Margaret M. Allemang Society for the History of Nursing

June 2011

FEATURE ARTICLE

PORTRAIT OF LEADERSHIP

BATTLING FOR A NURSING FUTURE

Edna L. Moore shaped public health nursing in Ontario with a view to generalized service and professional identity.

Joyce Schroeder MacQueen

Edna L. Moore was a founder of public health nursing in Ontario and represented public health nursing nationally and internationally for 25 of its formative years. Her beliefs and values shaped the mission of the profession and her interpersonal skills advanced those beliefs. When her leadership ended with retirement in 1957, the foundation she established allowed the province's public health nursing system to continue to thrive.

Preparing for leadership

The daughter of farmers, Moore was born in Lisle, outside Alliston, in1891. Her father served as reeve of Alliston and warden of Simcoe County. This suggests the Moore family were leaders in their community. Very little is known about Moore's early life except that she attended Alliston High school. At the beginning of the century, many farm girls did not attend high school. Marriage was their accepted path, although teaching and nursing were viable options. Her attendance suggests she began showing a keen interest in learning very early in life—something that was to characterize her personality for more than 50 years.

Moore chose nursing. She may have been influenced by Dr. John McCullough who practiced medicine in Alliston from 1890 to 1910, and later became the Chief Medical Officer of Health for Ontario. She enrolled at the Toronto General Hospital School of Nursing in 1910 and graduated in 1913. Following graduation, she remained at the hospital for one year as Assistant Night Supervisor and a second year as Head Nurse of the Emergency Department. At this time, world war was declared.

War and its aftermath

Moore served with the Canadian Army Medical Corp. No. 4 General Hospital Service in England, France, and Malta and on board a hospital ship. Nurses practicing in these places witnessed all the horrors of war--mustard gas poisoning, gas gangrene, trench foot, and shell shock. Some temporary tent hospitals had more than 1,000 beds and did not have an adequate water supply.

Nurses returning from the war were not ready to slip back into an ordinary nursing job. For the first 10 years following the war, Moore held a variety of positions in Canada and the United States. She worked with the Canadian Department of Soldiers' Civil Re-Establishment Social Service until 1924, when she began a career in public health as a social service nurse with the Ontario Department of Health. She moved to New York to work as a supervisor of Venereal Disease Nursing with the Millbank Foundation Demonstration. While in the United States she also studied maternal and child hygiene, venereal disease control, social work, and tuberculosis control.

Moore returned to Canada in 1927 to work as a field worker with the Canadian Tuberculosis Association. She organized seal sale campaigns across the country. In 1929 she returned to New York to serve as Assistant Director for the National Organization for Public Health Nursing. In 1931, Moore became Chief Public Health Nurse for the Ontario Division of Maternal and Child Health and Public Health Nursing. In 1944, the Division of Public Health Nursing was established as its own entity. Moore served as its Director until her retirement in 1957.

Setting her mission in motion

Defining public health nursing and obtaining understanding and acceptance of her definition by the province's public health department was an ongoing mission for Moore. She stressed that public health nursing was a generalized nursing service rather than a service with separate functions, such as tuberculosis nursing and school nursing.

Moore defined generalized public health nursing as a "service to all age groups in the community for every health need with bedside nursing care limited to demonstrations and emergency cases." Teaching was central and each activity "included the education of the individual and the community in addition to the specific service rendered." (1)

Fighting for a generalized nursing service was an uphill battle. An October 1945 memo from Moore to Dr. J.T. Phair, Minister of Health, explosively recounted the development of visiting nursing in England and the United States and a definition of the function of the public health nurse. (2)

The service was eventually established as a result of the formation of health units. The director of nursing of the new health units became a point of cohesion, integrating the previously disparate public health nursing functions. Moore was part of the process. She visited the Rockefeller Foundation in Boston, MA, which had funded the first health unit in Canada in 1935, to gather information. And she travelled across Ontario to meet with the boards of health and regional representatives to explain the importance of health units. Today, there are 43 health units offering generalized public health services.

