

March 2008

Margaret Allemang Centre  
for the History of Nursing

## NEWSLETTER

### Feature Article

#### **Societal Changes and the Nursing Profession**

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Throughout the history of modern, Western health care [post 1850], the roles of nurses have been heavily influenced by their medical counterparts and somewhat dictated by the hierarchical structure of medicine. In the early 1900s, North America, and most of the world, was ruled by patriarchy (Therborn, 2004, p.70), which had a large influence on the actions and interactions of and between men and women (Chapman, 2004, p.36). The rule of patriarchy in society can also be evidenced, until recently, in many of the laws and rituals that existed in society (Nett, 1993 p.96). During the early formation of the health care hierarchy, women were seen to be placed in their “natural” roles as dictated by society at the time- as careers, in a position subordinate to men (Coburn, 1999, p.27). Despite women’s influence over the inception and development of modern nursing, the profession could not escape the patriarchal rule of medicine which had developed under military and religious influences (Ashley, 1976, p.v). The In her book, *Hospitals, Paternalism and the Role of the Nurse* (1974), Ashley stated that “[T]he role of nursing in the health field is the epitome of women’s role in American society” (p.125). Thus, within this health care hierarchy, nursing was not only subordinated to medicine as a profession, but also by its nature of being a female-dominated profession in a gender-structured health care system and society at large (Coburn, 1999 p.27)

By examining the stories of three female nurses (my grandmother, mother, and myself) spanning three generations in time, this paper will highlight how the role of the nurse within the structure of the health care system has not kept up with the progress that women have made in their roles within modern society. Covering three time periods in which these three women held careers in nursing, 1938-1965, 1965-2001, and 2001-present time, this paper will discuss how the role of authority has changed in society and how this differs from the role of authority in health care. This paper posits that this difference is one of the major factors posing difficulty for modern women who attempt to practice nursing within the current health care system.

#### **Early 1900s**

Women’s roles as nurses were sharply changed in the early 1900s. Prior to this time, women, specifically the Catholic nursing sisters, are credited with not only creating modern nursing but also building and managing hospitals as efficient businesses. However, the early 1900s brought about greater control over women by both the Vatican (in the case of the nursing sisters) and the first physician-run hospitals (in the case of secular nursing). Beginning in the early twentieth century the medical profession rose to the top of the health care hierarchy with control over all other health care professions (Angus, 1999, p.56). Thus, nursing was placed under the control and mandate of medicine as well as hospital administrators (Coburn, 1999, p.39). Within the greater society at this time women’s actions were governed by the values of paternal authority and traditional Victorian ideals for women; ideals which clearly dictated that the role of women was to serve the needs of men (Ashley, 1999, p.75). In the home, the rule of the father governed the actions of his wife and children, both young and grown (Therborn, 2004, p.70). The hierarchy of the family was seen to mimic the structure of the government,

churches and other social structures within society at the time.

### **1938-1965**

In North America, during the interwar years, society witnessed many great changes. Many women entered the workforce during WWII, only to return to the home after the war was over (Nett, 1993, p.52) due to the continued pressure to maintain the role of homemaker which continued to weigh on women into the 1960s (Chapman, 2004, p.88). Many magazines aimed at women at the time provided advice on how women should conduct themselves, including having dinner in the oven and greeting their husbands at the door when they returned from a hard days work (Chapman, 2004, p.88). However, the role of homemaker became to feel more unnatural for women (Chapman, 2004, p.88).

However, these changes were not seen to be occurring at such a rate within the health care structure. By this time nursing schools were firmly grounded within hospitals with many schools often being formed solely to supply hospitals with nursing staff in the form of students (Coburn, 1999, p. 28). Many of these schools (as created by medicine) were based on “military, monastic and medical traditions” and followed a model based on the structure of the familial institution at the time. Women were expected to be the carers of the “hospital family”- from physicians to patients (Ashley, 1976, p.16).

Evidence of this dichotomy rang through when interviewing my grandmother about her training during the late 1930s. When I asked about my grandmother’s relationship with doctors she replied; “Doctors were nice except one. He used to swear all the time, swear and carry on. In the operating room I couldn’t handle it, half the time he would say get that instrument over there and I couldn’t do it because I wasn’t tall enough to reach over to see what I was supposed to do and he would swear a blue streak. So then they took me out of there and said I don’t think you were going to make surgery but they passed me anyways”.

