

May/June 2007

Margaret Allemang Centre  
for the History of  
Nursing

## NEWSLETTER

### Feature Article

#### Robina Lamont Stewart 1872-1968

#### Natalie Riegler BN PhD

On August 8, 1913, the members of the Toronto General Hospital (TGH) Board of Trustees were called to a special meeting. Robina Lamont Stewart, Superintendent of the Training School for Nurses, was asking to be "relieved from her duties as soon as possible." Stewart had been employed at TGH for three years, replacing Mary Agnes Snively who had retired after 25 years of service. Though the Board accepted Stewart's decision "with great reluctance and sincere regret," Dr. C. K. Clarke, Superintendent of the Hospital, had in hand an application for the position from Jean I. Gunn. The Board approved and Gunn was to start work on 29 September.

The Board, in its resolution of August 1913, recognized Stewart's contribution. The Trustees desired her to know "their deep sense of appreciation of the singular capacity and efficiency shown in the discharge of all duties." They were indebted to her for "the invaluable service she . . . rendered in all matters connected with the furnishing and equipment" of the new hospital and nurses' home. Though Clarke, as superintendent of the hospital, had worked with Stewart since mid-1911, in his history of TGH (1913) he only mentions that she succeeded Snively. In the second book on the hospital (1975), W. G. Cosbie notes that she was succeeded by Jean Gunn. In the most recent history of the hospital (2000), J. T. H. Connor describes her as having been "superintendent for only a couple of years," and that "officially, her resignation was ascribed to ill-health." Who was this Robina Stewart who during her time,

was responsible for the nursing service and training school in the old hospital on Gerrard Street East, for the designing and equipping of the rooms and wards in the new hospital on College Street, and for maintaining service during the physical move from one hospital to the other?

Stewart's Presbyterian family had its roots in Scotland. They settled in Ontario. The Lamont in her name may have been for her great grandmother, Margaret Lamont. One grandfather, Lachlan McGregor, had been involved in the first survey of Guelph. Another, James Stewart, received a Canadian land grant in 1818 and ran a sawmill in Halton County. He married Elizabeth Stewart and one of their sons was Robert, Robina's father. Robert started work as a carpenter, under the aegis of two uncles when they were building the St. Lawrence Hall on King Street East in Toronto in 1851, and became a master builder. After marrying Ann McGregor, he settled in Guelph. Here he opened a planing, flooring, and sash factory and gained a reputation as a "man of sterling business integrity." When he died in 1918, at the age of 90, Robina and her sister Phebe inherited all his real and personal property, with the proviso that they provide for their mother and sister, Annie Stewart Singer. The company passed to Robina's brother Edward and his family.

Robina was born 22 October 1872. She was the youngest daughter of nine siblings. In 1898, as a well educated woman of her time, she went to Baltimore to train at the famous Johns Hopkins Hospital where Adelaide Nutting, another Canadian, was Superintendent of Nurses. Three years later, on May 24, 1901, she graduated, receiving a scholarship from the school. During the following nine years, Stewart held a variety of positions in several institutions. She remained on staff at Johns Hopkins for the first

four to five years, taking a year's rest at home in Guelph during that time. She left to become an assistant at the Bryn Mawr Hospital in Pennsylvania, but within a year took charge of the training school at the Milwaukee Knowlton Hospital in Wisconsin. During the latter part of 1909, now Superintendent of Nurses at the Allegheny General Hospital in Pittsburgh, Stewart took a leave of absence for 6 weeks due to ill health. After three and a half years at Allegheny, she came to TGH on 1 September 1910.

Even before she arrived at TGH, Stewart had a network connecting her to the hospital. While at Johns Hopkins she became friends with Sir William Osler, another noted Canadian, then chief of the medical staff. As a doctor and educator, he was well known to the TGH medical staff and Board. Stewart came to the hospital "highly recommended" by a Dr. Cullen. This may have been Thomas S. Cullen who had been a medical resident at TGH and had gone on to an "illustrious" career at Johns Hopkins, maintaining contact with TGH throughout the years. Snively did not stay to hand over the reins. She left at the beginning of July 1910.

