Nursing for the Grenfell Mission: Maternalism and Moral Reform in Northern Newfoundland and Labrador, 1894-1938

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ABSTRACT

From 1894 onwards, the Grenfell Mission was a powerful, foreign influence in northern Newfoundland and Labrador. In spite of its vast army of volunteers and staff members, historians have been overwhelmingly concerned with the activities of Wilfred Grenfell, the Mission's founder. But in the Mission behind the man, it was women who did the majority of the day-to-day work. Within this female workforce, nurses were a key component. Nurses were central to the Mission's operations on two levels. First, they performed a wide range of duties, both medical and non-medical, which kept the Mission running smoothly. Second, they were strategically central to the Mission's objectives of "improving" the local people. In accordance with maternalist rationales of the early twentieth century, the official Grenfell discourse deemed nurses ideally suited to moral reform work because it was felt that "essential" female virtues like sympathy, selflessness, and domesticity had been moulded into a model of bourgeois femininity by their professional training. As the female embodiment of a "superior" culture, nurses were supposed to reform the local people according to the Mission's Anglo-Saxon, middle-class vision of how life should be.

When the maternalist rationale for nurses' importance is measured against an examination of the daily realities of Grenfell nursing, a tripartite gap emerges between discourse and real life. First, the conservative gender ideology obscured the fact that Grenfell nursing was, fundamentally, an exceptional female work experience. In shouldering a wide

range of duties at isolated Mission stations, Grenfell nurses enjoyed high levels of independence, authority, and adventure. Second, by portraying nurses as smiling angels-of-mercy, the official discourse denied both the unpleasant realities of that experience, as well as individual deviation from the ideal. Grenfell nursing was, first and foremost, hard work; female independence was ultimately circumscribed by a male-dominated Mission hierarchy; and Grenfell nurses were not always respectful of Mission policies nor doctors. Third, by portraying nurses as timely heroines, the official discourse shrouded the less admirable aspects of their work. In keeping with their own cultural influences, nurses' reform efforts were often marred by a distinct lack of respect for the local people and their way of life. Rooted in middle-class assumptions about "proper" lifestyle, nurses' reform initiatives were often elitist and, through their focus on local women, highly gendered. A full examination of Grenfell nursing must balance the admirable quality of nurses' work against the problematic aspects of that opportunity.

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Chapter 1
Introduction

In the winter of 1929, Nurse Kate Austen was a long way from home. The remote Labrador hospital where she worked had little in common with Sydney, Australia. Harsh winter weather, in particular, was a constant challenge. Returning to the hospital one snowy evening, Austen plunged nine feet down into a massive snowdrift. Panic-struck, she kicked and beat at the snow as it fell in around her, but all efforts to crawl out were futile. To make matters worse, there was little chance of being rescued; she had been on an emergency house call and it was already close to midnight. Galvanized by the indignity of dying so close to the hospital door after months of risky winter travel, Austen remembered the tale of a local man who had been similarly trapped. Following his example, she used one snowshoe as an adjustable platform and the other to dig her way up and out of the massive drift. Half an hour later, Austen staggered, exhausted, to her bedroom above the quiet hospital.[1]

Austen's narrow escape from the snowdrift and many other remarkable tales from her three-year stint in Labrador were recorded by her husband, Elliott Merrick. Published in 1942, Northern Nurse is the story of Austen's employment with the Grenfell Mission of northern Newfoundland and Labrador from 1928 to 1930. At North West River in 1929, Austen was the only medical help available for hundreds of miles -- a responsibility which

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[1]Elliott Merrick, Northern Nurse (Woodstock, Vermont: The Countryman Press, 1942) 173-174.

was frequently complicated by a rugged terrain and severe climate. Certainly, such a high degree of outdoor adventure was not typical of the nursing profession. Fortunately, Kate Austen was no typical nurse, as this book makes abundantly clear. But Austen's experience was not as unusual as one might suppose. In fact, many other foreign nurses struggled with the same circumstances.[2] Although only a select few have had their stories published, between 1894 and 1938, roughly 350 nurses were employed by the Grenfell Mission of Newfoundland and Labrador.[3] Like Kate Austen, the vast majority of these nurses were foreign women, largely from Canada, the United States and the British Isles, who travelled

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[2]Other published biographies/memoirs of Grenfell nurses include Bessie Jane Banfill, Labrador Nurse (London: Robert Hale, 1954), Dora Elizabeth Burchill, Labrador Memories (Shepparton, Victoria: Shepparton News Publishing Co., 1947), Floretta Elmore Greeley and Hugh Payne Greeley, Work and Play in the Grenfell Mission (New York: Fleming H. Revell, 1920), Dorothy Jupp, A Journey of Wonder and Other Writings (New York: Vantage, 1971), Millicent Blake Loder, Daughter of Labrador (St. John's: Harry Cuff, 1989), and Judith Power, Hazel Compton-Hart: Angel from the North (St. John's: Jesperson, 1995).

[3]This total has been obtained, in part, by compiling names found in the "Reports of the Staff Selection Committee" which appear in the July issues of Among the Deep Sea Fishers from 1914 onwards. Between 1914 and 1938, 279 nurses worked for the Mission. Apart from the possible existence of the occasional nurse whose name did not make the Reports (because of publication timing), the post-1914 figure is reasonably accurate. Prior to 1914, no such reports exist. 39 different nurses have been distinguished for this period through passing mention of their names. Since the pre-1914 information is far from comprehensive, I estimate that although 321 nurses definitely worked for the Mission, missing names would probably bring the total closer to 350. In addition, I have supplemented the official lists with the names of nurses married to Grenfell doctors; though the Mission did not credit them with nurses's status, their names have been included if they appear to have been formally trained as such, and continued to perform a nurse's duties after marriage. This total does not include the young women who were hired as nurses' aides, but lacked professional training as nurses.

to a remote region of Britain's oldest colony to fill unusual nursing positions. These women are the central subjects of this thesis. What was it like to nurse for the Grenfell Mission? What positions did nurses occupy in the Mission's structure and agenda? How did nurses interact with co-workers and local people? Answers to these questions are based on the experiences of more than 350 women who nursed for the Grenfell Mission between 1894 and 1938.

Most Grenfell nurses travelled thousands of miles to offer their services -- services which were required by the expansion of the Grenfell Mission across northern Newfoundland and Labrador in the same decades. This expansion had its roots in an 1892 journey to Newfoundland by a British medical missionary. Wilfred Thomason Grenfell came as a doctor representing the Royal National Mission to Deep Sea Fishermen, a British missionary organization devoted to meeting the medical and spiritual needs of Britain's North Sea fishing fleet. Officials of the Mission to Deep Sea Fishermen had been alerted to allegedly deplorable living conditions in Newfoundland's Labrador fishery. Grenfell was sent to investigate whether or not the Labrador fishermen were in need of the Mission's commitment to "rescuing" the fishermen of the British empire. From his first glimpse of a St. John's still smoldering after the Great Fire of 1892, Grenfell was convinced that the fishing people in this corner of the empire were badly in need of outside help.

Grenfell's conviction was intensified by a voyage along the Labrador coast. Several different groups of people were living in this region of the colony. First, there were the

native Innu (then known as Nascopie and Montagnais Indians) who kept largely to the interior of Labrador. Second, there were the permanent settlers or "livyers" who were descendants of British, Irish, Scottish, and Newfoundland traders and sailors, many of whom had intermarried with the native peoples. Lastly, there were the migratory fishing people who came north from Newfoundland every spring/summer for the annual "Labrador fishery." The people of the Labrador fishery were subdivided into "floaters" who lived aboard vessels moving from one harbour to the next in search of fish, and "stationers" who brought their families ashore and lived in dwellings (some basic, others quite substantial) that they had either purchased or built for themselves in previous years. Both floaters and stationers usually stayed until the fishing season ended in the autumn. For all of these people, survival in the harsh Labrador environment was a full-time task. The resident Innu and livyers depended upon seasonal use of the natural resources; in the winter they lived in sheltered bays where they hunted and trapped, while in the spring many livyers moved to fishing stations for seal and cod.[4] "Living off the land" in the severe Labrador climate was a precarious existence and a constant challenge.

The migratory fishing people fared little better. Though Newfoundland was well-known in Britain for its seemingly inexhaustible cod stocks, there was little "trickle down" to those who actually caught the fish. In the economic relationships of the "truck system," settlers received food and supplies on credit from the local merchants -- a system which

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[4]John C. Kennedy, "The impact of the Grenfell Mission on southeastern Labrador communities" Polar Record 24,150 (1988) 199.

invariably favoured the merchant "fishocracy" and pinned fishing families in a vicious circle of inescapable debt. By the end of the nineteenth century, a gross inequality of wealth separated the upper class of merchants from the lowest class of fishermen.[5] Grenfell's arrival came at a time when these injustices were in particularly sharp relief due to the collapse of the Newfoundland economy in the late 1880s and early 1890s; Labrador's migratory fishing people felt the sting of a drastic decline in the salt codfish prices which formed the backbone of the colonial economy.[6]

Apart from a Moravian missionary preoccupation with the Inuit of the far north (dating back to 1752), there was little outside attention to the well-being of these people. The distant colonial government in St. John's sent the occasional doctor to Labrador for a brief visit, but by and large continued to reflect the vested interests of an entrenched merchant class. For Newfoundland's governing elite, fierce religious sectarianism overshadowed any concern for the population's well-being. Government attention to public health consisted only of *ad hoc* responses to health emergencies until well into the twentieth century. As was the case in the isolated outports of the Island of Newfoundland, formal

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[5]S.J.R. Noel, Politics in Newfoundland (Toronto: University of Toronto Press, 1971) 21.

[6]Ronald Rompkey, Grenfell of Labrador: A Biography (Toronto: University of Toronto Press, 1992) 38. Shannon Ryan explains that "access to foreign markets had always been a deciding factor in the development of the Newfoundland cod fishery." In the 1880s, there was an expansion in total world exports of saltfish, especially in French exports to Spain and Italy. The result was a "decreased demand and lower prices for Newfoundland fish." See Shannon Ryan, Fish Out of Water: The Newfoundland Saltfish Trade, 1814-1914 (St. John's: Breakwater, 1986) 242.

education was virtually non-existent in Labrador and church officials were few and far between. It was this void which beckoned to the ambitious Grenfell. In 1893 he returned to Newfoundland with two doctors and two nurses. By 1894, Grenfell and his entourage had made extensive medical trips along the Labrador coast and established two rudimentary hospitals, one at Battle Harbour and one further north at Indian Harbour. Soon after, Grenfell chose St. Anthony, on the tip of Newfoundland's Northern Peninsula, as a third hospital site and headquarters. But as a missionary man, Grenfell was not satisfied with medical work alone. In accordance with Christian evangelical thinking of the Victorian era, Grenfell (like the Mission to Deep Sea Fishermen in general) emphasized the moral imperative of improving "inferior" peoples. At first, this took the familiar form of a missionary preoccupation with "saving souls." Though the religious influence was later diminished in favour of a more general emphasis on "improving the local character," the underlying motivation remained, in essence, the same. Grenfell and his foreign co-workers saw themselves as "carrying civilization to ... a dark and neglected corner of the British empire."[7] And to facilitate the desired reform of what one doctor called the "densely ignorant fisherfolk," they felt they needed a lot more than three small hospitals.[8] Over the next decades, Grenfell oversaw the establishment of a network of hospitals, nursing stations, industrial projects, co-operatives, orphanages, and schools throughout northern

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[7]Editorial, Toilers of the Deep (September, 1895) 236. Please note that hereafter, this periodical is cited as Toilers.

[8]Dr. Bennett, Toilers (January, 1895) 17.

Newfoundland and Labrador. Initially, this was achieved through financial backing from the Mission to Deep Sea Fishermen and some donations from St. John's merchants, but Grenfell's ever-widening goals soon outstripped these resources.[9] By the turn of the century, Grenfell was lecturing in cities throughout England, Canada, and the United States to solicit private funding from prominent citizens and philanthropists. The Newfoundland project became increasingly independent from the Mission to Deep Sea Fishermen as a determined Grenfell forged new ties across North America. The separation was made official in 1914 with the incorporation of the International Grenfell Association, a governing body for the five supporting associations based in Ottawa, Boston, New York, St. John's, and London.

In this way, the Grenfell Mission rapidly evolved into a mammoth and international institution, the breadth of which makes the thinness of the historiography all the more remarkable. Most of the existing literature on the Grenfell Mission is devoted to promoting

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[9]Ronald Rompkey points out that this was the first time a philanthropic scheme was able to attract donations from the St. John's merchants. Flooded with hospitality and generous offers, Grenfell soon realized that 1893 was an election year in which a nasty political battle was being fought between Whiteway's Liberals and the Tories led by Grieve and Monroe. Following Grenfell's public report (1892) of the appalling conditions in Labrador, both sides wanted to be associated with Grenfell's highly publicized philanthropic activities. See Rompkey, preface to Labrador Odyssey: The Journal and Photographs of Eliot Curwen on the Second Voyage of Wilfred Grenfell, 1893 (Montreal: McGill-Queens, 1996) xxviii. That Grenfell had no trouble securing funds for the hospitals at Battle Harbour and Indian Harbour does not, therefore, call into question the stated self-interest of the merchant-dominated government. But it should be noted that any alliance between Grenfell and the St. John's merchants was, ultimately, short-lived. In subsequent years, Grenfell became convinced that the exploitative truck system was responsible for much of local hardship; this opinion alienated him from merchant support. See Rompkey, Grenfell of Labrador, 89.

a heroic image of its founder -- a tradition begun by Grenfell himself in the barrage of books accompanying his fundraising campaign.[10] In the same tradition, heroic biographies of Grenfell abound. J. Lennox Kerr's Wilfred Grenfell: His Life and Work (1959) typifies these works in its absence of historical analysis or criticism. [11] More recently, a scholarly treatment of Grenfell's life has been written by Ronald Rompkey. [12] However insightful Grenfell of Labrador may be, Rompkey's work, like the other biographies, remains (as intended) a history of a man, not a history of the broader mission project.[13] Indeed, with the exception of a BA Honours thesis, a brief article by an anthropologist, and the prefaces to two collections of documentary history, there is no history of the "mission behind the man."[14]

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[10]Grenfell was a prolific writer; apart from countless articles, he also wrote numerous books, including, Down North on the Labrador (New York: Fleming H. Revell, 1911), Forty Years for Labrador (Boston: Houghton Mifflin, 1932), The Romance of Labrador (New York: Macmillan, 1934), A Labrador Doctor: The Autobiography of Wilfred Thomason Grenfell, MD. (Oxon), C.M.G. (Boston and New York: Houghton Mifflin, 1919), and Vikings of Today, or Life and Medical Work Among the Fishermen of Labrador (London: Marshall Brothers, 1895).

[11]J. Lennox Kerr, Wilfred Grenfell: His Life and Work (New York: Dodd, Mead, and Co., 1959). Other examples of Grenfell biographies/heroic sagas include R.G. Martin, Knight of the Snows: The Story of Wilfred Grenfell (Fort Washington, Penn.: Christian Literature Crusade, 1974), Basil Miller, Wilfred Grenfell: Labrador's Dogsled Doctor (Grand Rapids: Zondervan, 1965), and Alec Richards Evans, Wilfred Grenfell, (London: Oliphants, 1954).

[12]Rompkey, Grenfell of Labrador.

[13]See J.K. Hiller, "Grenfell and His Successors" Newfoundland Studies 10,1 (1994) 124-131.

[14]Vincent Porter, Dr. Wilfred Grenfell and the Founding of the Grenfell Mission, 1892-1914. BA Honours thesis, (St. John's: Memorial University of Newfoundland, 1975);

But there was more to the Grenfell Mission than Grenfell himself. Indeed, remembering the Mission's vast network of hospitals, nursing stations, orphanages, schools and industrial projects, it is obvious that many people besides Grenfell were responsible for its functioning. It is well known that in addition to paid staff members, the Grenfell Mission recruited young volunteer workers known as "WOPs" from American university campuses.[15] It is less well-known, though perhaps not surprising, that in this army of paid and unpaid workers, it was women who did the majority of the day-to-day work. Accounting for 53% of the Grenfell staff between 1914 and 1938, women filled the ground-level positions of nurses, teachers, industrial workers, and community workers.[16] Nurses, in turn, represented

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John C. Kennedy, "The impact of the Grenfell Mission on southeastern Labrador communities" Polar Record 24, 150 (1988) 199-206; Patricia O' Brien, ed., The Grenfell Obsession: An Anthology (St. John's: Creative Publishers, 1992) ix-xi.; and Ronald Rompkey, ed., Labrador Odyssey: The Journal and Photographs of Eliot Curwen on the Second Voyage of Wilfred Grenfell, 1893 (Montreal: McGill-Queens Press, 1996) xx-xxxii. Brief mention of Grenfell nurses is made in John Murray Gibbon's Three Centuries of Canadian Nursing (Toronto: Macmillan, 1947) 286-288. A narrative history of nursing in Newfoundland also includes several pages on the Grenfell Mission and its first nurses, Cecilia Williams and Ada Cawardine. See Joyce Nevitt, White Caps and Black Bands: Nursing in Newfoundland to 1934 (St. John's: Jesperson, 1978) 26-33.

[15]Although it is generally accepted that "WOP" was an acronym for "without pay," the term actually originated when a young American volunteer complained that the manual labour expected of him was fit only for "wops" -- a racist term for Italian-American workers. See Rompkey, Grenfell of Labrador, 243.

[16]The 53%-female statistic would be much higher were if not for the boatloads of young American "college boys" who arrived each summer to volunteer their time doing odd jobs such as cutting wood, painting, and carpentry. The majority of these volunteers stayed only two months. Though an exact pre-1914 percentage can not be obtained, I estimate that a slim female majority would also hold for these years.

54% of this female work force, acting as both summer volunteers and full-time salaried staff members.

Grenfell nurses were a large and diverse group of women that was, nonetheless, bound by several common attributes. First, they were overwhelmingly "from away." Only 13 of the 350-odd nurses who worked for the Mission between 1894 and 1938 were actually from Newfoundland or Labrador: 68.8% were from the United States; 12.5% were from Canada; and 7.5% were from the British Isles.[17] This ranking remained relatively constant between 1894 and 1938, but the exact proportions were subject to some variation (See Appendix A). Although the Grenfell Mission's first nurses, like the rest of the early staff, were British, the period from 1894 to 1913 was ultimately dominated by an American majority of 40.5%. Dividing the remaining years into five-year blocks, we see that from the 1914-18 period to the 1924-28 period, the American nurse-majority hovered around 78%. Canada and the British Isles remained in second and third place respectively. By 1934-38,

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[17]The remaining 11.2%was comprised by Newfoundlanders (4.9%), those of unknown origin (3%), and those who did not fit any of the above categories (1.9%). These figures were calculated through analysis of the "Report of the Staff Selection Committee" which appeared in the July issues of Among the Deep Sea Fishers from 1914 onwards. The reports listed the names and training schools of nurses for each year. Because some nurses may have trained in foreign countries, these figures are subject to error. Foreign training has been accounted for in most cases; the actual places of origin were obtained through passing mention in Among the Deep Sea Fishers or Toilers of the Deep. Note that these calculations are based on the geographic origins of new, incoming nurses in each period. If a nurse arrived in 1917 and stayed until 1923, she was counted only once, for the first period.

the American majority fell to 52.9%, largely due to an influx of nurses from the British Isles (20.6%). Whatever the proportional variations, Grenfell nurses were definitely outsiders.

The second shared attribute stems from the Grenfell Mission's stipulation that all prospective nurses be graduates of a professional nurses' training school. Fortunately, there was no shortage of these institutions. Indeed, at the same time as Grenfell was securing a foothold in Newfoundland, nursing education programs were proliferating across Western Europe and North America. Historians of nursing root this proliferation in the transformation of nursing which occurred in the late nineteenth-century. Before then, caring for the sick was the unglamorous and unadmired task of untrained domestic servants, but beginning in the 1870s and 80s, reformers such as Florence Nightingale turned this situation on its head. In a relatively short period of time, nursing became a formalized and respected profession for single, middle-class women. Pioneering historian of nursing, Brian Abel Smith, saw these reforms as responding to the needs of the female portion of the burgeoning middle class; he argued that the transformation of nursing into a respectable profession provided a socially-acceptable option for the daughters of this class.[18] Though historians have since disputed the meaning of the transformation accompanying professionalization, no one denies that it occurred. Historians also generally accepted that the fledgling nursing profession was, indeed, dominated by young, middle-class women.[19] This point has recently

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[18]Brian Abel-Smith, A History of the Nursing Profession (London: Heineman, 1960) 17.

[19]This claim was made by early historians (such as Abel-Smith) as well as more recent feminist revisionists. For the British case see Martha Vicinus, Independent Women

been contested, in the Canadian context at least, by Kathryn McPherson. In Bedside Matters: The Transformation of Canadian Nursing, 1900-1990, she argues that contrary to popular belief, "Canadian nurses hailed from a range of family backgrounds -- middle class, working class, and agricultural."[20] As for the nurses of the Grenfell Mission, there is evidence to suggest that while many came from wealthy families, others did not.[21] For the purposes of this thesis, the class backgrounds of individual nurses matter less than the general transformation of nursing's image. Whether the wealthy daughter of a prominent New England family, or a struggling young British woman of working-class origins, all Grenfell nurses were the recipients of a nursing education which prided itself on an image of middle-class, feminine decency.

(London: Virago, 1985). For an example of this argument in the Canadian context, see Pauline Jardine, "An Urban Middle-Class Calling: Women and the Emergence of Modern Nursing Education at the Toronto General Hospital, 1881-1914" Urban History Review 17 (February) 179-190.

[20]Kathryn McPherson, Bedside Matters: The Transformation of Canadian Nursing, 1900-1990 (Toronto: Oxford University Press, 1996) 12.

[21]When American nurse Amelia Forbes arrived at Pilley's Island in 1911, the head nurse was pleased to hear that she came from "a most interesting family of wealth and position." See Hugh Payne Greeley and Floretta Elmore Greeley, Work and Play in the Grenfell Mission (New York: Fleming H. Revell, 1920) 84. When British nurse Gwendolyn Bloomfield applied to the Mission, however, her letter of reference explained that Bloomfield's struggling parents "were not able to provide as much financial assistance as is usual in a young nurse's career." See Provincial Archives of Newfoundland and Labrador (PANL), International Grenfell Association Collection (IGAC), MG 63, Part 2, Personnel Files, "Gwendolyn Bloomfield," Kathleen Spencer to Katie Spalding, January 1, 1937.

With a professional degree in hand, trained nurses could secure positions in hospitals and asylums, in the private residences of well-off patients, or with public health organizations.[22] But Grenfell nurses were seeking something different. In fact, their third common attribute was the desire for an unusual work experience. Aspiring Grenfell nurses were enthralled by the adventure of "doing good" in a faraway place -- an adventure which was widely publicized. At least one nurse read a biography of Grenfell; another heard an interview with Grenfell on the radio; yet another attended one of Grenfell's lectures at her training school.[23] All of these publicity avenues emphasized the challenge and adventure of nursing for the Grenfell Mission. And these characteristics held a strong appeal for those women who applied. Successful applicants variously described their motivations as a youthful need to challenge oneself, a desire for relief from routine hospital work, and a thirst for the thrill of unknown lands.[24] Indeed, the "wilds" of distant Labrador were a clear selling

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[22]Kathryn McPherson qualifies that in the early decades of the twentieth century most Canadian graduate nurses worked for private patients. With the exception of supervisory positions, most hospitals relied on the cheap labour of apprenticing student nurses. See McPherson, Bedside Matters, 5.

[23]British nurse Mary Penelope Barnard was intrigued by a radio interview with Grenfell she heard in 1934. See PANL, IGAC, MG 63, Part 2, Personnel Files, "Mary Penelope Barnard," Barnard to Grenfell, December 14, 1934. Helen Banyard Kirby read one of the numerous Grenfell biographies. See Centre for Newfoundland Studies Archives (CNSA), Joyce Nevitt Collection (JNC) #177, 12.10.028, "Helen Kirby - IGA." Lastly, Bertha McElderry attended a lecture by Grenfell at Johns Hopkins School of Nursing in Baltimore. See Bertha McElderry, "A Nurse's Plea for Endowment" Among the Deep Sea Fishers (April, 1921) 8. Please note that hereafter, this periodical is cited as ADSF.

[24]Mary Penelope Barnard appreciated that Grenfell nursing would be difficult, but felt that "if we don't do hard things while we are young, we never shall." See PANL, IGAC,

point for nurses with "missionary" or "pioneering" spirits.[25] For most of these thrill-seeking women, Grenfell nursing was, by and large, a short-term adventure. Though it is difficult to distinguish between those nurses who volunteered only for the spring/summer season and those who stayed on as paid staff members throughout the winter, 70% of nurses stayed with the Grenfell Mission for only 1-2 seasons/years. 26% stayed for 2-5 seasons/years, and only 4% worked with the Mission for longer than 5 seasons/years. Taken together, the relatively short tenure with the Mission, along with adventurous motivations, foreign origins, and professional training, were the dominant features of the 350-strong group of women who nursed for the Grenfell Mission between 1894 and 1938.[26]

MG 63, Part 2, Personnel Files, "Mary Penelope Barnard," Barnard to Grenfell, December 14, 1934. Helen Banyard was "attracted to the Mission because it seemed to offer such a different life from that spent in an English hospital." See CNSA, JNC #177, 12.10.028, "Helen Kirby -- IGA." Dora Elizabeth Burchill craved "the thrill of the unknown, vast distances of uninhabited country." See Dora Elizabeth Burchill, Labrador Memories (Shepparton, Victoria: Shepparton News Publishing Co., 1947) 19.

[25]In 1910, several Canadian nurses set out for the Grenfell Mission with the sense of "going into the real wilds." See editorial, ADSF (January, 1910) 23. In 1930, Nurse Murdoch said that Grenfell nursing appealed to her "missionary spirit." See PANL, IGAC, MG 63, Part 2, Personnel Files, "Wilhelmina Murdoch," Murdoch to Spalding, January 30, 1930. Similarly, Nurse Currant accepted a position with the Mission because of her "pioneer spirit." See PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, July 17, 1935.

[26]1938 was chosen as a cut-off point largely because the advent of World War II resulted in severe staffing problems for the Grenfell Mission. What's more, Grenfell's illness in the late 1930s and his death in 1940 signalled a shift in the Mission's structure and policies. Rompkey explains that under the direction of Dr. Charles Curtis, the Mission "concentrated on providing a high standard of medical and surgical care while slowly divesting itself of its other schemes for social improvement." See Rompkey, Grenfell of Labrador, 298. For the purposes of this study, I have included any nurse who began her

The importance of these women to the Grenfell Mission must be understood on two levels. First, nurses were instrumental in the Mission's functioning because of the wide range of duties they performed. Though their official capacity was described as "nurse," the term obscures the variety of roles they played. In reality, these women acted not only as nurses, but also as doctors, dentists, preachers, teachers, social workers, industrial workers, accountants, and carpenters. Such diverse capabilities were essential for nurses who singlehandedly staffed remote Mission stations, hundreds of miles from any other Mission staff. In fact, nurses were often left in charge of Mission hospitals or nursing stations, either indefinitely or temporarily, while the doctors were away on distant medical trips. As the sole medical personnel responsible for large districts, nurses made medical rounds and emergency house calls by foot, boat, snowshoe, or dogsled. In sum, Grenfell nurses assumed a range of responsibilities which greatly exceeded their profession's usual sharp boundaries.[27] They

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employment with the Grenfell Mission in 1938 or earlier. The occasional anecdote from 1939 or 1940 is used if it pertains to any of these women.

[27]Grenfell nursing aside, some of the nursing positions available to these women at home were more autonomous than others. Historians frequently point to public health nursing as a job possibility which allowed for female independence and responsibility in a way that most nursing positions did not. See Meryn Stuart, "Shifting Professional Boundaries; Gender Conflict in Public Health, 1920-1925" in D. Dodd and D. Gorham, eds. Caring and Curing: Historical Perspectives on Women and Healing in Canada (Ottawa: University of Ottawa Press, 1994) 49-70. They add, however, that this potential was ultimately still circumscribed by a male-dominated medical system. See McPherson, Bedside Matters, 21. Though public health nursing more closely resembled Grenfell nursing than hospital or private-duty nursing, these positions did not compare to the Grenfell Mission's potential for adventurous, autonomous, female work. For more on this theme, refer to Chapter 3.

also encountered high levels of female authority and outdoor adventure -- experiences which were certainly not the norm for most early twentieth-century Western women.

Grenfell nursing was an exceptional female work experience, and Grenfell nurses were clearly worthy of praise. But applause must be balanced against an appreciation of the second level of nurses' importance. Analysis of Mission literature reveals that the centrality of Grenfell nurses to the overall project was not derived from any radical notion of female equality. Instead, nurses' prominence was rationalized by a traditional gender ideology in which women figured as the "natural" guardians of the private sphere. In other words, it was nurses' supposed moral superiority as women, the same moral superiority that predisposed them for motherhood, which bolstered their participation in the Mission's activities. Following feminist historians who point to a similar basis for other "new" female activities in this period (such as politics and reform work), I refer to this rationale as "maternalism."[28] In this case, a general female affinity for "private-sphere virtues" like domesticity, civility, and morality was considered augmented by nurses' selfless devotion to caring for the sick and carefully honed by their rigorous professional training. Because of nurses' unique combination of "essential feminine virtues" and professional training as respectable, bourgeois "ladies," they were considered ideally suited to the Mission's goal of "civilizing"

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[28]See Linda Kealey, ed. A Not Unreasonable Claim: Women and Reform in Canada (Toronto: Women's Educational Press, 1979) 7-8.

the local people of northern Newfoundland and Labrador.[29] Who better to impart civilized morality to the local people than those who were the feminine embodiment of that same virtue?

To be sure, "civilizing" the local people was a central concern of the Grenfell Mission. Rompkey argues that portraying Grenfell as a classical medical missionary man devoted to "saving souls and healing bodies" obscures the profound influence of certain social, religious, and progressive movements in Britain and the United States on Grenfell's philosophy. Given this context, Rompkey feels that Grenfell is best understood as a social reformer who borrowed from a number of ideological traditions -- a man devoted to "seeking broader improvements in cultural institutions."[30] Though Rompkey does not deny that Grenfell embarked on a concerted "program of cultural intervention," he is, by and large, uncritical of these motivations.[31] Indeed, no one has, in any depth, critically analysed the historical meaning of Grenfell's "cultural intervention."[32] Unlike the usual image of a

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[29]The small minority of Grenfell nurses who were not "from away" does not detract from this theme, since many of these women began their nursing careers as hospital aides for the Grenfell Mission; those who showed promise were sponsored by Mission patrons and sent abroad for professional nurses' training. See Judith Power, Hazel Compton-Hart: Angel from the North and PANL, IGAC, MG 63, Part 2, Personnel Files, "Hazel Compton" and "Violet Learning."

[30]Rompkey, Grenfell of Labrador, xiv.

[31]Rompkey, Grenfell of Labrador, 105.

[32]A rare critical stance can be found in the discipline of anthropology. John C. Kennedy argues that the Grenfell Mission changed southeastern Labrador's settlement pattern and economy by creating centralized mission communities where none had previously

missionary endeavour, the local people whom the Grenfell Mission wished to "civilize" were, for the most part, not of another race. Though the Mission inevitably came into contact with the native Innu, the resident livyers and fishers comprised its top priority. Prior to arriving at the Mission, volunteers and staff members were briefed that the local people were, in fact, "white, of English extraction and English-speaking" -- in sum, "of the same stock as we."[33] White or not, in the Mission's eyes, the local people were clearly different. The "civilizing" project was guided by outsiders' desire to reform these people according to their own sense of bourgeois superiority. Facing a population who were of the same race, yet clearly distinct, the Grenfell Mission's reform motivations were primarily informed by class distinctions, and when they did encounter the resident Innu, occasionally further complicated by racial difference. In the paucity of historical research on the Grenfell Mission, these issues have not been adequately addressed.

A full examination of Grenfell nursing, however, brings these attitudes into sharp relief. The duties which occupied most of a nurse's time, apart from basic medical work, were those of social reform. And as key participants in the reform project, nurses carried considerable ideological baggage with them to northern Newfoundland and Labrador.

