cases, as Melosh, McPherson, Reverby, and many others have amply elaborated, negotiation included accommodation; after all, not all aspects of hospital training and nursing in general denied the needs and wants of student nurses. Nurses as a group of female professionals have been attacked for these accommodations to a system which subordinated them, especially when they have accepted and even promulgated essentialist ideals of women's caring role. The above historians have attempted to defend nursing from these attacks, noting that claiming the ethic of care and service as their "profession" has allowed nurses at least some

228 The "Strikes and Lockouts" files at the Canadian National Archives contain reference to only one strike by nurses in Canada between 1922 and 1944. My thanks to my colleague Ian MacMillan for this information.

voice in a patriarchal health institution which for centuries has systematically silenced or ghettoised female health practitioners. As my earlier discussion of the process of nurse training illustrates, the medical institution has traditionally been hypersensitive to any challenge to its absolute authority, requiring that its female subordinates be kept tightly in check. Yet nurses have by no means accepted subjugation, meekly or otherwise. As individuals and in groups, they have throughout their history cultivated a culture of overt and covert challenge to the demands placed on them by the health care industry, a challenge which often rested uneasily alongside "professional ideals" of service and obedience. The nurses-in-training at K.G.H. between 1924-1939 were no exception.

Resistance to management priorities by nursing student-workers took many forms in the hospital environment, ranging from individual rash acts to ritualised group challenges. I have chosen to describe and analyse resistance at four main sites in and around the hospital, based on my subdivision of the process of training in Chapter Two. First, student nurses challenged the hierarchy which placed them very near the bottom of the institutional pecking order. Second, they subverted at every opportunity the intensification of their exploitation as labourers, as represented by the hospital's program of rationalisation and scientific management. Third, they refused to accept verbatim, and in fact often criticised, the ethic of unpaid womanly service which management and society prescribed for nurses, constructing in its place their own reasons for pursuing nursing as a career. Finally, as with their life in residence, student nurses frequently transgressed the code of bourgeois womanhood with which management attempted to indoctrinate them, substituting their own notions of appropriate behaviour.

Subverting Hospital Hierarchy

As workers apprenticed to the rationalising hospital, student nurses found themselves at the very bottom of the hierarchised power structure, at the command of doctors, administrators, nursing superintendents, graduate nurses, the Women's' Aid, and patients. Complaints from any of these authority figures regarding a student's behaviour or performance could result in punishment or even dismissal. As the "Rules" unambiguously stated, "Implicit obedience is demanded to all orders of Senior nurses, doctors in charge of patients, and to the Hospital Administration."[229] Nurses were keenly aware of this institutionalised subordination. The "Shalts and Shall Nots" of the 1934 graduating class listed as number five, "Thou shalt not talk about the supes behind their backs, for if it so cometh to their ears thy punishment shall be great," while the "Ten Commandments" for 1938 grads warned, "Thou shalt be friendly with the internes because someday they shall be doctors and we their slaves."[230] The use of biblical language to dramatise these directives mocks them, but at the same time indicates the gravity of their content.

The restriction against talking about supervisors in their absence was seemingly the one most often ignored by nurses. Gossip was ubiquitous, and every authority figure received a nickname, some of which were passed on from year to year. These monickers were sometimes obscene; 'Jean' modestly claimed that "you wouldn't want to repeat some of the things we called our supervisors." For the most part, though, they mocked some attribute of the recipient, a technique which served to humanise managers in the eyes of nurses. Instructress Louise Acton, for instance, whose cold efficiency and obsessive attention to detail

229 "Rules," 2.

230 Nurses' Yearbooks, (1934), 17 and (1938), 38.

made her the scourge of terrified 'probies', earned the handle "Old War Horse" from Betty Blackwell's class.[231] Doctors, too, were taken down a notch from their exalted positions with unflattering nicknames. Dr. Bogart, a surgeon at K.G.H. throughout this entire period, was legendary among students for his irascibility and penchant for "barking orders" at nurses. Entries in the Nurses' "Comment" commonly refer to him as "Bog," or "His Royal Highness Bog," subverting the sanctity of his title of "Doctor." Even popular doctors were caricatured by nurses; one surgeon received the name "Dr. Slash," calling into question his operating technique, while another was called "Ethel," for his applications of ethyl chloride on nurses' ankles to reduce pain caused by constant standing.[232] Internes in particular received little respect from students; when upper management were absent, nurses called internes by first names or nicknames, disregarding the tradition which permitted them the "Doctor" title. Romantic attachments, constant sociability, and the similarity in age between nurses and internes no doubt encouraged and facilitated this. By referring to them variously as "Nurses' Pet," "Curly," "Ladies' Man," "Shorty," and dozens of other appellations, nurses sent internes the message that despite their social status as male professionals-in-training, they were not held in abject reverence by the nursing staff.

Caricature also occurred in the form of art and poetry. A "Comment" entry in 1926 depicts an unidentified Supervisor as a witch, with "cantaloupe eyes and onion lips, wearing her favourite perfume, skunk. She was an innocent young 'un once - in 150 years B.C."[233] The childish vindictiveness of this portrait perhaps reflects a punishment suffered by the artist which was construed as unfair, and as such might represent a method of revenge which would be seen

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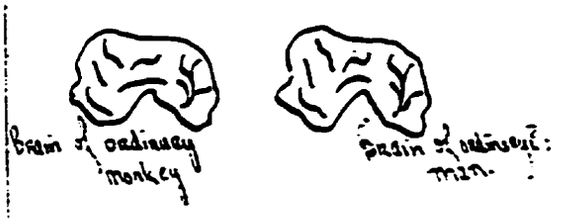
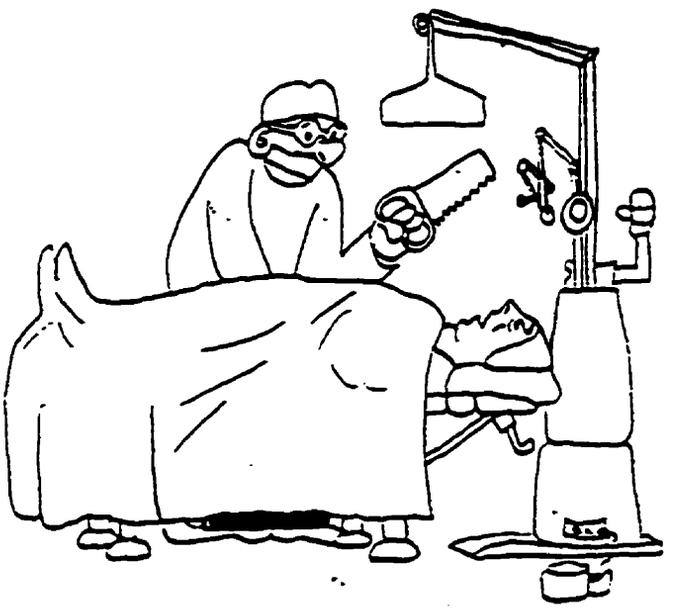
231 Blackwell, Interview.