Stewart wasted no time in letting the Board of Trustees know the problems facing the hospital: overworked nurses, poor living conditions for the staff, an inadequate nursing education, and poor nutrition of patients. In her report read at the Board meeting on 5 October 1910, she recommended increasing the number of probationers so that more experienced students would be available and special instruction could be given apart from work in the wards. However, this meant that additional accommodations were needed. Stewart had already given up her dining room to house eleven more nurses, a move approved by the Board who ordered extra beds and furniture.

Secondly, she responded to the food situation. The Head Nurses and two Special Nurses had claimed that the food supplied to the nurses was insufficient and not properly cooked or

served. This issue had been held over from Snively's time, the Trustees wanting Stewart to handle it. What Stewart did about this particular concern is not clear, however, she was of the opinion that the arrangements for preparing food for private patients was unsatisfactory. The food was not suitable for their requirements and, as a result, a considerable amount was wasted. Her solution: that a diet kitchen be created with a trained dietitian in charge capable of instructing the nurses in the preparation of food for the sick. The savings would cover the expenses incurred. The Board approved her recommendation and on October 15 the first dietitian at the hospital was employed.

To improve nursing education, Stewart recommended the probation period be extended from three months to four. Another change was made in the School's teaching methods: students were to be admitted twice a year, instead of whenever there was an empty bed, and for the first two months, they were to receive practical demonstrations and classes before being allowed on the wards. Subjects and hours of instruction were increased to keep pace with changes in medical science and the nursing profession.

As for housing, she requested a third assistant as Matron for the Nurses' Residence which housed the 130 nurses and maids. This would provide better supervision of the staff, a cleaner residence, an improved dining room, protection of hospital property and a reduction in petty thieving. In all of her suggestions, Stewart kept the hospital budget, the students' education and patient care in mind. The Board approved her requests.

Six months into her job, Stewart advised the Board that she wanted to experiment with a post-graduate course for graduate nurses of smaller hospitals during the summer months as a means of relieving the "stress of work during the holiday season and . . . the illness among the Nurses that so hampered" the previous summer's work. She had also arranged for an instructor from the Lillian Massey School to give a course in dietetics. The cost to the hospital was minimal. Again, the Board approved her

decisions.

On April 11, 1911, the cornerstone of the new hospital was to be laid. And on May 3, Clarke, then Superintendent of the Asylum for the Insane and Dean of the Medical Faculty, University of Toronto, became Superintendent of the hospital. The Board, satisfied with Stewart, increased her salary. The Trustees were ready now to make decisions about the new building. Tenders were put on hold until Stewart and Clarke had decided on the corridor connecting the surgical wing and Nurses' Home, on the laundry equipment, the nurse call system, the placement of the telephone system, and the details of the kitchen.

Meanwhile, in the old hospital, daily incidents needed attention. Stewart decided the method of drug labelling had to be changed; the medicine cupboards had to be altered and poison compartments alarmed to remind the nurses that they contained "poisons." She arranged with the Domestic Science Department at the University of Toronto to have graduates, preparing to become Hospital Dietitians, take their experience at TGH for three months rather than going to New York. This, she argued, would provide assistants to the dietitian and help with the meals in the wards. With the typhoid epidemic in August 1911, Stewart improved the delivery of nursing care. Instead of these patients being housed throughout the hospital, with little attempt at isolation, all typhoid patients were segregated on the Fourth Floor, where they received the attention from nurses "detailed for the work." These nurses were under the "immediate direction of the recently appointed Supervising Nurse."