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existed. The Mission failed, however, to create viable economic alternatives to fishing and trapping. In this way, concludes Kennedy, the Grenfell Mission was partly responsible for the region's continuing economic dependency. See Kennedy, "The impact of the Grenfell Mission on southeastern Labrador communities," 206.

[33]Them Days Archives (TDA), Greta Mae Ferris Collection (GMFC), "Information and Instructions for Workers" pamphlet, International Grenfell Association, nd., ca. 1920s.

Depending on their time-frame, country of origin, and personal opinions, nurses, like the rest of the Mission staff, were alternately influenced by evangelical Christianity, social gospel, public health, and social hygiene. Although these schools of thinking differed in many respects, they shared the conviction that it was the duty of society's "better elements" to improve those members of society who, for one reason or another, lagged sadly behind -- a conviction which closely matched the Grenfell Mission's guiding ethos throughout these decades. Grenfell nurses, as a group, often advocated a reform agenda that simultaneously bolstered their own sense of bourgeois superiority and, at times, denigrated the local way of life in northern Newfoundland and Labrador. In keeping with their ideological baggage, nurses' reform methods were organized around an Anglo-Saxon, middle-class vision of "how things ought to be." Not surprisingly then, nurses' interaction with the local people was sometimes sullied by attitudes of cultural, moral and individual superiority. In sum, nursing for the Grenfell Mission was an exceptional female work experience which was officially rationalized by a maternalist reform ideology. Conservative ideas about women's proper roles, and assumptions about the inferiority of local culture were both key components of this rationale. To what extent did this maternalist reform ideology affect the lived reality of a nurse in northern Newfoundland or Labrador? Was it accepted, rejected, or modified by individual nurses? How should nurses' participation in the devaluation of local culture be balanced against the admirable aspects of this exceptional female work experience?

In asking these questions, I straddle several fields of feminist historiography.

Historians of first-wave feminism, in particular, raise relevant concerns. They point out that at the same time as nurses from Great Britain, Canada, and the United States were boarding ships for Newfoundland and Labrador, other women in these same countries were building upon their traditional roles as mothers and housekeepers.[34] Middle-class women were increasingly drawn to a vast reform movement whose proponents sought to alleviate some of the problems facing a changing urban industrial society. Specifically, women were prominent in groups and professions directed towards female suffrage, public health, and "social evils" such as drunkenness, prostitution, and unmarried motherhood. The expansion of activities considered appropriate for women was rationalized by a maternal feminist conviction that it was women's natural roles as mothers which suited them to this kind of work -- the same conviction which underpinned Grenfell nursing. Early histories addressing women's suffrage and reform activities in this period were celebratory chronicles in which suffragists and reformers figured as determined heroines.[35] Since then, historians have been divided between criticizing suffragists' failure to radically improve women's place in society, and arguing that suffragists' objective -- the vote -- was actually quite radical for their time. According to the latter position, a certain degree of traditional sex-role stereotyping was

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[34]Kealey, A Not Unreasonable Claim, 1.

[35]See Eleanor Flexner, Century of Struggle: The Woman's Rights Movement in the United States (Cambridge, Mass: Belknap Press of Harvard University, 1973) and Catherine Cleverdon, The Woman Suffrage Movement in Canada (Toronto: University of Toronto Press, 1974).

inevitable, given the historical context.[36] Carol Lee Bacchi has challenged both of these approaches, claiming that "the female suffragists did not *fail* to effect a social revolution for women," because "the majority never had a revolution in mind."[37] Bacchi points out that these women belonged to an Anglo-Saxon, Protestant, well-educated elite whose aim was to slow down the pace of societal change and reinstate traditional, Christian values. Clearly, Bacchi sees little connection between maternal feminism and progressive female experience.[38]

Conservative gender implications aside, feminist historians also point to the racism of middle-class women's forays into the public sphere. In deconstructing the discourse of the turn-of-the-century Canadian moral reform currents, Mariana Valverde has shown that

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[36]For the first revisionist wave, see William O'Neill, Everyone Was Brave: A History of Feminism in America (Chicago: Quadrangle Books, 1971). For the second revisionist wave, see Ellen du Bois, Feminism and Suffrage: The Emergence of an Independent Woman's Movement in America, 1848-1869 (Ithaca: Cornell University Press, 1978).

[37]Carol Lee Bacchi, Liberation Deferred? The Ideas of the English-Canadian Suffragists, 1877-1918 (Toronto: University of Toronto Press, 1983) 148.

[38]Ernest Forbes has criticized Liberation Deferred? for insensitivity to Canadian regional variation. In "The Ideas of Carol Bacchi and the Suffragists of Halifax," Forbes suggests that the Nova Scotian suffragists do not fit Bacchi's characterization of maternal feminism. See Ernest R. Forbes, "The Ideas of Carol Bacchi and the Suffragists of Halifax" in Challenging the Regional Stereotype: Essays on the Twentieth Century Maritimes (Fredericton: Acadiensis, 1989) For an examination of the Newfoundland suffrage movement see Margot Iris Duley, "'The Radius of Her Influence For Good' The Rise and Triumph of the Women's Suffrage Movement in Newfoundland, 1909-1925" in Linda Kealey, ed., Pursuing Equality: Historical Perspectives on Women in Newfoundland and Labrador (St. John's: Institute for Social and Economic Research, 1993) 2-65.

the movement generally supported "the domination of Anglo-Saxon middle-class males over all others," but "allowed women of the right class and ethnicity a substantial role."[39] Writers like Valverde insist that to gloss over the elitism and racism of these reformers is to perpetuate an undesirable legacy. In an article addressing the racism of first-wave feminists, Valverde concludes that "since the consequences of the racism and ethnocentrism of first-wave feminism are still being felt in the 1980s, it is important to understand not only that many suffragists were racist, but exactly how they were racist."[40] In focussing on the question of "how," Valverde avoids replacing the suffragist-as-heroines perspective with a simplistic condemnation afforded by the privileges of hindsight.

Since Grenfell nurses were, for the most part, foreign women in Britain's oldest colony, the work of feminist historians who address the role of Western women in imperialism is also relevant.[41] The editors of Western Women and Imperialism take a similar approach to the jarring racism of their subjects: while on the one hand they oppose the heroization of famous white women in colonial settings, on the other hand they resist the

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[39]Mariana Valverde, The Age of Light, Soap, and Water: Moral Reform in English in Canada, 1885-1925 (Toronto: McClelland and Stewart, 1991) 33.

[40]Mariana Valverde, " 'When the Mother of the Race is Free': Race, Reproduction, and Sexuality in First-Wave Feminism" in M. Valverde and F. Iacovetta, eds. Gender Conflicts: New Essays in Women's History (Toronto: University of Toronto Press, 1992) 21.

[41]Despite vacillations between colonial, dominion, and protectorate status, Britain remained Newfoundland's chief outside influence until Confederation with Canada in 1949.

temptation to merely point accusing fingers at racist and elitist attitudes. Instead, Chaudhuri and Strobel want to "analyse the complexity of the roles played by Western women in colonial history."[42] In her own monograph, Strobel clarifies that the refusal to simplistically condemn Western women should not disintegrate into total relativism; she is not insisting that historians shy away from implicating Western women in the negative legacies of colonialism. Rather, Strobel calls for analyses which are tempered by an appreciation of the historical context for their actions.[43]

The debates amongst historians of first-wave feminism/moral reform and those of historians looking at Western women in colonial settings thus share a common theme: how should we portray groups of women who engaged in unusual and remarkable activities, but who nonetheless may have been bound by a specific (and perhaps repugnant) set of attitudes about gender, class, or race? The same question guides this study of the Grenfell nurses. Following the lead of feminist historians who avoid the extremes of unreserved applause or outright condemnation, I focus on the issue of "how." How did the Grenfell Mission's gender- and class-specific reform agenda play out amongst a group of nurses "from away" working for a foreign mission in an isolated region of Britain's oldest colony? How were the conservative gender notions affected by their professional status? Early histories of nursing

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[42]Nupur Chaudhuri and Margaret Strobel, eds. Western Women and Imperialism: Complicity and Resistance (Bloomington: Indiana University Press, 1992) 2.

[43]Margaret Strobel, European Women and the Second British Empire (Bloomington: Indiana University Press, 1991) viii.

painted professionalization as a key step in the forward march of progress and female empowerment.[44] Feminist writers have since challenged this view, pointing to the profession's exploited position in a male-dominated medical hierarchy.[45] Does the exceptional nature of the Grenfell nursing experience signal an exception to the feminist revisions? Or, did nurses' professional subservience in the medical hierarchy reinforce the conservative gender rationale? This thesis considers the dynamics of gender, class, and cultural confrontation in the work experience of roughly 350 women.

Chapter 2 begins with an examination of the official Grenfell "discourse." In using this term, I am not merely referring to the language of the abundant Grenfell promotional material, but also to the ideological perspective and normative world view which that language sought to enforce. In doing so, I borrow a working definition of "discourse" from Canadian legal and social historian Tina Loo. In the introduction to her recent monograph, Loo clarifies that although "language" can imply a method of communication with "a certain neutrality, unity, and fixity of meaning," discourse is a term which refers to the "more open-

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[44]The first histories of nursing were heroic narratives portraying nurses as brave "angels of mercy." See for example, John Murray Gibbon, Three Centuries of Canadian Nursing (Toronto: Macmillan, 1947). Though the first more scholarly histories of nursing -- of which Abel-Smith was a pioneer -- do contain more historical analysis, they share a professionalization-as-progress perspective with their predecessors.

[45]See Celia Davies, ed. Rewriting Nursing History (London: Croom Helm, 1980).

ended, cultural, and 'ideological work' of language."[46] By "ideological work" Loo means, as do I, that discourse attains a certain power by defining the world in its own terms -- the result is "a self-confirming account of reality."[47] In this case, the official Grenfell discourse rooted an extraordinary female work opportunity in a traditional gender ideology. The Grenfell nursing opportunity was based on the social reform agenda of a Mission which viewed itself as a culturally-superior "civilizing" force in a "backwards" corner of the British empire. The maternalism of this discourse argued that as women, nurses were ideally suited to the "civilizing" task. Chapter 2 demonstrates the ways in which the official Grenfell discourse promoted a vision of reality which was both elitist and highly gendered.

The remaining chapters look at the relationship between this official discourse and reality. Chapters 3 and 4 are concerned with nurses' experience of that reality; in both, a significant gap between discourse and real life emerges. Chapter 3 argues that by rationalizing nurses' key roles with traditional ideas about women, the official discourse obscured the fact that Grenfell nursing was an extremely non-traditional female work experience. To assert the exceptional nature of Grenfell nursing is not, however, to assert that Grenfell nursing was always a pleasant experience. Chapter 4 points to a second distortion produced by the official discourse; by portraying nurses as smiling angels-of-mercy, it glossed over the harsher aspects of the job (such as anxiety and exhaustion), as

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[46]Tina Loo, Making Law, Order, and Authority in British Columbia (Toronto: University of Toronto Press, 1994) 7.

[47]Loo, Making Law, Order, and Authority in British Columbia, 7.

well as nurses' wide range of responses to the challenges of their work environment. Finally, Chapter 5 widens our gaze beyond the nurses themselves, remembering what it was that these women were judged ideally suited to undertake -- the reform of the local people. Once again, this chapter takes issue with the official Grenfell discourse by arguing that unqualified praise for nurses' social reform work ignores the abrasive attitudes of cultural superiority which, at times, marred their interaction with the local people of northern Newfoundland and Labrador.

Chapter 2
Maternalism and the Official Grenfell Discourse

In examining the history of the Grenfell Mission, discourse occupies centre stage. Readily available primary sources are dominated by official Mission publications. On one level, these sources provide useful, factual information about the Mission's history. But on another level, these sources should not merely be taken at face value. The language of Mission pamphlets and periodicals also indicates the ideological perspective and normative world-view of a vast institution. Indeed, there is no shortage of material for examining the official discourse of the Grenfell Mission. Propaganda was, from the beginning, a driving force in the Grenfell enterprise. Whether filtered through the Royal National Mission to Deep Sea Fishermen (RNMDSF), or later, funnelled directly to the International Grenfell Association (IGA), public financial support was a key ingredient in the Mission's ability to function. Private donations were unabashedly solicited by official Mission publications. The chief amongst these were the RNMDSF's periodical, Toilers of the Deep: A Record of Mission Work Amongst Them, in which reports on the Mission's work in Labrador appeared regularly, and Among the Deep Sea Fishers, a similarly-styled periodical which Grenfell began in 1903 to promote his pet-project. Grenfell's ceaseless lecturing throughout England and North America was also a major propaganda vehicle; speeches were invariably accompanied by publicity leaflets and articles in local newspapers.

More than a charismatic public speaker, Grenfell was likewise a voluminous writer. His devotion to the Newfoundland project compelled him to write numerous inspirational works on his own life, philosophy, and plans for the Mission.[1] In fact, Grenfell's zeal prompted many other writers to do the same.[2] Whatever form they took, all official Mission literature shamelessly attempted to evoke both sympathy for the "poor Labrador folks" and admiration for the "noble Grenfell Mission" -- a combination aimed squarely at its readers' pocketbooks. Though sources such as articles or published memoirs by other Grenfell workers were less overtly concerned with fundraising, categorizing them as "unofficial" or "independent" underestimates the Grenfell Mission's attention to public image. Indeed, Mission policy dictated that no staff member was to publish any piece dealing with Mission activities without official Mission approval.[3] Special efforts were made to ensure that all potential publicity avenues supported the Mission's desired reputation as a benevolent and effective institution.[4]

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[1]See footnote 10 in Chapter 1.

[2]For examples of works about Grenfell by others, see footnote 11 in Chapter 1.

[3] TDA, GMFC, "Information and Instructions for Workers" pamphlet, International Grenfell Association, nd., ca. 1920s.

[4]In 1937 the London office of the IGA got word that Nurse Barnard was intending to write an article for Nursing Times. Barnard was promptly reminded of the policy that workers submit all articles before publication. The secretary explained that this policy was the result of "very one-sided accounts" written by staff which "led to much criticism of the Mission from outsiders." See PANL, IGAC, MG 63, Part 2, Personnel Files, "Mary Penelope Barnard," Spalding to Barnard, September 15, 1937.

More specifically, the relentless Grenfell propaganda fostered an official discourse whose aims included recruiting nurses and attracting financial support with the romantic vision of nursing it espoused. Mission literature emphasized the challenge of nursing in northern Newfoundland and Labrador -- a challenge which emanated not only from the severe climate, but also from nurses' pivotal roles in the Mission's plans to "civilize" the local people. The importance of nurses to this objective, was, in turn, based on a traditional view of women as bearers of the "feminine" virtues that successful "civilizing" required. Naturally equipped with "female" attributes like compassion, kindness, and gentility, nurses were supposed to bring "sunshine and hope" to "dark and lonely lives." It will be seen that in this traditionally-gendered discourse, two chief visions of the ideal Grenfell nurse dominate the literature -- the image of nurse-as-mother-figure and the image of nurse-as-angel-of-mercy. Both rely on conservative notions about female nature and the proper societal roles for women. In this way, the portrayal of nurses in the official discourse hinged on a key paradox: what was billed as a pioneering opportunity for adventurous women, was rationalized by a reactionary gender ideology. The Grenfell Mission borrowed from a number of ideological traditions over the course of the first four decades of the twentieth century. An early preoccupation with evangelical Christianity gave way to a social gospel rationale which laid the groundwork for an agenda of secular moral reform, which was in turn, subject to different influences and variations over the years. But whether religious or secular, the official discourse held two ideas dear: locals were badly in need of improvement

and as bearers of bourgeois, feminine respectability, nurses were ideally suited to the improvement task. The maternalist reform rationale underlined nurses' work as much in 1938 as it did in 1894. This chapter analyses the gender and class implications of the official Grenfell discourse. It begins with an examination of the general philosophy at the core of the Grenfell Mission.

When Grenfell first arrived in Newfoundland in 1892, he was greeted by the charred remains of a St. John's devastated by that year's "Great Fire." The apocalyptic vision sparked Grenfell's initial conviction that this part of the British empire was badly in need of help.[5] Grenfell returned to England in 1893 with tales of dire poverty that convinced the RNMDSF to back his 1894 return to the colony. The commencement of concerted RNMDSF activity in Labrador was facilitated by a carefully instilled perception amongst the British public that the Labrador fishermen were desperately in need of British benevolence. Whether or not the Labrador people were actually in need of help is not at issue. What must be addressed are the attitudes guiding a foreign mission's attempt to meet this "need." These attitudes are hard to miss in the Mission's monthly periodical, Toilers of the Deep. From 1894 onwards, London audiences were routinely treated to updates on "The Work in Labrador." The updates were actually thinly-veiled attempts to secure private donations through melodramatic tales of poverty and heroism set in "one of the most uninviting spots on the

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[5]Rompkey, Grenfell of Labrador, 32.

face of the earth."[6] Nearly a decade later, Among the Deep Sea Fishers painted an equally grim portrait of the Labrador setting: "There is not a spot on the globe where life is harder or serious accidents more frequent than along that stormy stretch of coast."[7] Such dramatic statements were no doubt intended to hook browsing readers, but were also a telltale indicator of the Mission's ideological persuasions.

For if readers continued on, they were treated to speculations on the causes of these dire straits in distant Labrador. In line with evangelical Christian missionary thought of the Victorian era, the cultural inferiority of the Labrador people was a favourite theme. Implicit in the descriptions of Labrador poverty was the assumption that local people were at least partly to blame for their hardships.[8] At an 1894 fall conference, a doctor who had spent a season in Labrador summarized that "it is difficult to imagine how densely ignorant many

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[6] Editorial, Toilers (July, 1895) 196. Please note that for purposes of clarity, all references to articles written by Grenfell Mission workers will be cited in full throughout the thesis.

[7] Anon., "Dr. Grenfell's Heroic Work" ADSF (April, 1903) 5.

[8] Certainly, the shortcomings of the local people were not considered the only cause of the region's deplorable living conditions. Grenfell's highly controversial opinion was that real improvement in the region required abandoning the fishery's exploitative credit system. His proposed alternative was the establishment of cash-based co-operatives where fishing families could make bulk purchases on more equitable terms. See J.K. Hiller, "Social Issues in Early Twentieth Century Newfoundland: A Comparison of Wilfred Grenfell and William Coaker" Newfoundland Quarterly 1,89 (Fall, 1994) 27-31. But Grenfell's obsession with the evils of the truck system did not, for the most part, translate into a broader recognition of the systemic causes for local poverty on behalf of Mission workers in general. Likewise, Grenfell's public criticism of the neglect of northern Newfoundland and Labrador by local government and church officials did not preclude finding considerable fault with local people themselves.

of these fisherfolk are."[9] His opinion was echoed by a Reverend who visited the Mission the following year and condescendingly explained the origins of the "endless evil" endured by the "junky little folk." According to Reverend Jefferson, locals' nomadic lifestyle prevented them from gathering in the settled groups that "civilized" life demands. Though the Reverend admitted that their poverty was, in part, due to the injustices of the colonial economy, individual shortcomings were also faulted. As evidence he cited "the lack of system in their work and the laziness and mismanagement by their women."[10] If individual failings were a cause of poverty, then they were also a cause of the moral breakdown which the Mission considered a direct result of the Labrador conditions. As evidence of a complete collapse in morality, one editor spoke of "women lying in bed for lack of clothes ... children whose sole garment was one trouser leg, fathers killing their children and shooting themselves in the desperation of famine."[11] Anticipating a readership whose thoughts might turn to less-distant London slums, the editors were careful to distinguish between poverty in Labrador and poverty in their own country: "In England. absolute want is the exception, there it is the rule."[12]

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[9]Editorial, Toilers (January, 1895) 17.

[10]Reverend Selby Jefferson, " A Mission Worker's life in Labrador" Toilers (February, 1895) 56-57.

[11] Editorial, Toilers (July, 1895) 224.

[12]Editorial, Toilers (July, 1895) 196.

Indeed, Labrador's dismal state of affairs was often highlighted in direct contrast to British superiority. The most popular avenue was applause for British heroism, and the most popular hero was Grenfell himself, whose noble motivations were commended *ad nauseam*. A typical passage explained that Dr. Grenfell was so moved by "the hopeless suffering he found" that "he decided then and there to devote his life to bringing what alleviation he could to the unhappy souls that were imprisoned in ice for half the year, and cursed with privation and sickness always."[13] The devotion of other Mission workers was similarly romanticized. In the February 1895 issue, readers were encouraged to imagine the scene on board a Mission ship in a violent Labrador storm: "Inside, shivering and soaked to the skin, in pitchy darkness, five brave Englishmen, expecting every second to be their last, yet nerved by the energy of despair ... not to yield to their fate."[14] Though on this occasion the flowery praise was reserved for "brave Englishmen," as the turn of the twentieth century approached, it was just as likely to be for American or Canadian heroes.

The expansion of the heroic cast resulted from some important shifts in Mission structure and philosophy. By the early 1900s, Grenfell's North American touring had already reached its goal of attracting staff and donations from Canada and the United States. Grenfell forged lucrative ties with powerful figures in North American philanthropy – ties which facilitated his increasing independence from the RNMDSF. Rompkey explains that

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[13]Anon., "Dr. Grenfell's Heroic Work" ADSF (April, 1903) 5.

[14] Editorial, Toilers (February, 1895) 55.

Grenfell's first visits to New England and New York, in particular, acquainted him with the vast potential for American philanthropic support. This potential was rooted in an affluent and confident segment of American society -- a stable, white, middle-class "whose religious, government, business, cultural and intellectual leaders sprang in large measure from Anglo-Saxon origins."[15] Many Americans of this class "believed that Christian civilization was destined to dominate the world, not militarily, but peacefully."[16] The peaceful expansion of a "superior" culture appealed to Grenfell, who soon learned that his new American associates were less concerned with "saving souls" than their missionary predecessors. Improving the immediate conditions of everyday life was the new priority, and it was a priority which required "improvers" from a certain background. Reformers believed that "social reform should be entrusted to the better element in American society, the educated and enlightened upper middle class whose duty it was to mediate between the upper and lower classes and thus secure stability and progress."[17] According to Rompkey, Grenfell was especially charmed by the views of Lyman Abbott, a progressive Christian reformer whose doctrine of American expansionism asserted that it was the duty of the Anglo-Saxon race to improve the "uncivilized" peoples of the world. Though the livyers and fishers of northern Newfoundland and Labrador technically belonged to the "Anglo-Saxon race" themselves,

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[15]Rompkey, Grenfell of Labrador, 107.

[16]Rompkey, Grenfell of Labrador, 107.

[17]Rompkey, Grenfell of Labrador, 108.

they were, from Grenfell's perspective, still in need of drastic improvement. And it was a level of need that could not be addressed by merely securing individuals a place in heaven. In the early years of the twentieth century, Grenfell became entranced with the religious reform movement known as social gospel.[18] Canadian historian Ramsay Cook explains that in the late nineteenth and early twentieth century, social gospel proponents shifted Christianity's traditional emphasis on "man's relationship with God" towards a revitalized concern for "man's relationship with man."[19] Following this shift, the function of religion was no longer to buttress the social order, but rather to change it as reformers deemed necessary. For Grenfell, a version of Christianity as "a social religion concerned with quality of life on earth" was conducive to his reform objectives in northern Newfoundland and Labrador.[20]

In keeping with the secularized outlook of American reform and the rising tide of social gospel, the Grenfell Mission replaced a classical missionary concern for religious conversion with an evolving agenda of social reform. It was an agenda which left few aspects of local culture untouched. In addition to nutrition and public health reform, a chief goal was Grenfell's desire to supplement seasonal use of natural resources with a greater

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[18]Rompkey, Grenfell of Labrador, 192.

[19]Ramsay Cook, The Regenerators: Social Criticism in Late Victorian English Canada (Toronto: University of Toronto Press, 1985) 6.

[20]Richard Allen, The Social Passion: Religion and Social Reform in Canada, 1914-1928 (Toronto: University of Toronto Press, 1971) 16.

reliance on waged labour and profits from craft manufacturing projects -- profits he hoped to augment through the establishment of local co-operatives. Intervention in the local economy was to be bolstered by general "civilizing" improvements achieved through the establishment of schools, orphanages, and church/community groups. In Grenfell's battle against "tyranny and injustice," it was further decreed that the Mission should disperse advice "as to the proper modes of living, arbitrating, marrying, and punishing evil-doers."[21] Other target areas included an obsession with temperance and a conviction that the "smelly dogs" used for local transportation should be "discarded in favour of domesticated deer."[22] In sum, the Grenfell Mission intervened in almost every aspect of life in northern Newfoundland and Labrador. This interventionism assumed many forms over the first decades of the twentieth century. But whether it was the organizing of a piano recital or the initiating of a cricket match, all reform activities were rooted in an ideological inheritance which asserted the superiority of white, middle-class, Anglo-Saxon values. In its first years, the Grenfell Mission had prioritized "saving the souls" of the poor fishing people. Though the classical missionary emphasis soon evolved into a secular concern for social reform, the assumption at the root of Mission activities remained the same: northern Newfoundland and Labrador needed improvement. Moreover, because the area was hopelessly inferior -- spiritually, morally, materially, and culturally -- its improvement was best overseen by

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[21]Sister Mayou, "Sketch of Dr. Grenfell's Work on the Labrador and Northern Newfoundland" ADSF (April, 1908) 13.

[22]Drs. Grenfell and Willway, "The M.D.S.F. in Labrador" Toilers (October, 1895) 307.

"civilized" outsiders. The reform of northern Newfoundland and Labrador by a foreign Mission perceiving itself as a culturally-superior "civilizing" force, was the guiding ethos of the Grenfell Mission at its inception and throughout the first four decades of the twentieth century.

The Mission's Indian Harbour station was an excellent symbolic example of this ethos in action. Visitors to Indian Harbour in the 1930s were greeted by a freshly-painted bungalow with a perky quaintness more reminiscent of the rolling English countryside than of the stark Labrador shoreline. In fact, the house did originate in rural England, but made its way across the Atlantic, dismantled and packed up in crates, as an anonymous donation to the Grenfell Mission. In 1938, an Australian observer remarked that "there is something particularly attractive about this little white house that once graced the English countryside, standing unperturbed on its lofty eminence above the North Atlantic -- a symbol of British tenacity and endurance!"[23] This vision of "lofty eminence" also served as the home of the Grenfell nurse stationed at Indian Harbour -- a style of residence which hints at nurses' importance in the Grenfell discourse. For if the English-style bungalow was a symbol of "British tenacity and endurance," the nurse it sheltered was a symbol of the cultural superiority which warranted British perseverance.

In fact, nurses were portrayed as the feminine embodiment of all that was good about "civilized" life. As Canadian historian Kathryn McPherson writes, the nursing profession

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[23]Burchill, Labrador Memories, 55.

generally relied on an image of feminine respectability and bourgeois decency to legitimate its claims to elite professional status -- an image which was very specific in terms of gender, class, and race. According to McPherson, "white, native-born Canadian women were expected to bring their superior sense of sexual and social behaviour to the bedside ... to serve as role models for their social 'inferiors,' such as immigrants and non-Whites."[24] In the official Grenfell discourse, Grenfell nurses figure as equivalent "role models." As the female manifestation of a superior, bourgeois culture, nurses were credited with improving northern Newfoundland and Labrador by the sheer force of their feminine presence. Grenfell went as far as to compare nurses' power to ward against evil with that of Christ himself, remembering "there have often been occasions when, watching our nurses at work on this resentful Coast, we felt that the very devils themselves must cry out as they did in His days on earth when they saw the Master at work."[25] Grenfell qualified that this gentle power was unique to nurses, since men's hands are "crude in comparison." Nurses' ability to make devils "cry out" was apparently rooted in other personal characteristics possessed only by women. "Women have a greater capacity for sympathy with the unfortunate," Grenfell explained.[26] In another instance, a Mission pamphlet proudly announced that in addition to her home station at Forteau, Nurse Bailey had "annexed at least four other settlements" with

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[24]McPherson, Bedside Matters, 17..

[25]Grenfell, Forty Years for Labrador, 281.

[26]Grenfell, preface to Alfreda Withington, Mine Eyes Have Seen: A Woman Doctor's Saga (London: Robert Hale, 1941).

her "wise and sympathetic counsel."[27] The feminine capacity for sympathy was clearly considered an effective weapon in the Mission's "civilizing" agenda.

Nurses' special feminine adeptness at "civilizing" was metaphorically represented in the official discourse by "sunlight and darkness" -- a binary opposition in which light was associated with femininity, warmth, and comfort, and represented by a nurse on behalf of the Grenfell Mission. Not surprisingly then, darkness was associated with the poverty, despair, and helplessness of the local people. An early expression of this metaphor is found in a 1901 issue of Toilers of the Deep. Nurse Bussell described the success of her reform efforts at Battle Harbour as the triumph of light over darkness. "One and another have stepped from darkness to light, lives have been changed, homes are happier," she wrote.[28] In an article intended for an audience of prospective nurses, Grenfell confirmed that by engaging in house-to-house social work, the nurse "can do much to make life happier and brighter for those around her."[29] More than a decade later, the same theme was evoked by a nurse who assured the readers of Among the Deep Sea Fishers that "a happier, more satisfying life cannot be imagined than when one has the joy of bringing light and sunshine into the lives

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[27] PANL, Sir Wilfred Grenfell Collection (SWGC), MG 327, Reel 3, Pamphlet "Dr. Wilfred T. Grenfell's Mission in Newfoundland and Labrador."

[28] Maud Bussell, "Medical Mission Work in Labrador" Toilers (July, 1901) 182.

[29] Wilfred Grenfell, "Nursing Among Deep Sea Fishermen" American Journal of Nursing (December, 1902) 166.

of these poor people."[30] The implication was that were it not for these feminine beacons of hope, local people's lives would remain dismally dark. A nurse at Spotted Islands in 1911 congratulated herself on the birthday party she threw for a local girl, summarizing that the event was "really the most triumphant hour of her gray life."[31] In another case, nurses' public health work was described as "carrying the ideals of health and hygiene to dark and lonely homes."[32] Grenfell was particularly melodramatic when he praised nurses' power to rescue locals from "the dismal hours of darkness in that lonely ward away in the bleak regions of the inhabited earth."[33]

Nurses' power to shed light into dark corners took two main forms. First, nurses were described as enforcers of civility, capable of imparting the joys of civilized culture to the local people. In 1912, Grenfell reminded readers of Nurse Bailey's noble endeavours in this area. He qualified that Bailey was "not trying to convert a heathen land," but merely attempting "to carry the very simplest message of civilisation and affection to a worthy

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[30]Florence Bailey, "Items from Forteau" ADSF (July, 1913) 15.

[31]Greeley and Greeley, Work and Play in the Grenfell Mission, 30.

[32] PANL, IGAC, MG 63, P8/A38/3, Box #10, E. Storr, "The Cripple Abroad: Orthopaedic Work in Newfoundland and Labrador" The Cripples Journal, (July 1926) 45.

[33]Wilfred Grenfell, "Nursing Among Deep Sea Fishermen" American Journal of Nursing (December, 1902) 165.

people in a worthy and a practical way."[34] The simple message carried by a Grenfell nurse was considered badly needed; locals were described as eager to receive emotional nourishment.[35] Mission discourse proclaimed the novelty of such nourishment in northern Newfoundland and Labrador. When Nurse Bussell held weekly meetings for local mothers at St. Anthony in 1903, she was praised for bringing new levels of civilized affection to women who had "never before known the pleasure of a mid-week hour of recreation."[36] In fact, the emotional deprivation of local women prior to the arrival of Grenfell nurses was a recurring theme. At a fundraiser in Exeter, England, Nurse Bussell emphasized the sad lives of Labrador girls. Bussell explained that "there is not another woman near her to give her the touch of a woman's hand, there is not another woman near her who understands her womanly heart."[37] In this absence of female companionship, Bussell saw the opportunity for the Grenfell Mission to extend a "womanly" hand. It was an opportunity which the Mission discourse fully supported. Updates on Mission activities, proudly reproduced in Among the Deep Sea Fishers, often included details of the sewing circles, teas, and reading hours which

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[34]Wilfred Grenfell, "Icebound Labrador: Some Glimpses of the Work of a Noble Englishwoman" Toilers (November, 1912) 283.