Nurses culture developed

To ensure nurses in the new field of public health worked toward her mission, Moore need to acculturate them into her values. She served as mentor for public health students at the University of Toronto and the University of Western Ontario, London. These courses began the acculturation process of public health nurses. She interviewed the students for the government bursaries and stayed in touch with them throughout their careers, counseling them about further education and experience. Nurses who worked with her say "she had her feelers out all the time" and "she knew where to tap in. (2)

The minutes of early staff meetings reveal Moore's conscious attempts to develop the culture of public health nursing. For example, the minutes of a Jan. 4, 1932 meeting reveal that Moore encouraged the use of the library, suggested publishing a newsletter, and arranged for staff nurses to attend the RNAO meeting in their district.

"It was conceded by all that each staff member should subscribe to *The Canadian Nurse* and that we should make definite contributions to this magazine," she wrote.(2) At later meetings, staff members discussed the 1932 Weir Report (the first major study of nursing education in Canada), and reported on the annual meetings of the Canadian Public Health Association.

Moore's letters to staff provide further insight into how she set professional standards. In a March 1945 letter sent to senior public health nurses about a future meeting, Moore asked, "Are you planning to bring your suggestions with you or are you going to send them along ahead? I think this type of meeting is most productive when everyone has a concrete idea of things that she wishes to hear discussed. I am sure you are planning to contribute and hope you will find the meeting profitable."(2)

Even though Moore expected a high level of performance from staff, she described the process as a two-way street. "It is essential for the maintenance of maximum success in terms of accomplishment that all staff members be encouraged and assisted to grow professionally. A proportionate amount of time should be budgeted for an educational program, with full recognition that such a procedure has a second purpose, which is to promote the health and satisfaction of the worker, who, if pressed continuously to "pull" in their service program without "letting go" for professional stimulation and refreshment, are likely to become dissatisfied and discouraged. (2) Nurses who worked closely with Moore describe her as "straight forward and upfront." They say she "knew how to meet things head on." She assigned nurses challenging work and she "didn't mark people down for one failure."(2)

These nurses also describe how, at a time when authoritarianism was the rule of leadership, Moore displayed democratic leadership.

She had "a presence" and "power" and she did not hesitate to use her power. Under her tenure, public health nursing grew enormously. By 1943, there were 480 public health nurses in municipal services in Ontario.

Wide sphere of influence

Moore's influence extended across many organizations. She was a committee member of the Ontario Society for Crippled Children, the Ontario Division of the Cancer Society, and the Canadian Red Cross Society; a council member of the University of Toronto School of Nursing; a board member of the Ontario Welfare Council; a chair of the Public Health Committee of the International Council of Nursing; an editorial board member of *Canadian Journal of Public Health*; and a fellow of the American Public Health Association.

During her career she served as Vice President of the RNAO, President of the Ontario Public Health Association, Vice President of the Canadian Public Health Association, and President of the Nursing Sisters' Association of Canada. In 1956, the University of Western Ontario awarded her an honorary doctorate. In 1968, Laurentian University School of Nursing, Sudbury, created the Dr. Edna L. Moore Scholarship.

In 1957, 400 of her friends and colleagues celebrated her retirement at Eaton's Round Room in Toronto. Moore died in 1969 at the age of 77, and was buried in Alliston.

References

1. Moore, Edna L. (1954). "Some next steps in public health." *Canadian Journal of Public Health, 45*. Ottawa: Canadian Public Health Association.
2. All references to minutes of meetings, reports, and biographical data are from the Ontario Provincial Archives, RG10 Series 10-30-A.

[Source: Registered Nurse, Journal, February/March, 1996, 7-9. Reprinted with permission from RNAO]

NEWS ITEMS

ALLEMANG SOCIETY/CHRISTIE GARDENS TEA May 14/11

A delightful tea was held to celebrate nurse's week, 40 people attended. Retired nurses, residents of Christie Gardens joined Allemang members and friends to reminisce and socialize about our experiences as nurses. Several TGH nurses (including 4 from the class of 1947) were present, and several colleagues from U of T. Jill Robertson brought an interesting display of 15 caps, and Judy Young mounted a display of nursing artefacts and uniforms used by nursing sisters during the war.

Kathleen MacMillan spoke about Margaret Allemang and the work of the Society. She also showed some clips from "Angels of Mercy" a documentary on WWI and WWII nursing sisters. An enjoyable afternoon was had by everyone.