Ashley (1976) points out that the relationship between the doctor and the nurse is one in which the nurse is “the handmaid of the physician, never his equal” (pg.83). When I asked my grandmother if she ever questioned authority her reply was a flat out “No”. And when I asked further about whether she would question a doctor she replied quite strongly “Oh, heavens no! They would swear at you. In those days you stood up when they entered the room. If we were sitting down at the desk and they came along we would jump right up and when they had finished writing there orders you could sit down again”.

### **1965-2000**

In comparison to the patriarchal stronghold of the early 1900s, the last 50 years of the twentieth century saw major changes in the structures of society (Therborn, 2004, p.22). The most significant of these changes against the rule of patriarchy were the period of Industrialization, and the global feminist movement of the 1960s. Industrialization spearheaded the movement of the workplace outside of the home, thus further removing paternal control from the household (Therborn, 2004, p.22) and the feminist movement of the 60s, spearheaded mainly by a new cohort of women within higher education, took action against the ‘rule’ of men in society at large as well as in the family structure seeing both as mechanisms of oppression towards women (Chapman, 2004, p.3). As the availability of educational and employment opportunities increased for women, the role of homemaker began to be rejected (Chapman, 2004, p.89). Starting in the 1960s more married women began taking work outside of the household and the role of housewife further lost its appeal (Chapman, 2004, p.89).

Vast changes have been seen in the structure of the nuclear family in the last 50 years as well. The traditional two parent family can no longer be considered the universal family structure. Between the years 1960-1998, the two parent household declined by nearly 20 percent (Chapman, 2004, p.7). A lead up to this was the dramatic increase in the divorce rate, due in part to the new divorce laws of 1968 which indicated new grounds for divorce and making it less expensive (Nett, 1993, p.125). With more women working outside of the home,

abandoning the role of full time homemaker, many mothers are now not home to care for their children full time. Thus there has been a shift in the parenting paradigm to accommodate the more hands off approach of mothers, including the argument that children will benefit more from public childcare as they gain more confidence and acquire new experiences (Chapman, 2004, p.26).

Hospital schools however were not so advanced in their educational directives. They continued to be based on a structural and functional arrangement whereby the medical profession and male officials in the hospital claimed the right to exercise control over women (Ashley, 1976, p.76). When interviewing my mother I asked whether or not she questioned authority, and she replied “No. I wasn’t from that generation”. And when further asked about whether she questioned a doctor, she replied; “No, we still stand up when doctors enter the room, but I’ve stopped doing that now because then the residents would sit in your chair (laughing)”. When I asked her about the environment in which she worked she talked about her uniform and about wearing her nursing cap into the 1970s; “We had to polish our shoes and wash our laces. It was very regimented”.

#### **2001- Present**

Post-patriarchy is defined as adult autonomy from parents and equal male-female family rights (Therborn, 2004, pg.127). Although complete equality has not yet been achieved society has come a long way since the patriarchal rule of the early 1900s. Women have witnessed increased legal rights in all countries and the increase educational opportunities for women have increased career opportunities and autonomy.

Families within society are continuing to change. The percentage of Canadians who believe that women should stay at home with their children has dropped from 95% in 1960 to 62% in 1982 (Nett, 1993, p.256). Society has become more accepting of working mothers, such that it has not become a statistical norm (69% of mothers with children under 16 years were in the labour force in

Canada in 1989) (Nett, 1993, p.181). It is estimated that the number of children who are in need of childcare outside of the home has more than doubled from 1.4 million in 1971 to 3 million in 1990 (Nett, 1993, p.183). This leads to some children being left on their own to take care of themselves while their parents are at work. This new ‘sharing’ of childrearing exposes young children to a variety of authority figures with differing rules and expectations, or in some cases, no guidance at all.

According to Nett (1993), child socialization refers to the way in which a child develops their self identity and are taught to behave according to the expectations of their kin (pg.171). Children who grow up in traditional two-parent families have the opportunity to witness many types of relationships that are mimicked in society. However, children growing up in single parent families may not get the chance to view these relationships, and thus do not get the opportunity to prepare themselves to partake in these relationships within society. Compared to the way the world in which the ‘boomers’ were raised, this generation is growing up in a world of multiple values, in which they are praised and rewarded for merely returning home each day.

Although nursing schools have been removed from hospitals and moved into higher education institutions, the hospital hierarchy in which nurses are graduating into still remains based on patriarchy and authority. The ‘hospital family’ as it remains, no longer mimics the familial model that currently exists in society and in which the current graduates have been socialized within. Thus the current modern nurses are faced with a system in which they are not familiar with and must somehow come to terms with this new environment. And unfortunately it is difficult to break this trend. In her book, Jo Ann Ashley (1976) even recognized that with the addition of additional years of training in formal educational settings, nurses would and, are, being forced into the same monotonous and routine hospital jobs where responsibility is great but autonomy is not. Thus, large numbers of women continue to leave the profession out of frustration.