[35]See Florence Bailey, "Jottings from Battle Harbour, Labrador" Toilers (October, 1907) 210.

[36]Dr. Simpson, "Jottings from Newfoundland" Toilers (June, 1903) 153.

[37]Editorial, ADSF (July, 1904) 19.

the Grenfell nurses organized to bring civilized joys to the local communities.[38] By 1926, nurses were still described as cultivating decency through the extension of civility to local women. When reporting a weekly "Reading Hour" in which the nurse read literature aloud to local women, Nurse Mahoney was confident this would "mean a lot to tired, busy mothers."[39]

If the official discourse was right about the civilizing influence of the Grenfell nurses, local mothers were about to become a lot more tired and busy. Nurses' second main avenue for shedding the light of civilization was their intended role as domestic reformers -- an expectation evident in a 1902 description of the ideal Grenfell nurse. In extolling the virtues of a previous nurse, the author described her as a skilled professional, a devout Christian, and last but not least, "a good housekeeper."[40] Analysis of Mission rhetoric reveals that installing new standards of domesticity amongst the local women was considered an essential aspect of Grenfell nursing duty. This reform was to occur largely through the example set by nurses themselves. A 1916 commentator on the Forteau nursing station concluded that "the most potent factor of the Forteau work is Sister's example ... Her little home is always fresh and airy. Everything about her must be spotlessly clean."[41] Nurse Bailey's excellence in

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[38]See Maud Bussell, "Medical Mission Work in Labrador" Toilers (July, 1901) 182.

[39]Virginia Mahoney, ADSF (July, 1926) 25.

[40]Mary Keating, "Dr. Grenfell's Work in Newfoundland and Labrador" American Journal of Nursing 3 (1902) 1021.

[41]Isobel Millen, "Sister Bailey" ADSF (July, 1916) 44.

domestic management was offered as evidence that the local women could do much better, especially in the area of proper food preparation: "With materials very little better than those of the people around, her meals are palatably and daintily served."[42] Meals aside, Bailey's example was claimed to have a general positive impact. The author was pleased to see that in spite of local stubbornness, "windows are being opened, tidiness is becoming prevalent and gardens are flourishing."[43]

But the image of nurses as enforcers of domesticity was not limited to the basic tasks of cooking and cleaning. Mission officials were just as fond of nurses' attention to the less-essential aesthetics of the domestic sphere. In 1925, a report from the Flowers Cove nursing station began with the nurse's joy over her blooming bulbs. Nurse Mahoney was proud of creating an attractive and homelike atmosphere at the nursing station -- a domestic feat accomplished with "paint, gay mats on the floor, bright curtains at the windows."[44] A "feminine" concern for aesthetics was sometimes highlighted in appeals for needed supplies from donors. Nurse Bussell, for one, did not hesitate to specify that any nightwear donated should be in bright colours. She explained that she preferred "pretty nightdresses on patients," since "they are not all attractive looking and a pretty nightdress has a great effect

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[42]Isobel Millen, "Sister Bailey" ADSF (July, 1916) 43.

[43]Isobel Millen, "Sister Bailey" ADSF (July, 1916) 43.

[44]Virginia Mahoney, "Flower's Cove Nursing Station" ADSF (April, 1925) 38.

in the general ward appearance."[45] Nor was Nurse Bailey reluctant to boast of her aesthetic improvements at Battle Harbour Hospital. In fact, she detailed her redecorating of the Women's Ward at some length: "The walls are painted a light shade of green, and upon them hang a few engravings and some texts that were cut out of a counterpane. You can imagine how pretty they look."[46] And nurses' attention to beautifying the domestic environment was not sneered at as frivolous. Rather, it was sometimes the focus of praise for their work. In a 1921 book on Grenfell by Fullerton Waldo, a medical assistant who spent a summer with the Mission, the work of nurses was (as usual) barely addressed. But when nurses were mentioned, it was because the author was impressed with nurses' efforts to improve domestic aesthetics. In making rounds of Battle Harbour Hospital, he commented that "Miss Dohme and the other nurses kept the rooms spotlessly clean, and gay bowls of buttercups were about."[47] The preoccupation with nurses' domestic management had not diminished by the time a visitor sat observing the hustle and bustle at the Flowers Cove nursing station in 1940. Marvelling at Nurse Currant's ability to enforce high standards of civility and domesticity in a culture so resistant to such improvements, the visitor concluded that Nurse Currant was a feminine embodiment of "the spirit that has colonized the British Empire."[48]

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[45]Maud A.Bussell, "Letter from Nurse Bussell" ADSF (July, 1903) 17.

[46]Florence Bailey, "A Peep Into Battle Harbour Hospital" ADSF (October, 1907) 8.

[47]Fullerton Waldo, With Grenfell on the Labrador (New York: Fleming H. Revell, 1920) 24.

[48]Edith Tallant, "On Duty at Flower's Cove" ADSF (October, 1940) 74.

The visitor's conclusion neatly summarized the vision of nursing which was cherished by the Grenfell Mission throughout these decades. In an official discourse which hinged on the cultural inferiority of northern Newfoundland and Labrador, nurses' strategic importance was derived from the maternalist notion that, as women, they naturally possessed certain attributes which were instrumental in the civilizing project. Rhetorically, nurses were feminine beacons of light -- reformers whose luminescence could bring higher standards of civility and domesticity to northern Newfoundland and Labrador. The Grenfell Mission employed a highly gendered discourse in which femininity was wedded to the light and purity of effective social reform, giving rise to two main images of the ideal Grenfell nurse.

As might be expected, the image of nurse-as-mother-figure was at the core of the maternalist official discourse. Indeed, the portrayal of nurses as symbolic mothers was a recurring theme throughout the Grenfell literature. In her seventeen years of nursing for the Grenfell Mission, Florence Bailey was an enduring mother figure -- a status which originated with Grenfell's penchant for "rescuing" Labrador children who were orphans or from homes deemed inappropriate. Although these children were usually put up for adoption in the United States, on one occasion Grenfell adopted two "Eskimo" children himself. Soon after the adoption, he dropped the children off with Nurse Bailey at the isolated Forteau nursing station. Though Grenfell became their legal guardian, Nurse Bailey was their effective "mother" for many years.[49] True to form, Mission propaganda writers seized on the

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[49]Florence Bailey, "First Days at Forteau" ADSF (July, 1909) 29.

opportunity to wring melodrama from her situation; Bailey's foster motherhood, a metaphor for the motherhood of the entire Mission, was mentioned whenever possible. In a 1912 portrait of Nurse Bailey, Grenfell described her as a legendary mother figure whose family went far beyond his two adoptees. "Many an orphan and many a sick child has found shelter under her cosy roof, and has been weaned back to life and happiness,"[50] he wrote. Bailey was not the only nurse praised for sheltering the local children. When, in 1923, another veteran nurse announced her retirement from Mission work, the editors of Among the Deep Fishers gave tribute to her work in tones that resonated with symbolic motherhood. Nurse Murray was praised for "endearing herself to the family life of that remote part of the Dominion" by "acting as godmother to new-comers whom she has ushered into the world."[51] The image of nurse-as-mother-figure did not stop at nurses sheltering orphans and taking care of newborns. In a broader sense, the official discourse depicted nurses as substitute mothers for the entire Mission staff. Again, it was a veteran nurse who received the most praise in this area. Selma Carlson was head nurse at St. Anthony for decades -- a duration of stay which signalled, among other things, a corresponding adeptness at filling the maternal role. The editors of Among the Deep Sea Fishers were duly impressed, marvelling

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[50]Wilfred Grenfell, "Icebound Labrador: Some Glimpses of the Work of a Noble Englishwoman" Toilers (November, 1912) 283.

[51]Anon., "Nurse Murray" ADSF (July, 1923) 70.

that "she mothers the hospital workers ... gives confidence to the uncertain and makes the lonesome one feel wanted and at home."[52]

Indeed, maternal concern was supposedly a prime motivator for the Grenfell nurses. When Sister Cawardine reported on the severe winter of 1897, she shuddered to imagine "how the little ones survived."[53] Maternal concerns were apparently the inspiration for Nurse Bailey's work at Forteau two decades later. An admirer saw heroic motherhood at the root of Bailey's actions, describing her as a woman "who counts nothing so worthwhile as the saving of some childish life from want and vice and misery."[54] By 1917, Bailey's status as a saviour of little children was further augmented through her dedication to establishing a Children's Home at Forteau. In an appeal for funding, Bailey described her initiative as emanating from the desperate plight of the area's children: "There are so many children here who are brought up on poverty, hunger, ignorance and neglect, and it has long been in my mind that I could do something to help them." At the proposed Forteau adjunct to the central orphanage at St. Anthony. Bailey planned to feed, train, and educate "these poor, wee mites."[55] By the late 1930s, Among the Deep Sea Fishers took care to point out that nurses were still concerned with the plight of local children. In 1938, Nurse Burchill was

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[52]Anon., "Selma Carlson, Head Nurse" ADSF (January, 1943) 109.

[53]Ada Cawardine, "Letter from Sister Cawardine" Toilers (February, 1897) 51.

[54]Isobel Millen, "Sister Bailey" ADSF (July, 1916) 44.

[55]Florence Bailey, "Forteau" ADSF (October, 1917) 105.

overwhelmed by the "unnatural" strength of a sick "Eskimo" child. Despite the fact that the child did not even wince at her treatment, Burchill felt a "protective instinct" which "yearned to keep the child for some time, feed and care for the undernourished body and bring the laughter of childhood to the sad eyes."[56] Nurse Burchill was reluctant to let the child leave the nursing station and return to the conditions which had deprived him of "the laughter of childhood." In this way, we see that nurses were depicted as mother figures whose presence was necessitated by deplorable local conditions.

Indeed, nurses' superior ability to care for local children was a popular theme. Mission publicity was littered with touching anecdotes of nurses bringing new delights to forlorn little boys and girls. These delights might have been as simple as the novelty of "popcorn from an unknown friend in Boston,"[57] or as carefully orchestrated as a lavish birthday party. A 1921 article told of the feverish anticipation accompanying a proposed birthday party for a young patient. When Nurse Robinson first explained the foreign concept of a birthday celebration, the children "listened wide-eyed to descriptions of candle-lighted cakes and presents carried in on trays." The author explained that such joys were new to these children, since "there had been little time for such things in the drab lives of most of them."[58] Christmas was another occasion for nurses to bring new delights to children's "drab

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[56]Burchill, Labrador Memories, 85.

[57]Edith Mayou, "Glimpses of Everyday Life By a Nurse in a Deep Sea Mission Hospital" ADSF (July, 1907) 16.

[58]Kathleen Ewing, "Morley's Birthday Party" ADSF (April, 19231) 19.

lives." In 1901, a nurse proudly reported that thanks to generous donations "every child was the glad possessor of a toy, some Christmas cards, and a garment." According to the nurse, "the excited little faces spoke their thanks" for these new Christmas joys.[59] Year after year, Christmas parties were a prime opportunity for the Mission to assure its patrons that their donations had immediate benefits in northern Newfoundland and Labrador. As substitute mothers in the Mission setting, nurses annually wrote "cheery little papers" telling of the Christmas joys they were able to bring to the lonely lives of local children.[60] Nurse MacKay wrote a typical account for a 1926 issue of Among the Deep Sea Fishers, describing elaborate preparations that ranged from decorating with red and white tissue paper to teaching the local children a repertoire of Christmas carols. The climax of the account was the arrival of Santa Claus bearing presents for all the children. MacKay assured donors that "they fairly tremble when they go up to get their gifts and some of them just hugged the packages without making any attempt to open them."[61]

The generosity of the nurse at Christmas was an ongoing theme throughout the first four decades of the century. An account from 1936 could just as easily have been written years earlier. The only difference was that the scope of nurses' maternal energies had

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[59]Sister Bussell, "Christmas in Labrador" Toilers (May, 1901) 121.

[60]The editors of Toilers of the Deep presented Sister Bussell's 1901 account of Christmas in Labrador as a "cheery little paper from the pen of Sister Bussell." See editorial, Toilers (May, 1901) 121.

[61]Hazel MacKay, "Christmas at Forteau" ADSF (April, 1926) 77.

broadened. Nurse Cadwallader detailed her responsibility for delivering presents to outlying settlements around St. Mary's River where, previously, "scores of children in the poorer, northern villages had no Christmas at all."[62] Nurse Cadwallader's enjoyment of the season was clouded, however, by the fragile health of a child at the hospital. She wrote that because she and the other nurse had grown to love the little girl very much, their greatest hope was "to see an enchanted little Leah Jane admiring her first Christmas tree, very proud of her new dress with its matching fur-trimmed dickie, and playing delightedly with toys sent from the States especially for her."[63] The nurses' hope was not fulfilled; Cadwallader tearfully told of Leah Jane's death that Christmas Eve. Her sadness was alleviated only by the newfound seasonal enchantment of so many other children; Cadwallader concluded that there was no greater reward than that of "seeing sombre little faces light up with happiness."[64] And so, the wet-eyed account of "Christmas at St. Mary's River" ended on an uplifting note.

There is no mistaking that articles like these were intentionally heart-wrenching. In their symbolic roles as substitute mothers for northern Newfoundland and Labrador, nurses were the ideal staff members to write emotional appeals on behalf of local children -- appeals which were supposed to elicit readers' donations along with their sympathy. Time and time again, when nurses made appeals for supplies or money, it was on behalf of the "poor local

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[62]Marian F. Cadwallader, "Christmas at St. Mary's River" ADSF (October, 1936) 95.

[63]Marian F. Cadwallader, "Christmas at St. Mary's River" ADSF (October, 1936) 97.

[64]Marian F. Cadwallader, "Christmas at St. Mary's River" ADSF (October, 1936) 98.

children."[65] What is significant is that this was a fundraising ploy which, once again, linked femininity with motherhood, domesticity, and the social reform of a colonial "backwater." But the image of nurse-as-mother-figure was not the only romantic vision of Grenfell nursing employed by the Mission rhetoric. The second dominant image was one of nurses as fearless angels-of-mercy. Fundraising appeals were frequently buoyed by dramatic tales of the extreme hardships endured by Grenfell nurses in their noble efforts to relieve suffering in northern Newfoundland and Labrador. The two images were not mutually exclusive; in many respects, nurse-as-angel-of-mercy was merely the supreme embodiment of nurse-as-mother-figure, wherein "angel" symbolized a level of maternal devotion surpassing that of mere mortals. Like the image of nurse-as-mother-figure, the image of nurse as angel-of-mercy was based in a maternalist discourse which rationalized nurses' participation by arguing that as women, they possessed certain virtues which predisposed them for this role.

In 1923 Among the Deep Sea Fishers published a poem which neatly summarized the assumption that as women, nurses were ideally suited to caring for others. "The Spirit of Nursing" described nurses' motivations as an inner need to "obey the call of suffering." The ability to relieve this suffering was derived from both "attributes bestowed on her [nurses] by nature" and an "aptitude acquired by training."[66] The poem elaborated that a nurse's

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[65]For examples, see Edith Mayou, "Glimpses of Everyday Life by a Nurse in a Deep Sea Hospital" ADSF (April, 1907) 6; Nellie Gilmour, "A Day in Battle Harbour Hospital" ADSF (January, 1909) 16; Florence Bailey, "Jottings from Forteau, Labrador" Toilers (May, 1911) 111.

[66]J.B., "The Spirit of Nursing" ADSF (July, 1923) 63.

natural attributes include feminine virtues such as "A love of all weak, ailing things, / A watchful intuition," and "A gentle word and touch."[67] Indeed, "The Spirit of Nursing" expressed in poetic form what the Grenfell discourse had been promoting all along. A 1918 portrait of the ideal nurse in Among the Deep Sea Fishers specified that nursing is a professional calling which occurs at a young age. From childhood onwards, explained the author, the prospective nurse feels an inner need to tend to others -- a need evidenced by the fact that she "attends to all the imaginary ills of her doll family and those of her playmates."[68] "Feminine" attributes like usefulness in domestic matters, cheerfulness, deference, and "an ability to enter and leave a room quietly" were also listed as essential traits of the ideal nurse.[69] On these points, the Grenfell discourse was not saying anything new. In fact, feminist historians of nursing point out that it was this conservative gender ideology which generally bolstered the newly developed nursing profession.[70] The Grenfell discourse went on to qualify, however, that "nursing on the Labrador is in a class by itself."[71] Promotional literature specified that due to the isolation of Mission hospitals and nursing stations, a

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[67]J.B., "The Spirit of Nursing" ADSF (July, 1923) 63.

[68]Annie Warne, "The Mission Staff Foursquare" ADSF (January, 1918) 133.

[69]Annie Warne, "The Mission Staff Foursquare" ADSF (January, 1918) 133.

[70]See Susan Reverby, "The Duty or Right to Care? Nursing and Womanhood in Historical Perspective" in Nancy F. Cott, ed., History of Women in the United States: Vol. 8, Professional and White-Collar Employments Part 1, (New York: K.G. Saur, 1992) 66-83.

[71]Annie Warne, "The Mission Staff Foursquare" ADSF (January, 1918) 133.

Grenfell nurse must be resourceful enough to fill in for the Doctor when he is away, and skilful enough to relieve suffering in a harsh environment and with few supplies. In this way, the official discourse promoted Grenfell nursing as a dramatic opportunity for a nurse to fulfil the feminine inner calling which was supposedly at the root of her chosen profession.

Angel-of-mercy status was depicted as an inevitable accolade of Grenfell nursing. Selfless (and thankless) devotion to difficult work was the theme uniting the abundant images of nurses as angels-of-mercy. An 1898 article, "Nurses in the Frozen North," was an early example. The author detailed at great length the harshness of the Labrador winter and concluded that "we can but feel a hearty admiration for those two nurses who are giving of their lives, their skill, and patient devotion in far-away Labrador, where so few can know of their work."[72] Mission literature liked to underline that there were no limits to Grenfell nurses' devotion to "doing something for sick ones." A 1910 editorial update on nurses' activities boasted of this devotion, citing the examples of two current nurses; while Nurse Wilson's devotion required that she learn to paddle her own canoe so that "she might reach the more distant of the people who need her services," Nurse Allen's remote station meant that she would be "cut off from all communication with their friends until next summer."[73] No matter what the hardship, nurses were always painted as smilingly acceptant of their heavy workload, whether the challenge at hand was an awkward canoe or something a little

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[72] Anon., "Nurses in the Frozen North" Toilers (August, 1898) 182.

[73] Editorial, ADSF (January, 1910) 6.

more mundane. It was, after all, a spiritual calling which guided nurses, a calling which made both extreme danger and daily drudgery a satisfying experience. Indeed, Grenfell often became nostalgic at the memory of nurses going about their work. He claimed to have had "visions of past nurses patiently sitting in the darkened sick room at midnight, padding splints as if they preferred it to the wiles of an interesting book."[74] Though Grenfell's romanticized vision is extreme, it would be difficult to find a description of nurses' heavy workloads that was not accompanied by a reassurance of their general contentment. As one doctor put it in 1929, nurses were "working like Trojans and happy in doing it."[75]

In 1921, Nurse Dohme was a favourite "Trojan." A report by Grenfell proudly announced that a crisis was averted when, at the last minute, Nurse Dohme volunteered to fill a personnel gap at her own expense. Grenfell confirmed that since taking the position at St. Lewis Bay, "her beautiful, unselfish service has resulted, without any question, in saving several lives."[76] In the course of her stay at St. Lewis Bay, Nurse Dohme endured "loneliness, cold, privation, and danger," with no reward other than the satisfaction of relieving local suffering. Comparing her noble endeavours to those of Florence Nightingale, Grenfell urged readers to see Nurse Dohme's heroic gesture as "a challenge to us to establish and maintain the Lewis Bay Nursing Station" -- a challenge which would require generous

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[74]Wilfred Grenfell, Editorial, ADSF (July, 1904) 19.

[75] Anon., "News from the Stations" ADSF (October, 1929) 108.

[76]Wilfred Grenfell, "The Nursing Stations" ADSF (July, 1921) 58.

donations totalling approximately $1,750.[77] Clearly, the image of nurse as angel-of-mercy, like that of nurse-as-mother-figure, was a popular fundraising ploy. It does not take more than a brief perusal of the Mission periodicals to see that a preferred method of garnering financial support was to focus on the self-sacrifice required of nurses in their roles as angels-of-mercy. When, in 1903, Nurse MacPherson offered to fill a vacant position at the last minute (despite the fact that she was scheduled to return to England with her husband), Grenfell encouraged readers to express "grateful acknowledgement" for the selflessness of a nurse "willing to allow her husband to go on without her" while she accepted "so dangerous and wearisome a task."[78] By the late 1920s, the Mission discourse still traded heavily in appeals for financial support which were rooted in feminine self-sacrifice. Such fundraising techniques were most blatant in 1926 when Among the Deep Sea Fishers seized on the death of a Grenfell nurse. The obituary in the January issue identified Jean Dalzell as "the nurse who died at her post at St. Anthony Hospital."[79] Noting that Nurse Dalzell was the first nurse to die in the service of the Grenfell Mission, the obituary concluded its tribute to her noble work with the suggestion that future donations be used to build a Dalzell Memorial Ward at St. Anthony.

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[77]Wilfred Grenfell, "The Nursing Stations" ADSF (July, 1921) 59.

[78]Wilfred Grenfell, "Labrador and Newfoundland Jottings" Toilers (January, 1903) 21.

[79]Anon., "The Funeral of Miss Dalzell" ADSF (January, 1926) 184.

Along with self-sacrifice, bravery was a much-praised quality of the nurse-as-angel-of-mercy. The official discourse walked a fine line between emphasizing the dangerous side of Grenfell nursing and assuring readers of women's safety. Stories of the risky winter travel often undertaken by Grenfell nurses were considered an acceptable publicity avenue. In Dr. Willway's 1908 report, he included extracts of letters from nurses "to give a more vivid idea of what these brave women are prepared to do 'in His name'."[80] One extract he chose was from a letter by Sister Bailey in which she described a recent call to go across the bay to tend to a sick girl. Foul weather and a rough sea led local men to declare the journey impossible. While the six-mile trip in an open boat at the time of the year would be difficult for anyone, certainly "no woman had ever done it."[81] In spite of their warnings, Bailey "put her faith in God" and set out to heed the call of duty. The trip was frightening, but she made it, and the little girl lived. Outside articles depicting Grenfell nurses as angels-of-mercy were similarly intrigued by any brushes with danger. An article in the Baltimore Sun that same year highlighted the work of a Maryland nurse for the Grenfell Mission. The author explained that the local fishermen had taken great pains to escort her in their fishing boats "for fear she should walk alone, and the great huskie dogs, very savage at that season of the year, might set upon her and tear her to pieces."[82] Though Mission officials did not dwell

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[80] Dr. Willway, "Report for Year Ending October 31, 1907" Toilers (April, 1908) 91.

[81] Dr. Willway, "Report for Year Ending October 31, 1907" Toilers (April, 1908) 91.

[82] PANL, IGAC, MG 63, P8/A/38/4, Box 36, Scrapbook, "Hospitals in Labrador Aided by Baltimoreans: Nurses from this City Have Done Good Service on Bleak Northern Coast"

on the ferocity of local dogs, they did argue that the opportunity to develop personal courage made Grenfell nursing an excellent career move.[83]

The Baltimore Sun was not the only outside newspaper which backed up Mission officials on this point. In the late 1920s and 30s, Grenfell and his associates were pleased to see nurses receiving considerable public recognition of their bravery. Grenfell nurses were the focus of international attention in 1929 when the first plane to cross the Atlantic ended in a Labrador crash-landing. Among the Deep Sea Fishers was thrilled to report that a Grenfell nurse had been the first on the rescue scene: "It was a great joy to us after we heard of the fall of those brave men in 'savage Labrador' to learn that within a few hours a spruce, little highly-trained nurse ... had tripped over with her dogs to inquire whether the heroes had hurt themselves."[84] Nurses' timely heroics made the Newfoundland newspapers several years later when Battle Harbour's Nurse Berthelsen loaded a motor boat with supplies and made an emergency relief-trip northward through the ice floes. Under the headline "Heroic Action of Nurse Relieves Starving People," the Western Star reported that thanks to Nurse Berthelsen's "splendid foresight and undaunted courage," countless people were saved from

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The Baltimore Sun (March 15, 1908).

[83] PANL, SWGC, MG 327, Reel 1, Wilfred Grenfell, "To the Nurses of New York," nd, ca. 1910.

[84] Editorial, ADSF (January, 1929) 168.

the brink of starvation.[85] But the climax of outside praise for the Grenfell nurses occurred in 1934. Faced with an emergency operation beyond her capabilities, Nurse Cornelius of Battle Harbour rowed four miles to a ship anchored offshore. Not realizing that the British prime minister and his daughter were on board the HMS Scarborough, she hastily summoned the ship's doctor and rowed him ashore to help with her patient. Mission officials were thrilled when Prime Minister MacDonald publicly praised Nurse Cornelius's bravery.[86]

In sum, Grenfell nursing was widely promoted as a unique opportunity for challenging and meaningful female work.[87] The discourse which proclaimed the novelty of this work experience however, was the same discourse which reinforced a not-so-novel gender ideology. On the first level, the Grenfell nursing opportunity was rooted in the social reform agenda of a foreign Mission that viewed itself, from its inception and throughout the first four decades of the twentieth century, as a culturally-superior "civilizing" force. On the second level, the Grenfell nursing opportunity was derived from a maternalist official discourse which argued that as women, nurses were ideally suited to the "civilizing" task. The strategic significance of nurses' womanly virtues was suggested through the portrayal

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[85] Anon., "Heroic Action of Nurse Relieves Starving People" The Western Star (Curling, Newfoundland: June 14, 1933) in ADSF (July, 1933) 89.

[86] PANL, IGAC, MG 63, P8/A/38/4, Box 6, Scrapbook, "Heroic Nurse Saves Labrador Patient" Albany Press (Albany, New York: September 12, 1934).

[87] This chapter shows that the entire official discourse was, in part, a nurse recruitment appeal. For an example of overt appeals to nurses that emphasize the unique challenge of Grenfell nursing, see PANL, IGAC, MG 63, PA/8/38/3, Box #21, Leaflet, "Down North: Where the Grenfell Mission Carries on its Work" nd, ca. 1930s.

of nurses as feminine beacons of hope in a dark corner of the British empire. More specifically, the official discourse depicted nurses as enforcers of civility and domesticity amongst a people who were sadly lacking in each of these areas. Two romantic visions of Grenfell nursing emerged; both the image of nurse-as-mother-figure and the image of nurse-as-angel-of-mercy were based on conservative notions about female nature and the corresponding proper roles for women. Nurses were heralded as the feminine embodiment of the "civilized" values the Mission wished to instill in the local people. Nurses' noble devotion to this objective was portrayed as emanating from "natural" female characteristics like sympathy, selflessness, and a predisposition for motherhood. The Grenfell discourse admitted that nursing in northern Newfoundland and Labrador required a high degree of independence, courage, and hardship. But these unusual female job requirements were rationalized by a gender ideology which reinforced a traditional view of women.

Chapter 3
The Women Behind the Man: Grenfell Nurses At Work, Part I

> It does us good to pause sometimes, in the midst of our ultra-civilized conditions, and through the window of our imagination to see our sisters working on the lonely shores of Labrador, nursing and teaching the hard-working fisherfolk, and making life a little easier and a little happier for those who, but for this Mission, would be wretched and uncared for.
>
> Toilers of the Deep, 1911[1]

> My grief turned to rage ... I was red in the face and out for blood. "If you don't fix those gates right now, I'll rip *all* your shirts to pieces ... And you can tell Jim for me that I'll shoot the next dog that gets in my garden. I'll keep my gun loaded, and I'll shoot him through the head."
>
> Nurse Kate Austen, 1929 [2]

According to the official Grenfell discourse, nurses were fearless heroines whose maternal devotion to helping the people of northern Newfoundland and Labrador was rooted in so-called female virtues like sympathy, kindness, and selflessness. Taken from a 1911 issue of Toilers of the Deep, the opening tribute to "our sisters working on the lonely shores of Labrador" captures the traditionally-gendered portrayal of Grenfell nursing that was so central to the official discourse. The second passage, on the other hand, presents a less familiar vision of the Grenfell nurse. In a published account of her service with the Mission, Kate Austen remembered the day her cherished flower garden was trampled by a local dog. Surveying the ruined plants, Austen's grief quickly escalated into violent rage. However

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[1]Anon., "Nursing in Labrador"[reprinted from Nursing Times] Toilers (April, 1911) 83.

[2]Merrick, Northern Nurse, 274.

disappointed she may have been, threatening to destroy someone's clothing and kill someone else's dog hardly seems behaviour befitting a gentle angel-of-mercy. Clearly, in this instance, there was a significant gap between official discourse and real life.

In fact, an examination of the daily realities of Grenfell nursing duty -- whether in St. Anthony or Indian Harbour, in 1894 or 1938 -- suggests a gap between discourse and real life which extended far beyond Nurse Austen's flower bed.[3] Indeed, viewing Grenfell nurses solely through the lenses of the official discourse (as we did in Chapter 2) produces a distorted image of nurses' work experience. By rooting nurses' key roles in a maternalist gender ideology which hinged on conservative ideas about women, the official discourse obscured the reality that Grenfell nursing was an exceptional female work experience. From 1894 through to 1938, these women formed the backbone of the Grenfell Mission. As such, Grenfell nurses shouldered a wide range of duties which greatly exceeded the usual bounds of their profession. In doing so, they often exercised a considerable degree of workplace authority and independence while enjoying high levels of outdoor adventure -- all experiences which were certainly not standard fare for nurses, nor for early twentieth-century Western women in general. The extraordinary potential of Grenfell nursing was diffused

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[3]In focussing on the gap between discourse and reality, I share the thematic intentions of feminist historian Andrée Lévesque in her recent monograph on the history of Quebec women. In the foreword, Lévesque states that her work is organized around the distinction between theory and real life. She elaborates that "Women's history lends itself to the study of the extent to which actual practice conforms to the ideal, and how far it departs from it." See Andrée Lévesque, Making and Breaking the Rules: Women in Quebec, 1919-1939 (Toronto: McClelland and Stewart, 1994) 7.

by an official discourse preoccupied with reactionary ideas about women. This chapter will rectify that distortion by illustrating that Grenfell nursing was, in fact, an extremely non-traditional work opportunity for women.

Grenfell nursing duty was, from beginning to end, a massive undertaking. Long before arriving in Newfoundland and Labrador, prospective nurses realized that working for the Grenfell Mission could not be taken lightly. The application process was rigorous. In addition to a detailed application form, the Staff Selection Committee insisted upon four letters of reference (two personal and two professional), and at least one interview at the closest Grenfell Association office.[4] Throughout, the Committee was concerned with ensuring that prospective nurses had "sufficient experience to stand alone."[5] If deemed professionally and personally suitable, candidates were then required to submit a doctor's certificate stating that they were healthy enough to endure physically challenging work in a harsh climate.[6] Even once approved for service, the application ordeal was far from over. Prospective nurses waited months (or in some cases, years) for their contract details to be

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[4]PANL, IGAC, MG 63, Part 2, Personnel Files; See, for example, "Mary Penelope Barnard," Application form, September, 1936.

[5]PANL, IGAC, MG 63, Part 2, Personnel Files; "A.M. Behan," Spalding to Adams, July 22, 1927.

[6]PANL, IGAC, MG 63, Part 2, Personnel Files: See, for example, "[Grace] Winifred Dennis," Spalding to Dr. Maitland Jones, April 20, 1938.

worked out amongst the officials at the London and New York offices, and the Mission itself.

Once a position was finally secured, a nurse faced the challenge of getting herself to northern Newfoundland and Labrador. An "Information and Instructions for Workers" leaflet distributed to workers prior to their departure attempted to clarify the main travel routes. For anyone making the journey from New York, the instructions warned that the ship embarked for St. John's only on alternate Saturdays and usually took about five days.[7] If departing from the other side of the Atlantic, nurses were put on stand-by until Mission officials could secure a last-minute place on a relatively inexpensive cargo ship. From St. John's onwards, the journey was completed by mail steamer and became even more haphazard; the schedule of the unpredictable coastal vessels was invariably complicated by storms, and unexpected stopovers along the way were a matter of course. The Staff Selection Committee recognized the difficulties associated with the journey and, for this reason, encouraged female workers to meet prior to departure and travel together.[8] Whether alone or with a co-worker, "getting there" was an adventure in and of itself. For some, adventure meant having your nightgown hoisted up the main mast by crew members in a good-natured

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[7]TDA, GMFC, "Information and Instructions for Workers" pamphlet, International Grenfell Association, nd., ca 1920s.