232 Nurses' "Comment," Aug. 26, 1934. Ethyl chloride is a topical anaesthetic; "Ethel" justified its use in terms of "improving nurses efficiency."

233 "Comment," Aug. 22, 1926.





Patient - How long will it be after I take the anaesthetic before I know something?
Surgeon - You mustn't expect too much of an anaesthetic.

"Patient and Surgeon." Source: Nurses' "Comment", n.d.

and enjoyed only by other student-workers. Various pictures of doctors picture them wielding cleaver or saw-like instruments over struggling patients, constituting a mockery of the skill and precision by which surgeons defined their profession.[234] Even R.F. Armstrong, who was nearly universally liked by students and staff due to his charisma and benevolent paternalism, received his share of ridicule from K.G.H. nurses. A cartoon in the 1928 Yearbook pictures a large-figured, masculinised Superintendent Baillie with her thumb and fore-finger pinched around the neck of a tiny Armstrong, symbolically reversing the power dynamic between the Nursing Department and the Hospital Administration and perhaps underscoring the hospital's dependence upon its nursing labour.

An interesting levelling strategy employed by student-workers was the stage production. Several times throughout the year, particularly around Halloween, groups of nurses would put on short comic plays for the entertainment of students and hospital management. On these nights, a spirit of Carnival prevailed, as nurses disguised themselves as members of the administration, mimicking their accents and temperaments and repeating their catch phrases; few boundaries were sacred.[235] Sheets were set up on stage, behind which nurses in 'doctor' costumes performed slapstick shadow plays of operations, complete with gory amputations, tasteless jokes, and much verbal abuse of the pitiable "nurse" characters. Other nurses portraying wealthy male patients or managers acted out scandalous romantic liaisons with classmates in uniform. For one evening, hierarchies of gender, work, and class were magically reversed. Nurses became doctors, women became men, poor and powerless students became rich and influential administrators, all of which hinted at the

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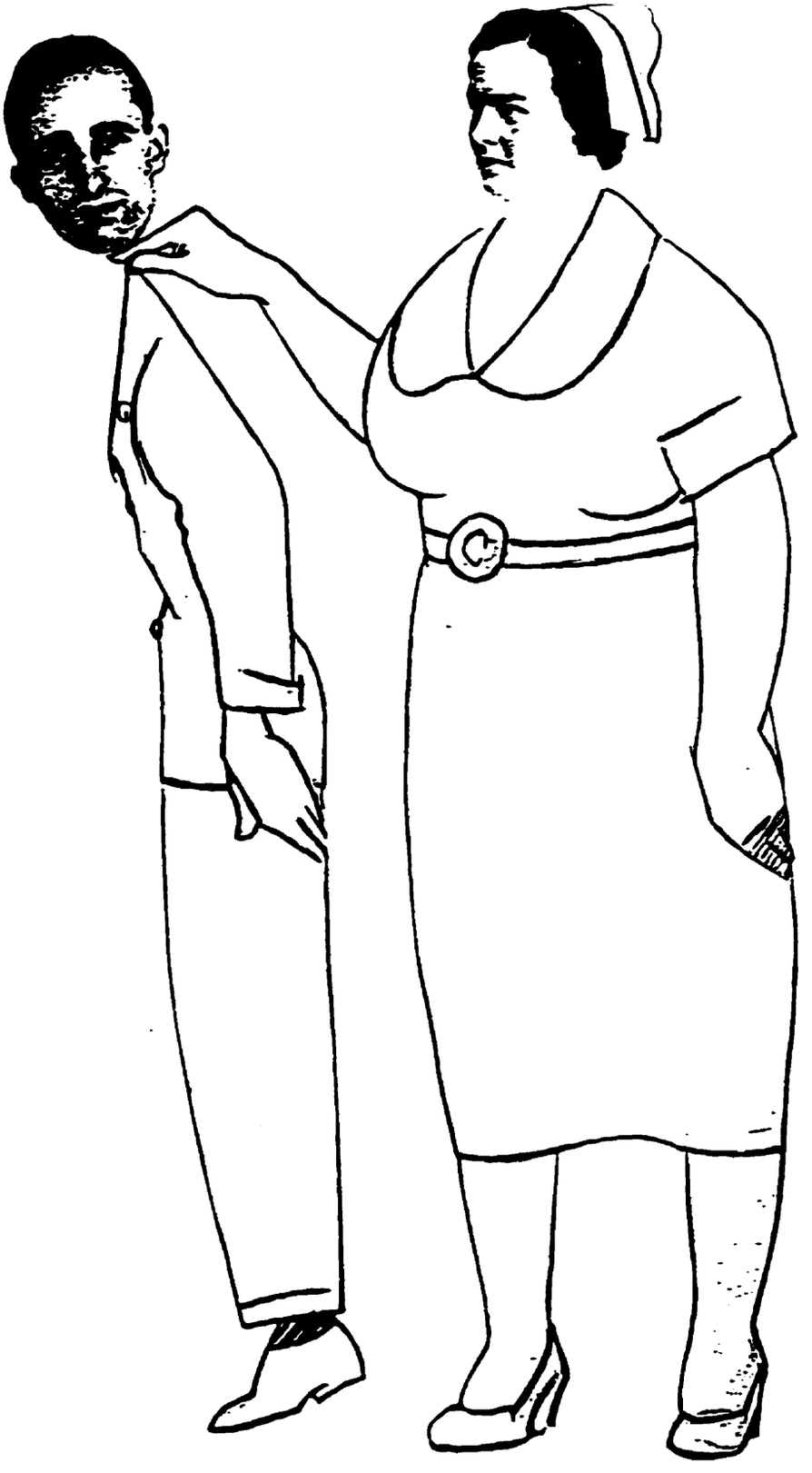
234 Ibid. 1928.

235 For examples, see Nurses Yearbooks (1934), 60 and (1937), 68.



Nursing Superintendent Ann Baillie and Hospital Superintendent R. Fraser Armstrong. Source: Nurses' Yearbook s(192S).

artificiality and arbitrariness of these hierarchies. At the end of the night, however, things went quickly back to normal. As 'Jean' recalled, "The rest of the time, we were probably all afraid to make fun of our betters. They were pretty strict ones we had there."[236]

On rare occasions nurses could overtly criticise the hospital hierarchy and its abuses of power. Under the heading "What this hospital needs is...", the student editors of the 1937 yearbook wished that nurses were "treated by their medical superiors with the same dignity as with other professions - with relative abstinence from sudden outbursts of temper."[237] Examples like this seem to be few, however, since such critiques, especially if spoken aloud, were treated as insubordination by hospital authorities, and subsequently punished by loss of leisure time or even suspension. Nevertheless, it is clear that student nurses did not blithely accept the authority of their overseers, nor their own positions as lowly subordinates or as warm-blooded medical apparati.