Throughout my nursing education my professors commonly referred to the students as their colleagues. However, once I graduated and entered a hospital setting I was not referred to as a colleague to the senior nurses on the unit as I plummeted to the bottom of both the nursing and health care hierarchies. I was no longer encouraged to challenge the status quo or to question my fellow colleagues as I was in school. I was rather encouraged to conform and fit into the current system.

### Conclusion

Unfortunately we still have in Ontario and Canada a health care system in which medicine lies at the top, and all other professions fall below (Coburn, 1999, p.29). And although the distance between professions is shortening we still have a system largely based on hierarchy and paternity. Nurses need to look closely at their roles in the health care system and move away from their traditional supportive roles as the mother of the 'hospital family' and take a stand as a professional body. Nursing and medicine need to be recognized as two distinct professions offering different but essential services (Ashley, 1976, p.130). In addition, the needs and desires of modern generations need to be incorporated into the system if we hope to continue to encourage modern nurses to enter and remain in the profession. Changing the hierarchical structure of health care has far reaching implications for the profession of nursing as well as the health care system of delivery including, increased interprofessional collaboration, increased scope of practice for nurses, and increased role clarity for all professionals. The new generations of nurses are no longer being socialized nor educated in a society in which women play a subservient role, thus if we hope to retain these nurses in the profession, nursing can no longer continue in this role within the health care system.

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## Membership Renewal

It is now time to renew your **MEMBERSHIP** for 2008. Please remember to do so. We rely on member fees to continue the work of the Centre and further our goals

## News Items

### Canadian Nurses Association Centennial Awards

Allemand member, **Carol Helmstadter**, has received the CNA's Centennial Award recognizing 100 exceptional registered nurses in 2008, the Centennial year. The award is a

celebration recognizing personal contributions that have made an outstanding impact on nursing.

Carol is currently treasurer of the Canadian Association for Nursing History (CAHN) and has had a number of roles on the executive including president from 2001-3. She worked in neuroscience nursing and was government relations officer at the Ontario Nurses Association prior to retirement. Carol is an outstanding scholar who has made many contributions to nursing history. Her article "Early Nursing Reform: A Doctor-Driven Phenomenon," published in *Medical History* in 2002, won the Lavinia Dock Award from the American Association of Nursing History. Her articles "A Real Tone: Professionalizing Nursing in Nineteenth Century England," *Nursing History Review*, 2003, as well as "Building A New Nursing Service: Respectability and Efficiency in Victorian England," published in *Albion*, 2003, are important contributions to understanding nursing's past.

Carol was instrumental in establishing Allemand Centre and has provided excellent leadership in preserving the history of Canadian nursing. Congratulations!

### **Museum of Health Care at Kingston**

The Museum has announced a recent new innovation with four online exhibits. **Joint Replacement** (the history and science of orthopedics); **Death in a Glass** (the history and science of waterborne infections); **Reading the Trade Cards** (the first development of mass trade card advertising of health and health care products); **Name that Artefact** (an interactive activity designed to test your medical history knowledge). [www.museumofhealthcare.ca](http://www.museumofhealthcare.ca)

### **McGill University Osler Library**

**David Crawford**, Emeritus Librarian, McGill University, along with his colleagues, has created a bibliography of Canadian hospitals and nursing school histories.

Several hundred published histories have been identified, however, Osler library is interested in obtaining as many more as possible. If you are aware of other material contact David at: [david.crawford@mcgill.ca](mailto:david.crawford@mcgill.ca)

### **Who was Kathleen Russell? Part two**

#### **Lynne Kirkwood**

Between 1926 and 1932 discussions and negotiations went on between the Rockefeller Foundation, the university and the government. After securing the support of the medical faculty Ms. Russell, in 1930, presented a proposal which called for the school of nursing to be directly under the control of the university, with separate funding and with "no pretense towards ... regular University degree standards." However she did propose that the staff (faculty) have academic freedom to design the course and to arrange teaching from other departments. The proposed 39 month course would combine studies in the humanities and sciences with nursing practice. The major difference from the four year course was that students' practical experience would be guided by the staff of the school and would not be determined by the service needs of the hospital. This model was the aim of all university nursing educators at the time and became the forerunner of the present day 4 or 5 year integrated undergraduate nursing course.