[8]In the spring of 1938, for example, the secretary at the London office arranged "an informal tea party" for those women travelling to Newfoundland that summer. See PANL, IGAC, MG 63, Part 2, Personnel Files, "Mary Penelope Barnard," Spalding to Barnard, April, 1938.

prank.[9] For others, adventure meant having the ship's cabin fill with water in a dramatic storm.[10] From seasickness to icebergs, there was always lot to write home about by the time a nurse arrived at her destination.

For a nurse arriving in the Mission's first decade, the list of possible destinations was a short one; nurses were posted to the hospital at Battle Harbour, Labrador, or to the hospital further north at Indian Harbour. In 1902, the Mission established its headquarters at St. Anthony, on the tip of Newfoundland's Northern Peninsula, and many nurses were assigned to what would quickly become the Mission's largest and most modern hospital facility. Over time, the list of possible nursing destinations grew. As the Grenfell Mission extended its reach across northern Newfoundland and Labrador, a distinction was made between hospitals (larger centres with a resident doctor), and nursing stations (smaller, more remote establishments staffed solely by nursing personnel). Though the Mission's founding priority was to provide a service for the people who came north from Newfoundland every year for

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[9]Rhoda Dawson was a Grenfell industrial worker from England who shared her journey to northern Newfoundland in 1930 with a Grenfell nurse. In a letter to her father she recounted the story of a nurse "sewing up" the captain's pyjamas as a prank; having her nightgown hoisted up the mast was the captain's retaliation. See CNSA, Rhoda Dawson Bickerdyke Collection (RDBC) #198, 5.04.002 "Draft book of Letters" Rhoda Dawson to Nelson Dawson, November 20, 1930.

[10]Nurse Helen Smith and nurse's aide Alison Strathy were en route to St. Anthony in 1920 when "suddenly there was a sickening crash -- and then a roar of water!" Though they were sure "that was the end" the Captain reassured them that although a massive wave had just flooded the cabin, they would be fine. See Yale University Archives, Sterling Memorial Library (YUA SML), New England Grenfell Association Records (NEGAR), MS #1200, Series 1, Box 5, Alison Strathy to Miss Demarest, ca. 1920.

the Labrador fishery of the spring and summer seasons, they also treated the region's native Innu and permanent "livyer" population. Depending upon available resources in a particular year, however, some of the hospitals and stations were closed for the long winters.[11] By the 1930s, the Grenfell Mission operated roughly five hospitals and at least five nursing stations throughout northern Newfoundland and Labrador.[12] At both hospitals and nursing stations, the Grenfell medical staff treated emergency outpatients and housed long-term inpatients. Cases ranged from rotten teeth and fishhooks lodged in fingers, to devastating outbreaks of diphtheria, tuberculosis, and influenza. Clearly then, with hospitals and nursing stations scattered across thousands of miles of rugged terrain, this was no traditional workplace. Not surprisingly, given the geographical and medical scope, the work experience of Grenfell nurses was as diverse as the territory was large. Grasping the unusual female work experience of nursing for the Grenfell Mission thus requires constant attention to variation. Though Grenfell nursing, taken as a whole, was undoubtedly exceptional, it was far from monolithic.

Perhaps one of the most important factors determining the nature of a nurse's work experience was the size of the particular hospital where she was stationed. In the Mission's

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[11]It should be remembered that the summer/spring season was the Grenfell Mission's main medical priority due to the annual Labrador fishery which filled the normally quiet harbours with boatloads of prospective patients.

[12]For a tabular summary of nurses' distribution at these hospitals/stations between 1914 and 1938, see Appendix B. Comprehensive information prior to 1914 is not available. For a map of Mission stations see Appendix C.

pioneering years, a "hospital" consisted of one doctor, one nurse, and some basic medical supplies. As Grenfell widened the Mission's scope and built up an international network of funding, staff, and volunteers to support its functioning, the situation quickly changed. Two decades after its modest inception, the Grenfell Mission relied upon the work of 78 paid staff members and volunteers. This increase reflected both an increased number of Mission stations, as well as an increased number of workers at selected stations. The hospital at Battle Harbour is an excellent case in point. In 1898, it was a sparse dwelling equipped with rudimentary medical supplies, and occupied by Nurse Cawardine-Aspland and her new doctor husband. With her husband away on journeys northward, Nurse Aspland was, more often than not, the only medical help on the premises. In addition to the daily chores of keeping the hospital open, she made journeys by dogsled to surrounding communities struggling with outbreaks of diphtheria.[13] A decade later, there was more help available to the nurse at Battle Harbour; by 1909 the staff had increased to two nurses, one cook, one doctor, and one medical assistant. Nurse Carr-Harris wrote an article for Among the Deep Sea Fishers describing their schedule of work. She explained that the weekly mail steamer, a fortnightly ship from St. John's, and a periodic ship from Nain were constantly dropping off and picking up patients at Battle Harbour, with the result that the "supply of patients" was "quite irregular."[14] For nurses in charge of making beds available to those in need, this made

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[13]Ada Aspland, "Letter from Mrs. Aspland" Toilers (September, 1898) 231.

[14]E.M. Carr-Harris, "Items from Battle Harbour" ADSF (October, 1909) 19.

matters quite difficult since "sometimes they all seem[ed] to be convalescent at once."[15] Because the doctor was invariably away on a house call, the nurses also handled a steady stream of outpatients with injuries and illnesses ranging from slight to severe. To accomplish the day's work, they divided the duties between themselves. Nurse Hegan was in charge of the men's ward, dealt with the patients' money, and assisted the doctor with surgical dressings. Nurse Carr-Harris, meanwhile, took charge of the women's ward, the supply/linen closets, and sterilizing (an onerous task which, in the absence of the proper equipment, had to be done on the stove). In addition to these daily chores, Nurse Carr-Harris was particularly proud of a number of operations in which both she and Nurse Hegan had assisted. The tonsillectomies and amputations were, in this case, overshadowed by the removal of "a fatty tumour weighing 4 ½ pounds" from the groin area of a seventy-two year old man. In sum, although the work days of Nurses Carr-Harris and Hegan were certainly busy, unpredictable, and varied, the presence of each other, as well as three other staff members, allowed for a division of duties which made their workload somewhat more manageable than that of Nurse Aspland a decade earlier. By the summer of 1928, the nurses at Battle Harbour had even more help; staff size mushroomed to a grand total of three doctors, one medical student, three nurses, one housekeeper, one teacher, one industrial

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[15]E.M. Carr-Harris, "Items from Battle Harbour" ADSF (October, 1909) 19.

worker, and four general labourers. Staff size did not, however, expand indefinitely; the increasing numbers of Grenfell workers reached a plateau by the late 1920s.[16]

Indeed, staff size was never solely a function of time. As the headquarters of the Grenfell Mission, St. Anthony was consistently larger and more fully-equipped than any of the other hospitals. Nonetheless, the work experience greeting a new nurse at St. Anthony was by no means typical. Like the other Mission hospitals, the pace of work at St. Anthony was largely governed by the unpredictable boatloads of incoming patients. In 1902, Nurse Keating described how the entire staff would watch the horizon for the telltale smoke of an approaching ship; a sighting meant the commencement of hurried preparations.[17] Getting ready required preparing large quantities of supplies for unknown cases on the way, as well as readying current patients to be discharged and sent home on the steamer's return trip -- in sum, "a very strenuous time for all."[18] When the boatload of patients weighed anchor, a methodical system was used in hopes of controlling the deluge of patients streaming up to the hospital. Each person was given a number and escorted to a large waiting room until a doctor could examine their case. After seeing all the patients, the doctors prioritized the

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[16]Between 1926 and 1930, the total number of Grenfell workers fluctuated between 128 (in 1929) and 162 (in 1926). By 1938, this total had decreased to 106. See "Reports of the Staff Selection Committee" July issues of ADSF, 1914-1938.

[17]Mary Keating, "Dr. Grenfell's Work in Newfoundland and Labrador" American Journal of Nursing (3,1902) 1022.

[18]Mary Keating, "Dr. Grenfell's Work in Newfoundland and Labrador" American Journal of Nursing (3,1902) 1022.

cases for admittance to the hospital's limited beds. In addition to administering medicines, pulling teeth, and assisting operations, nurses were busied with serving meals and making patients as comfortable as possible in the cramped quarters. Throughout, there was the looming pressure of getting the patients better and on their way again in time for the next arrivals.[19] St. Anthony by summer was a clearly a hectic and erratic workplace.

In fact, seasonal variation was, more generally, a crucial determinant of the Grenfell nursing experience. As previously noted, this was primarily due to the influx of patients accompanying the annual Labrador fishery each spring/summer. In an overcrowded hospital ward on a muggy, black-fly infested afternoon in August, nurses might yearn for the relative peace and quiet of winter.[20] Helen Banyard Kirby, a nurse at the North West River hospital in 1938, remembered a sharp seasonal contrast in pace of work. In the summer, the atmosphere was made chaotic by a steady flow of patients, fishermen, magistrates, mail steamers, and Grenfell workers. In the winter, however, all this ceased, and "the depleted community settled down to a very self-contained life."[21] "Self-contained" was not, however, always synonymous with "peace and quiet." Conversely, the coming of winter might spell

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[19]These pressures were perhaps felt most acutely by the Head Nurse -- a distinction given to one woman at hospitals where the nursing staff totalled more than two or three. In this way, nurse hierarchy was another factor contributing to variation of nurses' work experience.

[20]Heat, blackflies, and dysentery were the distinguishing traits of the month of August at Harrington Hospital in 1928. See Banfill, Labrador Nurse, 40.

[21]CNSA, JNC #177, 12.005.001, File "IGA, 1868-1975" Helen Banyard Kirby to Joyce Nevitt, November 11, 1975.

a drastic increase in nurses' workload. In the Mission's first decade, for example, it was common practice for the nurses to run the hospitals at Battle Harbour and Indian Harbour on their own each winter, while the doctors made medical trips further north. In 1897 Nurse Cawardine was formally appointed "relieving officer" at Battle Harbour from October until April while the doctor was away.[22] This was nothing new; both she and Cecilia Williams (the first nurses with the Grenfell Mission) had been alone at the hospitals for many winter months since first arriving in 1894.[23] Though at the time, Mission officials liked to insist that this was a necessary evil of the Mission's pioneering days, relying on nurses as back-up when doctors were unavailable or otherwise occupied (usually during the long winters), was an ongoing strategy of the Grenfell Mission throughout the first four decades of the twentieth century.[24] In the winter of 1909, the doctor at the Harrington Harbour hospital was, as usual, gone by Christmas. For Nurse Edith Mayou, the doctor's absence meant more duties in an already hectic schedule. "When the doctor is away on his medical trips I have, in addition,

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[22]Ada Cawardine "Our Work in Labrador" Toilers (February, 1897) 51.

[23]See periodic updates on the fledgling Grenfell Mission in Toilers, 1894-1897. Though Cawardine and Williams both arrived in Newfoundland for the first time on Grenfell's first voyage in 1892, it was not until the second voyage in 1894 that they took up semi-permanent residence.

[24]In 1898 the editors of Toilers of the Deep admitted that when the Mission's hospitals were first opened, the nurses were alone throughout the winters, but that "this anomalous arrangement has now been changed." See Anon., "Nurses in the Frozen North" Toilers (August, 1898) 182. In fact, there was nothing anomalous about nurses on their own during the winter months. As late as 1938, for example, Nurse Burchill was put in charge of Indian Harbour Hospital for the winter season.

all the outpatients and often have to visit them in their homes, so as you can readily believe, I ... find the days only too short," Mayou reported.[25] But doctors' absences did not just mean that nurses did more work; they also meant increased authority. Mina Gilchrist was a longtime nurse for the Grenfell Mission who married Dr. Harry Paddon at the Indian Harbour hospital where she worked from 1911 onwards. Elliott Merrick, ex-Grenfell worker and husband of another Grenfell nurse, remembers that over the course of Gilchrist's decades of service, there were "thousands of emergencies" when she "filled the gap and ran the hospital."[26] In fact, Gilchrist headed up "not only the hospital, but the clothing store, the Industrial, the school, and the station as a whole."[27] As a respected authority figure at Indian Harbour, "everybody looked to her for strength and advice and reassurance."[28]

In this way, unprecedented levels of authority for nurses were often the result of filling in for absentee doctors. Independent female work took a more structured form if assigned to one of the Mission's isolated nursing stations where doctors only occasionally visited. Perhaps the best example of such independent work was the case of Nurse Florence Bailey. In 1908, Bailey was sent to establish a new nursing station at Forteau on the Labrador side of the Straits of Belle Isle -- an area previously not covered by the Grenfell

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[25]Edith Mayou, "Harrington Items" ADSF (April, 1909) 21.

[26]Elliott Merrick, "Years of the Flu 1918-1919" Them Days 18,4 (July, 1993) 23.

[27]Elliott Merrick, "Years of the Flu 1918-1919" Them Days 18,4 (July, 1993) 23.

[28]Elliott Merrick, "Years of the Flu 1918-1919" Them Days 18,4 (July, 1993) 22.

Mission where no doctor would be available within a hundred-mile radius. By 1911, Nurse Bailey was solely responsible for Forteau and roughly fifteen surrounding settlements.[29] By 1912, Bailey's district stretched from Bonne Esperance to Red Bay (a distance of several hundred miles) and took in over 22 settlements. Considering this total, Bailey modestly conceded "I ... have as much as I can manage."[30] And "manage" she did. Nurse Bailey singlehandedly ran the Forteau nursing station for a total of fifteen years. Bailey's independent work experience was unusual only for the duration of her stay. In the summer of 1921 Nurse Annie Futter was assigned to a nursing station at Flowers Cove, on the Newfoundland side of the Straits of Belle Isle. Though her district was somewhat smaller -- extending 18 miles north to Eddy's Cove and 30 miles south to Port Saunders -- Nurse Futter was at least two-days journey from the nearest doctor. By the fall of that year, Futter had settled into her role as the area's sole medical help. As she wrote in a letter to Among the Deep Sea Fishers, "here in Flowers Cove I have opened my little dispensary, and am settled as the district nurse."[31]

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[29]Florence Bailey, "Work and Needs at Forteau" ADSF (July, 1911) 32.

[30]Florence Bailey, "Items from Forteau" ADSF (October, 1912) 29.

[31]Annie Futter, "The Nursing Stations -- Flowers Cove" ADSF (October, 1921) 86. "District nurse" referred to the Mission's policy of placing individual nurses in charge of a nursing station, where they were additionally responsible for the surrounding area. More generally, "district nurse" was another term for "public health nurse" or "visiting nurse."

Though Futter referred to herself as the "district nurse," a closer examination of the medical work undertaken by Grenfell nurses calls into question the usual professional divisions. In situations of independent and isolated work, Grenfell nurses were forced, in the absence of any alternative, to perform medical tasks for which they had not been formally trained. One of the most common necessities was dentistry. As early as 1896, Nurse Cawardine attempted her first extraction of a rotten tooth. Though she did not relish the opportunity, Cawardine pragmatically realized that without a dentist or doctor on hand, "it had to be done."[32] Indeed, pulling teeth was an expected skill of Grenfell nurses throughout the next four decades. Although an expanded Mission staff included the occasional dentist, not all nurses were so fortunate. When Nurse Burchill was transferred from Cartwright to Indian Harbour for the winter of 1938, Dr. Forsyth gave her a quick lesson in tooth extraction before she departed.[33] If Nurse Burchill had known what lay in her future, she would likely have requested a lesson in surgery as well. One of her first patients at Indian Harbour was a small child whose head had been mauled by dogs. Nurse Burchill was pushing the limits of her professional training when she stitched the boy's head wound with 17 agonizing stitches. Surgical skills were also required of an anonymous Grenfell nurse in the 1930s who, on a twelve-mile house call, learned that her patient had plunged headfirst off a fish stage into the shallow water ten feet below. With no time to return the 70-year-old woman

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[32]Ada Cawardine, letter to Grenfell, Toilers (May, 1896) 113.

[33]Burchill, Labrador Memories, 49.

to the hospital, the nurse was forced, then and there, to stitch the gaping wound without the benefit of anaesthetics.[34] Indeed, the benefit of anaesthetics may have been something that, as impromptu surgeons, Grenfell nurses often had to do without. Even if supplies were available, training in anaesthetic procedures was not standard nursing fare. On a brief return to England in 1937, Nurse Evelyn Poppleton was frustrated to discover that it was impossible for a nurse to get anaesthetics training anywhere in England.[35]

Though Poppleton's initiative was unsuccessful, it is clear that after three years with the Grenfell Mission, she recognized that average nursing skills were not enough. But then, Poppleton was no average nurse. Indeed, the extraordinary capabilities of Grenfell nurses were, by the 1930s, well known by anyone who had witnessed them in action. Remembering Labrador life in the 1930s, a Cartwright resident noted that "the nurses we had here in them days was as good as any doctor that comes around today. They could even operate if they had to."[36] Even Grenfell doctors admitted the unique capabilities of the Grenfell nurses. In 1933, Dr. Forsyth reported that "Miss Berthelsen was doing the work of doctor and nurse" at the Mary's Harbour station.[37] In a 1952 tribute, Dr. Curtis proclaimed that without the

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[34]PANL, IGAC, MG 63, P8/A/38/1, Box #2, File "Historical Facts of the Grenfell Mission" typed draft of pamphlet, "The Grenfell Mission Today," nd., ca. late 1930s.

[35]PANL, IGAC, MG 63, Part 2, Personnel Files, "Evelyn Poppleton," Spalding to Poppleton, November 26, 1937.

[36]Joanne Martin, "We Knew Hard Work" Them Days 2,1 (1976) 44.

[37]C.H. Forsyth, "Last Winter at Harrington" ADSF (July, 1933) 64.

independence of Grenfell nurses, many of the Mission's smaller stations would have been forced to close long ago.[38] Female independence was often at its dramatic best when nurses were away from their posts. Because the Mission's hospitals and nursing stations were dispersed across a vast territory of tiny settlements, Grenfell nursing often included a lot of travelling. Whether on an emergency house call or routine rounds of surrounding settlements, Grenfell nurses endured arduous travel -- by snowshoe, dogsled, or boat -- across rough land and water, and in all kinds of weather. Prospective nurses were advised that the "Necessities for a Nurse for One Year" included one army knapsack with waterproof lining, one spiked cane, and one pair of dark snow glasses.[39] Upon arriving, nurses were outfitted with a personal dog team, a box-like sled called a *komatic*, and a local man to act as their driver on standby. All were put to good use. At first, the Grenfell Mission liked to pretend that rugged expeditions were chiefly the doctors' domain,but the travel miles logged by Grenfell nurses throughout the first four decades of the twentieth century are evidence to the contrary.[40] Nurse Berthelsen of Forteau had some particularly impressive statistics for the winter of 1928/29. Between November 21 and May 17, she covered 1392 miles by dog

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[38]PANL, IGAC, MG 63, P8/A/38/3, Box 39, "Praise for British Nurses" The Scotsman (November 19, 1952).

[39]TDA, GMFC, "Information and Instructions for Workers" pamphlet, International Grenfell Association, nd., ca. 1920s.

[40]Anon., "Nurses in the Frozen North" Toilers (August, 1898) 182.

team, and visited 425 patients en route.[41] Equally impressive was Nurse Ethel Currant's mileage at Englee in 1936; between January and June, she travelled more than 1200 miles by steamer, *komatic*, motorboat and row boat.[42]

Within such mileage, there was ample room for adventure. The most common source of danger was the inhospitable winter climate of northern Newfoundland and Labrador. Dr. Forsyth once wryly noted that travelling conditions always seemed to be worse for nurses than for doctors.[43] Indeed, it is hard to imagine how conditions could have been much worse for Clayre Ruland's 1935 journey by dog sled from Mutton Bay. After five days of determined progress in a relentless "snow squall," Ruland was forced to make a pit-stop at Forteau because of a sore throat and high temperature. Two days later she was back in her *komatic* despite ominous weather predictions. Ruland and her driver were barely underway again when the storm hit. Within a short time, the snow was so thick that they could not see their lead dog. Four and a half treacherous hours later, they arrived at St. Paul's, only a short distance away, and took shelter. The next day, conditions were no better; upon resuming travel, they "hit slob ice" (chunks of ice floating on the frozen surface) and their progress

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[41]Anon., "News from the Stations: Forteau" ADSF (October, 1929) 140.

[42]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, June 23, 1936.

[43]C.H. Forsyth, "Last Winter at Harrington" ADSF (July, 1933) 63.

ground to a halt. As Nurse Ruland recorded in her diary, "for a while I had a very helpless feeling. The dogs were literally swimming and the bars of our *komatic* were submerged."[44]

Nurse Ruland's encounter with "slob ice" would have been more hazardous several months later. In spite of winter's punishing storms, travelling in early spring was actually more dangerous. Winter's steady sub-zero temperatures kept the numerous bays, inlets, and tickles relatively safe for more direct (and flatter) travel routes. With the approach of spring, the ice became less reliable. It was a lesson that Cecilia Williams learned the hard way late in the winter of 1897. Alone at the Battle Harbour hospital, Nurse Williams was woken in the dead of night by an urgent plea for a house call. A man from a nearby island begged her to come immediately to tend to his sick wife, insisting that by morning the ice would be broken up and the trip made impossible. As Nurse Williams made the midnight journey, she feared that the ice would not wait until morning: "It was so dark and it was not particularly pleasant walking on the ice; we could see the big cracks, and it seemed to scream and moan, then deeply groan, as if we were treading on some huge monster in pain."[45] Many hours later, after saving the severely haemoraghing woman, Williams's return trip did require agonizing negotiation of yawning crevices in the ice. In the severe climate of northern Newfoundland and Labrador, the elements were a relentless hurdle.

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[44]Clayre Ruland, "A Nurse's Winter Trip on the Canadian Labrador: Extracts from a Diary" ADSF (July, 1935) 52-53.

[45]Anon., "Winter Work in Labrador" Toilers (May, 1897) 132.

Snow and ice aside, there were other hazards confronting travelling Grenfell nurses. On an 1897 emergency house call Nurse Williams was attacked by some of the village's huskie dogs. "I fell and was immediately surrounded by all the other dogs. I could feel them biting away at my clothes and making such an awful noise," she wrote in a letter for Toilers of the Deep.[46] Over a decade later, dogs were again a source of danger for Nurse Bailey at Forteau. Though Bailey was not attacked, the dogsled journey home from an evening house call did become an unexpected adventure. "Suddenly the dogs took us in the wrong direction and onto a small pan of ice which was moving up and down with the waves and the water dashing around furiously,"[47] Bailey recounted. Though the driver strained with all his might to get the dogs to turn around, the animals would not obey his orders. Adrift on an ice pan, their panic grew when several dogs slipped into the water and tried to swim ashore. Fortunately, a group of local men arrived in time to save Bailey and her driver from an icy drowning. On this occasion, local men were timely saviours. But this was not always the case – in fact, they could be the source of danger themselves. On a winter evening in 1939 Nurse Ethel Currant gripped the edge of her *komatic* seat as they careened crazily around gaping holes in the ice at breakneck speeds. The driver seemed possessed, and would not acknowledge her anxious pleas: "The more I tried to caution the driver, the more desperate

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[46]Cecilia Williams, "Letter from Sister Williams at Battle Harbour" Toilers (June, 1897) 174.

[47]Florence Bailey, "Jottings from Forteau" Toilers (July, 1911) 159.

he became and the quicker the flight."[48] Hopping off when they paused at a village, Nurse Currant did not return to her chauffeur, but ran overland through the dark woods until she arrived at her station and, fearing for her life, barricaded herself inside. When the repentant driver arrived at her door, he confessed that a deep depression made him want to end his life. The hurtling *komatic* ride had actually been an attempted suicide-run. Nurse Currant forgave him and chalked it up to a day's work.[49] In sum, the uniqueness of Grenfell nursing was often at its dramatic best on nurses' medical expeditions throughout the region. With obstacles ranging from snow squalls and slob ice, to wild dogs and suicidal sled drivers, this was clearly not an average nursing job.

Indeed, the unpredictable nature of Grenfell nursing required levels of individual resourcefulness and adaptability which surpassed the already-high levels required of nurses in general. A 1911 article written for a British nursing journal rightly identified unpredictability as Grenfell nursing's chief distinguishing trait.[50] And unpredictability could come from many directions; a nurse might be suddenly transferred to a new post by the Mission hierarchy, woken from a peaceful sleep by a group of fishermen at her bedside, or

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[48]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, February 26, 1939.

[49]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, February 26, 1939.

[50]Anon., "Nursing in Labrador" The Nursing Times, reprinted in Toilers (April, 1911) 83.

find herself an uninvited guest in a local village for days on end.[51] For most new nurses, there was no time to gradually adjust to the chaotic demands of their new work environment. Individuals' capacity for personal and professional resourcefulness was often tested even before a nurse arrived at her post. Nurse Ethel McClure was en route from Chicago to St. Anthony in 1923 when she was abruptly thrust into action. While the boat stopped at Pilley's Island to pick up a Mission doctor, a local woman brought aboard a child suffering from a severe case of "dropsy" (extreme swelling caused by excess accumulation of liquid in the body's tissues). The doctor advised that the child be treated right away and requested Nurse McClure to assist in a rudimentary operation. With a sterilized pen knife, some iodine, and some cotton dressings, they drained most of the child's fluid by the light of a flashlight. Following the operation, Nurse McClure was on call to ensure that the child recovered properly. More than a decade later, Nurse Mary Penelope Barnard had a similar welcome to the Grenfell Mission. When her ship cast anchor at St. Mary's River late one evening in 1937, Dr. Forsyth came on board to assist with the dozens of patients who had rowed out for medical attention. No sooner had they herded all the patients onto a boat alongside, when

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[51]Nurse Ethel McClure had only been at St. Anthony for a couple months when she was appointed to fill in for an absentee doctor at a lumber camp in White Bay. See PANL, IGAC, MG 63, P8/A/38/4, Box #6, Ethel McClure, "Letters from Newfoundland and Labrador" December 31, 1923. Nurse Burchill was woken by a group of fishermen requesting a house call early one morning in 1938 at the Indian Harbour hospital. See Burchill, Labrador Memories, 92. Lastly, Nurse Ethel Currant was en route to St. Anthony with a convoy of needy patients in 1938 when dangerous ice prevented them from completing their journey. She was then faced with finding accommodations in the nearby poverty-stricken villages for herself and her patients. See PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, May 13, 1938.

engine cooling water from the big ship emptied onto everyone. Recounting the ordeal in a letter to her mother, Barnard described how they frantically pushed off out of range and bailed out all the water before commencing treatment of the soaking patients -- a situation made worse by the fact that "it was raining hard and perishing cold."[52] Upon reaching dry ground, Barnard was disappointed to find that her intended room at the hospital was occupied by a visiting dentist. Barnard confided to her mother that "it was awkward not having a place to unpack or get straight."[53]

As "awkward" as Barnard may have found her welcome, it could have been -- and sometimes was -- a lot worse. In the fall of 1908, Nurse Florence Bailey was sent to establish a nursing station at Forteau, Labrador. When Bailey arrived there in late November, she found her designated house unfit for occupation. To make matters worse, the ship carrying her necessary household and medical supplies had been delayed by a bad storm. Though Bailey anxiously waited in hope of its arrival, by late December the Straits were permanently frozen and she "gave up all hopes" of seeing the cargo ship until the spring.[54] With no possibility of outside assistance, Bailey made resourceful use of available supplies (biscuit tins for pots and blankets for curtains), and forged networks of exchange with the local people in order to survive the long winter. A decade later, Bailey was still at Forteau

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[52]CNSA, JNC #177, 12.01.021, "M.P. Barnard, IGA" Barnard to mother, June 12, 1937.

[53]CNSA, JNC #177, 12.01.021, "M.P. Barnard, IGA" Barnard to mother, June 12, 1937.

[54]Florence Bailey, "First Days at Forteau" ADSF (July, 1909) 29.

and, once again, found herself stranded without supplies. Though Bailey was assured that coal would arrive in October, by Christmas she had been without coal or wood for more than a month. While waiting for the Mission ship, she borrowed some kerosene from a local family and used it to warm up the main room with a large lamp.[55] Reports by visitors to the Forteau station over the years confirm that Bailey's resourcefulness was frequently taxed by inadequate supplies. When a Mission official visited Forteau in 1911, he found Bailey facing the "difficult situation" of no potatoes, kerosene oil, fish, jobs, nor government relief.[56] Four years later, the situation in the Forteau area was just as bleak. Bailey summarized that in her district's eighteen settlements, "the people are nearly always poverty stricken."[57]

Indeed, deplorable material conditions in their appointed areas were a recurring strain on nurses' resourcefulness and adaptability. Harsh social realities were brought into sharp relief during epidemics of disease and infection. As *ad hoc* relief workers during such outbreaks, Grenfell nurses were pushed to their professional and personal limits. In the spring of 1898, Nurse Aspland was called away on a seven-week medical trip to cope with the sudden outbreak of diphtheria in the St. Paul's River area. In 1904 the nurses at Battle Harbour were again in charge of emergency relief work during the summer's two epidemics

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[55]Florence Bailey, "Forteau" ADSF (January, 1918) 153.

[56]W.R. Stirling, ADSF (July, 1914) 82.

[57]Florence Bailey, letter to Miss Atterbury, December 16, 1915, ADSF (July, 1916) 45.

of flu and measles.[58] Relief work could be emotionally and physically draining, as was most obvious during the Spanish flu epidemic of 1918. Selma Carlson wrote from Indian Harbour that it had been a "mighty hard struggle" to save as many as they did.[59] During the epidemic, Carlson had gone on several emergency trips to "Indian camps" in the Northwest River area. On a trip northward, she barely had time to treat a dozen of the 80 "Indians when she received a call to Rigolet, 140 miles in the opposite direction. Along the way, Carlson stopped off at Northwest River to de-contaminate her clothing. When she awoke the next morning, she found that her warmest garments had been left to dry too close to the fire and "all that was left was a heap of ashes."[60] Three days later, after exhausting medical rounds throughout flu-infected areas in bad winter weather, Carlson was miserably cold and sick herself. Like Carlson's struggles with influenza, outbreaks of disease were an ongoing challenge for Grenfell nurses throughout the first four decades of the twentieth century. Whether it was influenza in 1918, scarlet fever in 1926, or measles in 1931, epidemics placed an added strain on Grenfell nurses.[61]

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[58]Dr. Cluny MacPherson, "Notes from Battle Harbour" ADSF (May, 1904) 119.

[59]Selma Carlson, " A letter from the Nurse at Indian Harbour" ADSF (July, 1919) 50.

[60]Selma Carlson, " A letter from the Nurse at Indian Harbour" ADSF (July, 1919) 51.

[61]In 1926, Nurse Ethel McClure and her co-workers at Cartwright School struggled with an outbreak of scarlet fever amongst the children. See PANL, IGAC, MG 63, PA/8/38/4, Box 36, Ethel McClure, "Letters from Newfoundland and Labrador, 1923-24, 1925-26" 16. In 1932, Nurse Evelyn Poppleton reported that in combination with an outbreak of whooping cough, a measles epidemic the previous winter had done serious damage amongst the Flowers Cove people. See Evelyn Poppleton, "A Letter Concerning Flowers

When Nurse Carlson felt the emotional strain of the 1918 flu epidemic, she decided to do something about it. Travelling around Labrador in the flu's aftermath, she was struck by the high numbers of recently-orphaned children.[62] To remedy the situation, she decided to organize a community fair to raise money for the orphans. Nurse Carlson's fundraising efforts were not an unusual gesture. For in addition to the vast medical duties they performed, the nurses were expected to fill a wide range of non-medical roles. A 1904 article in Among the Deep Sea Fishers boasted that Nurse Summers of Battle Harbour had no time to be lonely since in addition to filling in for the absentee doctor, she was in charge of household matters, ran a night school for men, a sewing class for women, Sunday school for children, and informal counselling sessions for all.[63] When two new nurses arrived at Indian Harbour a decade later, they were greeted with a long list of non-medical tasks. The doctor in charge surmised that "to discover ... 'nursing' includes papering and painting, linoleum laying, and choir and Sunday school work, may or may not have been a shock."[64] Extensive non-medical work continued to be a standard expectation of Grenfell nurses throughout the 1920s and 30s. Unlike previous decades, staff lists for these years do contain the occasional specialized professional such as a "nutritionist," "dietitian" or "food

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Cove" ADSF (April, 1932) 39.