Finally, in a few recorded instances, nurses-in-training banded together in challenging the authority of their superiors in order to make some change in their work environment. Dress and grooming at work were frequent sites of resistance. In the hospital workplace, the term "uniform" was taken literally by managers; daily inspections ensured that any deviation from standard would be noticed and punished. Ideals of proper grooming for student nurses were typically based on nineteenth-century notions emphasising respectable femininity: long hair, severely drawn back in a bun and contained under a cap, long sleeves, high collars, and hemlines just above the floor. One nurse, upon her acceptance to Training School, decided to make her own uniform in order to save money. Unsure as to the proper length, she set the hem a few inches lower

236 'Jean', Interview.

237 Nurses' Yearbooks (1937), 41.

than what was fashionable, but, as it turned out, higher than regulations demanded. After her first day on the ward, when this transgression seemed to go unpunished, other students swarmed the residence sewing machine to gleefully raise the hems on their uniform skirts. Similarly, after a frenzied session of late night amateur barbering in 1939, twenty or thirty nurses arrived on duty with bobbed hair, a style which Superintendent Baillie deplored as unladylike and uncultured. Presented with mass fait accompli's such as these, management had little choice but to concede defeat. As Baillie commented to 'Claire' with a deep sigh, "Miss ____, the times are changing."[238]

"No more than I absolutely have to": Reducing the pace of nursing labour

Resistance to the labour-intensifying process of rationalisation was a more concrete strategy for student workers to reappropriate their experience of training. The doctrine of scientific management held that workers must be trained in a self-policing work ethic to supplement their close supervision by superiors. Non-work activities would thereby be kept to a minimum during work hours, and an "economy of effort" would be practised always, in order to meet specified goals of production. K.G.H., as we have seen, bombarded nurses-in-training with the rhetoric of rationalisation, claiming that efficient, hard work was tantamount to loyalty to the institution and to the profession of nursing. In spite of this propaganda, most nurses resented their workload, and felt that their labour went unappreciated and unrewarded. A poem written by "The O.R. Staff" in 1927 expressed these sentiments succinctly: "We work in such a hurry / That we almost have a fit. / And yet we sometimes wonder / Who'd notice if we

238 'Claire', Interview.

quit!"[239]

There can be no question that student-workers believed that their labour was being exploited, in the name of education. Every nurse, after her first six or eight months in training, realised that her work was a valuable commodity, despite the hospital's protestations to the contrary. Nurses-in-training could observe for themselves that well-to-do patients at the hospital were often cared for by "Specials," graduate nurses who were paid on a daily basis by the patients themselves. The knowledge and duties of private nurses in the hospital were little different from those of the second-year student, except that the student was often required to care for two dozen demanding patients, instead of just one, with no hope of remuneration in sight. The recognition of this exploitation was expressed in the frequent usage of a paradigm of "slavery" in nurses' descriptions of their work. An entry in the "Comment" in 1935 begins, "So here we are working like slaves," and 60 years later Betty Blackwell recalled with a trace of bitterness, "It was slave labour, pure and simple."[240]

The use of this terminology is, I believe, highly significant. "Slavery" was most often used by student-workers to characterise activities which were undesirable: physically demanding and monotonous jobs like cleaning the O.R., which required 3 to 4 hours of hard labour, or cutting sterile sponges and bandages for use in operations. Typically, these tasks were low-status, often associated with the untrained, unskilled housekeeping staff. To nurses, who were indoctrinated and inspired by the bourgeois, patient-centred rhetoric of nursing, mopping bloody floors and dusting windowsills were a universe away from the "soothing hand which cools the fevered brow." Trained to be "ladies before you are nurses," students experienced a degree of cognitive dissonance

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239 Nurses' "Comment," n.d. 1927.

240 Ibid., n.d. 1935; Blackwell, Interview.

between this ideal and the rough-and-ready physical labour so often required of them. A poem written in the mid-1920's underscored this:

> She was going to be a nurse, so she said
> And this fancy stuck, you see, in her head.
> To smooth each brow she'd learn
> And each pillow hot she'd turn
> And to help the sick she'd yearn, so she said.
>
> To the hospital she went, bright and gay.
> And there a year she spent, so they say.
> She made up countless beds
> She wore her shoes to shreds
> But she stroked no fevered heads, by the way.
>
> She lost a pound a day, yes a pound
> And her hair was turning grey, all around
> She worked like any man,
> She cleaned the garbage can
> She never walked, she ran, all around.[241]

Most nurses who wrote or talked about their experiences exhibited a genuine liking for tasks which involved direct contact with patients, or which allowed the application of "tactful art and scientific skill."[242] In spite of the best efforts of management, student-workers consistently differentiated between the 'womanly art of nursing' and the female jobs of cleaning, cooking, and other assorted housekeeping which composed a significant proportion of hospital nursing labour.

A typical solution to feelings of exploitation, and to the ennui and exhaustion which plagued nursing students, was deliberate avoidance of work, a pursuit which was celebrated above nearly all others. The Splint Room, adjacent to the Operating Room, was a favourite place for nurses on O.R. duty to hide out. It was there that the Nurses' "Comment" was hidden, acting as a journal for

241 "Poem," Louise D. Acton Papers.

242 "The Faithful Nurse," Nurses' Yearbooks (1930), 6.

"Now Hurry Nurse". Source: Nurses' "Comment," n.d.

thirty years of duty-dodging student-workers. An August 25, 1935 entry gives a good impression of the general tone:

> Did all the cleaning yesterday, so figure we can take a holiday. Of course there's always that blasted splint room to clean. We have been in it for the last hour and a half pretending to be working... every time we hear footsteps our heart goes to our mouth [sic] and we immediately clutch a cloth and start scrubbing at anything within reach. It's my last day on the O.R. and I don't believe in doing any more than I absolutely have to.[243]

Nurses obviously felt that the hiding place of this book was secure, since many of them put their names to incriminating statements like this. At the same time, the terror at a supervisor's "approaching footsteps" dramatised by the writer was probably at least partly real, since one can hardly imagine an outlook more diametrically opposed to the Training School cult of efficiency; to R.F. Armstrong and the hospital governors, such anti-work sentiments were equated with disloyalty to the hospital institution. Students avoided work at the risk of being labelled slothful and assigned more work as a penalty, or even being suspended.

In spite of the risks, nurses-in-training seem to have put a great deal of effort into subverting the 'always busy' ideal. "Picnics," for example, were a favourite activity for O.R. nurses, who seem to have had a good deal of unsupervised time. Assigned work was divided so as to free up two nurses for a "scouting trip" to the nearby Dietary Kitchen, where they would liberate enough of whatever food was at hand in the huge refrigerators to feed the eight nurses on the O.R. team. Appropriating the operating table as a buffet, the scouts would lay out a feast, often with several internes as guests. This practice occurred with some regularity in defiance both of nurses' work regimes and to the economising regulation which forbade students pilfering extra food. Among the always-hungry students, stealing food for one another was yet another manifestation of

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243 Nurses' "Comment," Aug. 25, 1935.

their camaraderie and mutuality.[244] Other non-work activities expanded the scope of subversion even further: hair cutting clinics in the Tonsils and Adenoids operating chair using "mastoid scissors"; fortune-telling by a nurse with a gifted imagination; raucous battles with surgical gloves made into water-balloons. If the Nurses' "Comment" is any indication, student-workers were quite often successful at either avoiding work altogether, or setting their own schedules which allowed time for rest and play in the work environment.