NURSING SISTERS ASSOCIATION SPRING EVENT

The Toronto Unit of the Nursing Sisters Association of Canada held their annual spring dinner on Friday May 6th at H Wing, Sunnybrook Hospital. This was a new location for the event and enabled three members, who are

resident in K Wing at Sunnybrook, to attend. Approximately 20 people, comprising members, their family and friends, made up the group that included three nurses, currently members of the Armed Forces. After dinner, we were treated to a most interesting talk by Major Steven Pirie concerning his recent tour of duty in Afghanistan. During this time, he was in charge of Canadian nursing personnel at the Kandahar Hospital, by then under the command of the American Navy. He illustrated his talk with many excellent pictures of the hospital and personnel and highlighted the challenges of working in a war zone. Major Pirie's work also took him away from Kandahar to set up clinics, for example in an area where Canadian soldiers were resisting nightly attacks (his status as a nurse did not exempt him from assisting with the nightly defense). The talk provided a vivid picture of military nursing today.

Judy Young

Upcoming conferences

AAHN 28th Annual Conference
September 8 - 11, 2011, Harris College of Nursing, Texas Christian University, Fort Worth, TX
Keynote presentation: Dr. Laurel Thatcher Ulrich, Ph.D.
Laurel Thatcher Ulrich is a historian of early America and the history of women and a university professor at Harvard University. Dr. Ulrich's innovative and widely influential approach to history has been described as a tribute to "the silent work of ordinary people"—an approach that, in her words, aims to "show the interconnection between public events and private experience." In 1991, Ulrich received the Pulitzer Prize in history for A Midwife's Tale. With her appointment to Harvard University, Ulrich became the James Duncan Phillips Professor of Early American History. Most recently, she was appointed the 300th Anniversary University Professor at Harvard University. **For more information visit: www.aahn.org**

2012 International Nursing History Conference
Denmark, August 9-11, 2012
An international conference in Nursing History will take place at the Danish Museum of Nursing History. The conference will be run jointly by the Danish Society of Nursing History and the Danish Museum of Nursing History. More information concerning themes and call for abstracts is available at www2.dsr.dk/dshs

MEMBERSHIP RENEWAL

Remember to renew your membership. Your support is needed to carry out our mandate of information sharing to promote and preserve nursing history.

2010 ALLEMANG SOCIETY STUDENT PAPER PRIZE AWARD

HOME TO HOSPITAL: The Evolution of the Care of Childbearing Women through the 20th Century

Rachel E. Grant, Student at Trinity Western University, Langley, BC

Maternity Care Prior to the 20th Century:

Before and during the 1800s, birth was considered to be a normal process. Childbirth occurred in the home with the support of the woman's "family, female friends, and midwife" (Zwelling, 2008, p. 87). However, the mortality rate of mothers and babies was high due to infection (Zwelling, 2008). Due to the high mortality rates, the childbirth experience moved from home to hospitals. The purpose of this paper is to explore the journey of how the care of the childbearing woman evolved through the 20th century with a particular emphasis on nursing care.

Early 20th Century: Midwives vs. Physicians:

Prior to the 1920s, the maternity ward was not considered a desirable place to deliver, and only impoverished women had their babies in the hospital. However, the 1920s began to see a shift in society's attitude towards childbirth. Wealthy woman began choosing to deliver in the hospital, which resulted in the creation of "new maternity wings with private, well-furnished rooms, staffed by nurses and private physicians" (Simkin, p. 249). This period of time saw the shift from midwives to physicians as the primary caregivers of childbearing women, as well as the emergence of nurse-midwifery as a specialty area.

The public health nurses (the creators of prenatal care in the early 1900s), began pushing to "combine public health prenatal nursing care with the practice of midwifery to create a new specialty: nurse-midwifery" (Dawley, p. 87). This specialty area of nurse-midwifery pushed out the traditional midwives whose expertise came from experience. By 1930, midwives only attended 15% of births, down from 50% at the beginning of the 20th century (Dawley, 2003). Physicians began attending the majority of births, and childbearing became highly medicalized. Penny Simkin (1996) summarizes this change from midwifery to medicine:

> "The orientation of midwifery, which emphasized that birth was a normal process and that it was something the mother did with and which accepted some death and disability and inevitable and unpreventable, gave way to the medical orientation, which was based on the illness model (the pregnant body as a defective machine) on the beliefs that men can improve the natural process, and on the goal of zero mortality" (p. 249).