[62]Selma Carlson, " A letter from the Nurse at Indian Harbour" ADSF (July, 1919) 51.

[63]Sister Summers, "Letter from Sister Summers" ADSF (April, 1904) 6.

[64]Dr. Paddon, "Report from Indian Harbour" ADSF (October, 1915) 92.

preservation expert." Similarly, volunteers sometimes worked in specific capacities such as "domestic science teacher," "housemother," or "scoutmaster." While it is true that these specialized workers undoubtedly lessened the workload of some nurses, their numbers were so small and their presence so erratic (most only volunteered for the summer season at a select number of Mission hospitals), that their existence did little to affect the general work experience of Grenfell nurses. If no specialized worker was available, as was generally the case, nurses were expected to fill their shoes. These expectations were explicitly laid out in plans for appointing a nurse to Spotted Islands in 1927. The proposed contract specified that in addition to house-to-house medical work, the nurse should hold health classes for the area's children, instruct classes for the women, engage in general social work including community gatherings and Sunday school, organize industrial work in the communities, and provide instruction for the area's midwives. [65] The lengthy list of responsibilities was not unique to Spotted Islands. In the opposite corner of Mission territory, at the Mutton Bay nursing station, Nurse B.J. Banfill also shouldered a wide variety of duties. As she wrote in her memoirs, "I discovered that a nurse must be prepared, if necessary, to be a doctor, undertaker, clergyman, social comforter and family adviser."[66] The special demands of a winter trip by dogsled reinforced Banfill's growing appreciation of Grenfell nursing's unique

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[65]PANL, IGAC, MG 63, P8/A/38/1, Box 8, "Contract with IGA Child Welfare Department to Aid Spotted Islands Health Work" August 10, 1927.

[66]Banfill, Labrador Nurse, 82.

demands. "When spending three years training to be a nurse, I did not think that one day part of my nursing duties would be making dog shoes!" she exclaimed.[67]

Though Banfill's manufacture of canine footwear may have been a rare specialty, the general trend was that Grenfell nurses performed a wide range of non-medical duties for the Mission. Chief amongst these was their social work -- a key component of Grenfell nursing which is the focus of Chapter 5. A related non-medical position often filled by Grenfell nurses was that of teacher. In 1907, for example, a nurse at St. Anthony reported that in the absence of a teacher that winter, she devoted any spare time to educational work; available classes ranged from weaving and telegraphy to basket-making and engineering.[68] The nurse at St. Lewis Bay in 1921 also doubled as an assistant teacher. By day, she helped out with geography classes, and in the evenings she helped run a night school for men and older boys.[69] That nurses were able to squeeze in time for teaching is particularly impressive when we consider that it was they who oversaw all household matters at the hospital or nursing station. Depending on the size of the station, this could be quite a task. A visitor to the station at Red Bay, Labrador in 1922 marvelled at the "very busy and houseproud nurse

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[67]Banfill, Labrador Nurse, 93.

[68]Edith Mayou, "Glimpses of Everyday Life By a Nurse in a Deep Sea Mission Hospital" ADSF (July, 1907) 15.

[69]Dorothy Dohme, "The Nursing Stations -- St. Lewis Bay" ADSF (July, 1921) 60.

doing the cooking for 10 people."[70] As household heads, nurses might also be responsible for managing the station's finances and supplies. Of particular importance was their responsibility for dispersing the goods donated by Mission patrons for the local people; after this was done, it was nurses who, in turn, reported back to expectant patrons, assuring them that their donations had been put to good use.[71]

Another major component of managing a station's resources was organizing the Mission's "industrial work" – the handicraft production which the Mission encouraged local women to engage in for remuneration. Though workers (usually women) were hired specially to head up these projects, if no industrial worker was available for a particular time or place, nurses filled the gap. Nurse Bailey, for example, was praised by Mission officials in 1915 for setting up an artificial flower industry amongst the local women at Forteau.[72] Although most of the Grenfell industrial products were sold outside the Mission, some goods were kept on hand to sell to visitors during the summer season. Thus, at the end of the 1935 summer season at Harrington Harbour, one of the chores on Nurse Laura Thompson's list was to

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[70]CNSA, RDBC #198, 5.04.002, Rhoda Dawson to father, late summer, 1931. It should be noted that although Grenfell nurses undoubtedly did a lot of housework, local girls were hired to do the bulk of cooking and cleaning in exchange for room, board, and a small wage.

[71]See Cecilia Williams, "Letter from Sister Williams" Toilers (March, 1896) 60, and Edith Mayou, "Harrington Hospital Letter" ADSF (October, 1908) 8.

[72]PANL, IGAC, MG 63, P8/A/38/1, Box 12, "Second Annual Report of the IGA, 1915."

write up the required reports on that summer's sale of Grenfell mats, brooms, and mitts.[73] It is not surprising that Thompson had not had time to complete this task, considering another of nurses' special summer duties. The Mission expected nurses to act as tour guides for the boatloads of wealthy Mission patrons whom Grenfell, in a characteristic fundraising ploy, encouraged to visit. Tourists were brought ashore and escorted around the station while "the nurses answered many questions concerning hospital routine and the living conditions of the people."[74]

Clearly, a full and varied non-medical workload was a constant feature of Grenfell nursing throughout these decades. In a mixed bag of roles, nurses supervised construction, remodelled facilities, organized agricultural work, and performed ceremonial functions at special events and exhibitions.[75] In fact, many nurses were drawn to the Grenfell Mission

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[73]CNSA, RDBC #198, 5.01.022, Laura Thompson to Rhoda Dawson, September 10, 1935.

[74]Laura N. Thompson, "A Staff Member's View" ADSF (October, 1931) 130. Although in this article Nurse Thompson was predictably positive about her role as a tour guide (she expressed no irritation at tourists' recurring disappointment that the patients were not "Eskimo"), in a personal letter to a co-worker Thompson was understandably "happy to see the end of the tourist season." See CNSA, RDBC #198, 5.01.022, Thompson to Dawson, September 10, 1935.

[75]In 1923 a new nursing station building was constructed at Flowers Cove under the supervision of Nurse Annie Futter. See PANL, IGAC, MG 63, P8/A/38/1, Box 2, "Grenfell of Labrador" Labrador Medical Mission pamphlet, nd., ca.1940. Harrington Hospital was reportedly remodelled by various nurses to suit their individual needs over the years. See CNSA, RDBC #198, 4.03.010, "Drafts of Chapter 7 -- Harrington, 1934-35" 4. A considerable amount of Nurse Ethel Graham's time in the summer of 1934 at Flowers Cove was consumed by agricultural work. See PANL, IGAC, MG 63, P8/A/38/1, Box 8, "Report of the Commission Appointed by the Directors of the

because of its opportunities for personal creative input. The traditionally-gendered foundation of the official discourse obscures the fact that these women often took pride in, and derived pleasure from, the non-traditional aspects of Grenfell nursing. Many women were thrilled by Grenfell nursing's opportunity for independence and female authority. Kate Austen, for example, outlined her motivations as a love of adventure, a desire to avoid the traditional female pattern of marrying and settling down, and a personal difficulty with insubordination.[76] In working for the Grenfell Mission, Kate Austen got what she was looking for, and more. After just a short time at the Indian Harbour hospital, Austen was notified that she would be transferred further inland to North West River. Instantly, she was filled with anticipation at the prospect of a new experience: "I saw myself driving dog teams, and learning to snowshoe, and travelling the woods and frozen lakes that Jack had told me of."[77] When Austen arrived at North West River, she found the doctor readying for permanent departure. "You're the doctor now," the residents told her, and behind Austen's feigned terror, she was clearly thrilled. "So instead of being the helper-nurse to a veteran doctor ... I suddenly became, at the beginning of our long, isolated winter season, head of the

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International Grenfell Association" April 13, 1935. Lastly, Nurse Mina Gilchrist was a special guest at the official opening of the Indian Harbour Hospital in 1912. See PANL, IGAC, MG 63, P8/A/38/4, Box 4, "The Hospital at Indian Harbour" Mission pamphlet in scrapbook. Similarly, Nurse Berthelsen was on the panel of judges at the annual Forteau Agricultural Exhibition in September of 1928. See Karen Berthelsen, "News from the Stations -- Forteau" ADSF (January, 1929) 180.

[76]Merrick, Northern Nurse, 1-12.

[77]Merrick, Northern Nurse, 83.

station and the only medical authority on the eastern edge of this continent between Belle Isle Strait and the North Pole."[78] It was exactly such independence that Dora Elizabeth Burchill hoped for a decade later, when she was accepted to nurse for the Mission. In anticipation of her endeavour, Burchill proclaimed "The thrill of the unknown, vast distances of uninhabited country, the fear of tackling medical problems without the aid of a doctor, this was adventure!"[79] Burchill was not disappointed. Left alone at Indian Harbour for the first time, she was intrigued by the novelty of her newfound authority: "It was a strange feeling, being left in entire charge of the furthest north nursing station on the Labrador coast. This was adventure!"[80]

Even if they didn't experience the extreme isolation of Austen and Burchill, most nurses seem to have derived some fulfilment from the adventurous aspects of Grenfell nursing. In 1901, Nurse Bussell wrote that her first trips by snowshoes and dogsled proved "both exhilarating and novel."[81] In 1912, Nurse Coates was so enthralled with dogsled rides that she regretted the arrival of spring.[82] Other nurses were equally delighted by learning to

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[78]Merrick, Northern Nurse, 120.

[79]Burchill, Labrador Memories, 19.

[80]Burchill, Labrador Memories, 61.

[81]Maud A. Bussell, "Christmas in Labrador" Toilers (May, 1901) 121.

[82]Laurie Coates, "Items from Mud Lake Hospital" ADSF (July, 1913) 25.

hunt, setting out on canoe trips, or even scaling the side of an iceberg.[83] Contrary to the official discourse, nurses did not always see these outdoor exploits as the extreme fulfilment of some feminine inner calling. Instead, many got a distinct thrill from pushing the boundaries of what was considered suitable behaviour for women. Nurses were proud of confronting weather "not fit for a woman."[84] They took satisfaction in being the "first woman from the outside world" to venture a difficult canoe trip.[85] For some, merely being the only woman on board a ship was "deviance" worth savouring. Recounting her passage from White Bay to St. Anthony, Nurse Mary Card stated "I was the only lady on the boat ... and had the time of my life."[86] Similarly, Kate Austen derived great satisfaction from engaging in activities not normally considered appropriate for her sex -- she was particularly fond of manual labour. Drawn to the "usefulness" of chores like lugging water or wood, Austen

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[83]Though she did not bring home supper, Laurie Coates was proud of attempting partridge hunting in the winter of 1912/13. See Laurie Coates, "Items from Mud Lake Hospital" ADSF (July, 1913) 27. In July of 1935, Nurse Thompson anxiously awaited the arrival of two of her more adventurous co-nurses; Nurses Chapman and Ruland had departed from Mutton Bay for Harrington in a canoe. See CNSA, RDBC #198, 5.01.022, Thompson to Dawson, July 29, 1935. In a 1937 letter to her mother, Nurse Barnard told of a recent escapade where she and a co-worker had rowed out to an iceberg to obtain ice for an ice cream recipe. Although scaling the side was very risky, she had no regrets because "It was fun." See CNSA, JNC #177, 12.01.021 "M.P Barnard, IGA," Barnard to mother, July 1, 1937.

[84]Florence Bailey, "First Days at Forteau" ADSF (July, 1909) 29.

[85]Laurie Coates, "Items from Mud Lake Hospital" ADSF (July, 1913) 27.

[86]YUA SML, Elizabeth Page Harris Collection (EPHC), MS 771, Series 3, Folder 1275, Card to Page, November 12, 1924.

mused "I have a funny streak in me, I expect, of masculinity or something."[87] Though Austen associated physical labour with masculinity, flirting with the male domain didn't always have such "useful" results. Consider the off-duty activities of two nurses at St. Anthony in the spring of 1921. Alison Strathy suggested to co-worker Marie Robinson that they follow the example of two local dare-devils, and attempt to cross the harbour by hopping from ice pan to ice pan. Though there were some close calls, the feat was accomplished. When the two adventurers were reprimanded for attempting anything so foolhardy, their only defence was "Well ... the men did it."[88] In other words, foolhardy or not, the nurses' harbour-hopping was a foray into a realm of activities -- outdoors, physical, and risky -- which their profession (and gender) did not usually permit.

Though the successful ice-pan hopping saved no lives, in many other instances, nurses' independent capabilities were the oil which kept the Grenfell Mission running smoothly. Though the Grenfell historical tradition has been dominated by the heroics of one man, it was nurses who performed the bulk of the Mission's medical and non-medical work. The official Grenfell discourse did not deny nurses' vast array of duties, but rationalized this workload with a maternalist gender ideology. Viewing nurses solely through a framework built on reactionary ideas about women and their proper societal roles, blocks an accurate

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[87]Merrick, Northern Nurse, 199.

[88]YUA SML, NEGAR, MS 1200, Series 1, Box 5, Folder 51, Alison Strathy, journal entry, May 22, 1921.

understanding of what it meant to nurse for the Grenfell Mission. In a vast institution spread across a huge territory, Grenfell nurses encountered a bewildering array of new experiences. Whether it was pulling teeth in Indian Harbour, braving a winter trip by dogsled from Mutton Bay, heading up a Mission station at Forteau, or scaling an iceberg at St. Mary's River, Grenfell nursing afforded an extraordinary opportunity for independent female work and adventure. Although the Grenfell Mission underwent many changes over the course of these decades, this opportunity was just as real in 1938 as it had been in 1894. Within their multi-faceted roles, nurses took advantage of the opportunity for personal creative input, and were thrilled by pushing the boundaries of activities considered appropriate for women. By promoting a traditionally-gendered rationalization of nurses' work, the official discourse obscured the reality that Grenfell nursing was, fundamentally, an extremely non-traditional work experience for women.

Chapter 4
Working for the Man: Grenfell Nurses at Work, Part II

> I wept for every injustice and indignity I had ever known, and tears kept coming and coming, and I couldn't see any use in stopping them or trying to go on. I lay on the grass and buried my head.
>
> Kate Austen, 1929[1]

When Kate Austen discovered the trampled flower bed, her first response was to lie in the grass and weep bitter tears. In the opening to the previous chapter, we saw that Austen's next response was to rise from the grass in a violent rage. The contrasting images of a gentle angel-of-mercy on the one hand, and a furious woman uttering death threats on the other, suggested a gap between discourse and real life. Specifically, the conservative gender implications of the official discourse obscured the reality that Grenfell nursing was, in fact, an exceptional female work experience. As true as this may be, the reasons for Nurse Austen's outrage remain inadequately addressed. Why was it that a few ruined plants brought on such a flood of tears? From Austen's perspective, the trampled flower bed was, in actuality, the last straw in a difficult day. Earlier that morning, a pair of stockings drying by the stove had caught fire, some garments hanging on the clothesline had been ripped to shreds by the neighbourhood dogs, and a twelve-pound ham she was saving for a special guest had been devoured by the same unruly animals.[2] Considering these hassles, Austen's

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[1]Merrick, Northern Nurse, 274.

[2]Merrick, Northern Nurse, 272-274.

reaction to the dogs' destruction of her greatest pleasure, her "lovely, bright-eyed flowers," is not so surprising.

Grenfell nursing was exceptional. As Austen's example demonstrates, however, it was not always enjoyable, glorious, or even rewarding. This brings us to the second gap between discourse and real life; by portraying nurses as smiling angels-of-mercy, dutifully devoted to glorious and rewarding work, the discourse glossed over the harsher side of nursing for the Mission. Grenfell nurses were, first and foremost, overworked women; they routinely faced exhaustion, professional anxiety, loneliness, and co-worker tension. It follows that Grenfell nurses were not all blindly devoted to the Mission's principles and hierarchy. To the contrary, some nurses questioned, criticized, and outright defied, traditional gender norms as well as Mission rules and regulations. In doing so, however, they opened themselves up for reprisals. The "glorious rewards" of Grenfell nursing could be seriously undermined by the authority of male doctors in what was, ultimately, a patriarchal institution. What's more, the potential for independent female work was often diminished by conflicting interaction with local men. In emphasizing the exceptional nature of Grenfell nursing, there is the danger of minimizing the seriousness of these drawbacks. Just as nurses were not always devoted angels-of-mercy, they also did not constantly derive total fulfilment from their work. A sole preoccupation with either image avoids the reality that Grenfell nurses were overworked women facing numerous hurdles -- women who, understandably, did not always live up to the Mission's idealized image.

Exhaustion was one of nurses' biggest problems. Considering their lengthy list of responsibilities, it should come as no surprise that this complaint echoed throughout the first four decades of the twentieth century. An early example occurred in 1904 when Nurse Cecilia Williams complained to the Council of the RNMDSF that the summer work at Battle Harbour was far too much for one nurse to manage.[3] But even if a nurse was fortunate enough to receive assistance, the problem of exhaustion was not necessarily solved. A nurse's aide in the summer of 1918 marvelled that the head nurse at Battle Harbour "hadn't had more than three or four hours sleep in the last three days."[4] Complaints of exhaustion continued throughout the 1920s and 30s. One of the first things Ethel McClure realized about Grenfell nursing was that "you learn to sleep where you land."[5] Bessie Jane Banfill also learned, early on, that exhaustion was a key feature of her new job. Returning from a tiring house call one evening in 1928, she did not get a chance for rest. Instead, "more asleep than awake [she] did the dressings for patients who had waited two hours for [her] return."[6]

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[3]CNSA, JNC #177, 12.05.001 "IGA, 1868-1975" J.K. Hiller to Joyce Nevitt re: Minutes of the Council of the RNMDSF, letter from Dr. MacPherson and Cecilia Williams to RNMDSF.

[4]YUA SML, Page Family Papers (PFP), MS 772, Series 1, Box 2, Folder 35, Marjorie Page to family, June 30, 1918.

[5]PANL, IGAC, MG 63, P8/A/38/4, Box 6, Ethel McClure, "Letters from Newfoundland and Labrador" McClure to parents, October 7, 1923.

[6]Banfill, Labrador Nurse, 68.

Ethel Graham was the sole staff member at the Flowers Cove nursing station in 1935. In a letter to the London office, Graham argued that without additional help, the Mission would never reach its goal of improving the area's living conditions. Busy with the basic tasks of "poulticing fingers, listening to tales of 'bad stummuchs,' and hauling teeth," she had no time left over for prevention work.[7] On a badly needed vacation the following summer, Graham confessed to a friend that she was "glad to be getting away from all the vexing little worries and problems" of Flowers Cove.[8] Judging from a doctor's report, the nurse at Forteau in 1938 was in need of a similar vacation. In a letter to Grenfell, Dr. Curtis remarked that "the nurse there is overworked, running from one end of that large district to the other." As a result, she "was very discouraged."[9]

In fact, it was quite easy for Grenfell nurses to become discouraged. In situations of extreme isolation, with no other medical personnel available, filling the role of doctor was not always so glorious. Rather, it could be the cause of considerable anxiety. In 1911 Nurse Keating admitted that although she was grateful for locals' admiration, they were crediting her with much greater knowledge than she actually possessed. "If only they had known how often I was worried and puzzled as to what to do, it would have surprised them," Keating

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[7]PANL, IGAC, MG 63, P8/A/38/3, Box 16, Ethel Graham to Katie Spalding, July 30, 1935.

[8]CNSA, RDBC #198, 5.01.042, Graham to Dawson, June 9, 1936.

[9]YUA SML, Wilfred T. Grenfell Collection (WTGC), MS 254, Series 10, Box 32, Folder 200, Curtis to Grenfell, March 31, 1938.

confessed.[10] Nurse Banfill was particularly wracked with self-doubt when she discovered that the demands of Grenfell nursing exceeded her training. The realization that it was her duty "to be Jack-of-all-trades in the medical and nursing line" caused Banfill so much stress she was tormented by graphic nightmares.[11] Longing to be "three nurses in one," Banfill regretted she "could do so very little with so many patients."[12] Evelyn Poppleton felt the same anxiety when she commenced work at Flowers Cove in 1929. "The work here is very interesting, but at first one greatly misses the comfort of having a Doctor within call," she wrote.[13] Looking back on the experience years later, Poppleton reiterated this anxiety; "at times I felt terribly inadequate," she admitted.[14] A doctor's visit could therefore be a long-awaited breathing spell for stressed-out nurses. Ethel Currant was thrilled when Dr. Stewart visited her at Flowers Cove for twelve days. As she wrote, "It was a relief to have a doctor for such a nice, long time, it was a time of relaxation for me."[15]

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[10]Mary Keating, "A Nurse's Work at Flowers Cove" ADSF (January, 1911) 26.

[11]Banfill, Labrador Nurse, 81-82.

[12]Banfill, Labrador Nurse, 93.

[13]PANL, IGAC, MG 63, Part 2, Personnel Files: "Evelyn Poppleton," Poppleton to Spalding, November 28, 1929.

[14]PANL, IGAC, MG 63, Part 2, Personnel Files: "Evelyn Poppleton," Poppleton to Spalding, December 8, 1943.

[15]PANL, IGAC, MG 63, Personnel Files, "Ethel Currant," Currant to Spalding, April 8, 1938.

Judging from the rest of her letters, Nurse Currant was badly in need of relaxation. Six months earlier, she had resolved to leave the Mission. "I have never felt more discouraged about my work and feel another worker may succeed where I have failed," was her dismal conclusion.[16] By the following spring, Currant's frustration was nearing its peak. On a dog sled trip to Conche, she fell and hurt herself several times while struggling up a "never-ending" hill in a fierce snowstorm. When the driver announced that they would have to retrace their steps because of the weather, Nurse Currant lost her temper at the thought of having "to go back and face that hill again tomorrow!"[17] Ignoring her driver's recommendations, she got into the *komatic* and refused to get out. Sources suggest that, like Ethel Currant, nurses did not always confront their hardships with a gentle smile. Nurse Kate Austen was certainly not above the occasional violent outburst. In one case, Austen reached the end of her fuse while staying with a family suffering from dysentery. Sitting up one night after an exhausting day, she was annoyed by the hooting of a nearby owl. Austen's response was dramatic and decisive: "I took the .22 rifle and went out into the bright moonlight and shot him."[18]

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[16]PANL, IGAC, MG 63, Personnel Files, "Ethel Currant," Currant to Spalding, October 31, 1937.

[17]PANL, IGAC, MG 63, Personnel Files, "Ethel Currant," Currant to Spalding, April 8, 1938.

[18]Merrick, Northern Nurse, 193.

The angry outbursts of Currant and Austen seem relatively mild responses when we consider that a nurse at Battle Harbour in 1899 had to return to England because of "a complete breakdown of the nervous system."[19] Over 20 years later, the career of a yet another Grenfell nurse came to an equivalent end. After roughly two decades' employment with the Mission, Nurse F. was plagued by both physical and mental ailments, but had difficulty accepting the fact that it was time for her to step down from her position. When Dr. and Mrs. Grenfell arrived at her station with the relieving nurse in tow, Nurse F. refused to exit gracefully. Months later, she wrote to Grenfell from England, begging forgiveness for her "rebellious and really unchristian spirit" on "that awful day."[20] She explained that although her "spiritual and physical condition" had been "very much below par" for some time, she tried to hide it for fear of being dubbed a neurotic old woman. Nurse F. summarized that although she now realized her dismissal was a "blessing in disguise," it had been, at the time, an agonizing experience. As she wrote, "when the actual time came for my leaving I felt I would prefer death to such awful misery."[21] This may have been the first of several apologetic letters. For two years later, Grenfell wrote to Nurse F. reassuring her that after a full examination, his doctor had decreed she was "a sound person, except over-

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[19]Dr. Willway, "Letter from Battle Harbour" Toilers (July, 1899) 203.

[20]PANL, IGAC, MG 63, P8/A/38/3, Box 15, File "Nurse F. -- On Pension," Nurse F. to Grenfell, November 28, 1926.

[21]PANL, IGAC, MG 63, P8/A/38/3, Box 15, File "Nurse F. -- On Pension," Nurse F. to Grenfell, November 28, 1926.

nervous, and needing rest."[22] Grenfell's suggestion was that she find herself a sunny cottage on the south coast where she might relax and put her faith in God. Grenfell subsequently wrote to a small town Vicar about the possibility of securing such a residence; here, he was much more candid about Nurse F.'s poor mental health, explaining "One of my nurses has broken down nervously, and I want to send her to a little cottage."[23]

In addition to extreme exhaustion and frustration, a recurring complaint was loneliness. Even the stalwart Florence Bailey was susceptible to the pangs of isolation. In the spring of 1918, the Forteau station was still icebound. "This winter has seemed more lonely than any I have ever known,"[24] was Bailey's dismal summary. She hoped the ice would melt soon so that a mail boat might bring news "from the outside world."[25] Annie Futter was in a similar mood at Flowers Cove in 1921. "It was raining, cold and foggy," and she desperately wished "something exciting would happen."[26] When the Mission ship *Strathcona* appeared on the horizon, Futter was overjoyed at the prospect of outside contact. The need to associate with co-workers was shared by Nurse Laura Thompson at Harrington

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[22]PANL, IGAC, MG 63, P8/A/38/3, Box 15, File "Nurse F. -- On Pension," Grenfell to Nurse F., October 5, 1928.

[23]PANL, IGAC, MG 63, P8/A/38/3, Box 15, File "Nurse F. -- On Pension," Grenfell to the Vicar, Torquay, October 5, 1928.

[24]Florence Bailey, "Forteau" ADSF (July, 1918) 61.

[25]Florence Bailey, "Forteau" ADSF (July, 1918) 61.

[26]Annie Futter, "The Nursing Stations -- Flowers Cove" ADSF (October, 1921) 86.

Harbour in 1935. In a letter to a friend, Thompson confessed she was "feeling very lonesome these days"[27] and in need of a visit. Mission officials knew that loneliness was a potential problem. As early as 1911, recruitment appeals encouraged nurses to apply with a friend, so that "the elements of distance and possible loneliness vanish."[28] Many nurses heeded this advice; the annual Staff Selection Reports show that each year, clusters of nurses from the same hospitals worked for the Mission. Officials assured applicants that every possible effort would be made to assign pairs of friends to the same hospital. Nurses Bloomfield and Wenyon were so eager to work together in 1935 that they volunteered to split the salary of one position if no double placement could be secured.[29] Other nurses applied with a friend who was a teacher, social worker, or industrial worker, so that they might manage a nursing station on their own.[30] Nurse Greta Ferris met industrial worker Christine Fellows at a St. Anthony Horticulture Show. So impressed was she by Miss Fellows that she approached her after the show and persuaded Fellows to join her for a season at the Forteau nursing

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[27]CNSA, RDBC #198, 5.01.022, Laura Thompson to Rhoda Dawson, September 10, 1935.

[28]Editorial, ADSF (July, 1911) 23.

[29]PANL, IGAC, MG 63, Part 2, Personnel Files, "Gwendolyn Bloomfield," Bloomfield to Spalding, October 26, 1935.

[30]For example, in 1936 Ethel Currant wrote to the secretary at the London office regarding her friend's desire to serve with the Grenfell Mission as a community worker. See PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, May 11, 1936.

station. It was an impulse which proved worthwhile. "What a happy winter we had together!" Nurse Ferris concluded the following spring.[31]

It was a "happy winter" which others would have envied. For Nurse Burchill at Indian Harbour in 1938, the desire for female companionship was greatest "during days and evenings when there were no patients to treat, no letters to write, no rocks to explore, and little in the way of diversion or activity to quell the pangs of loneliness."[32] It was then that she "fantasized" about the "quiet beauty" of female friendship. Burchill's fantasy was realized, if briefly, when two American teachers visited Indian Harbour. As all three "walked arm in arm towards the lighted bungalow" one evening, she knew it was the beginning of "a delightful companionship, destined to continue into days beyond Labrador."[33] In 1935, Ethel Graham was similarly relieved by the news that a second nurse was on her way to Flowers Cove. As she stated, "It's a load off my shoulders and it's nice to have someone who knows the ground and has been here before."[34] Over a year later, Graham was sad to see her co-worker leave; she fondly reminisced that their friendship had been "intellectually stimulating" and in sum, they "had a good year together."[35] The

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[31]Greta Ferris, "Forteau Horticultural Show" ADSF (January, 1925) 164.

[32]Burchill, Labrador Memories, 70.

[33]Burchill, Labrador Memories, 70.

[34]PANL, IGAC, MG 63, P8/A/38/3, Box 16, Ethel Graham to Katie Spalding, June 24, 1935.

[35]PANL, IGAC, MG 63, P8/A/38/3, Box 16, Graham to Spalding, November 12, 1936.

following year, Graham was just as pleased with her then co-nurse, Lillian Bozenhard. Though the two had their differences, they "agreed marvellously on the mechanics of living."[36]

In this way, positive relationships with female co-workers could drastically improve the Grenfell nursing experience. Nurse Graham knew she was fortunate in this respect. In 1937, she sat "with crossed fingers" in hopes that Bozenhard would not be transferred to another station and replaced by someone less congenial.[37] Graham's fears were well warranted. For relationships which were less-than-positive could be as destructive as the former were beneficial. Mission officials realized that in situations of stressful and isolated work, negative relationships between female co-workers were something to ward against. This was reflected in the care taken to ensure that in the case of two female strangers working together, it was made perfectly clear who was in charge. When notifying community worker Cicely Ingram that she was assigned to the Forteau station, the London office specified that "the nurse is in charge of the station."[38] Ingram was further cautioned

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[36]CNSA, RDBC #198, 5.01.042, Ethel Graham to Rhoda Dawson, February 8, 1937.

[37]PANL, IGAC, MG 63, P8/A/38/3, Box 16, "Grenfell Labrador Medical Mission" file, Ethel Graham to Katie Spalding, March 9, 1937.

[38]PANL, IGAC, MG 63, PA/8/38/3, Box 13, "Cicely Ingram" file, Spalding to Ingram, September 28, 1929.

that because she and the nurse would be the only staff members at Forteau "there must be a certain amount of adjustment on each side."[39]

Such flexibility was essential in a work environment which could be very stressful. Other nurses confirmed that as winter dragged on, "tensions could build up and discord develop over trivial matters."[40] This was particularly true at St. Anthony, where staff size was consistently large enough to comprise a small community of Grenfell workers. Female workers lived communally in a female dormitory and worked together in the St. Anthony hospital. Although at times the atmosphere resembled a rowdy slumber party, in such close quarters, group harmony could be tricky.[41] In 1936, the St. Anthony housemother was pleased to report that in comparison to the previous year, "the personality problems have been few and unimportant, and no feuds have arisen."[42] The potential for "feuds" at St. Anthony was real. In January of 1920, a nurse's aide recorded in her journal that "there was a big row in the orphanage" -- a squabble she chalked up to "too many women alone."[43] Grenfell himself

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[39]PANL, IGAC, MG 63, P8/A/38/3, Box 13, "Cicely Ingram" file, Spalding to Ingram, September 28, 1929.

[40]CNSA, JNC #177, 12.01.028, "Helen Kirby -- IGA" typed letter, 3.

[41]A slumber-party atmosphere is a recurring theme in the journal of Alison Strathy, a nurse's aide at St. Anthony in 1920; on several occasions, she writes of pillow fights, pranks, and food fights. See YUA SML, NEGAR, MS 1200, Series 1, Box 5, Folder 51, typed journal, 249.

[42]CNSA, RDBC #198, 5.01.040, Harriot Curtis to Rhoda Dawson, September 25, 1936.