In order to get this and later funding Ms. Russell turned to influential male colleagues such as Dr. J.G. Fitzgerald in the School of Hygiene, Dr Charles Hastings, director of Toronto's department of public health and Sir Joseph Flavelle, a prominent business figure and longstanding member of the boards of both T.G.H. and the university. As well alumnae played a role. Mrs H.J. Cody, wife of the chancellor (later president) of the university was a member of the first graduating class and likely influenced her husband. According to Florence Emory, these men did far more than nurses could have done for themselves. Although there was tension between Ms. Russell and Jean

Gunn, she always offered her support. Whether for moral support or moral protection, often accompanied Ms. Russell to meetings with government officials. The story is told that they were driven to these meetings by the caretaker of the school, the only one on staff in the 1930s who owned a car. While Ms. Russell and Ms. Gunn conducted their meeting the caretaker/cum chauffeur waited outside polishing his already immaculately clean car.

In 1932 Ms. Russell's dream of funding to begin her experimental school was realized. Funding from the provincial government provided a building (7 Queen's Park) which was located near where the present medical building stands today. It provided office space and residence accommodation for staff and integrated students. The Rockefeller Foundation provided \$17,500 a year for a five year period and the university \$5,000. Life at the new school placed emphasis on the dignity to be found in service to others. Ms. Russell expected that the university program would attract candidates who were "above average in intelligence, in character and in personality and [with] financial backing that will enable her to pay for a three year training course."

In many ways it was nothing short of a miracle that Ms. Russell was able to obtain funding during the depression. She, herself was painfully aware of the poor timing of her request, the lack of support for nursing education and the resentment within the university as financial resources deteriorated during the depression. Still she pressed ahead with plans to seek an endowment. In 1938, after much negotiation, most of which she was excluded from, the university agreed to increase its contribution to \$7,500 annually and the Rockefeller Foundation agreed to provide \$10,000 annually for a four year period, as well as an endowment of \$250,000. In total, the Rockefeller Foundation provided the School of Nursing with \$655,784.35 at a time when other schools of nursing were barely surviving.

Throughout her tenure Russell continued to

develop the program and to hone her ideas first as a member of the National Joint Study Committee on Nursing Education in Canada, 1927 - 32 which resulted in the publication of the Weir Report and later as chair of the Nursing Education Committee of CNA and on various International Council of Nursing education committees. As a member of these committees she often submitted her own reports. Behind Ms. Russell's ideas was her conviction that nursing education should be removed from hospital control. She went as far as designing a course which would have merged the university nursing program with T.G.H. However, there is no record of her presenting the proposal. In the social and cultural climate of 1930s schools of nursing and with Jean Gunn's considerable influence this idea had no possibility of success.

Funding in 1932 allowed Ms. Russell to hire more staff. Florence Emory had been on staff since 1922. Mary Millman and Jean Wilson were hired in 1935 and 1937 respectively. Although Miss Emory did not have a degree, Ms. Russell attempted to attract nurses with the highest academic credentials and encouraged people to continue to strive for academically. Staff loyalty was evident at all times, although during negotiations for the new building she was seen as out of touch by some of the younger faculty. In interviewing longtime staff such as Florence Emory and Jean Wilson in the 1980s their loyalty and admiration were still apparent. Florence Emory described Kathleen Russell as "a whole lot more than ordinary...an educator far bigger than nursing education" who possessed a quiet forcefulness which allowed her to pursue her ideas at much personal cost — "her personal life and professional life became one". At the same time, students recall her warmth, her concern for them during times of illness, her flexibility and practical streak. By some students she was seen as philosophical, more of a dreamer than a practical person. However, she was critical of nursing colleagues at other universities. In planning emergencies measures during the war she lamented "the dearth of leadership material in professional ranks." Elizabeth Logan, from McGill's School of Nursing reported that Russell's annoyance and frustration were evident when her ideas were not

accepted by the group.

By the 1940s staff were pressuring Ms. Russell to seek an academic degree for the program. By this time, other universities were offering degrees and graduates of U of T were limited in career advancement and academic pursuits. It seemed ironic that graduates of the first fully university controlled program in Canada were being disadvantaged in obtaining senior nursing positions. Even so, Ms. Russell remained reluctant because she was still negotiating with the university and the Rockefeller Foundation for an endowment and permanent building. But her hand was forced in 1940 when the university granted degree status to the Department of Health and Physical Education. In 1942, when financial security had finally been achieved and she felt the program was academically sound and met professional standards she was successful in attaining degree status for the program and Senate representation for faculty.