In some cases at least, student-workers directly challenged management's autocratic control of their pace of work. Betty Blackwell explained that she questioned work assignments when "they didn't seem to make sense. Sometimes it was like the military - you know, dig a hole and fill it up." The 1937 Yearbook, reflecting a debate then current in the health industry, listed "Eight-hour duty" as a necessary change to the practice of nursing.[245] Unfortunately, students' complaints about workload were most likely to be heard only when patient care was obviously compromised. Early in 1933, her second year of training, 'Jean' approached Baillie several times about the impossibility of a single nurse caring for an entire ward on night duty. She was given the standard response which held that nursing was hard work, and if it was too hard, she should go home. 'Jean's' story demands reproduction; it provides a vivid look at the problems faced by "apprentice" nurses at work in the rationalising inter-war hospital:

Of these 26 patients, there was one very ill man - he was in his late

[244] In fact, the regularity with which this occurred suggests some collusion by the kitchen staff, and the D.K. Supervisor, who was usually a recently-graduated nurse. Hunger was a constant complaint among nurses, who often missed meals due to classes or overtime labour. Sharing food was thus a key bonding activity for students, both in the hospital, and in residence, where packages of food from home were fair game for all. 'Jean', Interview; 'Claire', Interview.

[245] Yearbooks, (1937), 67. The "Correspondence" section of a 1935 issue of CN carried the following plea from a student nurse: "Why, oh why, cannot we have an eight-hour day so that we could all have some rest and recreation - a little time to live!" See 'A student', "A Human Document," CN 31 (Jan. 1935), 27.

> 30's - with pneumonia. In those days there'd be no antibiotics, so we had to treat pneumonia with a mustard plaster every fifteen minutes, and linseed poultices. So that was just one patient out of 26. [There were] six typhoid patients in two rooms... you couldn't go into their rooms until you scrubbed thoroughly and put a gown on. And most typhoid patients were delirious. They'd be getting out of bed and following you and touching you. And you couldn't leave the one isolation room and go to the other without a complete five-minute scrub. In another room next to the Isolation was a lady who was haemorrhaging. And I couldn't get to her. We lost her. That is a memory that will never leave me. You could only be one place at one time. And another man, in another room, in a cast, with a broken back, had gotten the bed side down and had fallen on the floor , and there he was. Plus all the other patients that needed care. You had to go through and struggle with it. You were all by yourself - you couldn't get help.

'Jean', in her own words, "really rebelled the next morning," confronting Superintendent Baillie and threatening to leave unless more staff were allocated to night duty: "I told her there's no human being who can handle this." Baillie, faced with the reality of a patient sacrificed to under staffing, and a nurse on the verge of collapse, assigned another nurse to each ward at night.[246] My emphasis here is less on the apparent negligence of the hospital administration, than on their determination to extract the maximum amount of labour from its student-workers, relying on their concern for patients as a self-policing tool. The bottom line was not the paternalistic health ideal, but the economic reality. Evidently, this institutional aim came at an accepted cost of workers' mental and physical exhaustion. In this context, nurses' attempts to control the pace of their work took on a far more serious or even desperate tone than the O.R. horseplay would indicate. Faced with a combination of monotonous and exhausting tasks, blatant exploitation by the institution, exhaustion, and the constant fear of being unable

246 'Jean', Interview. In oral interviews, all former nurses told of similar impossible workloads in their experiences of training. This situation was by no means unique to K.G.H. Smaller hospitals, with even fewer student-labourers, could demand even more of them. See Gibbon, Three Centuries, 178-188. and Beamish, Fifty Years a Canadian Nurse, for examples.

to keep up the pace, student-workers at K.G.H. used whatever resources at their disposal to challenge the work regime forced upon them.

Redefining the Service Ethic: Nurses Reasons for Nursing

Central to the process of nurse training was the attempt to inculcate an ethic of womanly service which was intended to bestow upon the profession a mystical raison d'etre, separating it from common women's labour. More cynically, this self-sacrificing ethic served as one justification for the continued use of unpaid and poorly paid female labourers to perform nursing work. Hospital administrators and governors took every opportunity to publicly extol the virtue of altruism in young women, in what was often a thinly-veiled apologia for these same young women's exploitation. At a K.G.H. nurses' capping ceremony in the early 1930's which incorporated a vow of obedience and 'loyalty' to the hospital, the Reverend A.M. Laverty asserted to the assembled nursing students and public that "the only service which counts is that which is free and spontaneous." He concluded, "Anything we do with the thought of recognition or reward never pays off."[247]

If we may take this as an ad hoc definition of nursing's ethic of service, the question arises as to whether student nurses accepted this as the guiding principle of their careers or whether they interpreted it according to their own needs. It seems, given the degree of resistance to hospital hierarchy and work regimens, that nurses did not see absolute obedience and taxing unpaid labour as legitimate applications of the ideals of the "womanly art." Yet they appear to have enthusiastically laid claim to the designation of nursing service as "the

247 "31 Student Nurses' Capped at K.G.H.", Whig-Standard , n.d. 1936, in Louise D. Acton Papers, Box 2.

highest privilege woman can claim," a phrase which occurs repeatedly in Yearbook editorials. It is clear that student nurses held significantly different ideological definitions and expectations for their training and subsequent careers than did management and popular culture.

Much of this difference centred around the issue of reimbursement. Although the administration did occasionally and ambiguously hold out to students the possibility of future waged employment, the bulk of the propaganda directed at nurses-in-training embodied an obtuse insistence that nursing was a charitable calling, followed out of the goodness of a woman's heart. Writing in the CH in 1931, Dr. Philip King Brown intoned, "Nowhere in the British Empire do young women take up nursing with the expectation of its enabling them to make a substantial living. The idea of service is uppermost in the young woman's mind." At the most introductory level, many *applications* to nursing training flatly denied this statement. Nurses stated "a need for financial independence," "a desire to make a living," "self-support," and similar motivations as reasons for applying to the training school.[248]

The process of training did not quash this desire for financial remuneration. Opinions recorded in the "Comment" and in Yearbooks inevitably refer to the poverty experienced by most of these young women throughout training; the 1930 Yearbook, for example, in a cartoon illustrating nurses' fantasies, places "more money" centrally. Even more fantastically, a nurse writing "Farewell to the O.R." in 1940 dreamt that "we hope to have a reunion someday... perhaps in a couple of years in Paris when we all can afford it..."[249] This sort of wishful thinking could perhaps be dismissed as just that, if there were not numerous examples of graduates who travelled to California,