[43]YUA SML, NEGAR, MS 1200, Series 1, Box 5, Folder 51, typed journal, 244.

reiterated this assessment in 1933; when confronted with a conflict amongst the staff at North West River, Grenfell described it as the problem "which arises between ... lady workers who are isolated." Apparently, tension between "isolated lady workers" was nothing new. Grenfell stated "I have been driven perfectly crazy with the waste of time over quarrelling at Flowers Cove and Forteau, and practically every place."[44] Sources indicate that Grenfell was not exaggerating. Though many nurses formed life-long friendships with co-workers, others clashed over a wide range of personality differences. Nurse Graham, for one, had little respect for Nurse R., a flamboyant co-worker. Graham wrote a gossipy letter to a friend reporting on Nurse R's antics on board a shared journey by ship: "We've not seen much of her as yet. She stays up most of the night and doesn't get up till lunch time."[45] Graham's dislike of Nurse R. was focussed on her flirtatious behaviour in the company of the opposite sex. She cattily remarked that as there were several men on board, Nurse R's time was "well taken up." Nor was Graham very charitable when musing over the reasons for Nurse R's apparent popularity with the men: "I have not yet decided just exactly wherein lies her fatal attraction ... she's not pretty, her hair is hanging down over her shoulders ... She is also so big and fat."[46] Clearly, the Grenfell Mission was not always a bonding experience for female co-workers.

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[44]PANL, IGAC, MG 63, P8/A/38/3, Box 9, Grenfell to Pressley-Smith, December 8, 1933.

[45]CNSA, RDBC #198, 5.01.042, "Ethel Graham" Graham to Dawson, June 9, 1936.

[46]CNSA, RDBC #198, 5.01.042, "Ethel Graham" Graham to Dawson, June 9, 1936.

In a highly international staff, schisms sometimes occurred along national lines. A British staff member once remarked that "being in another country does make you appreciate your own countrywomen."[47] She felt there was "a very subtle difference between English and American ladies." Specifically, she found English women more "casual and withdrawn," while American women were "much more careful in outward things, clothes and make-up and manners."[48] The British nurse at St. Mary's River in 1937 may not have agreed with these exact characterizations, but she did perceive personality clashes along national lines. In a letter to her mother, Nurse Barnard reported that "the American girl ... isn't fitting in very well."[49] Barnard revealed her own national prejudice when she commented on the "frightful accent" of the American girl. "It's wicked to hear English so mutilated,"[50] she wrote. One might well wonder how Barnard would have felt about the accent of the Danish nurse at Cartwright in 1931. Karen Berthelsen certainly did not shy away from expressing her distinct national identity. To the contrary, she dressed in traditional Danish clothes and devoted her spare time to making lace.[51] Though national differences may or may not have been to blame, Berthelsen did not "hit it off" with her co-

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[47]CNSA, RDBC #198, 5.02.001, Dawson to Margaret Schanders, April 3, ca. 1930-1936.

[48]CNSA, RDBC #198, 5.02.001, Dawson to Schanders, April 3, ca. 1930-1936.

[49]CNSA, JNC #177, 12.01.021, "M.P. Barnard, IGA" Barnard to mother, July 1, 1937.

[50]CNSA, JNC #177, 12.01.021, Barnard to mother, July 1, 1937.

[51]CNSA, RDBC #198, 5.04.002, Rhoda Dawson to Mary Dawson, October 15, 1931.

worker, a teacher from Ohio. To the contrary, a visitor to the Cartwright hospital reported that "they got on each other's nerves frightfully." Considering some of their routines, the visitor was not surprised. "Miss B. puts pictures up all round the boys' dormitory and then Miss C. takes them down and puts them in the babies' nursery," she explained.[52] The disagreement over where to hang the pictures at Cartwright was likely symptomatic of a broader conflict over power and authority. Women with differing approaches to nursing, for example, clashed over the method to be employed at their shared station.[53] For some, such conflicts were not worth enduring. When Winnifred Dennis arrived at the Flowers Cove nursing station in 1939, she was under the impression that she would be in charge. When Dennis learned that she was to be an assistant to Ethel Currant instead, she "broke contract and left."[54] From Dennis's perspective, the unequal division of labour was disappointing. "I'd imagined it was going to be possible to divide the work and the responsibilities as I've always done when working in a double nursing centre, and it hasn't turned out like that," she explained.[55]

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[52]CNSA, RDBC #198, 5.04.002, Rhoda Dawson to Mary Dawson, October 15, 1931.

[53]After working with co-nurse Jean Egbert at Flowers Cove for some time, Ethel Graham was critical of Egbert's impersonal and systematic approach to nursing. See CNSA, RDBC #198, Graham to Dawson, June 9, 1936.

[54]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant" Spalding to Currant, July 5, 1939.

[55]PANL, IGAC, MG 63, Part 2, Personnel Files, "[Grace] Winnifred Dennis" Dennis to Spalding, April 17, 1939.

Clearly, Grenfell nursing often did not "turn out" as expected; nurses routinely suffered from exhaustion, anxiety, loneliness, and conflicts with co-workers. Just as the official discourse glossed over this unpleasant side of Grenfell nursing, it also obscured the fact that Grenfell nurses themselves did not always conform to the idealized image of a devoted angel-of-mercy. Although the official Grenfell discourse rooted nurses' work in reactionary notions about what it meant to be female, certainly not all nurses shared these views. The published memoirs of Grenfell nurses present women who were not afraid to challenge traditional gender norms. In Bessie Jane Banfill's case, a gutsy attitude was most apparent in her handling of a local man who refused to allow his sick wife to be transported to the hospital for badly needed care. Banfill evidently had much experience dealing with patriarchal stubbornness. She wryly noted that she had learned long ago that "the only way to deal with such domineering hunks of humanity was to ignore them."[56] When ignoring this particular "hunk" proved insufficient, Banfill did not hesitate to threaten charging him with manslaughter in the event of his wife's death. Kate Austen held similar contempt for the sexist double standards of her work environment. When describing the ordeal of the dual-occupancy outhouse in frigid temperatures, Austen mocked the female habit of feigning absence when a male entered the other side at an inopportune moment: "The feminine strategy was to maintain an absolute silence so as to fool the unknown gentleman into

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[56]Banfill, Labrador Nurse, 56.

believing that no one was freezing a foot away."[57] Though Austen herself participated in this bizarre outhouse etiquette, she was aware of the double standard. "Men have neither the fortitude nor the stupidity to follow such devious courses,"[58] she pronounced. That Austen was not afraid to challenge conservative gender conventions was abundantly clear when she tried to persuade a local woman to follow her example and give up her impractical skirt in favour of pants.[59]

In doing so, Austen was in direct contravention of Mission policy. A pamphlet titled "Information and Instructions for Workers" clearly stipulated that "knickerbockers not be worn at any time."[60] Kate Austen was not the only nurse who ignored this regulation. In 1936, a defiant nurse infuriated a less rebellious co-worker with her "unladylike" attire. A disgusted Nurse Graham recounted the incident to a friend: "Miss L. at Mutton Bay came on board in a sloppy soiled pair of pants, a man's leather jacket, and a man's peaked cap, [she] yelled and hollered all over the ship till I wanted to spank her."[61] Nurse Graham might have been more insistent on a spanking had Miss L. dared to light up a cigarette. For in the same paragraph which outlawed "knickerbockers," the Mission made its position on female

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[57]Merrick, Northern Nurse, 181.

[58]Merrick, Northern Nurse, 181.

[59]Merrick, Northern Nurse, 151.

[60]TDA, GMFC, "Information and Instructions for Workers" International Grenfell Association, nd., ca. 1920s.

[61]CNSA, RDBC #198, 5.01.042, Graham to Dawson, June 9, 1936.

smoking pretty clear: "We ask the women who come on the Coast to work not to smoke in public or in private, while travelling to or from, or while at their posts."[62] In some cases, new female workers were even required to sign a special contract agreeing "not to smoke while in the service of the Grenfell Association."[63] Sources suggest if they signed, it was a contract many nurses broke. Amongst the St. Anthony nursing staff in the 1920s, an illicit trade in cigarettes facilitated favours such as relief from an unwanted night-shift.[64] By 1931, even the head nurse was witnessed smoking cigarettes at the odd staff party.[65] The nurse at St. Mary's River in 1937 was in double violation of Mission policy; Barnard nonchalantly kept a pack of smokes in the pocket of her "fisherman's dark blue cotton pants."[66]

Though the outlawing of pants and cigarettes applied only to female workers, the prohibition of alcohol applied to everyone. The "Information and Instructions for Workers" leaflet emphasized the seriousness of this rule, explaining that since "Dr. Grenfell was largely instrumental in bringing Prohibition to Newfoundland," it was essential that "no one

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[62]TDA, GMFC, "Information and Instructions for Workers" International Grenfell Association, nd., ca. 1920s. The rules banning pants and smoking for female staff stemmed from the Mission's desire to set a good example for local women, who supposedly engaged in neither of these activities.

[63]YUA SML, EPHC, MS 771, Series 3, Box 67, Folder 1470, typed contract, 1923.

[64]YUA SML, NEGAR, MS 1200, Series 1, Box 5, Folder 51, Alison Strathy, typed journal, 247.

[65]CNSA, RDBC #198, 5.04.002, Rhoda Dawson to Mary Dawson, August, 1931.

[66]CNSA, JNC #177, 12.01.021, "M.P. Barnard -- IGA" Barnard to mother, July 1, 1937.

attached in any way to the Grenfell Mission ... drink alcoholic liquors of any kind while on the way to and from his or her post, as well as while on the Coast."[67] The warning ominously added that the signing of an application form was considered a pledge to abide by this regulation. Once again, nurses were among those who violated the Mission's "golden rule." An industrial worker at St. Anthony in the 1930s remembered that the rules forbidding smoking and drinking were routinely violated. "Those who wanted to, smoked incessantly in private, and drank what they could get hold of, sometimes, unfortunately, the hospital wood alcohol."[68] Illegally-obtained bottles of wood alcohol no doubt found their way to the forest behind the hospital, where, late one night, another transgression was underway. To circumvent the rule that female workers should not associate too closely with local boys, "a bunch of them snuck into the woods at night, [and] had a big bonfire party."[69]

Whether it was overt or clandestine, nurses defied the Mission's regulations regarding proper behaviour. But knickerbockers and cigarettes were not the sole points of contention. Nurses also took issue with broader policy issues and with their male superiors. In a tribute to Mina Gilchrist Paddon, longtime nurse and doctor's wife, she was remembered as an outspoken woman who frequently disagreed with Grenfell himself.[70] A 1934 letter to

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[67]TDA, GMFC, "Information and Instructions for Workers" International Grenfell Association, nd., ca.1920s.

[68]CNSA, RDBC #198, 4.03.004, 4.

[69]CNSA, RDBC #198, 4.03.004, 2.

[70]Elliott Merrick, "The Years of the Flu, 1918-1919" Them Days 18,4 (July, 1993) 24.

Grenfell from Genevieve Brown at Forteau reveals another nurse who did not hesitate to confront the Mission's founder with complaints and suggestions for improvement. Her main criticism was that the Forteau facilities were ill-conceived and rundown. "The whole house reminds me of a queer bird house made by a twelve year old boy," she mused. Over the next seventeen pages, she detailed her proof that "there's a lot of real waste in this station." And according to Brown, Forteau's problems went beyond facilities and supplies. She also concluded that the health prevention work was hopelessly ineffectual. As she told Grenfell, "we are just skimming over the top, year after year, getting no place."[71] Though Ethel Graham did not confront Grenfell with such a blunt appraisal, she had her own reservations. Contemplating a friend's suggestion that she had been brainwashed by the Mission, she denied that this was the case: "I've analysed my own mind quite rigidly since reading your letter and I don't honestly believe that I'm in much danger of allowing the IGA to become a wall in my path, nor ... a shrine at which I bow the knee."[72] As proof of her sincerity, Graham confessed her opinion that not all of the Mission's work was as admirable as some of the independent medical work being done outside their territory. Graham concluded that were it not for the presence of Grenfell's right-hand man, Dr. Charles Curtis (whom she

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[71]YUA SML, WTGC, MS 254, Series 1, Box 6, Folder 185, Genevieve Brown to Wilfred Grenfell, April 2, 1934.

[72]CNSA, RDBC #198, 5.01.042, Ethel Graham to Rhoda Dawson, February 7, 1936.

admired very much), she would probably quit.[73] A nurse's aide at St. Anthony in 1919 did not share Graham's admiration for Dr. Charles Curtis. Evidently, she was not alone; even before arriving at St. Anthony, Alison Strathy was warned that Dr. Curtis was "spoilt and 'nurse-chased'."[74] Dr. Curtis confirmed this description to Strathy over the course of her stay. On one occasion, Strathy wrote in her journal of Dr. Curtis's remark that he would "like to see some good-looking nurses."[75] Though Strathy and her co-workers laughed this off by coming down to dinner in high heels and lipstick, at other times, Dr. Curtis was harder to ignore. On one occasion, he strode into the dining room and "burst out like a thundercloud." After a severe lecture on various hospital matters, Curtis reminded the staff that he could, at any point, send them all "home on the first boat."[76] As acting Medical Officer in Charge, staff dismissal was certainly within his power. For it must be

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[73]CNSA, RDBC #198, 5.01.042, Ethel Graham to Rhoda Dawson, February 7, 1936. Dr. Charles Curtis was a fixture of the Grenfell Mission for many years. Inspired by one of Grenfell's lectures at Harvard Medical School, Curtis joined the St. Anthony staff in 1915. In subsequent years, he was appointed Chief Medical Officer, and later, Superintendent of the International Grenfell Association. Curtis left the Mission in 1950, but continued as IGA Chairman of the Board until his death in 1964.

[74]YUA SML, NEGAR, MS 1200, Series 1, Box 5, Folder 51, Alison Strathy, typed journal, December 16, 1919. Nurse Ethel McClure also noted, in 1923, that Dr. Curtis seemed "pretty crabby lately." See PANL, IGAC, MG 63, P8/A/38/1, Box 9, McClure to Mosely, December 13, 1923.

[75]YUA SML, NEGAR, MS 1200, Series 1, Box 5, Folder 51, Alison Strathy, typed journal, April 2, 1920.

[76]YUA SML, NEGAR, MS 1200, Series 1, Box 5, Folder 51, Alison Strathy, typed journal, April 6, 1920.

remembered, that however exceptional Grenfell nursing may have been, at the end of the day, doctors were still in charge.

No matter how removed from the usual doctor-nurse hierarchy a nurse might feel at her isolated nursing station, falling out of favour with a Mission doctor could spell the end of her Grenfell career. Most of the time, nurses were not even aware of the professional manoeuvring which went on "behind the scenes." Analysis of Wilfred Grenfell's correspondence, for example, reveals another side to the man who publicly preached his undying love for the nursing profession. The minutes of the RNMDSF for May 8, 1908 indicate that Grenfell did not want pioneering Nurse Cecilia Williams to return to Labrador.[77] In a similar mood, Grenfell informed the IGA secretary in 1910 that Nurse Allen was "a mistake altogether."[78] Although no reasons were given for his disapproval on these occasions, in correspondence from the 1930s Grenfell was much more forthcoming. In 1934 Grenfell boasted to locals at an intended Mission site that Roman Catholic staff were often posted to Protestant areas, and vice versa, with no problems whatsoever. As proof, he pointed to Nurse Brown at Forteau, who in spite of religious differences, was "doing fine work."[79] Grenfell's true feelings about Nurse Brown were revealed in an angry letter to the Staff Selection Committee around the same time. Here, he described Brown as "a small-

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[77]CNSA, JNC #177, 12.05.001, "IGA, 1868-1975" J.K. Hiller to Joyce Nevitt.

[78]PANL, SWGC, MG 327, Reel 1, Grenfell to Gray, September 16, 1910.

[79]PANL, IGAC, MG 63, P8/A/38/3, Box 9, Grenfell to Edmund Pike, March 26, 1934.

minded, Roman Catholic nurse from Conche" whose appointment to Forteau was a singular disaster.[80] Grenfell argued that it was unfair to expect paid staff members to work under a Roman Catholic Newfoundlander -- a woman whom he "would not work under for a second."[81] Though he wished to fire her right away, he regretted that they would have to abide by Mission protocol, and wait for an annual report on her work.[82] Grenfell was just as duplicitous in his 1934 handling of a complaint registered by a nurse about a doctor. In assessing the conflict, Grenfell sided with the doctor, rationalizing that "more than one person has felt that Miss Dorrell possibly was as much to blame as the doctor in any quarrel they had."[83] Considering the good reputation of Dr. Moret, Grenfell's judgement was that Miss Dorrell should not return to Labrador. In a letter responding to Miss Dorrell's complaint, however, Grenfell told her that in view of conflicting rumours and his distance from the situation, he had decided not to interfere. He closed the letter by thanking Nurse Dorrell for her "good work" with the Mission.[84] When Dorrell wrote back again, reiterating her mysterious grievance, Grenfell again feigned neutrality on the issue. On the same day,

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[80]Grenfell's criticism of Nurse Brown along religious lines is indicative of his broader belief that religious sectarianism was a chief obstacle to social reform in the region. See Hiller, "Social Issues in Early Twentieth Century Newfoundland: A Comparison of Wilfred Grenfell and William Coaker."

[81]PANL, IGAC, MG 63, P8/A/38/3, Box 9, Grenfell to Jose Machado, February 12, 1934.

[82]PANL, IGAC, MG 63, P8/A/38/3, Box 9, Grenfell to Willmer, February 13, 1934.

[83]PANL, IGAC, MG 63, P8/A/38/3, Box 9, Grenfell to Curtis, November 31, 1934.

[84]PANL, IGAC, MG 63, P8/A/38/3, Box 9, Grenfell to Dorrell, November 6, 1934.

he wrote a letter to the IGA secretary, recommending that Dr. Moret not be judged on the basis of Dorrell's complaint.[85]

The validity of Nurse Dorrell's complaint can not be known. Of significance is the fact that, unbeknownst to her, Grenfell sided with Dr. Moret in a matter with which he was, admittedly, pretty unfamiliar. Like the examples of Nurses Allen and Williams, Grenfell's duplicity illustrates that in an institution headed by male doctors, it would be mistaken to overemphasize female independence and authority. Another prime example concerns the case of Nurse Barnard at Cartwright hospital under Dr. Forsyth. It was a position with which Barnard was very happy. In fact, she wrote to the IGA secretary in 1938 requesting that she be allowed to stay on at the hospital, as opposed to being transferred elsewhere. Barnard explained that because she got along so well with Dr. Forsyth and his wife, the three of them wanted "to be altogether next winter."[86] It would have come as quite a shock to Barnard to know that two years later, Dr. Forsyth secretly requested her transfer to another station. Dr. Forsyth admitted that Barnard was one of his "best friends," but explained that their friendship placed him a difficult situation, since, if Barnard asked him for permission to stay

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[85]PANL, IGAC, MG 63, P8/A/38/3, Box 9, Grenfell to Dorrell, December 3, 1934 and Grenfell to Willmer, December 3, 1934.

[86]PANL, IGAC, MG 63, Part 2, Personnel Files, "Mary Penelope Barnard," Barnard to Spalding, January 13, 1938.

on, he would be unable to refuse. Dr. Forsyth added, however, that if this were to occur, and Barnard ended up remaining at Cartwright, he "would be very unhappy about it."[87]

Dr. Forsyth made his cryptic request in a "Report on Staff Members" -- a form in which Mission doctors periodically assessed nurses' performance. Nurses were evaluated on quality of work, attitude towards work, and attitudes towards associates and local people. On the basis of these categories, a decision was made as to whether the nurse was recommended for reappointment. The "Reports on Staff Members" were a logical method of evaluating professional performance. But they also demonstrate that female independence in the Grenfell Mission had real limits; if a doctor disapproved of an individual nurse for any reason, the reports were his opportunity to end her Grenfell career. More specifically, they were the Mission's opportunity to ensure that individual nurses did not deviate from the model of bourgeois femininity which they were supposed to represent. It was an expectation to which trained nurses were well accustomed. Kathryn McPherson explains that "women who were admitted to training programs were expected to conform to an elite vision of sexual feminine respectability, as defined by European and bourgeois standards."[88] But sources suggest that in some cases, the re-socialization efforts of training schools were not always successful enough to please the Grenfell hierarchy. Gwendolyn Bloomfield was a Grenfell nurse from a British working-class background. When it came time for Bloomfield

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[87]PANL, IGAC, MG 63, Part 2, Personnel Files, "Mary Penelope Barnard," Dr. Forsyth, Report on Staff Members, September 1, 1940.

[88]McPherson, Bedside Matters, 18.

and her co-worker to be evaluated by Dr. Curtis, they did not fare well. Though Curtis admitted that Bloomfield's co-worker was a "fair nurse" and "willing worker," he regretted that she was hopelessly contaminated by Bloomfield's disastrous influence. Dr. Curtis's negative appraisal of Nurse Bloomfield resonated with class-bound attitudes. "All I can say about Bloomfield is that she is a crude, uneducated, poorly trained woman ... who is constantly looking for trouble," he wrote.[89] Because Bloomfield and Wenyon were already planning to leave the Mission, the secretary was spared the task of breaking the news. In fact, it is unlikely that either ever learned of Dr. Curtis's opinion -- both continued to donate money to the Mission throughout subsequent decades.

Sources indicate that doctors' behind-the-scenes disapproval of nurses' work was not unusual. Of the fourteen personnel files available for this period, four received reports that were less-than-glowing. Once again, disapproval seems to have centred on individuals' failure to live up to the gender and class expectations of their profession. Tellingly (and ironically, in view of the job's unique demands), several nurses were faulted for being "too independent."[90] Nurse Burchill, for one, was described as possessing a "freedom of conduct

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[89]PANL, IGAC, MG 63, Part 2, Personnel Files, "Gwendolyn Bloomfield," Dr. Charles Curtis, Report on Staff Members, December 9, 1941.

[90]Although Mary Weir was found to be an excellent "lone worker," she was criticized for difficulty getting along with other. See PANL, IGAC, MG 63, Part 2, Personnel Files, "Mary Weir," "Official Report Form for Overseas Nursing Association" ca. 1932.

not altogether suited to IGA work in Labrador."[91] Dr. Paddon suggested that she "might be excellent at an institution under supervision."[92] Nurse Murdoch was also found unsuitable for a position of authority. Dr. Curtis summarized that although Murdoch had a good idea of a nurse's medical duties, she was "unfit to run a station." Apparently, Murdoch's skill in medical work was not enough to compensate for not complying with other codes of feminine respectability. According to Dr. Curtis, she was "personally untidy and her nursing station was always dirty." Furthermore, she "was too crude."[93] Curtis concluded that in view of these personal transgressions, "it would be a serious mistake to ever have her on staff again."[94] By this time, Nurse Murdoch had been happily working for the Mission for over six years. Mission officials debated how best to phrase her dismissal. In the meantime, Murdoch was making plans to upgrade her nursing skills and return to Labrador with a postgraduate degree.[95] It is unlikely that she ever heard the real reasons for her dismissal. Three years before her death in 1954, the IGA secretary wrote to Murdoch thanking her for

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[91]PANL, IGAC, MG 63, Part 2, Personnel Files, "Dora Elizabeth Burchill," Dr. Paddon, "Report on Staff Members," nd., ca. 1938.

[92]PANL, IGAC, MG 63, Part 2, Personnel Files, "Dora Elizabeth Burchill," Dr. Paddon, "Report on Staff Members," nd., ca. 1938.

[93]PANL, IGAC, MG 63, Part 2, Personnel Files, "Wilhelmina Murdoch," Dr. Charles Curtis, "Report on Staff Members" October 21, 1937.

[94]PANL, IGAC, MG 63, Part 2, Personnel Files, "Wilhelmina Murdoch," Dr. Charles Curtis, "Report on Staff Members" October 21, 1937.

[95]PANL, IGAC, MG 63, Part 2, Personnel Files, "Wilhelmina Murdoch," Spalding to Shnyder, November 27, 1937.

the "splendid work" she did with the Mission, and urging her to renew her subscription to Among the Deep Sea Fishers.[96]

In this way, the male-dominated hierarchy of the Grenfell Mission exerted strong limits on nurses' independence. True to their profession, nurses still ranked below doctors, and a class and gender specific vision of the ideal nurse still regulated their behaviour to some extent. A second patriarchal limit on nurses' relatively high degree of female independence came from another group of men -- the male residents of northern Newfoundland and Labrador. An early expression of this comes from 1898; alone at Battle Harbour for the winter, Nurse Aspland complained to Grenfell that George Butt, the local man hired as her driver and general labourer, would not let her out of his sight, despite her best efforts to evade his watchful eye. Aspland added that on the one occasion she did manage to "escape from him," she ended up falling into a massive snowdrift. When Mr. Butt heard of the incident, his face was "radiant" since, in his mind, the story affirmed that she was incapable of getting along without his help.[97] For even in the unusual Mission work environment, there were still some jobs considered inappropriate for women. At Northwest River in 1919, for example, Nurses Paddon and Carlson ran out of wood for fuel. Not wanting to trouble the local men with cutting and hauling another load, they decided to do

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[96]PANL, IGAC, MG 63, Part 2, Personnel Files, "Wilhelmina Murdoch," Spalding to Murdoch, December 5, 1952.

[97]YUA SML, WTGC, MS 254, Series 10, Box 32, Folder 172, "Ada Aspland," Aspland to Grenfell, January 4, 1898.

it themselves. Though they came back with an impressive quantity, their subversion of gender roles was, ultimately, only temporary. Paddon explained that "the men were all so unhappy about our doing it that we had to give it up, though we really enjoyed it."[98] Nurse Banfill had a similar experience when she and a local woman ran an errand by dog team without enlisting the usual male driver. When the driver learned of their boldness, he was so furious that the women never dared to venture out on their own again.[99]

The limits imposed by local males on nurses' independence ranged from overprotective paternalism to outright sexism. Local men did not always respond favourably to the prospect of women "from away" assuming positions of authority in their communities. Kate Austen learned this lesson on a dog sled trip with Jim, her local driver. As was usual in deep snow, they began their journey with Jim in the lead, "breaking trail" on snowshoes, the dogs behind him, and Austen following behind the dogs to lighten the sled's load. After several miles, Austen decided it was unfair for Jim to be doing all the exhausting work. Austen disregarded the usual gender divisions and offered to relieve him: "Forgetting that men are absolute masters here and unaccustomed to suggestions from women, I stopped him and said 'Let me break trail a while.'"[100] Though he gave her strange look, Jim relinquished his lead position. Austen took over, but soon realized that controlling the dog team and the

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[98]Mina Paddon, "Letter from Northwest River" ADSF (July, 1919) 26.

[99]Banfill, Labrador Nurse, 96.

[100]Merrick, Northern Nurse, 135.

massive sled was beyond her strength and experience. Perplexed as to why Jim did not offer any advice, but sat on the sled smoking his pipe while she struggled visibly, Austen concluded that he likely "hated riding behind a woman for the first time in his life, and decided he'd show me what he thought of suggestions on dog trips."[101] Clearly, Austen had overstepped the bounds of what was considered appropriate behaviour for women. Sometimes, "appropriate" behaviour included nursing itself. In 1938, Nurse Burchill encountered some initial male resistance to her position as the area's medical person. According to Burchill, "those who live close to nature ... regard it as 'sissie' to be nursed by strange 'wimmen'."[102] She sarcastically added that this resistance always evaporated the minute men were actually sick or wounded. The local men at Cartwright in 1938 were likely of a comparable mind. The Mission's Annual Report for 1938 confirmed that although Nurse Poppleton was doing adequate medical work in the area, she had problems enlisting the support of local men for other projects. Dr. Curtis explained that "there has been some difficulty in the past with the local workmen taking orders from the nurse in charge."[103] To remedy this problem, Dr. Curtis recommended that a "responsible Englishman" or some other outside male, replace the nurse as station head. Once again, the potential for female authority in the workplace was drastically undermined by the gender values of the local men.

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[101]Merrick, Northern Nurse, 138.

[102]Burchill, Labrador Nurse, 88.

[103]PANL, IGAC, MG 63, P8/A/38/4, Box 6, Dr. Charles Curtis, "Annual Reports and Comments on the Activities on the Coast, 1938-39" 9.

The official Grenfell discourse was built on a maternalist gender ideology which rooted nurses' work in reactionary ideas about women and their proper societal roles. An examination of the lived reality of nursing for the Grenfell Mission revealed a large gap between that discourse on one hand, and real life on the other. Viewing Grenfell nursing solely through the lenses of the official discourse produced an image that was distorted in two main ways. Chapter 3 demonstrated the first main distortion; the conservative gender implications of the official discourse obscured the reality that Grenfell nursing was, in many ways, an extremely non-traditional female work experience. This chapter has illustrated the second main distortion; by portraying Grenfell nurses as smiling angels-of-mercy, the discourse glossed over both the unpleasant aspects of the job, as well as individual deviation from the idealized image. Grenfell nursing could be exhausting, frustrating, lonely work. Though friendships with co-workers could alleviate stress, negative relationships could do just the opposite. It makes sense then, that not all nurses were completely devoted to the Grenfell Mission. Some challenged traditional gender norms, defied rules attempting to regulate their behaviour, and were critical of policies and doctors. Though there were unique opportunities for independent work, it was still nursing after all, and as such, nurses were below doctors in the chain of command. The male-dominated Mission hierarchy imposed real limits on female independence, and the gender values of local men could constrict it even further.

Unconditional acceptance of the image of Grenfell nursing found in the official discourse is clearly inaccurate. But it is just as inaccurate to unconditionally accept a celebration of Grenfell nursing as an exceptional work experience for women. Grenfell nursing may have been extraordinary, but it was also hard work. Grenfell nurses may have been strong and capable, but they were also human.

Chapter 5
Hovels and Housewives: Reforming the Local People

Viewing Grenfell nursing solely through the lenses of the official discourse produced a distorted image of nurses' work experience. Specifically, the maternalist gender ideology on which the discourse hinged obscured some fundamental realities of that experience. But there was more to the official Grenfell discourse than a traditionally gendered rationale for nurses' participation. Inseparable from this rationale was the Mission's preoccupation with reforming an entire way of life. From its beginning and throughout the first four decades of the twentieth century, the Grenfell Mission operated on assumptions of cultural superiority -- a self-image in which the Mission's foreign workers figured as determined "improvers" in a remote and "backwards" corner of the British empire. Nurses' importance was derived from the maternalist belief that as women, they were naturally equipped for the challenging task of reforming the people of northern Newfoundland and Labrador. Indeed, apart from medical work, nurses' time was largely consumed by a wide range of social work activities aimed at meeting the Mission's reform goals.

According to the official discourse, these activities were an essential ingredient in the badly needed "uplifting" of the "helpless" and "grateful" local people. Indeed, Mission literature was littered with glowing praise for nurses' social work. But such unreserved applause constitutes yet another distortion. It can not be denied that on countless occasions, Grenfell nurses helped the people of northern Newfoundland and Labrador; they spread vital

information, distributed food and clothing, and in sum, saved many lives. But on other occasions, nurses' reform efforts were poisoned by the same assumptions of superiority which were at the core of the Mission's guiding ethos. Grenfell nurses were, by and large, foreign women who came to northern Newfoundland and Labrador with the intention of helping the local people. When they came, they brought very specific ideas about how that "helping" should occur. Whether they approached their work as an evangelical Christian missionary, or later on, adhered to central tenets of the public health and social hygiene movements, nurses' reform agendas were often directed by a strong belief in their own cultural superiority. The corresponding lack of respect for local culture was often rooted in class difference, and dissatisfaction with the local people frequently stemmed from their failure to comply with middle-class codes of decency. This dissatisfaction took three related forms – a belief in local ignorance and inferiority, disgust with local standards, and blaming local people for their own poverty and disease. Proposed reforms were not merely neutral improvements, but represented the Mission's desire to "raise" the people of northern Newfoundland and Labrador to "acceptable" bourgeois standards. Reform efforts were founded on class-bound assumptions, but nurses' social work also had strong gender dimensions. Maternalism deemed nurses ideally suited to improving the local people, but maternalism also informed nurses' tactics for meeting their goal. In accordance with reform currents in North America and Britain, nurses' dissatisfaction was aimed at those they held uniquely responsible -- the local women. The result was a highly gendered reform project

in which nurses (along with the Mission in general) sought to impose a particular vision of "civilized domesticity" upon the local women of northern Newfoundland and Labrador. Given these sets of attitudes, was there any hope for mutual respect or admiration? The chapter concludes by looking at the interaction between nurses and local people which emerged in the context of a maternalist moral reform agenda.