The need for more undergraduates was constant, for the old as well as the new hospital. It was expedient to provide "more sleeping accommodation for the nurses." Twenty-five probationers were expected on 1 September 1911 and there were only fourteen beds available. The year 1911 ended with Clarke reporting once again Stewart's concern

that the new hospital would need more nurses for the increased amount of nursing required for 600 patients. The new year began with 15 additional nurses to be taken on and accommodated in the "Annex" which had previously been used for patients with nervous diseases. Meanwhile, Clarke and Stewart had costed each and every room, corridor, etc., in the new hospital for furnishings and equipment. The boilers in the new hospital were in operation, and the installation of the nurse call telephone system and the electric, steam, refrigeration and other plants was to take place immediately.

Two months later, by March 1912, Stewart had found another way to improve the nursing education and experience without reducing staff. Arrangements were made for nurses from the Hospital for Sick Children to have 3 months of obstetrical and gynecological training in exchange for TGH nurses having 3 months of paediatric nursing. And the Board agreed to cover the cost of massage instruction as part of general training. Again, Stewart had worked out the logistics, to the satisfaction of the Trustees.

By the end of August 1912, Stewart reported to Clarke the number of supervisors and head nurses required for the new hospital. Clarke accepted Stewart's list of positions. However, he told the Board that he thought Stewart's request for staff might need to be modified and that the Board needed to arrive at numbers and salaries because "desirable institutional workers" were hard to find.

Improvements in the plans for the new hospital continued. Stewart complained that the class and demonstration rooms were "entirely inadequate." She requested space in the main building basement. It was important to consider this matter in order to secure proper plumbing. This class room issue was still not settled by the end of the year. Stewart wanted to accommodate all the nurses together and again she asked that the amphitheatre be set apart for the nurses' use, to be used for any other purpose only by arrangement with the Superintendent of Nurses. She also asked for a readjustment of space in

the Nurses' Home. The Building Committee agreed that she be given first choice regarding required accommodations. Decisions and improvements for the Nurses' Home continued. The Superintendent of Nurses's rooms in the residence were to be improved. An enclosed Nurses' Court needed an entrance for fire reels which would insure privacy for the nurses. The marble in the nurses' home, to save time, was to be white veined rather than Tennessee marble. The architects were to have the tiled floor of the dining room and the other rooms laid without delay so that the building could be occupied by the anticipated nurses.

As 1912 came to a close, Stewart, at last, gained an experienced nurse, Alice Henderson, to share the planning for the new buildings. She had recommended Henderson, a Johns Hopkins graduate who had also had experience at the Allegheny General Hospital. More changes in the College St. building were necessary. It was decided that the doctor's quarters on the 4<sup>th</sup> floor of the Administrative Building would receive private patients until the completion of the private patient's building; the rooms on the gynaecological floor were to be enlarged; the plumbing to be altered. Changes had to be made on the Eye, Ear, Throat and Nose floor; a sufficient number of wash basins had to be made available on the semi-public patients' floor; a retiring room for nurses on duty was needed on the middle floor of the administrative building -- two bedrooms to be taken for this purpose and sufficiently outfitted with plumbing; a toilet room was to be made in the basement for female employees; the sterilizing suites were unsatisfactory. Instrument sterilizers were to be installed at each end of every ward. The floors of the nurses' corridors to be finished with Georgia Pine and the tile flooring laid in the dining room as specified. The Board approved all Stewart's recommendations.

With only six months left before the patients were to be transferred to the new hospital, there was still a lot of work to be done. The

Building Committee awaited Stewart's recommendations re: changing the location of closets, and a service room for meals. Stewart needed to locate the partitions in the store-room and patients' clothes room and additional plumbing fixtures were needed. An infirmary for nurses was to be located on the 5<sup>th</sup> floor with necessary bathroom. These to be taken off the space provided for semi-private patients. Stewart was asked to reconsider the allotment of space in the obstetrics building with a view of giving more accommodation for patients. There were meetings re: further alterations and changes in the Private Patients' Building. The Building Committee approved the necessary changes. Stewart planned to accommodate the probationers arriving in January 1913 in the new residence so that they could be ready to assist with the work pending in the hospital. By the end of 1912, blankets, linen and other furnishings were being stored there.