Hospital Care of Childbearing Women from 1900 to before WWII:

During the 1900s, women began birthing in hospitals. The meaning and attitudes towards childbearing began to change drastically during this time. What was once a "social and emotional event shared by a woman and her family members" became a "pathological, medical event conducted by strangers" (Zwelling, 2001, p. 2). Due to the introduction of aseptic technique, pharmacological pain relief (including twilight sleep and general anaesthesia) and doctors, the hospital became the preferential location to give birth, as opposed to within the home. It was this "desire for medicated childbirth [that] contributed to the demise of the midwife and of home birth" (Simkin, p. 249). Women did not want pain during childbirth, as they "equated pain with danger and freedom from pain with safety" (Simkin, p. 249).

Childbearing care was also highly medicalized during the postpartum period following birth, and care revolved around the healthcare professionals; "The postpartum experience was rigidly controlled by physicians and

nurses" (Zwelling, 2008, p. 85). Mothers were restricted to their beds for 10 to 14 days and treated as if they were ill, while newborns stayed in aseptic nurseries (Zwelling, 2008). During the hospital stay, babies were formula fed by the nursery nurse. Baby formula was also popular outside of the hospital not only because it was at the time thought to be better than breast milk (Simkin, 1996). Such practices as separation of mother and baby, asepsis, and formula feeding were considered "medically progressive at the time in that they reduced infant and maternal mortality" (Zwelling, 2001, p. 2).

Maternity Care During WWII and the Baby Boom:

During World War 11, females were working in factories performing jobs previously done by men. When the men returned home from war, the women quit their jobs, got married, and had children. The resulting sudden spike in the birthrate is called the Baby Boom, which lasted from about 1944 to 1962 (Martell, 1999). Maternity wards were already understaffed during WWII, and then found themselves dramatically overwhelmed during the Baby Boom. Along with overwhelmed maternity wards, the 1940s also saw a shortage of obstetricians and an increased demand for nurse-midwives. As a result of the nursing shortage, maternity nurses found they had to be highly efficient. This was particularly true of the nursery nurse, who often would find herself with 15 plus newborns to feed through the night. This was challenging task for nurses, but they made do; "Nurses found it impossible to hold each baby for feeding. They often resorted to propping bottles" (Martell, p. 391). A mother who insisted on breastfeeding on demand entailed more work for the already busy nursery nurse, particularly if the infant was a slow eater. Martell (1999) contains a personal from 1994 where C. Haywood, a nursery nurse during the Baby Boom, expressing the frustration felt by the nurses surrounding such situations:

> "Well, you sit there and work as best you could. And you probably did a little cursing under your breath. Then you hauled them back in [from mothers' rooms to the nursery] and fed them and you hoped they sharpened up and got a little better. You would feed them some. Quite often we would give them water to try to get them hungry" (p. 396).

The workload and expectations of nurses was largely dictated by the hierarchy in the hospital. The healthcare team was a pyramid, rather than a team, with physicians at the top, then the head nurse, ward nurses, and finally the patient at the lowest rung; "Working well with physicians implied that nurses enhanced the physician's position of authority and expertise" (Martell, p. 397). This model of healthcare delivery was not patient-orientated by any means, and the relationship between the doctors and nurses was "oppressive" (Martell, p. 401). Nurses exerted extreme control over how often moms were with their babies, and fathers were not permitted any contact whatsoever. Fathers could view their newborn through the window of the nursery, and children were not permitted on the maternity ward (Martell, 1999).