When the Royal National Mission to Deep Sea Fishermen first took hold in northern Newfoundland and Labrador it was devoted to meeting the area's medical and spiritual needs. In its pioneering years, the Grenfell Mission was guided by an evangelical Christian preoccupation with "saving souls." Early references to nurses' social work illustrate that religion was, at first, considered the primary means of "improving" the local people. In 1897, Nurse Cawardine was thrilled that as a result of her teachings, "so many ... had given their hearts to Christ."[1] The following year Cawardine reported that although winter's high levels of sickness had prevented her from holding a full schedule of religious classes and meetings, she had managed to squeeze in "Sunday afternoon schools and service in the evenings."[2] Nurse Windel, too, was superintendent of the "Sunday school" at Indian Harbour in 1899; the doctor in charge praised her "expositions of plain Gospel truths" and

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[1]Ada Cawardine, "Letter from Sister Cawardine" Toilers (February, 1897) 50.

[2]YUA SML, WTGC, MS 254, Series 1, Box 6, File 172, Ada Aspland to Wilfred Grenfell, January 4, 1898.

"elucidation of Biblical narrative."[3] Nurse Bussell was another who likely engaged in her own "expositions and elucidations" at Battle Harbour in 1901; the highlights of her weekly social work included a Thursday evening conversational bible class and a Saturday evening prayer meeting. Similar schedules persisted into the first few years of the twentieth century. In 1907, doctors proclaimed the "incalculable benefits" received by local people from the "Christian and social work" undertaken by Grenfell nurses.[4]

By this time however, the "Christian" aspects of nurses' social work were already considerably diminished. Around the turn of the century, Grenfell's increasing independence from the RNMDSF was accompanied by a shift away from the classical missionary perspective, towards a more secularized interest in reforming the immediate conditions of everyday life. Grenfell did not abandon religion, but he did become increasingly enamoured with social gospel -- a reforming current which, in valuing social utility over religious doctrine, bolstered the Mission's emphasis on improving the conditions of daily life in northern Newfoundland and Labrador. Correspondingly, nurses' reform work was no longer aimed exclusively at "saving souls," but focussed on improving both material conditions and general "morality" in northern Newfoundland and Labrador. The shift meant that anything from hygiene and housekeeping, to economic livelihood and leisure time, became legitimate targets for reform. Schedules once dominated by bible readings and prayer meetings were

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[3]Dr. Sharples, "Report from Indian Harbour" Toilers (January, 1900) 29.

[4]Dr. Willway, "Annual Report" Toilers (April, 1907) 84.

given over to spinning lessons, nutrition talks, choir practice, and agricultural exhibitions. Many of these initiatives held obvious benefits for the local people. Consider the health prevention work undertaken by Ethel McClure in 1923. Facing staggering levels of disease in her region, McClure began a school-visitation program in which she gave talks on diet, dental care, and personal hygiene to local children.[5] McClure also travelled to various communities dispersing information on how to prevent the spread of tuberculosis with good nutrition, hygiene, and exercise.[6] Realizing that diet was not often a matter of choice in poverty-stricken communities, McClure was tactful enough to "not bring up food when people have no alternative."[7] Out of her two years' nursing for the Mission, grew McClure's great respect for the "intelligent and friendly" locals.[8]

But not all Grenfell nurses were as tactful, nor as respectful, as Ethel McClure. While it is true that some reform initiatives offered clear benefits, others were tainted by a distinct lack of respect for the region's people and culture. The explanation for these attitudes lies not merely with personality differences, but more significantly, with the foreign

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[5]PANL, IGAC, MG 63, P8/A/38/4, Box 6, Ethel McClure, "Letters from Newfoundland and Labrador, 1923-24, 1925-26" 4.

[6]PANL, IGAC, MG 63, P8/A/38/4, Box 6, Ethel McClure, "Letters from Newfoundland and Labrador, 1923-24, 1925-26" 9.

[7]PANL, IGAC, MG 63, P8/A/38/4, Box 9, "Child Welfare Department" file, Ethel McClure to Marion Mosely, December 13, 1923.

[8]PANL, IGAC, MG 63, P8/A/38/4, Box 6, Ethel McClure, "Letters from Newfoundland and Labrador, 1923-24, 1925-26" 20.

nurses' own cultural influences. Indeed, the social work of Grenfell nurses was largely informed by a set of inter-related reform currents. The public health movement was particularly prominent. Originating in the late nineteenth century and led by laywomen, doctors, and nurses across North America and Britain, public health reformers aimed at cleansing society of "ill-health, immorality, and indolence."[9] Measures taken towards this goal included school health inspection, inoculation campaigns, and re-education programs for maternal and infant welfare. Historians have noted that these reform measures did not occur on neutral ground. Rather, they were based on class and race specific notions of proper behaviour. According to Canadian writer Kari Dehli, "public health intervention became one of the strategies whereby sexual, familial and intergenerational relations with the working classes, especially recent immigrants and the poor, were to be made more regular and dependable."[10] Representing a broad spectrum of concerns and policies, the public health movement was inextricable from other late nineteenth and early twentieth century philosophies. In the British context, Greta Jones uses the term "social hygiene" to refer to the blend of late nineteenth century social Darwinism and early twentieth-century public health reform that dominated much of contemporary British social policy.[11] Under the

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[9]Veronica Strong-Boag, "Making a Difference: The History of Canada's Nurses" Canadian Bulletin of Medical History 8(1991) 243.

[10]Kari Dehli, "Health Scouts for the State? School and Public Health Nurses in Early Twentieth Century Toronto" Historical Studies in Education (Fall, 1990) 255.

[11]Greta Jones, Social Hygiene in Twentieth Century Britain (London: Croom-Helm, 1986).

umbrella of social hygiene, poverty and disease were attributed to the domestic and individual behaviour of the poor, and hereditarian ideas about innate inferiority, in turn, accounted for differences in social class. Grenfell nurses imported strains of the public health movement, and its close relative, social hygiene, into northern Newfoundland and Labrador. In spite of individual variations, their reform work, as a whole, was permeated by several related themes -- all of which persisted throughout the first four decades of the twentieth century and were in keeping with contemporary reform trends.

First, some nurses approached their work with deep-seated convictions about the so-called ignorance, inferiority, or general backwardness of northern Newfoundland and Labrador. An early expression of this theme is found in Nurse Mary Keating's 1902 article for The American Journal of Nursing. Keating cautioned that Grenfell nursing could be very frustrating for a modern nurse facing the "old women's ways" of an isolated people. She added, however, that there was a real potential for having a big impact on these people, since "their morals are of a very low order."[12] Nurse Edith Mayou used similar reasoning when, in a 1907 article for Among the Deep Sea Fishers, she begged readers to imagine the pathetic lives of a people who have "never heard a train whistle, or seen any building but small ones of wood, never walked along a road, or been in a street or a shop."[13] Mayou

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[12]Mary Keating, "Dr. Grenfell's Work in Newfoundland and Labrador" The American Journal of Nursing 3 (1902) 1024-1025.

[13]Edith Mayou, "Glimpses of Everyday Life -- By a Nurse in a Deep Sea Mission Hospital" ADSF (July, 1907) 13.

added that the limited outlooks of the local people were a prime opportunity for outsiders like herself to "let them know in what a beautiful world they live."[14] Mayou was more equivocal about the inferiority of local culture in another article the following year. Here, she stated that prior to the arrival of the Grenfell Mission in 1892, "the moral, intellectual, spiritual, and physical condition of the inhabitants of the isolated outports was truly pitiable." According to Mayou, widespread ignorance had resulted in "dirt, squalor, superstition and hopeless inertia."[15]

Many who shared Mayou's perspective felt that in view of the dismal state of affairs in northern Newfoundland and Labrador, effective reform would be an uphill battle. In 1914, Nurse McElderry wrote that despite her best efforts in the community of Crémaillère, progress was "pitifully slow." McElderry's assessment of this lack of progress relied on the hierarchical world-view of social Darwinism.[16] She explained that even with the Mission "working over these people for years," the residents remained "at the lowest ebb of

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[14]Edith Mayou, "Glimpses of Everyday Life -- By a Nurse in a Deep Sea Mission Hospital" ADSF (July, 1907) 14.

[15]Edith Mayou, "Medical Mission Work on the Labrador and Northern Newfoundland" Toilers (August, 1908) 167.

[16]Social Darwinism proposed a "scientific" hierarchy of races in which whites, as the "superior" race, justifiably dominated all others. The same hierarchy was applied within the white race, to assert the superior evolution of the middle and upper classes. As Jan Breman writes, "a large part of the white race had been excluded from that progress, namely, the proletariat whose physical features and mental traits caused it to be ranked close to the primitive segment of mankind." See Jan Breman et. al., eds. Imperial Monkey Business: Racial Supremacy in Social Darwinist Theory and Colonial Practice (Amsterdam: Vu University Press, 1990) 2.

humanity."[17] In another report, McElderry compared the Crémaillère people to "mighty ignorant children,"[18] but optimistically qualified that because they were completely without morality of any kind ("unmoral [sic]" as opposed to "immoral"), there was great potential for the Mission to raise their cultural standards.[19] Nurse Floretta Elmore Greeley was equally excited about the vast room for improvement when she arrived at Pilley's Island in 1911 with her doctor husband. Comparing the region to "a piece of driftwood left ... forever while the tide of life goes by outside,"[20] she concluded that it was her duty to bring relief to the "pitifully poor and barren" lives of the local people. [21]

Floretta Greeley and her husband were Americans who considered it their patriotic duty to cast the "light" of American cultural superiority into darker corners of the world.[22] But a lack of respect for the local culture of northern Newfoundland and Labrador was certainly not the prerogative of Americans. Australian nurse Dora Elizabeth Burchill, for example, condescendingly described the Labrador "Indians" as "dirty and ignorant," and the white residents as "simple, God-fearing folk" whose language "reminds one of a lisping

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[17]Bertha McElderry, "Crémaillère" ADSF (July, 1914) 57.

[18]Bertha McElderry, "Crémaillère" ADSF (July, 1914) 60.

[19]Bertha McElderry, "Crémaillère" ADSF (July, 1914) 61.

[20]Greeley and Greeley, Work and Play in the Grenfell Mission, 38.

[21]Greeley and Greeley, Work and Play in the Grenfell Mission, 38.

[22]Greeley and Greeley, Work and Play in the Grenfell Mission, 10.

child."[23] When a newborn of mixed ancestry was named after Nurse Burchill (who attended the birth), she marvelled at the staggering thought of her name on a child "whose blood is mixed with that of one of the most primitive races in the world."[24] In this case, Burchill's incredulity was founded on a social Darwinist belief that some races were inherently more "advanced' than others. British nurse Ethel Graham shared the belief that local people were somehow biologically inferior. In a letter to a friend, Graham employed the ominous language of eugenicists to explain this inferiority. Graham lamented that the current generation of Newfoundlanders were not as hardy as their ancestors, since their genetic "stock" had been "weakened" as a result of "bad living conditions, bad food, too little food, and intermarriage."[25] Considering this degeneration of the local people, Graham wondered if there was any real hope of reforming "material that's become so poor."[26] Similarly, Nurse Ethel Currant's assessment of the local people was also tinged with social Darwinism. Currant ranked the people of northern Newfoundland and Labrador abysmally, even in comparison with other so-called "primitive" peoples. In 1938, she concluded that the most

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[23]Burchill, Labrador Memories, 53.

[24]Burchill, Labrador Memories, 97.

[25]"Stock" was a term favoured by the British Eugenics Education Society. Established in 1907, the society aimed to "improve the quality of the race," by discouraging the reproduction of "low quality human stock" and encouraging the reproduction of "good stock." See Jones, Social Hygiene in Twentieth Century Britain, 27.

[26]PANL, IGAC, MG 63, P8/A/38/3, Box 16, "Grenfell Labrador Medical Mission" file, Ethel Graham to Katie Spalding, July 30, 1935.

pathetic of the local people "have to be taught what natives in ... uncivilized and uneducated countries know by either instincts or heredity."[27] Nurse Currant's pronouncement was in keeping with a later reference to the residents of Flowers Cove as "abominable creatures" who, lacking sufficient intelligence, were incapable of sarcasm.[28] In fact, according to Currant, they were incapable of a lot more than that. When stationed at Englee, Currant complained that the residents had no sense of responsibility, and were all too willing to let others do all the work.[29] Currant concluded that in view of the high level of local helplessness, it would "take years of hard work and much patience to accomplish anything worthwhile."[30]

A second strain of nurses' lack of respect for local culture took the form of outright disgust. Most often, this disgust was directed at standards of cleanliness. In 1895, Nurse Williams confessed that the job of washing sick patients was "not an enviable duty" since the locals rarely changed their stockings.[31] In 1908, Nurse MacDonald was frankly appalled

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[27]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Ethel Currant to Katie Spalding, January 14, 1938.

[28]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, April 24, 1939.

[29]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, May 11, 1936.

[30]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, May 11, 1936.

[31]Cecilia Williams, "The M.D.S.F. at Work in Labrador -- Nursing in Labrador" Toilers (January, 1895) 21.

with local living conditions. She puzzled that even though their English ancestors had some knowledge of basic hygiene, this awareness was completely lost on the current generation. As proof, MacDonald detailed ample cause for disgust. "Ponds which now are the sinks for the waste of the village are still dipped into for drinking water. Refuse is thrown broadcast about the place, and dogs and children wander about in it at their own sweet will," she exclaimed.[32] In some cases, nurses were revolted by local standards even before arriving at their post. En route to Pilley's Island in 1911, Nurses Greeley and Forbes stayed at a hotel in Rockport, Newfoundland -- an experience which horrified them both. Greeley's disdain for the hotel's lack of "proper" hygiene, food, and manners, was abundantly clear in her journal entry.

> It's not wholly entertaining ... to have one gray bath towel and ice cold water -- this morning frozen -- with which to achieve cleanliness, to be given someone else's unspeakable napkins at every meal, to have the dirt on the tablecloth only equalled by that on the silver, and to eat boiled or fried salt meat and fish at every meal, surrounded by men who guzzle their food worse than the pigs at Faville Farm.[33]

Nurse's aide Allison Strathy was just as disgusted by the ship's cook during her journey to St. Anthony several years later. Recounting the experience in her journal, Strathy exclaimed "He was awful! I have never seen any living creature ... as filthy as he was."[34] Strathy was

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[32]V.M. MacDonald, "Up and Down the Straits of Belle Isle" ADSF (January, 1908) 7.

[33]Greeley and Greeley, Work and Play in the Grenfell Mission, 79.

[34]YUA SML, NEGAR, MS 1200, Series 1, Box 5, Folder 51, Strathy to Demarest, nd, ca. 1920.

particularly appalled that the cook had worn the same apron for the entire three weeks of the voyage. "It could have very nearly stood alone by the time we reached St. Anthony!" she joked.[35] Disgust with local living conditions was also a source of humour for Ethel Currant two decades later. In a letter to the London office, Currant wrote a melodramatic "secret history" of a recent journey from Roddickton to St. Anthony. Forced to stop over at a village along the way, Currant was housed by a local family for the evening. Her reception there did not meet bourgeois standards for entertaining house guests. The horrors began, so the story goes, when the "good lady of the house" (a sarcastic reference to the middle-class lady that she was not) asked Currant if she had a "charm for bugs."[36] The story went on to describe, with mocking embellishments, how Currant and her co-worker spent the entire night battling off insects -- a "slaughter of bugs and blood" from which they eagerly escaped at dawn's first light.[37]

Considering the relatively privileged backgrounds of these foreign nurses, it is not surprising that many were shocked, or even disgusted, by living conditions so different from the level of comfort to which they were accustomed. Worth noting, however, is the fact that nurses did not always appreciate that deplorable living conditions were the inevitable result

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[35]YUA SML, NEGAR, MS 1200, Series 1, Box 5, Folder 51, Strathy to Demarest, nd, ca. 1920.

[36]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, May 13, 1938.

[37]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, May 13, 1938.

of dire poverty. To the contrary, the third strain of nurses' lack of respect for local culture was the opinion that these people were at least partially to blame for their poverty or illness. Greta Jones identifies this belief as a prominent theme in British social hygiene. Specifically, the idea that poverty and ill-health were somehow self-inflicted was the legacy of a late nineteenth-century conception of health reform "which focussed on the individual and domestic behaviour of the poor."[38] It was a legacy which permeated the reform work of Grenfell nurses. In 1907, for example, Nurse Bailey wrote that the Mission's work would be considerably easier "if these people would make an effort to secure the conditions which promote good health."[39] Assessing the situation at Pilley's Island several years later, Nurse Greeley and her husband also laid partial blame with the people themselves; they accepted the view (offered by a British dignitary) that, "like the Irish," Newfoundlanders' poverty was worsened by extreme wastefulness and a shortage of common sense.[40] To correct for this flaw, Nurse Greeley tried to instill frugality whenever the opportunity arose.[41] It was a focus with which Nurse McElderry would have approved. Making rounds throughout the community of Crémaillère in 1914, she remarked that the sub-human "hovels" in which people lived were especially pathetic when you considered that "better could so easily be

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[38]Jones, Social Hygiene in Twentieth Century Britain, 10.

[39]Florence Bailey, "Jottings from Battle Harbour, Labrador" ADSF (October, 1907) 210.

[40]Greeley and Greeley: Work and Play in the Grenfell Mission, 15.

[41]Greeley and Greeley, Work and Play in the Grenfell Mission, 60.

secured."[42] In fact, local people were frequently faulted for not adhering to middle-class notions of thrift and economy. When calculating the community's economic prospects, McElderry concluded that although a good season of fishing could make a family enough money to survive the year, the residents of Crémaillère were unlikely to realize this potential, since they were "poor managers" who "spend their earnings foolishly."[43] By the late 1930s, Ethel Currant was just as vocal about locals' alleged lack of thrift. In a letter to the London office, she announced she was running out of patience with locals complaining about their hardships when, according to Currant, "they have so much."[44] She regretfully concluded that locals' thriftlessness cast them in a hopelessly inferior light. "Many a farmer in other parts of the British Empire make good on less than these people have," she wrote.[45]

In addition to a fixation with thrift, nurses often cited local stubbornness or laziness as a partial cause of poverty and illness in the region. Many felt that the work ethic of local people was simply not up to middle-class standards. In 1926, Hazel MacKay was so discouraged by what she perceived as the intractability of Forteau residents, that she decided to terminate her employment with the Mission. In her report, MacKay explained that even

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[42]Bertha McElderry, "Crémaillère" ADSF (July, 1914) 58.

[43]Bertha McElderry, "Crémaillère" ADSF (July, 1914) 61.

[44]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, May 24, 1941.

[45]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, May 24, 1941.

though she had previous experience nursing in rural Kentucky amongst a "similarly isolated and backward people," she had not expected to encounter such an "insurmountable wall of ignorance and indifference" in Labrador.[46] In spite of MacKay's best efforts, the people of Forteau refused to see the Mission station as she wished -- as something more than a "dispensary and clothing store" for free hand-outs.[47] Unlike MacKay, Nurse Kathryn Williams did not go as far as to quit, but she clearly felt that local people should pay a price for obdurate tendencies. In 1925, Williams reported that because the people of Bolster's Rock refused to participate in a Mission work project, they had been left with no relief supplies.[48] A nurse at St. Mary's River in the 1930s also echoed the sentiment that local people were partially to blame for their destitution. She characterized the community as a "bad settlement," full of "hangers on of the Mission" living in poverty that was certainly "not all necessary."[49] In the same vein, Ethel Currant considered local intractability a cause of "unnecessary" poverty and illness. In particular, Currant was frustrated by the difficulty she

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[46]TDA, GMFC, Hazel MacKay to Miss Fowler, March 9, 1926.

[47]TDA, GMFC, Hazel MacKay to Miss Fowler, March 9, 1926.

[48]Kathryn Williams, "Lewis Bay Nursing Station" ADSF (January, 1925) 164. Williams was in line with the Grenfell Mission's strict regulations about the "pauperizing" effects of giving free hand-outs. "Information and Instructions for Workers" stipulated that workers should refrain from providing material relief, "which, while bringing temporary assistance, works more harm than good when handled without sufficient information." See TDA, GMFC, "Information and Instructions for Workers" pamphlet, International Grenfell Association, nd., ca. 1920s.

[49]CNSA, RDBC #198, 4.01.009, "Descriptions of communities by local informants -- St. Mary's River."

was having getting people to understand the spread of germs; problems ranged from being served cocoa in a dirty mug, to "keeping the old midwife's hands off [her] sterile things."[50] On another occasion, Currant lamented that people's refusal to add more vegetables to their diet was another example of how "they could have so much more than they do."[51] In an extreme example, Currant blamed local stubbornness for the death of a small baby from tuberculosis. Specifically, she laid blame at the feet of the dead child's father, who had first contracted the contagious disease: "In spite of the fact that he knew it was necessary to protect other members of the family, he insisted that his bed be in the sitting room ... The baby was naturally affected and just pined away."[52]

Ethel Currant was not the only nurse who found fault with local parenting. Indeed, blaming adults for the misfortunes of their children was a recurring theme. As early as 1898, Nurse Aspland was shocked to discover two abandoned children in "an appalling hovel."[53] Aspland likely shared the doctor's view that such children were the hapless victims of "the evil habits of their shiftless parents."[54] In a 1917 article for Among the Deep Sea Fishers,

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[50]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, April 24, 1939.

[51]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, April 24, 1939.

[52]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, April 7, 1940.

[53]Ada Cawardine Aspland, "Letter from Mrs. Aspland" Toilers (September, 1898) 231.

[54]Dr. Willway, "Letter from Dr. Willway" Toilers (September, 1898) 255.

Nurse Bailey told the story of a recent medical trip where she discovered "a wee baby ... who was almost starved." According to Bailey, the child was on the verge of death as a result of "ignorance and neglect."[55] Correspondingly then, nurses often recommended removing children from the "harmful" influence of their "hopeless" parents. In 1902 Nurse Mary Keating was of the opinion that local children were far better off in the St. Anthony orphanage than in their own "homes of want ... where the influence has been bad."[56] Nurse Bailey too, was inspired by the St. Anthony orphanage to begin a "children's home" of her own at Forteau. Claiming that her "heart ached to see ... these poor little ones grow pallid and thin through constant neglect," Bailey felt the only way to save the children was to remove them from the influence of their unteachable parents.[57] Many others shared her sentiments. Over the years, nurses' methods for "setting children on the way to a healthy and noble life"[58] included measures such as organizing a Girls' Club, establishing a Boy Scout troop, running Junior Red Cross meetings, and holding "Healthy Contests" in schools.[59]

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[55]Florence Bailey, "The Mission Stations -- A Letter from Sister Bailey" ADSF (July, 1917) 43.

[56]Mary Keating, "Dr. Grenfell's Work in Newfoundland and Labrador" The American Journal of Nursing 3 (1902) 1026.

[57]Florence Bailey, "Forteau" ADSF (October, 1917) 105.

[58]PANL, IGAC, MG 63, Part 2, Personnel Files, "Wilhelmina Murdoch," Murdoch to Spalding, March 18, 1930.

[59]In 1931, for example, Nurse Mary Weir ran a Girls Club at Flowers Cove which she hoped to turn into an official company of Girl Guides. See PANL, IGAC, MG 63, Part 2, Personnel Files, "Mary Weir," Weir to Spalding, September 30, 1931. In 1912, Nurse

These measures indicate nurses' belief that in order to help the local children, it was necessary to offset the negative influences of inferior local adults -- a belief in keeping with the themes outlined thus far. In their attempts to raise the local people to preferred middle-class standards, nurses sometimes voiced opinions which demonstrated their own cultural influences, as well as a marked lack of respect for the people and way of life in northern Newfoundland and Labrador. Some expressed a belief in local ignorance and inferiority, were disgusted by local living conditions, and blamed local people for their own misfortunes. In each of the three strains of this theme, the issues of thrift, cleanliness, and child care surfaced again and again. It should come as no surprise, then, that the bulk of nurses' dissatisfaction was aimed at those they held responsible for these duties -- the local women. Between 1894 and 1938, this dissatisfaction was filtered through a number of ideological influences. But whether it was from an evangelical Christian perspective in 1897, or from a social hygiene perspective in 1927, nurses' disgust and frustration with the female residents of northern Newfoundland and Labrador began in the Mission's first years, and was a constant refrain throughout the first four decades of the twentieth century.

Greeley gave a talk to the recently organized Boy Scouts troop on "courtesy and chivalry". See Greeley and Greeley, Work and Play in the Grenfell Mission, 128. In 1932, Nurse Murdoch was enthusiastic about her Junior Red Cross Club at Forteau, stating "I'm sure the children are beginning to realize their responsibilities." See PANL, IGAC, MG 63, Part 2, Personnel Files, "Wilhelmina Murdoch," Murdoch to Spalding, December 6, 1932. Lastly, after a year of weekly meetings with Mutton Bay children on "health and the laws governing it," Nurse Butterworth held a contest in which winners were selected from those who had best carried out their new health awareness. See Olga Butterworth, "News from the Stations -- Mutton Bay" ADSF (October, 1931) 137.

Criticism was frequently aimed at the young women the Mission hired as domestic servants for its hospitals and nursing stations. In 1895, Nurse Cecilia Williams wrote an article for Toilers of the Deep expressing her frustration with the "most useless young women" working as "maids" at Indian Harbour. Nurse Williams was particularly annoyed by their inability to comply with middle-class codes of etiquette. "In spite of our repeated lessons in setting the table, our brightest girl still puts the knives to the left and forks to the right," she complained.[60] Considering these repeated failures at setting the table, in combination with futile efforts to prepare a "proper" breakfast, Williams concluded that in comparison with British servant girls, "the slowness of the women here is almost insupportable."[61] Williams returned to the problem of meal preparation again in 1905, griping that "to get a good cook is a great difficulty."[62] As evidence, she included an anecdote mocking a recent cook who attempted to prepare an unfamiliar Christmas pudding according to the nurse's instructions. Upon inspection of the cook's progress, Nurse Williams was horrified to find a cabbage in the same pot as the pudding.[63] Similar incidents, no doubt, led Nurse Greeley, at Pilley's Island in 1911, to the blunt opinion that "My new

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[60]Cecilia Williams, "Nursing on the Labrador" Toilers (January, 1895) 21.

[61]Cecilia Williams, "Nursing on the Labrador" Toilers (January, 1895) 21.

[62]Cecilia Williams, "The Deep Sea Mission Hospital at St. Anthony" Canadian Nurse 3,9 (September, 1907) 475.

[63]Cecilia Williams, "The Deep Sea Mission Hospital at St. Anthony" Canadian Nurse 3,9 (September, 1907) 475.

maid is very stupid."[64] Finally, when Ethel Currant arrived at Flowers Cove in 1938, her first move was to initiate a drastic change in the domestic service situation. According to Currant, the cook had been "running amuck with free access to the supplies." The results of this domestic situation were a sharp offense to Currant's middle-class notions of thrift and economy. Particularly shocking was the fact that she had "used up two months of butter in five weeks!"[65] When both domestic servants decided to quit (the new restrictions regarding time-off were the last straw), Currant predictably decided that in view of their shortcomings, it was "all for the best."[66]

But nurses' dissatisfaction with local women was not limited to those in the employment of the Mission. When Nurse Bailey was called to the bedside of a dying woman at Red Bay in 1908, she regretted that all efforts to save her were futile, since "dirt, ignorance, and misery had long since reigned in her home."[67] In other words, the woman's inferior housekeeping standards were, in part, to blame for her untimely death. Bailey's opinion was backed up several years later by Nurse Annie Futter who argued, in an article for Among the Deep Sea Fishers, that one of the greatest obstacles to improved health was

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[64]Greeley and Greeley, Work and Play in the Grenfell Mission, 98.

[65]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, November 16, 1938.

[66]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, November 16, 1938.

[67]Florence Bailey, "Jottings from the Straits of Belle Isle" Toilers (May, 1908) 134.

the ignorance of local women. "These women have no idea of home nursing, hygiene, or the value of foods, and the more urgent symptoms ... are not considered half as much as a 'wonnerful cough' or a boy 'who don't eat nothing'," she explained.[68] In that same year, Nurse Dorothy Dohme agreed that the women of the St. Lewis Bay district seemed "most in need of help," but confessed she had "failed to accomplish much."[69] Echoing Dohme's discouragement, Nurse Banfill stated that infant mortality was a big problem at Mutton Bay in 1929, largely because the women insisted on disregarding advice about proper care of babies.[70] In blaming infant mortality on local mothers, Nurse Banfill was subscribing to a major theme of the public health movement. Jane Lewis writes that in the British context, reformers concerned with infant mortality saw maternal ignorance as the primary cause. Though all women were considered in need of some advice, "the ignorance of working class-women was perceived to be greater."[71] In the case of the Grenfell Mission, the ignorance of local mothers was certainly considered a chief problem. The inferiority of local mothering was reiterated again in 1934 by Nurse Murdoch. After treating several babies who were ill from inadequate feeding, Murdoch was frustrated that local women insisted on following the flawed advice of the resident midwife -- a woman Murdoch derisively referred to as "the

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[68]Annie Futter, "The Nursing Stations -- Flowers Cove" ADSF (October, 1921) 86.

[69]Dorothy Dohme, "The Nursing Stations -- St. Lewis Bay" ADSF (July, 1921) 59.

[70]Banfill, Labrador Nurse, 48.

[71]Jane Lewis, The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939 (London: Croom-Helm, 1980).

local humbug."[72] Sighing at their stubbornness, Murdoch hoped they would eventually be convinced of "the folly of it all."[73]

In fact, convincing local women of the "folly" of their styles of housekeeping, cooking, and mothering, was the prime objective of a great deal of nurses' reform work. This thrust stemmed logically from the dissatisfaction outlined above, but on another level, from adherence to central tenets of current reform movements in their countries of origin. Feminist historians of the American, Canadian, and British contexts have noted that around the turn of the century, women's traditional roles as mothers and housekeepers achieved new political and social significance.[74] Canadian writer Mariana Valverde has specified that by late nineteenth/early twentieth century, female reproduction could no longer be separated from broader racial and imperial concerns. As she wrote, "Women did not merely have babies ... through their child rearing they either helped or hindered the forward march of (Anglo-Saxon) civilization."[75] Ensuring that mothers aided the development of a "grander,

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[72]PANL, IGAC, MG 63, Part 2, Personnel Files, "Wilhelmina Murdoch," Murdoch to Spalding, November 2, 1934.

[73]PANL, IGAC, MG 63, Part 2, Personnel Files, "Wilhelmina Murdoch," Murdoch to Spalding, November 2, 1934.

[74]For the American context, see Nancy Woloch, Women and the American Experience (New York: Alfred A. Knopf, 1984) 296. For a British version of these themes, see Anna Davin, "Imperialism and Motherhood" History Workshop Journal 5 (1978) 9-65. For a Canadian analysis, see Valverde below.

[75]Valverde, "When the Mother of the Race is Free: Race, Reproduction, and Sexuality in First-Wave Feminism," 4.

nobler race" was the objective of groups like the American National Congress of Women (1897), who argued that "educated motherhood," in tandem with "educated housekeeping," required learned expertise and sophisticated skills. It also required a certain level of material wealth, and as such, was an ideal held out by middle and upper class proponents.[76] Evidence suggests that Grenfell nurses were well steeped in these prevailing attitudes, for the bulk of nurses' social reform efforts was aimed at the women of northern Newfoundland and Labrador. Whether it was 1896 or 1936, nurses sought to "elevate" local women to a cultural and class specific vision of ideal domesticity.

Even in the Grenfell Mission's first few years, the schedules of social work undertaken by Grenfell nurses were often weighted towards the women of their designated communities. Consider the classes offered by Nurse Ada Cawardine at Battle Harbour in 1896. Though Cawardine held singing and prayer classes for adults of both sexes, she also set aside one class as a "mother's meeting."[77] The following year, Nurse Bussell proudly continued the Mission's tradition of holding a weekly sewing class for local women. Bussell explained that the class was "an institution ... ever since the hospital was built" during which women knitted or sewed, and sipped a cup of tea while the nurse read aloud.[78] From Nurse Summers' 1904 description of that same class, it is obvious that her goals were not confined

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[76]Woloch, Women and the American Experience, 299.

[77]Ada Cawardine, Toilers (May, 1896) 113.