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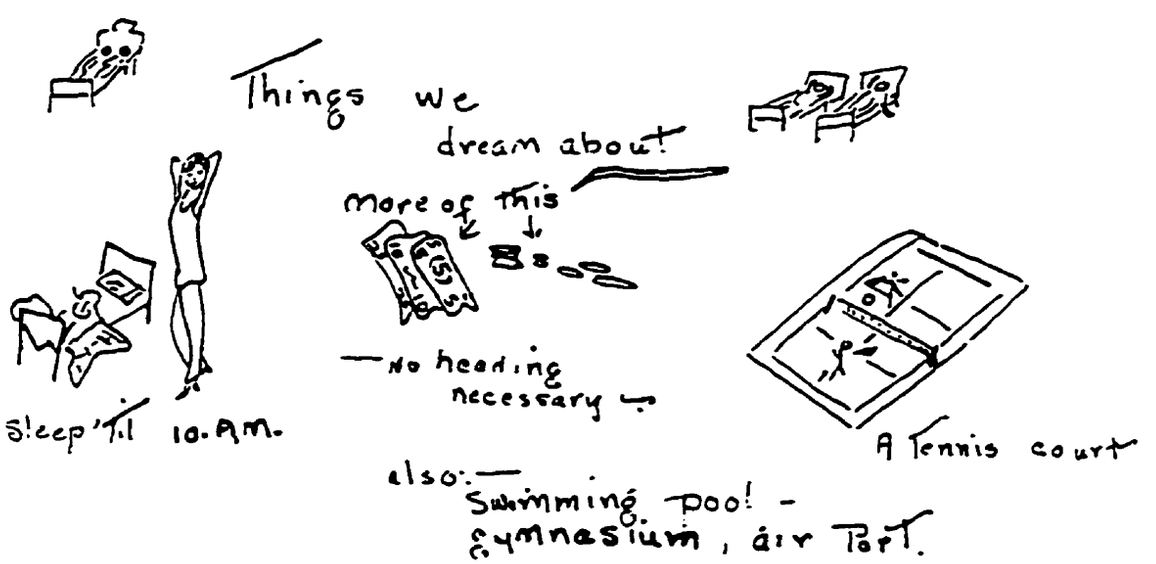
248 Nurses' Training Reports, 1928. See Application Forms.

249 Nurses' "Comment," n.d. 1940.



Top: "Two Ways to a Man's Heart." (D.K. refers to Dietary Kitchen.) Source: Nurses' Yearbooks (1928).
Bottom: "Things We Dream About." Source: Nurses' Yearbooks (1930).

Florida, New York, and other American destinations where it was widely known that there were more jobs for trained nurses, with better pay.[250]

Beyond the desire for financial independence, and perhaps even more so, the young women who entered K.G.H. nursing training coveted the social status and prestige which they associated with professional nursing. The vast majority of them had never worked outside the home, where they had laboured for their parents, waiting to get married, at which point authority over their lives and incomes would transfer to their husbands. A significant number had also worked in "women's occupations" like stenography, teaching, and sales, previous to nursing training, and thus would have had firsthand experience with the ghettoisation of women in the world of work. Nursing, the most highly rated of women's "professions," must have seemed like one of the few legitimate routes to independence and societal recognition.[251]

An editorial comment in the 1927 Yearbook illustrates the way nurses adopted the parlance of the service ethic and adapted it to their goals. Congratulating the graduating class on their achievement, the student editor refers to the nursing profession as the "greatest of all occupations." Without equivocation, she continues, "Great, because through it the loving ideals of self-sacrifice and service are elevated, ...an ideal so great and glorious that everywhere and always all peoples honour its existence."[252] This statement implies that a nurse should expect recognition or "honour" in her lifetime, rather than as some heavenly reward. Moreover, it clearly subverts the medical 'Chain of Being' which rewarded physicians much more highly than nurses in

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250 Susan Reverby, in Ordered to Care, Chapter 2, briefly discusses the large numbers of Canadian nurses in the U.S. in this period.

251 McPherson, in "Science and Technique" (88) and Melosh, in Physician's Hand, ("Conclusion") confirm this impression in their more widely-ranging studies of student and graduate nurses in Canada and the U.S.

252 Nurses' Yearbooks (1927), 12.

the economy of 'greatness'. Students thus claimed prestige and worth for themselves where it was not voluntarily forthcoming.

On a less grand level, student nurses felt confident that "After graduation we can put R.N after our name and look the world in the face with perfect knowledge that we are somebody."[253] Being "somebody" had both class and gender implications. In terms of class, adopting at least part of the bourgeois ideal of nursing allowed acceptance in bourgeois society. Women like Baillie and Acton, although their class roots are obscure, achieved through their positions as professional nurses a high degree of respect and even authority among Kingston community leaders. The Kingston Women's' Aid, in its annual reports, characterised Baillie in particular as a leader or mentor, and looked to her for advice and recognition. Nurses, regardless of their class background, were an elite among women.

In terms of gender, nursing training in the interwar period provided nurses access to a large corpus of knowledge and technology previously only deemed appropriate for use by men. Students frequently celebrated the "organised, scientific, and practical training" which gave them knowledge of the mysterious inner workings of the human body, and which removed the mystique from the arcane instruments of god-like doctors. In the "Comment" they related their joy and fascination at learning new concepts or procedures. In a society in which new medical developments appeared with increasing frequency, nurses trained in modernising hospitals like K.G.H. joined a small group of mostly-male medical professionals who employed and controlled these techniques. While doctors to this day continue to work to exclude nurses from the prestige associated with medical knowledge, a window of opportunity was

253 Nurses' Yearbooks, (1937).

opened for interwar nurses by the health industry's needs for "knowledge to guide the soothing hand" of its nursing labour force. By training as nurses, young women could partially circumvent the traditional restrictions on women's medical knowledge, using such knowledge to equip themselves with confidence, authority, and status.

The idea that nursing represented a move from a state of innocence to one of knowledge and maturity forms a consistent theme in nurses' descriptions of training. Management promoted this idea with the propaganda of service and rituals of initiation into a "type of superior womanhood," along with various material signifiers that made up the complete nurse's uniform. For management, and indeed for nursing's elite, however, the end state of training was the achievement of the perfect nurse ideal, characterised by uncomplaining obedience, loyalty to the institution, a deferent femininity suffused with bourgeois respectability, and skilful, silent efficiency. It is abundantly clear that student-workers did not unequivocally accept these dominant meanings ascribed to their experience, instead choosing to accept or reject certain aspects of the ideal.

A typical farewell note by a graduating nurse in the "Comment" well-illustrates this conclusion. "Three years ago to this day 23 shy bashful but willing girls entered the K.G.H. to join the working class. Little did we know what was ahead because had we - well I wonder where some of us would be today. However, not one of us is sorry because we have worked while we worked and played while we played... Here's luck to all that follow and may they have the same class spirit as K.G.H. '28."[254] While the management view of the training process emphasised bourgeois cultivation, discipline, and ultra-high ideals, this nurse defined her experience by "work," and "play," which combined to bring

254 Nurses' "Comment," Sept. 16, 1928.

she and her classmates out of the naive, illusioned state in which they entered training. Significantly, she describes them as the "working class," underscoring the fact that the dominant experience for nurses-in-training was work, rather than education, a fact that the writer indicates might have dissuaded many of the young women from entering training in the first place. The inclusion of "play" in the description signifies that student nurses incorporated into their "mature nurse" image their experiences with subverting or transgressing the hospital management's control over their lives.