Despite the obvious problems within the set-up of the healthcare team, maternity care was revolutionized thanks to two major medical developments during the war; "Wartime development of antibiotics and early ambulation reduced postpartum complications" (Martell, p. 388). With antibiotics, previously deadly infections could be treated, and early ambulation prevented thromboembolytic events. However, ambulating women early made the nurses nervous at first. Martell (1999) contains a personal communication from 1994 where A. Lindsay, a maternity nurse in 1944, commented on nurses' fears regarding early ambulation:

> "We were scared to death to get them up. You never, when they first sat up, left their side because you were afraid that they would have phlebitis and clots and stuff like that and embolisms. We never left their side for a couple or three days until we got them going and

> we knew they were all right. And then, of course, we were sure they were going to have a prolapsed uterus because they got up so soon" (p. 392).

Aside from the physiological benefits of early ambulation, other benefits to mobile mothers were discovered, including teaching. No longer being bedridden promoted patient education within the hospital as "early ambulation enabled women to attend classes on the unit" (Martell, p. 389).

Maternity care changed drastically during the Baby Boom. At the beginning of the Baby Boom, childbirth was managed with "heavy sedation, instrumental deliveries, and episiotomies" (Martell, p. 391). Following an uncomplicated vaginal delivery, a woman could expect to be in hospital for about five days (Martell, 1999). The goal was not patient teaching or family-centered care, rather for the mother to "rest and sleep as much as possible before discharge" (Martell, p. 391). One pivotal change was the introduction of the concept of infant's rooming-in with their mothers instead of staying in an aseptic nursery. Not only did this promote bonding and attachment, but also "offered numerous opportunities for teaching" (Martell, p. 389). However, this change was slow, and in many situations rooming-in was not possible.

After the Baby Boom

The 1940s and 1950s contained an expansion in the profession of nurse-midwife Dawley, 2003). Nursing shortages continued after the Baby Boom, and one-on-one labour support became difficult to acquire. Advances in technology and increased amounts of documentation required also took away from bedside nursing (Zwelling, 2008). With such a lack of individualized care, it is no surprise that this time period began to see an expansion in nurse-midwifery. Dawley (2003) outlines four factors occurring at the time influenced this shift: "1) the strong nursing leaders who shaped the profession's early development, 2) the movement of birth from home to hospital, 3) the childbirth education movement, and 4) the re-emergence of feminism" (p. 86).

The 1950s saw an outcry for birth and postpartum care to become less medicalized and strict, allowing more time with family and the baby (Zwelling, 2001). However, no change would be seen for many years. Health care professionals were hesitant to break away from aseptic technique, which had proven itself effective in preventing infection and reducing the mortality rates. Medical staff would rather play it safe by separating mother and babe. As a result, the switch of maternity care being physician-centered to family-centered was slow moving. Major change was not seen until the 1960s families began moving towards natural childbirth (Simkin, 1996). As a result, in the 1960s and 1970s "Home birth, midwifery care, and breastfeeding made a comeback among the trend-setting, well-educated middle class" (Simkin, p. 250).

The 1970s and 1980s saw an increase in lawsuits due to medical malpractice (Zwelling, 2008). This caused childbirth to shift back once again to highly medicalized, as physicians began monitoring women excessively and taking additional safety precautions out of fear of litigation. This led to an increase in medical interventions in childbirth. "Statistical trends have shown a steady increase in past decades for such procedures as medical or elective induction of labour, electron fetal monitoring (EFM), amniotomy, forceps, vacuum extraction, and caesarean births" (Zwelling, 2008, p. 87). Some of these procedures are not even necessary, but performed regardless.

Conclusion:

Upon close review of the historical material, one would argue that the largest influence on standards for birth is the consumer. Despite being at the bottom of the hierarchical pyramid, medication is often largely controlled by

expectations and attitudes of society at the time. This continues today. While once the focus was hand-washing and other such infection control methods, the focus is now on avoiding litigation do to "consumer's zero tolerance for any bad occurrence" (Zwelling, 2008, . 89). This journey of maternity care is not over yet. The next problem facing maternity care is "a philosophical struggle between the desire to make birth a normal event in the lives of families and the ever-growing perceived need for technology to provide state-of-the-art, safe care" (Zwelling, 2008, p. 85). Hopefully the 21st century will be able to strike a balance between nature and technology that the 20th century missed the mark on.

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HISTORY OF NURSING WRITING PRIZE

The Allemang Society is offering a prize of $250 for the best essay in the history of nursing written by a student in the year September 20011 through June 2012.