Once the plans for the building were agreed to by Stewart and Henderson in February 1913, they were signed and no further alterations allowed. Two months later, Stewart was finalizing the minor details about furniture and bookcases for the library in the Nurses' Home, the furniture for the nurses' sitting room, the rugs for the Reception Room on the ground floor, the cupboards for the nurses' napkins; omitting doors for the Nurses' sitting room, and mantels for the nurses' home, etc. By 22 May 1913, the Building Committee had accepted Stewart's and Henderson's specifications for the equipment of kitchens and other rooms.

That January, in 1913, 34 probationers had been admitted by Stewart, "in view of the future demands of the new hospital"; seventeen were housed in the new residence. She pointed out to the Board that the hospital benefited from the increased number of students. They had contributed 77 days of special nursing at the rate of \$2.25 per day. However, she required that these day students not miss their classes and lectures nor their daily rest period, while specialising.

As the date of opening drew nearer, Stewart had

to maintain sufficient nursing staff in the old hospital and employ personnel for the new. During 1913, there was a constant movement of graduate nurses: supervisors and housekeepers for the new hospital, a new first assistant; a new dietitian; the appointed head nurse of the new Outpatients left after months of waiting for the still uncompleted department. The supervisor on the fourth floor of the old hospital was appointed instructor and moved to College Street in time for the new class of probationers. There were head nurses engaged for different areas, such as surgical and medical wards, the operating room, and the Emergency Department. While waiting to start positions in the College Street hospital, some nurses worked in the old.

The formal opening of the new hospital was slated for 19 June 1913. Henderson, who had worked for the past 7 months with Stewart in preparing the new hospital, submitted her resignation for the end of the month. A decision which Clarke described as leaving the hospital in a "somewhat awkward position" because the assistant had been "so largely identified with the details of equipment in the New hospital." Henderson was leaving for Detroit, Michigan "to take up special constructive work" at its new General Hospital.

As the hospital nursing staff moved from the old to the new TGH, some positions remained unsettled. The old Burnside needed a nurse for night supervision. Two new wards did not have head nurses because it was "inadvisable to increase the pay roll to a greater extent," and it was thought they could be staffed by a senior student nurse who showed "talent and executive ability."

Throughout her three years at TGH, Stewart constantly struggled to maintain adequate nursing care for the patients. Her monthly reports are a catalogue of the illnesses and their severity suffered by the students and graduate staff: typhoid fever, tuberculosis, scarlet fever, mumps, diphtheria, rheumatism, anaemia, tonsillitis, gastric haemorrhages, and

appendicitis, to name a few. Sometimes "cots" for nurses had to be placed in the "halls and library of the Residence." Stewart warranted that so much illness was caused by the winter and "attending discomfort in the Nurses' Home, due to the icy atmosphere in the newer wing." These factors had "depleted the resisting powers" of the nurses' and as result "persistent colds and sore throats" were more frequent and of longer duration. Sometimes a student had to leave because of responsibilities at home or because the hospital work was too strenuous. There were suspensions for errors in judgement, being absent without permission, for medical errors, for inadequate nursing care, for breaking important rules, or expulsion for lapses of duty, or insubordination.

As for Stewart's small coterie of graduate staff, there were constant changes. Staff left because of illness at home or to be married. Some took leave of absences for post-graduate courses. Another went to the USA to become superintendent of a training school. Another took sick leave. Some came and stayed for a very short time. Others resigned because of ill health. For 5 months, Stewart was without a first assistant.