Student-workers celebrated their self-defined transformation in numerous ways, but none were more evocative than their alternative initiation ceremonies, performed away from the eyes and ears of management. The most frequently-mentioned of these was "sinking," a symbolic baptism undergone by nearly every nurse during her surgery placement, which usually occurred near the end of the three-year training period. The ritual required that recent arrivals on the O.R. team be forced into the large scrub sink, as related by a water-stained entry in the "Comment":

> Miss Freeman being away at the game, we the staff decided it would be an excellent time to put S___ in the sink... L____ and P____ [two internes] assisted us in giving her a good ducking, in fact two to make sure she was wet. Then one by one all the new O.R. arrivals were lowered into the white enamel basins filled with nice icy water. One by one drowned maidens ran for the W.C. coming out dry but pantless. Very swiftly the flood was mopped up before our assistant supe arrived back... and we are back to work little worse for our party.[255]

Initiation rituals were usually performed during work time, in the work environment, constituting yet another resistance to the rationalist work ethic of the hospital. Nurses wrote extensively in the "Comment" and occasionally in

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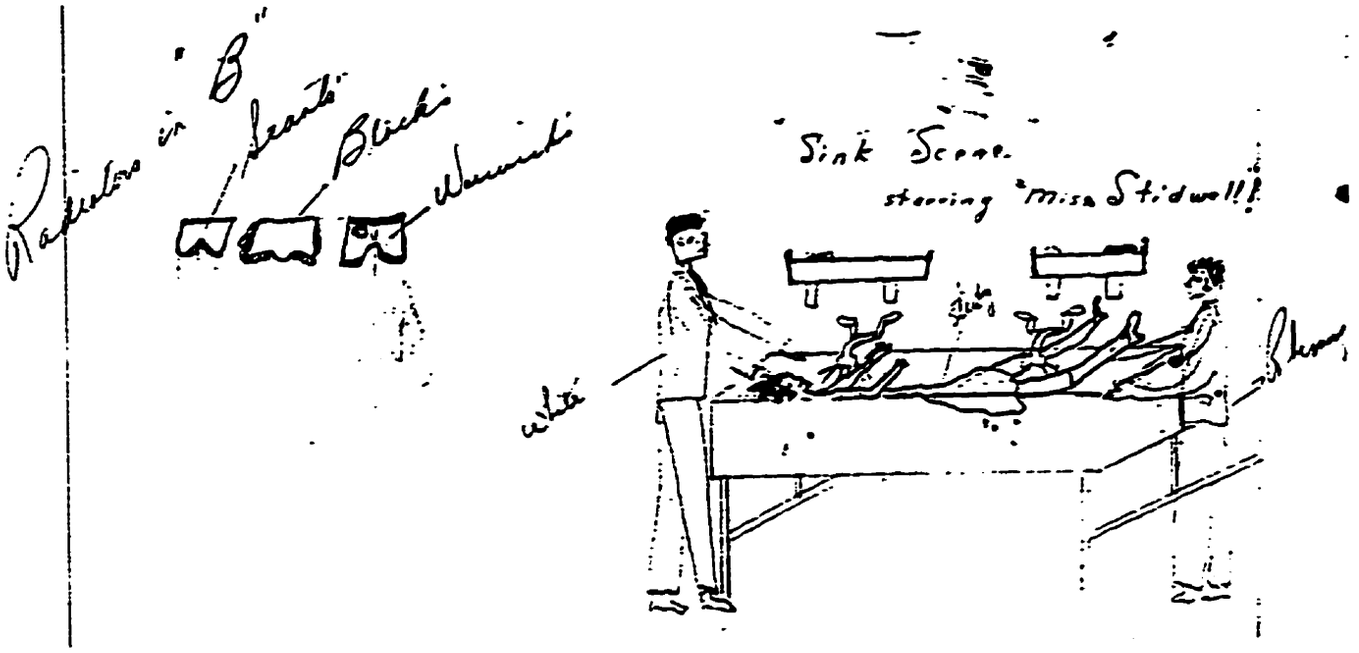
[255] Ibid, Nov. 4, 1933.



Top: "Sink Scene", depicting nurses initiation ritual. Source: Nurses' "Comment," Nov. 4, 1933
Bottom: "O.R. Gossip." Source: Nurses' "Comment," n.d.

Yearbooks about "sinking" and other ceremonies, cataloguing who had been initiated and who had thus far escaped. By ritualising these events, student-workers created their own version of the formal management-sponsored graduation ceremony, symbolising that for them, nursing training had meant more than service, obedience, and gruelling labour. It was also a time for camaraderie, fun, and the development of a sense of independence and self-worth as young women.

CONCLUSION

Was the combination of paternalism and rationalism at K.G.H. successful as a whole? Raw figures, which show that the number of patients treated between 1917-1939 more than doubled, hospital revenues increased more than six times, and the nurse work force expanded twofold, seem to indicate that over the time period discussed, the hospital went a long way forward in its transformation to a sophisticated modern health factory, in spite of the harsh economic conditions of the Depression (see Appendix A). Throughout this period, the hospital maintained a captive, economical labour force, by supporting and propagating an apprenticeship system which was under serious attack. This system, embodied in the Nurse Training School, persisted at K.G.H. until the 1970's, when student nurses nonetheless still provided up to one-third of the nursing labour.

What is important, I think, is not whether the marriage of paternalism and rationalism was measurably successful, but that the management of K.G.H. believed it was necessary in order to control the activities of a large semi-professional female labour force. Management's goal was to instil the capitalist/rationalist priorities of discipline, knowledgeable efficiency and loyalty into a group of young females it perceived as undisciplined and potentially troublesome. By using the paternalistic school format, the hospital could justify the strict surveillance and discipline of its workers on the grounds that these measures were necessary to produce trained nurses who would then go into society and do their duty well. Moreover, the training school concept addressed very prevalent societal fears of "women adrift" or "working girls" engendered by

increasing numbers of young women workers outside the patriarchal home. The hospital, casting itself as surrogate parent, acquired the socially sanctioned right to set the conditions of life and work for student nurses. Management's rightful position over nurse labour was thus guaranteed, in rhetoric at least, and using this rhetoric, the hospital administration could attempt to impose its rationalising priorities on the labour force.