During the whole period of developing an “exemplary” undergraduate program the school continued to accept international students funded by the Rockefeller Foundation and later Nightingale Scholarship students. Although far from her main interest more international students were sent to U of T than to any other school of nursing in North America, far less than to the other Rockefeller funded school at Yale University. Officials at the Foundation described her program as “one of the worlds most outstanding schools of nursing” and Ms. Russell’s leadership as intellectual, forceful and scholarly”.

While her relationships with the Rockefeller Foundation were always cordial and supportive, her relationships with the university were problematic. University officials were doubtful about the academic standards of professional programs in general and professional programs for women in particular. In writing to Mary Beard Ms. Russell explained that “a nursing school had no popular appeal, on the contrary the subject arouses intense irritation ...” There seemed to be an insidious assumption that within the

university nursing did not have equal rights to university resources. The struggle and uncertainty over university acceptance was described by Florence Emory:

You talk about initiating that department and the school. It’s hard to realize now that now that they are an integral, accepted part of university life. It’s hard to realize attitudes in the early days. ... It was a hard nut to crack, and it took a great deal of persistence, a great deal of faith, straight faith to carry on.

The one ‘battle’ she did not win at that time was the location of the ‘new’ building for the school. It was finally completed after her retirement in 1952 on St George Street on the western edge of the campus. She could not give in to this location because she believed that ultimately she would be successful. She expected to go through the same pattern as usual. In a letter to William Argue at the University of New Brunswick she explained that the proceedings would “go through periods of long-drawn-out negotiations, waiting, and wondering, and hoping — and then, usually success at the last moment when everyone’s patience was almost exhausted.” Ironically, the new location is just what she wanted! Her desire was to see a School of Nursing on or near Queen’s Park, close to the hospitals and the School of Hygiene.

It is hoped that this lounge named in her honour might become a meeting place for those who, like her, are dissatisfied with the way things are and inspired to look for ways that might be.

### Notes

The comments in quotes were all taken from interviews with former faculty conducted by the author between 1983 and 85. Interviewers have been identified in the text.

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## *Dates to Remember*

### **CNA 2008**

The Canadian Nurses Association will be holding their 100<sup>th</sup> anniversary June 15-18, 2008 at the Ottawa Congress centre. The theme is **BE THE CHANGE**.  
www.can-aiic.ca

## *Upcoming Conferences*

### **Canadian Association for the History of Nursing/L’Association Canadienne pour L’Histoire du Nursing 2008 International History of Nursing Conference**

#### **“Borders, Boundaries and Political Context in Nursing and Health Care History”**

The annual CAHN/ACHN 2008 conference is an international conference to be held **Thursday June 5 through Saturday June 7, 2008**. It will be hosted by the Faculty of Nursing, University of Toronto and held in the Health Sciences Building at 155 College Street. Cosponsors are the Faculty, Women’s Studies at York University, the Ryerson School of Nursing and Allemang Centre, and the AMS Nursing History Research Unit.. Planning for the conference is underway and a generous gift of \$17,000 has been received from Associated Medical Services (AMS) making it an AMS-Hannah International Conference.

The conference aims for a critical understanding between health and nursing. It seeks to explore the history of nursing practice, religious and military roots of modern nursing, as well as critical questions on the history of specialty areas and regions of practice.  
www.cahn-achn.ca

### **Sunday Morning Church Service June 8, 2008**

Conference participants who are staying over Saturday night would be welcome to attend a church service at **St. Andrew’s Presbyterian Church**, 73 Simcoe St (King & Simcoe). At 10:15 for a 10:30 service.

## *History of Nursing Writing Prize*

The Allemang Centre is offering a prize of \$500 for the best essay in the history of nursing written by a student in the year September 2007 through August 2008.

Criteria for submissions:

1. The paper may deal with any topic in the history of nursing in any period and in any country.
2. Papers should be a minimum of 8 pages, and a maximum of 25 pages in length including footnotes.
3. Both undergraduate and graduate students may submit.
4. The student must be enrolled in a university or community college in Ontario. Students **from any faculty, including nursing, social science, humanities and science**, are invited to apply.

The deadline for submission is June 30, 2008.  
The prize will be awarded at the 2008 AGM.

Papers may be submitted either by e-mail or in hard copy. Electronic copies should be in Microsoft Word and include academic affiliation, address, telephone and fax numbers. Students submitting in hard copy should send three copies. The first copy should have the name, academic affiliation, address, telephone, fax and e-mail. The remaining two copies should have no identification.

Please send papers to:  
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## *Editor Newsletter*

**Dorothy Wylie.** Please contact her regarding news items, short articles, announcements, etc. All contributions are welcome.



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i.UTA, A73/0053/005, Faculty of Nursing, "A Proposed School of Nursing, 11 November 1930."

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