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, 2011.** The prize will be awarded at the 2011 AGM.

Papers may be submitted either by email 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 email. The accompanying two copies should have no identification.

Please send papers to:
Lynn Kirkwood
56C Concession Street
Box 344, Westport, ON KOG 1X0
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BOOK REVIEW

Notes on Nightingale: The Influence and Legacy of the Nursing Icon

Cornell University Press, Ithaca, New York 2010
Edited by Sioban Nelson and Anne Marie Rafferty

The centenary of the death of Florence Nightingale was in 2010, and the book highlights various aspects of hat life and career. She was a great woman of the Victorian era; a complex individual, writer and formidable thinker. The book is well researched and each author describes some of the many facets of her life and personality. It brings a different approach and analysis to her many projects and endeavours. Each of the seven chapters describes an aspect of her influence on the profession of her time and of the future, and provides a provocative nursing history lesson.

OBITUARIES

This section is to recognize the contributions of past nurses and others to the health profession and to society as a whole. Their accomplishments are noteworthy.

SYLVIA BURKINSHAW: 1919 – 2011

Sylvia passed peacefully on Sunday May 1st in her 92nd year. Sylvia will be remembered by former staff and students at Kingston General Hospital as always being strict but fair. She displayed a confident leadership style that assumed she was right and that her orders would be carried through. She was one of the last Nightingale matrons and the first Chief Nursing Officers.

Sylvia joined the Queen Alexandra's Royal Naval Nursing Service in 1942 after completing her nursing training at Scarborough General Hospital in Yorkshire, England and midwifery training at the Queen Charlotte Hospital in London. She spent much of the war in Bermuda – an idyllic posting with little rationing and pleasant living conditions. Following the war she received a Florence Nightingale Scholarship to study at the University of Toronto and later completed her degree at McGill. She accepted the position of Superintendent of Nurses at KGH in the 1961. She was early on aware of changes in nursing and health care delivery and played a major role in KGH reforms.

Her retirement in 1984 no way severed her ties with the hospital or with service to others. She was actively involved in volunteer work at KGH, The Salvation Army, St. John Ambulance and St George's Cathedral. She received a number of Honors and Awards over the years including: Dame Justice of the Order of Jerusalem, Commander of the Order of St. Lazarus of Jerusalem, and the Paul Harris Fellow of Rotary International. Her latest award came in 2006 – The Davis Award for Philanthropic Leadership from KGH (Ontario0 Hospitals Joint Advancement Foundation. She will long be remembered for her contribution to health care in Kingston.

(Submitted by Lynn Kirkwood).

Page, Margaret passed away on March 3, 2011 at her home in Bethammi, St. Joseph's Heritage. She was born in Perth County where she received her early education. Margaret trained at the Victoria Hospital, London, ON, and later received a Certificate in Public Health Nursing from the University of Western Ontario; a Diploma in Advanced Public Health Nursing from U of T; a Bachelor of Science in Nursing from Lakehead University; and a Master of Public Health from the University of North Carolina.

Early in her career Margaret worked as a Public Health Nurse at the Thunder Bay Regional District Health Unit, and later was Regional Nursing Consultant for the Ontario Ministry of Health. She was appointed Assistant Professor at Lakehead University in 1973, and from 1977-80 was Director of the School of Nursing.

Margaret had a keen interest in developing countries and was invited to the University of Malawi to establish a university school of nursing at Kamagu College; she later became Principal. She was a Visiting Professor at McMaster University and Faculty Field Advisor to the McMaster/Aga Khan/CIDA project in Karachi, Pakistan, and was later appointed Mission Leader and Evaluator.

Her professional activities were many, serving on numerous committees and boards. She was President of the RNAO from 1964-65. She was an active member of the Naval Reserve and served as a Nursing Sister, HMCS Griffin, Thunder Bay and was appointed Honorary Lieutenant Colonel 18 (Thunder Bay) Medical Company. She was also a Dame of the Military and Hospitalier Order of St. Lazarus of Jerusalem and Past commander of the Thunder Bay Commandery.