By surveilling and controlling all aspects of students' lives, and providing for their major physical needs, Hospital Superintendent Armstrong and Nursing Superintendent Baillie hoped to create an atmosphere where "nurse material" might be imprinted with standards of work and behaviour valued by the hospital institution and by the bourgeois leaders who administered it. In the surveilled residence and hospital environment, individual infractions of clearly defined codes stood out and were punished by Baillie and her staff, whose primary role in both work and non-work was supervision and administration of residence 'inmates'. The School, as an institution for training and disciplining young women, thereby "increased the surface area" of these women upon which technologies of regulation might be applied, facilitating the deeper penetration of social administration into the lives of individuals.

Selected use of scientific labour management thus grafted a steel skeleton to the benevolent figure of the paternalistic community hospital. Whereas prior to WWI hospitals depended upon a haphazard system of training and policing student nurse labour, in the 1920's and 30's health centres like K.G.H. began to implement a more regimented system to ensure an efficient, loyal labour force, in the spirit of industrial rationalisation. The result for nurses was indubitably an intensification of their labour load, as well as an increasing institutionalisation of their subservient role to doctors in the emerging hospital

health monopoly. Doctors, in their position as educational "advisors," and *de facto* owners of the means of medical 'production', acquired a subordinated labour force designed and socialised to meet their ever-increasing needs without question or error.

Yet not all, nor even most student-workers experienced the Nurse Training School as wholly repressive and invasive. To the contrary, many remember training, and particularly residence life, as the most enjoyable time of their lives, a period in which camaraderie, group resistance, and transgression of behavioural codes were not only possible, but extensively practised. Such transgressions seldom took the form of outright rebellion against hospital management, but rather epitomised the "plurality of resistances" identified by Foucault, which are used by controlled groups to negotiate with and perhaps ameliorate the more oppressive aspects of their subjugation.[256] This plurality solidified in a distinct work culture which supported student-workers' attempts to define the experience of nursing training for their own purposes, and to push out the restrictive boundaries of their gender, class, and occupation.

Nurses-in-training celebrated their trials, tribulations and transgressions in art, poetry, journals, and in their relationships with one another after graduation. These resources, depicting a rich culture of women's work, have for the most part been buried in archives, museum basements, and private collections, and are seldom seen except when nurses gather together at reunions. Where they can be accessed and brought to light, they form a challenge to modern conceptions and media portrayals of the interwar nurse, and nursing in general, which focus on the symbols of servitude saturating nursing work. The significance of these women's experiences as nurses, labourers, and urban

256 Michel Foucault, The History of Sexuality, Volume 1., New York: Random House, 1978: 93.

women is at least partially to be found in their own cultural productions, in which a consistent theme of resistance and self-determination challenges their designation as "docile bodies" in a controlling system.

Epilogue

The practise of using student nurses as hospital labourers was phased out in Canadian hospitals in the three decades following WWII. Nursing education was moved to the universities and colleges, partly as a result of lobbying by nursing's representative bodies, and partly because modernising hospitals no longer found it expeditious to train their own nursing labour. The Kingston General Hospital Nurse Training School, one of the oldest in Canada, also proved to be one of the longest-lived, graduating its last class in 1971.

In the course of my research, I have had occasion to talk to a large number of nurses, young and old, active and retired. In doing so, it has become quite apparent to me that despite the passage of fifty or sixty years, nursing as a predominantly female profession and front-line nurses as individuals still perceive themselves as heavily constrained by the priorities of paternalistic, "scientifically managed" health care institutions. In nursing education, daily work, and popular culture, the ethic of self-sacrifice is to a degree still glorified and enforced, and nurses are still expected to exhibit a voluntaristic loyalty towards their employing institutions.[257] Moreover, in periods of "fiscal restraint," such as the one currently afflicting Ontario's health care system, nurses, far more so than other health professionals, inevitably bear the brunt of labour intensification. In Metro Toronto, for example, over two hundred nursing positions were recently eliminated from the hospital system, with little sympathetic comment in the press. The proposal to close two dozen hospitals in Ontario has received more attention, most of which has been centred on issues

257 'Heather', Interview. 'Mary', Interview.

of public access to health care, rather than on the inevitable massive layoffs of nurses. Yet doctors' battles to maintain professional autonomy against increased regulation by the Ontario government dominate the front pages.

The results for nurses, beyond unemployment, are perhaps predictable. In McMaster-Chedoke Hospital in Hamilton, nurses in a chronic care ward have recently had their individual patient loads increased by 33 percent, a situation which recalls the example of "Jean" in Chapter 5. To ameliorate this intensification of labour and the feared decline in personal patient care, the Ontario government in conjunction with some hospitals has proposed to implement a corps of unlicensed "generic health care workers" to work alongside R.N.s on hospital wards. With only six weeks of post-secondary schooling, these workers would purportedly act as labour-saving devices for R.N.s, doing much of the physical labour involved with patient care, leaving trained nurses supposedly free for more administrative and assessment tasks. More importantly from the hospital's budgetary point of view, salaries for "generics" would be less than half those paid trained nurses, and would allow the elimination of numerous R.N. positions. Thus while nurses to a large extent have taken charge of the conditions of their own training, and have made strides in improving their working conditions, the health system has created a new category of worker whose training and work conditions it will dominate: the generic health care worker, whose insinuation into hospitals threatens job security and work standards of rank-and-file professional nurses. This proposed "advance" bears a striking resemblance to the use of student probationers on hospital wards fifty years ago. "Probies," with three months of intensive training, were employed by the hospital as "woman Fridays" for senior students and graduate nurses: cleaning rooms, changing bedpans, making bandages, and

otherwise reducing the need for more paid nurses and orderlies. To many trained nurses then as now, placing patients in the care of semi-trained workers represented a denial of the professional character of nursing as well as a distinct step backwards in the quality of care.

Nurses have responded in various ways, singly and in groups, and differently from one institution to the next. At a Hamilton hospital, administration recently announced that all employees below the rank of supervisor would be required to undergo interviews for the purpose of determining who would be laid off in an upcoming hospital restructuring. On one ward, the 32 nurses met clandestinely to go over the interview preparation material, developing a set of standard answers to the interview questions, with the goal of confounding the selection process. At almost the same time, the nurses in this same non-unionized hospital voted to join the Ontario Nurses' Association, a labour organisation and lobby group, in hopes of challenging the legality of generic health workers.[258] As individuals, those nurses who have the resources and mobility continue to stream to the United States, seeking better pay, better treatment at the hands of management, and better working conditions.

The battleground which is the Ontario (and Canadian) hospital health care industry in 1996 is not a new conflict. Nurses and nursing students have faced a constant struggle against the cynical use of the ethic of service by health care administrators to justify unfair, gender-discriminatory labour practices. This struggle has not always had the positive exposure given to more militant groups of workers, with the result that nurses are often seen as passive, lacking agency, or, conversely, ungrateful and unjustified in their complaints. Queen's

258 I have anonymized hospital's and nurses' names in order to protect my sources, who are forbidden by hospital regulations to discuss internal hospital business.