And there was always the unexpected emergencies. In March 1912, a water pipe in the cellar of the hospital burst, damaging nurses' trunks stored there. In April 1912, a young boy had been admitted to the ward and was discovered to have leprosy. The hospital was not prepared for infectious diseases. In March 1913, there were several cases of measles in the wards which with great difficulty were isolated. The city had made no provision for caring for people with this illness.

Just prior to the actual day of moving the old to the new, Stewart praised her staff, noting that the past month of June had witnessed "heroic work on the part of the nurses" and they "met the situation with enthusiasm and have performed their duties with credit." The move took place during the week of July 10-18, 1913. Nearly 300 patients were transferred from Gerrard to College Street.

At her last commencement exercise on May 9, 1913, she paid tribute to her graduating class:

The class of nurses graduating to-day has borne the stress and strain of three years work, which has been toilsome and not less so for reason of the several times deferred dawn of a possible to-morrow. The stories of the make-shifts and of the doing without, of the cold in winter and of the difficulties of over-crowded daily living are known only to themselves. . . .

For the present undergraduates and for the probation nurses, fresh in harness there can be none of the old misgivings and mental shrinking from an over-crowded and evil smelling ward atmosphere, where the actual work of caring for sick patients has, of necessity, been equally divided with the toil of caring for the antiquated equipment and vermin infected woodwork and walls of inadequate buildings which have done duty for sixty-six years.

When Stewart started at TGH her entire nursing staff consisted of 2 day assistants, 1 night assistant, 7 head nurses, 94 pupil nurses and 12 probationers. In her last monthly report of August 31, 1913, she had 2 day assistants, 1 night supervisor and 2 assistant night supervisor, an instructor, a residence supervisor, 15 head nurse positions, as well as 4 non-nursing staff responsible for the linen and delf rooms, cleaning, and dressmaking for the training school. As for the student nurses, there were approximately 119 and 42 probationers were expected in September. Her paid staff had more than doubled in three

years.

Stewart did not stay to hand over the position to Gunn. She left, planning to take a trip abroad. After a rest, she continued her career. In 1917, she was commandeered by the Surgeon General of the United States Army as Director of the Army School of Nursing at the Walter Reed Army Hospital in Washington, DC until the end of the war. In 1920, she was Superintendent of Nurses at the Connecticut Hartford Hospital, and in 1926, Superintendent of the Community Hospital in Geneva, Illinois. Around this time, Stewart decided to retire and in the 1920s returned to Guelph. She travelled frequently, "declining many tempting offers of positions."

Stewart maintained contact with the nurses at TGH. On June 12, 1931, at the alumnae dinner celebrating the fiftieth anniversary of the school, when she responded to the Chairman of the Board of Trustees's toast to the three superintendents: Snively, Gunn and herself, she was received with "great applause." In 1955, at the age of 82, she accepted an Honorary membership in the TGH Alumnae. Prior to the meeting, six members of her class of 1913 held a small dinner party for her at the hotel. She was described as looking as "regal as she always has been" and "as always well versed in current affairs."

Stewart died 4 December 1968 and is buried in the family plot at the Woodlawn Cemetery in Guelph She was 97 years old.

## Membership Renewal 2007

Have you renewed your membership for 2007? If not, please remember to do so. We rely on member fees to continue the work of the Centre and further the goals.

Share this newsletter with a friend or colleague and encourage them to join.

Check our web site: [www.allemang.on.ca](http://www.allemang.on.ca)

## **News items**

### **Virtual CNA Memorial Book**

CNA Board of Directors acknowledged the importance of recognizing deceased nurse leaders in a respectful and consistent manner. Nurse leaders will be publicly recognized during biennial meetings. In addition names will be included in a CNA Memorial Book available in a web-based format in 2008.

(Excerpted from Canadian Nurse, 103:5(13).

### **Order of Canada**

**Dorothy Pringle** Dean Emeritus, Faculty of Nursing, U of T, has been appointed an Officer of the Order of Canada. The achievement formally recognizes outstanding achievement and service in various fields of human endeavour. Pringle was Dean of Nursing for two terms. Her clinical and research interests were primarily focused on care of older people with dementia. While continuing with research, she is also Editor of the Canadian Journal Of Nursing Leadership.