Margaret received many honors and awards among them, the Order of Canada, Fellow of Lakehead University, the Student Health Centre was named after her, and Lakehead University established a graduate nursing scholarship in her name. Margaret's presence was always felt, her passions for life admired, her mentorship always appreciated. She will be greatly missed by all those who had the privilege of knowing her.
[Excerpts from The Chronicle Journal, March 6, 2011.]

Donovan, Genevieve age 96 died on Tuesday, April 19, 2011, in Antigonish. She obtained her registered nurse certificate from St. Michael's \hospital School of Nursing, 1942. Genevieve then studied Public Health Nursing at U of T. During WW11 she served as a nurse (Second Lieutenant) in Sydney and Halifax. She spent most of her professional career at St. Michael's Hospital as an Instructor; a place she dearly loved. She later retired to Antigonish where she enjoyed playing golf and bridge.
[Excerpts from Toronto Star, May 7, 2011.]

Nelson, Dorothy K. died peacefully at Sunnybrook Health Sciences Centre on Wednesday, March 9, 2011 at the age of 96. Dorothy graduated from Saskatoon City Hospital. She then taught at the Nursing faculty, U of T, and later was Director of the Nursing Unit Administration Program for a number of years.
[Excerpts from Toronto Star, March 18, 2011.]

Midmer, Deanna Kathleen, BscN, MEd, EdD died at Sunnybrook on March 25, 2011. She was Associate Professor and Research Scholar, Department of Family & Community Medicine (U of T); Co-founder and Executive Director of ALPHA, project CREATE, and PRIMA; Lamaze instructor certifier; Registered Nurse; founder of Mt Sinai Hospital Prenatal and Family Life Education Program; and family therapist. Friends described her as authentic, intelligent, caring, courageous, strong and capable human being.
[Excerpts from Globe and Mail, March 29, 2011.]

Slevin, Agnes Viola (nee Knott) died December 6, 2010 at Oakville-Trafalgar Hospital, at age 93. She attended Toronto Bible College then entered nursing in 1973 at Oshawa General Hospital. Joining the RCAF in early 1943 as a Nursing Sister she was stationed in RCAF bases across Canada, ending service in the Yukon Territories. She left the RCAF in 1951 to continue her career in Public health Nursing. [Toronto Star, December 9, 2010.]

White, Grace RN, died March 24, 2011. Grace was a member of the Allemang Society, and a graduate of the TGH School of Nursing 1944. She spent her career on staff at TGH for forty years as Head Nurse on a Medical Unit. After retirement she became an active member of Meals on Wheels delivering meals for SPRINT. [Excerpts from Toronto Star and the Bayview Post.]

Wylie, Norma Augustine was born August 22, 1918. At the age of 19 Norma entered the nursing program at Saskatoon City Hospital graduating in 1941. This was soon followed by obtaining a teaching certificate from the University of Toronto. When she made her career choice she had no idea that her profession would take her to England for two years as a nursing sister in the Canadian army in WWII. She returned to work in a veterans' hospital in Calgary for four years but she longed to apply her education to teach nursing. Her first of many 'firsts', Norma took up the challenge of being the first In-service Educator for nursing staff at the Vancouver General Hospital, before attending the UBC to receive her BScN. Norma came to embrace a global vision for service which eventually involved her in the WHO. Her placement in Singapore and later Malaysia reinforced her sense of vocation. During these years she took time out to get her Master of Science in Nursing, University of California specializing in psychiatric nursing. By 1967 she said goodbye to Kuala Lumpur, Malaysia and returned to Canada to accept the offer to come to Hamilton, ON and open up the new and innovative McMaster University Medical Centre as its first Director of Nursing. Six years later when she resigned she spent time at St. Christopher's Hospice, London, England. Returning to Canada once again she then took a position as Associate Professor of Nursing at Dalhousie University and a Clinical Specialist at the Victoria Hospital in Halifax. At the age of 60, Norma became a Full Professor with tenure in the Faculty of Medicine at the University of Springfield, Illinois before she retired. During her retirement she taught in China and was made an honorary professor at Sun Yat-Sen University.

Editor Newsletter

Jaime Lapeyre. jaime.lapeyre@utoronto.ca

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