University Dean of Nursing Alice Baumgart notes that "the quality of nursing imagery [in the media] deteriorates when nurses begin to reject the stereotyping which determines their position within the medical division of labour."[259] Studies like this one of the beginnings of hospital rationalisation draw attention to the variety of ways in which nurses have reclaimed agency, but also to the forces which have been arrayed against them in their attempts to attach value to their labour of "caring." History, which has been used so effectively to justify nurses' subordination, may well serve to provide them with cultural capital for their struggle to reconstruct their profession on more egalitarian terms.

259 Baumgart, Alice, and Jenneice Larson, "Introduction to Nursing in Canada," in Canadian Nursing Faces the Future, eds. Alice Baumgart and Jenneice Larson (Toronto: C.V. Mosby, 1988), 8.

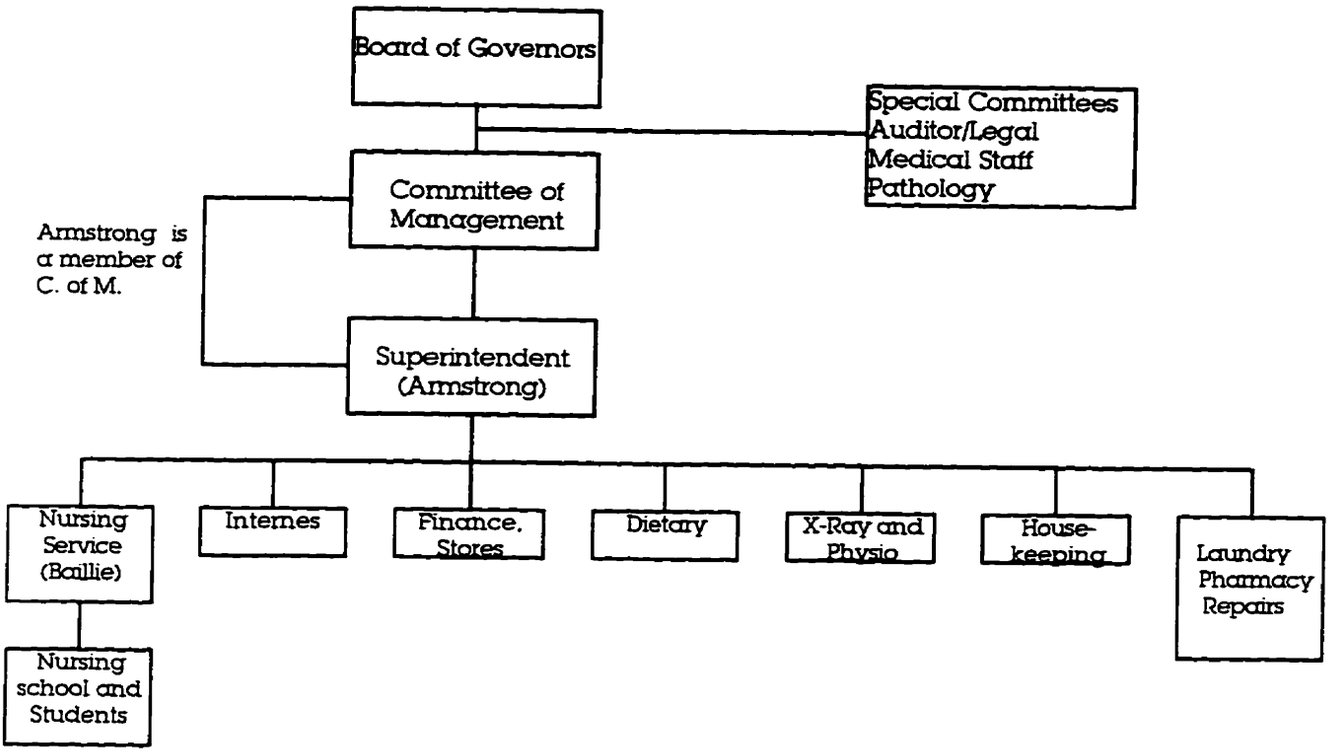
APPENDIX A
Growth of K.G.H. and Nurse Training School, 1917-1938

Year	Patients Treated	Cost per patient-day to Hospital	Hospital Revenue	No. of Students	Graduate Nurse Staff	Sup't and Head Nurses	Hospital Patient Capacity
1917	3136	$1.57	$52,113	79	0	3	
1920	3807	2.12	122,000	88	0	4	
1921					0	4	
1922					0	4	
1923	3712	2.32	136,900		0	4	
1924					0	7	
1925					0	7	
1926	4376	3.54		120	0	7	
1927	4535	3.36	196,523	128	0	9	
1928	4756		206,408		0		315
1929	5482	3.07	249,836	128	0	11	306
1930	5584	2.88	250,784	130	0	11	306
1931	5534	2.88	244,563		7	11	360
1932	5249	3.03	247,355	121	9	11	360
1933	5273	2.85	241,050	112	9	11	360
1934	5255	2.91	244,054	107	12	11	365
1935	6094	3.02	266,508	115	12	12	365
1936	6708	3.08	290,079	109	23	12	400
1937	6597	3.19	282,842	119	24	12	400
1938	6540	3.23	307,484	116	24	14	400
1939	7000+		341,434	136	32	12	400
							400

Sources: K.G.H. Board of Governors' Annual Reports, Minutes of the Committee of Management, and Nurses Yearbooks, in the years 1917-1939. Monetary values are not represented in real dollars.

APPENDIX B

K.G.H. Model of Hospital Management, 1926



NOTE: This chart was printed in three consecutive Annual Reports, from 1926-1929. Previous to this, the chart might have looked more like a bicycle wheel, with lines of authority spoking out from the central Board of Governors, with the resultant centrifugal tendencies. Note that this power structure does not appear to impinge upon the influence of the Medical Staff, but that it does place Armstrong in a position to mediate all resources and services required by doctors. See K.G.H. Board of Governors, Annual Reports, 1926-1929.

Appendix C: Nursing Techniques and Procedures

Use of the Bed-Pan

1. Do not use a chipped bed-pan.
2. See that it is perfectly clean and rinse with hot water before taking it to the patient.
3. Have it covered with a bed-pan cover.
4. Screen the bed and put the "Busy" sign on the door.
5. While arranging the patient, place the pan on the cover on the chair.
6. Flex the patients' knees, lift the hips with the left hand, and place the pan, protected with the folded covern, under the patient.
7. Place the call-light in position and unless the patient is very weak, leave her alone.
8. After defecation, use the toilet paper and wash her locally.
9. If the patient attends to herself, wash her hands afterwards.
10. Observe the evacuation.
11. Rinse the bed-pan first with cold, then with hot water.
12. Wash the hands.

Points to notice about faecal evacuations

Colour

Normal - greenish brown

Pale grey colour - absence of bile

Dark tarry stool - indicates a haemorrhage high up in the intestine - blood is partly digested

Bright red blood shows recent haemorrhage

Worms: pin, round, tape

Consistency

-constipated - formed - soft formed - watery

Odour - any peculiarity

Source: Louise Acton Papers, "Nursing Techniques and Procedures"

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