### **Lawrence Bloomberg Faculty of Nursing University of Toronto**

**Dean Nelson** announced the Faculty received a gift of \$10M from Lawrence Bloomberg, a Toronto financier and philanthropist. The gift establishes a Transformation Agenda. A five part strategy to change the face of nursing education through expanding student scholarships, funding innovative curriculum development, recruiting leading scholars and investing in continuing nursing education. The creation of the Centre for Innovation and Excellence in Nursing Education (CIENE) is another component of the Agenda.

(Excerpted from Alumni News, Winter/Spring 2007:1).

### **2007 Nightingale Award**

**Anne Marie Langthorne** received the Toronto Star Nightingale Award for 2007. Anne Marie is a charge nurse at the McCall Centre for Chronic Care. Her nominator wrote

“She always has a smile on her face and is warm and welcoming as families step off the elevator to visit their loved ones. She treats them with respect and dignity as she deals with their fears and concerns”. Langthorne has decided to donate the spa package she won to one of her nurses, whose husband is battling cancer. There were 125 nurses nominated for the award.

### **2007 RNFOO Honorary Member**

**Dorothy Wylie**, an Allemang member, was made an honorary member of the Registered Nurses Foundation of Ontario (RNFOO) at the annual Gala dinner held on May 2, 2007.

## **Obituaries**

**Creelman, Lyle Morrison LLD DSC OC** passed away February 27, 2007. She was a provincial, national and international nursing leader of great distinction. On her retirement in 1968 as Chief Nursing Officer of the World Health Organization, an editorial in the news journal of the International Council of Nurses in Geneva, honoured her many contributions by stating: “In her fourteen years with WHO, she has probably achieved more for nursing throughout the world than any other nurse of her time.”

(The next issue of the newsletter will give a more in-depth picture of her nursing career).

**Phyllis E. Jones** died peacefully May 7, 2007 in Owen Sound. Phyllis (Phyl) Jones was a graduate of the School of Nursing University of Toronto. She spent the early part of her career with the VON in Vancouver and Toronto. In Toronto, she held an administrative post with the VON before joining the staff of U of T School of Nursing where she spent the rest of her career.

Her interests lay in the area of primary health care. According to the Canadian Nurse, in 1969, Phyl was an Associate Professor at U of T and Director of a “Special Public Health Nursing Project at East York” (the East York Unit had a long association with U of T). Phyl did some of the early Canadian research related to care of patients in the community. Her list of

publications include research related to the nursing needs of ambulatory patients with chronic disease, education for the nurse in primary care, the nurse in family practice, and success of the nurse's role in primary health care. Phyl was Dean of the U of T Faculty of Nursing through most of the 1980s, a position she held on her retirement. She consulted to Turku University, Finland on postgraduate nursing, and served as an elder at St. Andrew's Presbyterian Church, Owen Sound. Jones was a long-time member of the Allemang Centre. On a personal note, I (Judy) found her extremely helpful when I entered the U of T MScN program and wished to pursue a thesis in nursing history. She acted as nominal chairperson while I worked with Margaret Allemang, who had retired some years earlier. Without her support, I may not have been able to achieve this.

(Excerpted from The Globe and Mail, May 9, 2007, and noted from Judy Young).

**Hazel E. "Betty" Fletcher RN** died in her 90<sup>th</sup> year at the Brantford General Hospital April 25, 2007. Betty graduated from the Toronto General Hospital School of Nursing. She served in the Army Nursing Corps on the hospital ship Letitia during the war. She also worked for the City of Toronto for 35 years as a Public Health Nurse and Supervisor. Betty loved the cottage life at Paynter's Bay, vacations in Florida, and just about all cats. (Excerpted from Toronto Star, April 26, 2007).

**Patricia Lynne Griffin** (nee Tatarchuk) died of cancer May 6, 2007, at the age of 61. Dr. Griffin died at the height of her career as the Executive director of the Canadian Association of Schools of Nursing. A career, which she pursued with great determination and vigour despite her illness. Patricia was an inspiration for all who had the pleasure to know her.

(Excerpted from The Globe and Mail, May 8, 2007).

**Hilda Rolstin** died April 16, 2007 at the Cardiac Unit, Trillium Health Centre, in her 90<sup>th</sup> year. Hilda dedicated her life to the Hospital for Sick Children, having graduated with a scholarship from McGill University. On graduation from McGill she returned to

Sick Children's to continue her career in all phases of nursing. In 1954 she attended U of T, graduating with a degree in advanced nursing education and administration. From 1965 thru 1979 she was active in teaching and administration programs at her beloved HSC. This past winter she participated in the documentary "Beyond the Dream", a legacy of nursing at Sick Kids. After retirement she became active with the alumni. In 1972 she wrote a book for the alumni "The History of the School of Nursing" dedicated to the graduates of the school.

(Excerpted from Toronto Star, April 19, 2007).

**Mary Bateman** died February 25, 2007, at the age of 81. Mary worked for the Royal Canadian Navy as a cipher clerk at the age of 16. She became a registered nurse at the age of 52, graduating from the Quo Vadis School of Nursing. By 1977, she chose to specialize in psychiatric nursing and worked for METFORS (Metropolitan Toronto Forensic Service). Emboldened again, she returned to school to qualify in forensic psychiatric nursing. She spent 12 years at the forensic unit of the Clarke Institute. Bateman retired at 67, and was appointed to the Ontario Criminal Code Review Board, which reviewed the status of those found not criminally responsible or unfit to stand trial for criminal offences because of a mental disorder. She was a voracious reader and had strong opinions on social justice issues and breath, due to a 60-year smoking habit. bureaucracies. She went down fighting. (Excerpted from the Globe and Mail, March 19, 2007).

## **Dates to Remember**

**CANADIAN ASSOCIATION FOR  
THE HISTORY OF NURSING/  
L'ASSOCIATION CANADIENNE  
POUR L'HISTOIRE DU NURSING  
2008 CAHN/ACHN Conference**

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

**The annual CAHN/ACHN 2008 conference**  
will be 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 .

### **Call for Abstracts**

Please submit a one page abstract on completed research of more than 300 words by e-mail. State the title of the paper at the top and at the end list name, institutional affiliation or city, contact information, and whether you are a student. Let us know if you would like your e-mail to be published along with the abstract, and if you have any audiovisual or other special requirements. Abstracts will be peer reviewed.

Abstracts must be received by **November 15, 2007**. Notification of acceptance will be sent out by February 1, 2008.

Submit abstracts to:

[geertje.boschma@nursing.ubc.ca](mailto:geertje.boschma@nursing.ubc.ca)

For further information contact:

[judith@primus.ca](mailto:judith@primus.ca) or

[Carol.Helmstadter@rogers.com](mailto:Carol.Helmstadter@rogers.com)

Or visit website: [www.cahn-achn.ca](http://www.cahn-achn.ca)

## **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 2006 through August 2007.

### 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 August 31 2007. The prize will be awarded at the annual general meeting in the fall of 2007.

Papers may be submitted either by e-mail or in hard copy. Electronic copies should be in Microsoft Word 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 the vice-president of Allemang Centre:

Dorothy Wylie

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e-mail: [wyliedm@aol.com](mailto:wyliedm@aol.com)

### **Editor Newsletter**

**Dorothy Wylie.** Please contact her regarding news items, short articles, announcements, etc. 304 - 65 Scadding Avenue Toronto ON e-mail: [wyliedm@aol.com](mailto:wyliedm@aol.com)