[78]Maud A. Bussell, "Medical Mission Work in Labrador" Toilers (July, 1901) 182.

to a few altered garments; the meeting always closed with a hymn sing and prayer session, after which the nurse made herself available for "advice, help, and encouragement."[79] This approach was by no means the preserve of Grenfell nurses. Across Britain and North America, proponents of the public health movement held that the best way to improve the health of a population was to focus on the mothers. To this end, public health nurses ran pre- and post-natal home nursing classes, hygiene and nutrition classes, and "well-baby clinics" for women in both urban and rural areas.[80] A Grenfell-Mission version of this approach was headed up by Nurse Edith Mayou at Harrington Hospital in 1909, where weekly cooking classes were "flavour[ed] with some instruction in hygiene and physiology."[81] Feminist historians point out that the reforms advocated by public health nurses were, more often than not, replete with middle-class, Anglo-Saxon assumptions about what constitutes well-being.[82] In the case of Edith Mayou's cooking classes, these assumptions were abundantly clear. Mayou felt that local women's attendance was a vast improvement over "meeting in one another's kitchens to discuss dogs, fish, and scandal."[83] The same condescension informed Nurse Greeley's cooking classes and reading hours for the women of Pilley's Island in 1911-

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[79]A. Summers, "Letter from Sister Summers" ADSF (April, 1904) 7.

[80]McPherson, Bedside Matters, 59.

[81]Edith Mayou, "Jottings from Harrington" ADSF (July, 1909) 24.

[82]Dehli, "Health Scouts for the State," 253.

[83]Edith Mayou, "Jottings from Harrington" ADSF (July, 1909) 24.

12. At these classes, Greeley lectured on "food principles, classification of foods, relative digestibility and nutritive values of different food stuffs, and proper ways of cooking." The women in attendance were expected to take careful notes, since each would be required to recite what they had learned at next week's class.[84] In addition, Greeley had the women present reports on the meals they had prepared for their families that week. Judging from the evaluation of her students, Greeley was hopeful that the women would "become convinced of the truth of what they learn."[85] But the focus on women did not always take place at a Mission hospital or nursing station. Often, it was felt that effective reform required visiting women in their own homes. Once again, this was in line with general trends in public health nursing. Beginning at the turn of the century, "visiting" nurses in Britain and North America headed into hard-to-reach working class and immigrant urban neighbourhoods, as well as rural areas, where they promoted wide-reaching health reforms on a door-to-door basis. Similarly, in 1908 a Grenfell nurse was assigned to travel up and down the Labrador coast. One of her special duties was to establish house-to-house contact with the local women of each village, teaching cooking, nutrition, sanitation, and hygiene ("of which these humble people knew nothing") as she went.[86]

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[84]Greeley and Greeley, Work and Play in the Grenfell Mission, 113.

[85]Greeley and Greeley, Work and Play in the Grenfell Mission, 113.

[86]PANL, IGAC, MG 63, P8/A/38/4, Box 6, Scrapbook, "Hospitals in Labrador Aided by Baltimoreans" The Baltimore Sun (March 15, 1908).

Nurse Greeley's sentiments were shared by Grenfell nurses of the 1920s and 30s. Social work schedules continued to include sewing circles, home nursing classes, and reading hours -- all especially for women.[87] These activities were almost always aimed at moulding local women into better housewives and mothers. Consider the "Mothers' Club" formed by Nurse Hazel MacKay at Forteau in 1926, where the women of the area met with the nurse every two weeks for regular weighing of their babies and for informal talks; MacKay lectured on "the routine care of infants" as well as various "diseases of childhood."[88] The same goals were at the heart of Nurse Gunhild Johnson's "home hygiene" classes at Spotted Islands in 1926. Johnson felt her in-class demonstrations on the care of sick babies brought resident women "a few new ideas from the outside world."[89] Nurse Kate Austen claimed that her Northwest River "Club Night" was merely an opportunity for women to sew and "have a good old gab fest."[90] Every now and then, however, the "gab fest" was

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[87]Ethel Graham followed up her sewing circles at Cartwright with talks on hygiene, health, cooking, and "ills affecting mankind in general." See Ethel Graham, "A Letter from the Nurse" ADSF (April, 1921) 27. Home nursing classes were a priority for Nurse Anna Jones at Battle Harbour in 1921. See Anna Jones, "Two Experiments at Battle Harbour" ADSF (January, 1921) 161. Nurse Virginia Mahoney's social work schedule at Flowers Cove included a "Women's Reading Hour" which she felt would "mean a lot to tired, busy mothers." See Virginia Mahoney, "Flowers Cove Nursing Station" ADSF (April, 1926) 75.

[88]TDA, GMFC, Hazel MacKay, "Health and Community Work in Forteau" March 9, 1926.

[89]Gunhild Johnson, "A Volunteer's Summer at Spotted Island" ADSF (January, 1927) 148.

[90]Merrick, Northern Nurse, 211.

interspersed with speeches on the "subject of separate cups and spoons," or the topic of "open windows and green vegetables."[91] Certainly, nurses imparted much valuable information at these meetings. Austen's lectures, for example, were largely composed of essential tips for preventing the spread of tuberculosis. But other nurses were more overtly critical. Nurse Ethel Currant was a notable example. Encapsulating the ethos of a maternalist reform agenda, Currant stated "I am more and more convinced that the woman in the north make or mar the home."[92] And according to Ethel Currant, there were more women "marring" than "making" the homes of the Flowers Cove district. In a letter to the London office, Currant expressed her view that local women were inexcusably inferior when it came to housekeeping.

> At the moment I have an obsession ... in all my home visiting the thing that impresses me most is the complete lack of ordinary house cleanliness. In one home that I can think of ... there were six women, the house was large but oh! how dirty! I spent two nights there and had several meals, it was almost too much for me.[93]

Currant argued that any "real constructive work" required addressing this problem. To this end, she suggested hiring a voluntary domestic science teacher for the summer who could teach the community's young women "everything pertaining to the running of a house, that

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[91]Merrick, Northern Nurse, 211.

[92]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, January 15, 1939.

[93]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, January 15, 1939.

might make the foundation for ... good homes."[94] Building a foundation for "good homes" was also the goal of Currant's "Baby Day" -- a nurse-run event at many Mission stations over the years. On this day, mothers of the community were invited to bring their babies to a tea and luncheon. Special Mission guests (usually a doctor or preacher) gave a speech -- in one case, on the moral obligations of motherhood -- and then proceeded to judge the women's babies on appearance, cleanliness, and general demeanour. At the end of the day, a small monetary prize was awarded to the mother with the "Best Baby."[95]

As in earlier years, many nurses doubted that special events and classroom instruction were enough. Nurse Annie Futter was one who argued that effective reform would only be successful if a nurse actually lived amongst the local women, since "until they see a thing actually being done many of them seem unable to grasp any instruction regarding the care of children, habits of living, the choice and preparation of foods, etc."[96] The Mission's Child Welfare Department was in agreement. In the summer of 1924, the Department hired six nurses to make home visits where they could "advise the mothers in regard to the health of the children and the general sanitation of the home."[97] The same rationale inspired the

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[94]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, January 15, 1939.

[95]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, July 31, 1939.

[96]Annie Futter, "The Nursing Stations -- Flower's Cove" ADSF (October, 1921) 86.

[97]PANL, IGAC, MG 63, P8/A/38/1, Box 9, "Child Welfare Department" file, "Report of the Child Welfare Department for the Summer of 1924."

Mission's plans for appointing a nurse to the Spotted Islands area in 1927. In these plans, it was recommended that the nurse engage in house-to-house reform work, spreading information about everything from housekeeping and child care, to home hygiene and "how to cook fish more appetizingly."[98] After several seasons with the Grenfell Mission, Nurse Virginia Mahoney also arrived at the opinion that reforming local women required direct personal contact. "I am quite convinced of one thing," she wrote, " that the only way to put things across from the health point of view is by ... frequent informal visits in the homes, explaining and correcting as you go."[99] At Forteau in 1926, Nurse Hazel MacKay knew home visits were the key to effective reform. To this end, she made "special trips to the outlying settlements to give group talks to mothers in regard to the care of children" whenever possible.[100] MacKay reported that as a result of her focus on local women, infant health was showing signs of improvement -- this, despite the fact that "the mothers [were] spasmodic in their efforts."[101]

Though nurses were often frustrated by what they perceived as a lack of effort on behalf of local women, on other occasions they proudly heralded examples of reformed

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[98]PANL, IGAC, MG 63, P8/A/38/1, Box 8, "IGA Child Welfare Department to Aid Spotted Islands Health Work ..." contract, August 10, 1927.

[99]Virginia Mahoney, "Flowers Cove Nursing Station" ADSF (April, 1926) 75.

[100]TDA, GMFC, Hazel MacKay, "Health and Community Work in Forteau" March 9, 1926.

[101]TDA, GMFC, Hazel MacKay,"Health and Community Work in Forteau" March 9, 1926.

individuals. Nurse Greeley, for example, proclaimed that it was "beautiful to behold" the transformation in the local girl hired as a "maid" at Pilley's Island. At Nurse Greeley's suggestion, she had successfully "put up six quarts of raspberries." This feat of domestic ingenuity was rewarded with a symbol of bourgeois, feminine respectability; Nurse Greeley purchased her a "housemaid's dress from St. John's."[102] In 1934, Nurse Brown expressed similar pride at the newfound abilities of Nora Flynn (the local girl hired for domestic service at Forteau) in the areas of cooking, canning, and gardening. In a letter to Grenfell, Brown boasted "I have taught her quite a number of things and I feel she will be a leader in her group."[103] In the fall of that same year, Nurse Wilhelmina Murdoch reported yet another female "transformation" at Forteau. According to Murdoch, "Aunt Liz" was formerly "a quarrelsome neighbour having no place in society, a veritable outcast -- even despised by her own children and relatives."[104] After working for the Mission for several years, "Aunt Liz" became a model housewife who "cooks nicely and makes all her own garments" and was generous enough to supply all her neighbours' babies with milk from her own cow.

In these cases, nurses were excited about the "transformation" of individual women. This excitement was only made possible, however, by initially low opinions of these same

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[102]Greeley and Greeley, Work and Play in the Grenfell Mission, 49.

[103]YUA SML, WTGC, MS 254, Box 6, Folder 185, Genevieve Brown to Wilfred Grenfell, April 2, 1934.

[104]PANL, IGAC, MG 63, Part 2, Personnel Files, "Wilhelmina Murdoch," Murdoch to Spalding, November 2, 1934.

women. For it has been seen that nurses' reform work was often tainted by a bourgeois bias evidenced in their lack of respect for local people and their way of life. In view of these attitudes, it might well be wondered if the interaction between nurses and local people was always as smooth as the "success stories" suggest. In fact, sources indicate that nurses were sometimes severe and condescending in their dealings with local people. Take the example of "Elsie" -- an elderly woman and long-term patient at Battle Harbour hospital in 1897, who was, according to the staff, "not always a model patient." When Elsie "misbehaved" she was shut in a room by herself until she apologized to the nurse.[105] Though Nurse Greeley did not lock her domestic servant in a room as punishment, she was exceedingly blunt in her criticism of the girl's family. "I have surprised myself by telling Annie quite frankly what the faults of her family are," she wrote.[106] The nurse at Forteau was reportedly even more tactless with the local girls hired as domestics. An IGA secretary once summarized that she was "rude to anyone whom she considers in the light of a servant."[107] In support of this claim, a visitor to Forteau remembered being embarrassed by the nurse's harsh public

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[105]Dr. Aspland, "Our Work in Labrador" Toilers (February, 1897) 50.

[106]Greeley and Greeley, Work and Play in the Grenfell Mission, 28.

[107]PANL, IGAC, MG 63, P8/A/38/3, Box 15, "Nurse F. [on pension]" file, Spalding to Warne, August 29, 1930.

reprimands of her domestic servant.[108] Other nurses countered that it was necessary to be stern with local people "for their own good."[109]

On these occasions, nurses treated full-grown local adults like naughty children. In other interaction, local people were robbed of any personhood whatsoever by the Mission's objectifying and voyeuristic tendencies. In some cases, these tendencies were informed by racial difference. In 1935, Nurse Graham wrote an excited letter to a friend, boasting of the "Indian woman and baby" who were patients at the Harrington hospital. Relating the mother's grunting, and the "real papoose style" of the baby's moss blanket, Graham was sure her friend would "love the Indian gal."[110] Though Graham was admittedly appalled by their level of dirt ("the poor kid was crusty"), she was thrilled that the mother and child made such a good tourist attraction: "She is great when the tourists come as she smiles and holds up her baby and lets them take her picture innumerable times."[111] But one did not have to be "Indian" to warrant objectification. Indeed, the class differences between Mission staff and local people informed the same tendencies. When Nurse Ethel Currant was visited at Englee by an American patron who "wanted to see the Coast for herself," Currant eagerly "took her

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[108]PANL, IGAC, MG 63, P8/A/38/3, Box 15, "Nurse F. [on pension]" file, Warne to Spalding, May 28, 1930.

[109]YUA SML, WTGC, MS 254, Box 6, Folder 185, Genevieve Brown to Wilfred Grenfell, April 2, 1934.

[110]CNSA, RDBC #198, Graham to Dawson, July 29, 1935.

[111]CNSA, RDBC #198, Graham to Dawson, July 29, 1935.

into homes all around White Bay" -- a tour which apparently included some really "awful hovels."[112] It seems that many nurses did not see anything wrong with making a spectacle of local poverty. To the contrary, they often proclaimed the vast benefits accrued to local people from contact with "civilized" outsiders. In 1903, Nurse Mary Keating announced that the people of Newfoundland and Labrador were "just waking up to the knowledge that there are other things to do besides fishing."[113] Keating explained that when the local people come into contact with those from the outside world, "an influence is felt, a desire to know more of the places and things they have heard of."[114] It was a theme which continued into the 1930s. Nurse Laura Thompson wrote that the annual tourist season had a positive influence on the people of Harrington, offering "contact with the outside world of which they know little."[115] In particular, she felt that tourists' praise of "neatly kept homes and ... gardens" stimulated further improvements. Nurse Wilhelmina Murdoch was equally pleased to escort tourists into local homes at Forteau in 1934. Murdoch claimed that as a result of this contact

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[112]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant" Currant to Spalding, September 16, 1936.

[113]Mary Keating, "Dr. Grenfell's Work in Newfoundland and Labrador" The American Journal of Nursing 3 (1902) 1021.

[114]Mary Keating, "Dr. Grenfell's Work in Newfoundland and Labrador" The American Journal of Nursing 3 (1902) 1021.

[115]Laura Thompson, "A Staff Member's View" ADSF (October, 1931) 130.

with outsiders, "The houses are certainly cleaner and tidier, and the girls are all busy hooking mats and competing with each other to have tidy floors."[116]

The promise of "tidy floors" was a point in favour of increased contact between the local people and those "from away." But on another level, the Grenfell Mission was careful to ensure a sharp divide between locals and staff members.[117] Rhoda Dawson, an industrial worker for the Mission in the 1930s, was struck by a considerable degree of tension between the "native people" and the Grenfell staff at St. Anthony. This tension was obvious in the example of a female volunteer from St. John's who sat chatting with a group of co-workers one evening. When the young woman lit a cigarette, she was reminded not to do that "in front of the natives." The young woman's disgust with this reminder was clear in her response: "I am a native," she snapped, disdain for the double-standard sharpening her words.[118] As another example of staff-locals tension, Dawson remembered the case of a Labrador-born woman who had "lived outside" for some time, and upon returning, was invited to tea at St. Anthony. When the woman suggested that they also invite some of the other local girls, she was informed that this simply "wasn't done." The woman was

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[116]PANL, IGAC, MG 63, Part 2, Personnel Files, "Wilhelmina Murdoch," Murdoch to Spalding, August 18, 1934.

[117]In his brief section on the experience of Grenfell volunteers, Rompkey confirms that "they were far removed from the lives of local people." See Rompkey, Grenfell of Labrador, 244.

[118]CNSA, RDBC #198, 4.03.004, "Drafts of Chapter 2" 4.

justifiably furious with the snobbishness of the remark, and made a formal complaint.[119] It is unlikely that her complaint had any effect, for the elitism of the St. Anthony social scene was well ingrained. Photographs of the "sitting room" at St. Anthony -- showing velvet-cushioned chairs, flowery wallpaper and curtains, fragile vases and ornate picture frames -- suggest that the Grenfell hierarchy made every attempt to preserve their sense of superior social status.[120] And the elitism went far beyond sitting-room decor. A staff member in the 1930s complained about pretentious dinners at Grenfell's St. Anthony residence -- lavish affairs where Lady Grenfell (an American) insisted on speaking with a fake British accent.[121] Perhaps it is not surprising then, that local girls were rarely invited to tea and female staff members were discouraged from inviting local boys to parties.[122]

Clearly, not all of nurses' interaction with local people was as positive as we might be led to believe. Some of nurses' social work was guided by a marked lack of respect for local people and culture -- an attitude which sometimes left its mark on individual interaction. What then, was the response of local people to a group of nurses, indeed to an

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[119]CNSA, RDBC #198, 4.03.004, "Drafts of Chapter 2" 3.

[120]YUA SML, EPHC, MS 771, Series 3, Box 70, "Grenfell Mission Pictures" photo album.

[121]CNSA, RDBC #198, 5.02.002, Rhoda Dawson to Nelson Dawson, August 1, 1932.

[122]CNSA, RDBC #198, 4.03.004, "Drafts of Chapter 2" 2. It is worth noting that being "from away" did not necessarily guarantee that one would be welcomed into the inner circles. When a volunteer mechanic from Britain visited the Mission, Dr. Curtis's wife was reportedly reluctant to invite him to a staff party. "But he's only a mechanic!" she protested. See CNSA, RDBC #198, 4.03.004, "Drafts of Chapter 2" 4.

entire missionary institution, armed with such attitudes? Though a full answer to this question is beyond the scope of this thesis, sources do suggest that while many local people were fond of, and grateful for, the presence of Grenfell nurses, less positive responses ranged from ambivalence to outright conflict. Predictably, the official Grenfell discourse was shot through with images of teary-eyed local people brimming with gratitude and love for the Mission and its staff. And according to sources like Toilers of the Deep or Among the Deep Sea Fishers, nurses were a favourite object of local devotion. Less officially sanctioned sources also suggest some evidence of positive bonding between local people and nurses. Locals' fondness for nurses was attested to by Greta Mae Ferris's reception at Forteau in 1923. The new nurse was struck by the people's nostalgia for Florence Bailey, the former nurse at Forteau whose letters from England were still eagerly anticipated. As one man put it, "Sister Bailey will never be forgotten as long as the grass is green and the water flows."[123] According to him, the Forteau people could never love another nurse as they had loved Sister Bailey (though he thoughtfully added "God bless the new nurse").[124] Selma Carlson, another veteran nurse for the Grenfell Mission, was apparently quite popular with local people herself. A co-worker once remarked that it was "a blessing" to have Nurse Carlson back at St. Anthony, since she was a woman "whom all the natives adore."[125] Again, when

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[123]TDA, GMFC, Greta Ferris, "Life on the Labrador" 3.

[124]TDA, GMFC, Greta Ferris, "Life on the Labrador" 3.

[125]CNSA, RDBC #198, 5.02.002, Rhoda Dawson to Nelson Dawson, April 5, 1932.

Cartwright resident Joanne Martin reminisced about the positive impact of the Grenfell Mission, she reserved most of her praise for the nurses, remembering that for a small yearly fee, they received "the best kind of attendance."[126] In view of these and countless other examples, it would be foolish to deny that many Grenfell nurses were respected and appreciated by the people of northern Newfoundland and Labrador. But it must be remembered that this was a large group of women coming from a variety of backgrounds -- nurses who worked with a wide range of people across a vast territory. And some of these nurses, as we have seen, brandished abrasive ideas about the inferiority of local people and culture. It should come as no shock, therefore, that nurses -- along with the Mission they represented -- were not cherished by all.

Less positive responses ranged from minor criticism to dislike or rejection. Millicent Blake Loder was a Labrador-born girl at the Mission's Muddy Bay boarding school in the 1920s. In her memoirs, Loder remembered that the Grenfell staff never let her and the other children forget their supposed inferiority. "The staff came from abroad and felt themselves to be missionaries, trying to bring a bit of England to the Labrador wild," she wrote.[127] In keeping with this attitude, the doctors, nurses, and teachers ate specially-prepared meals in a separate dining room. When Loder worked as a "servant girl" at the North West River hospital in 1929, she had to wear a black dress with a frilly white apron to serve at staff

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[126]Joanne Martin, "We Knew Hard Work" Them Days 2,1 (1976/77) 44.

[127]Loder, Daughter of Labrador, 30.

meals. Despite the strict codes of servility, Loder remained relatively tolerant of a staff that did not always treat her with respect. Recounting an incident where she was wrongly accused of stealing some money, Loder summarized "the staff were not always careful how they spoke to us Labrador girls, mostly because they knew nothing of our way of life."[128]

Not all domestic servants responded so amiably. In 1935, a local woman working at the Flowers Cove nursing station was so upset by the "horrible treatment" she had suffered under Nurse Mansfield that she complained tearfully to Nurse Graham. (Privately, Graham dismissed the servant's tears as the unwarranted grumbles of a "neurotic, old scavenger."[129]) Though those local people working for the Mission came into closest contact with Grenfell staff, they were not the only ones with unfavourable reactions. Local women sometimes resisted nurses' intrusions in medical and social work. In 1931, for example, a woman at Spotted Islands refused to allow the Grenfell nurse to deliver her baby, opting instead for the local midwife.[130] Also displaying resistance were the women of Forteau in 1934. When pressured by Nurse Brown to step up their industrial work efforts, they informed her "they would rather starve than make those Mission mats."[131] A local carpenter in St. Anthony was

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[128]Loder, Daughter of Labrador, 43.

[129]PANL, IGAC, MG 63, P8/A/38/3, Box 16, "Grenfell Labrador Medical Mission" file, Ethel Graham to Katie Spalding, July 30, 1935.

[130]CNSA, RDBC #198, 5.04.002, Rhoda Dawson to Nelson Dawson, August 28, 1931.

[131]YUA SML, WTGC, MS 254, Box 6, Folder 185, Genevieve Brown to Wilfred Grenfell, April 2, 1934.

just as disgusted with some of the reform efforts underway in the early 1930s. At that time, the St. Anthony hierarchy was troubled by local boys' penchant for visiting the hospital wards just to get a glimpse of the girls in bed. To address this situation, the staff devoted that week's "discussion group" to the question of whether it was "a good Christian thing ... to visit the hospital on Sunday."[132] The word "Christian" came up so often in the ensuing discussion, that the local carpenter in attendance lost his temper at the moralizing tone. Growling that he never wanted to hear "that word" again, he stormed out of the meeting.[133]

A lack of enthusiasm on behalf of local people can also be gleaned from nurses' recurring complaints about low levels of support for their medical and reform efforts. Nurse Laura Thompson, for one, was dismayed that people were not more excited by her arrival at an "Indian camp" near Harrington in 1933. "I was a bit disappointed at my reception, for I was greeted rather casually," she wrote.[134] Thompson's mild disappointment was dwarfed by Ethel Currant's extreme annoyance when some Englee residents took a sick patient to the nearby United Church minister instead of to her nursing station. Though she helped out in the end, the patient's recovery did not bring Nurse Currant any praise. "There was not a

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[132]CNSA, RDBC #198, 4.03.004, "Drafts of Chapter 2" 5.

[133]CNSA, RDBC #198, 4.03.004, "Drafts of Chapter 2" 5.

[134]Laura Thompson, "The Nurse Answers A Call by Komatik" ADSF (October, 1933) 123.

word of thanks to either of us for our trouble," she complained.[135] For Nurse Currant, the incident was part of a wider trend; local support for the nurse had sharply fallen off since her arrival.[136] She was not alone in her unpopularity. In 1934, Nurse Genevieve Brown had the same complaints about the people of Forteau, writing that in comparison to other communities, the nurse got little respect or support.[137] On occasion, locals' lack of enthusiasm for the Mission's presence in their community mushroomed into open conflict. Take the events of "Sports Day" at St. Anthony in 1920. Intended as a fun-filled day of relay races and obstacle courses for locals and staff, the event came to an unpleasant ending at an impromptu party that evening. Against all regulations, the "spruce beer flowed freely," and tensions ran high. When an inebriated fishermen yelled an uncensored version of "Down with the Americans!" a fight broke out between the local men and the American college boys.[138] Less dramatic was the conflict between the Mission and local people over property and authority at Forteau in 1935. Though it did not come to blows, Nurse Wilhelmina Murdoch was greatly pained by the bad blood between herself and resident Will

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[135]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, June 29, 1937.

[136]PANL, IGAC, MG 63, Part 2, Personnel Files, "Ethel Currant," Currant to Spalding, February 26, 1939.

[137]YUA SML, WTGC, MS 254, Box 6, Folder 185, Genevieve Brown to Wilfred Grenfell, April 2, 1934: 14.

[138]YUA SML, NEGAR, MS 1200, Series 1, Box 5, folder 51, Allison Strathy, April 6, 1920: 263.

James. From her perspective, the bickering reached its climax when Mr. James complained that the Mission's fence was on his land. Nurse Murdoch insisted that this was not the case, and he informed her she had "no right" to be in Forteau.[139] Indeed, his anger was enough to make Murdoch want to leave -- she announced her intended resignation in a depressed letter to the IGA secretary: "I feel that I can not continue to live in Forteau while this state of bad feeling exists between myself and one family, as I am convinced that it is a personal dislike he has, and I would like to break my contract if other arrangements can be made."[140] The point here is neither to side with Nurse Murdoch, nor to ally with Mr. James. Rather, it is to demonstrate that relationships between nurses and local people were sometimes problematic.

Considering the evidence presented in this chapter, it would not be surprising if many other clashes between local people and Grenfell staff remain hidden from history. It has been shown that unqualified praise for the work of Grenfell nurses avoids the less heroic aspects of that experience. Nurses were strategically central to the Mission's goals because it was felt that, as women, they possessed some essential female qualities -- qualities which had been carefully shaped into a model of bourgeois femininity by their professional training,

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[139]PANL, IGAC, MG 63, Part 2, Personnel Files, "Wilhelmina Murdoch," Murdoch to Spalding, May 25, 1935.

[140]PANL, IGAC, MG 63, Part 2, Personnel Files, "Wilhelmina Murdoch," Murdoch to Spalding, May 25, 1935.

and which were, in turn, invaluable for the Mission's preoccupation with improving the people of northern Newfoundland and Labrador. It was a gender- and class-specific rationale which also determined how nurses approached the local people they were supposed to "improve." Borrowing from the tenets of social gospel, public health, and social hygiene, nurses advocated a vision of "improvement" rooted in middle-class assumptions of superiority. Though much of nurses' reform work held clear benefits for local people, some of this same reform work was tainted by a distinct lack of respect for those they sought to help. Opinions which evinced the inferiority or ignorance of local people, expressed disgust with local standards of living, or blamed local people for their poverty and illness, were all strains of this bourgeois bias. Because nurses held females responsible for those areas with which they were most frustrated -- household thrift, cleanliness, and child care -- local women were frequently the main targets. Wielding such attitudes and assumptions, nurses' interaction with local people could be sullied by condescending strictness, voyeuristic objectification, or elitism. In turn, local people's negative reactions could be as mild as bored ambivalence, or as extreme as a drunken brawl. Taken together, we are left with an unbecoming face of Grenfell nursing.

Chapter 6
Conclusion

Evelyn Poppleton was 40 years old when she began nursing for the Grenfell Mission in 1929, but it was a career move she never regretted. Over the next seven years, she derived great satisfaction from her work -- both at the Flowers Cove nursing station on the Northern Peninsula and later on, further north at Labrador's Cartwright hospital. By the 1970s, Poppleton was living alone at the YWCA in Ipswich, England, but her thoughts often returned to distant Labrador. In fact, Poppleton's lonely days were considerably brightened by her continued subscription to Among the Deep Sea Fishers; the long-running Mission publication which kept her informed of an ever-changing institution. In a 1975 issue, Poppleton's name appeared on an Alumni list. Thinking that the term referred to those who had merely donated money, Poppleton was deeply offended. "As a nurse having worked a total of seven years in this interesting country, I rather resented this," she wrote in an angry letter to the editor. When Poppleton signed the indignant letter in her wavering hand, she included a single word after her name, a word engraved so purposefully it tore the paper -- "NURSE."[1]

Poppleton's poignant response reminds us that Grenfell nursing was, for hundreds of women, a pivotal source of personal and professional identity. For some, nursing for the

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[1]PANL, IGAC, MG 63, Part 2, Personnel Files, "Evelyn Poppleton," Poppleton to Secretary of Grenfell Association of Great Britain and Ireland, December 2, 1975.

Grenfell Mission was the experience of a lifetime, an unrivalled adventure for which they would always yearn. Mary Penelope Barnard, for one, was "wonderfully happy" at Cartwright Hospital, but in 1938 her mother's illness forced her to return to England.[2] By 1941, Barnard was nursing at a convalescent residence in her home town -- a position with which she was decidedly unsatisfied. "I'm afraid Labrador has thoroughly unsettled me for work in England," she wrote in one of her frequent letters to the London office.[3] Barnard continued to correspond with the Grenfell Association until well into the 1970s; for many years she clung to the hope of working for the Grenfell Mission once again. But despite many plans to do so, the death of her mother and subsequent financial problems prevented Barnard from returning to Labrador. From the 1940s onwards, she set her sights, instead, on the Grenfell reunions held each year in London.

Annual Grenfell reunions were also held in North American cities such as Victoria, Ottawa, Boston, and New York. For the Mission hierarchy, the lavish events were a method of garnering financial support from Grenfell alumni. For participants and guests, the festivities were a cherished opportunity to exchange fond memories with those who shared their experience. But even without formal get-togethers, many former Grenfell nurses kept in touch, via letters and visits, with fellow nurses, teachers, and industrial workers. Some

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[2]PANL, IGAC, MG 63, Part 2, Personnel Files, "Mary Penelope Barnard," Barnard to Spalding, July 27, 1939.

[3]PANL, IGAC, MG 63, Part 2, Personnel Files, "Mary Penelope Barnard," Barnard to Spalding, December 1, 1941.

of these women continued to work for the Mission in official and unofficial capacities. Nurse Ethel Graham was appointed Secretary of the Grenfell Labrador Medical Mission in Ottawa. Other former Grenfell nurses were persuaded to use their remarkable stories for the purposes of fundraising; like countless other volunteers, they gave presentations to churches and women's groups. Though public speaking was not for everyone, many of the women who nursed for the Mission felt that their experience was an adventure worth sharing. A handful of Grenfell nurses published their memoirs, and dozens wrote articles for, or were interviewed in, periodicals and newspapers throughout the British Isles and North America. Effie Mansfield's method of honouring her Grenfell-Mission memories was notably unique. Upon returning to Australia, Mansfield established a bed-and-breakfast in the countryside near Melbourne -- she called it "The Labrador."

For others, the Grenfell Mission was a stepping-stone in lifetimes devoted to international nursing. Olive Nelson was an American nurse who worked at North West River from 1927 to 1928. In 1932 she travelled to London to study with the Congregational Board of Missions. By 1938, she was nursing at the American Women's Hospital in Madura, India, and in 1942 she was appointed Superintendent of Nurses. For others, international nursing was made possible by armed forces service. Mary Cornelius worked with the Grenfell Mission for five years (between 1928 and 1934) before returning to the United States and enlisting. By 1943, she was Lieutenant Cornelius, stationed in northeast India as chief nurse with an experimental University of Pennsylvania medical unit. Like

Nurses Nelson and Cornelius, other former Grenfell nurses took their skills to Rhodesia, Egypt, Uganda, Cuba, Guatemala, China, Turkey, and Papua New Guinea. But even without international travel, the career patterns of former Grenfell nurses speak of impressive accomplishments. Building on their unusual work experience in northern Newfoundland and Labrador, a great many assumed supervisory positions later in life. Rosamond Bradley was on the St. Anthony staff in 1914; 20 years later she was elected to the Board of Directors at Boston's New England Hospital for Women and Children. Jean Egbert's position at Harrington Harbour in 1925 was likewise the beginning of a long and varied career. After spending two years with the Frontier Nursing Service, and one year as a "county nurse" in Kentucky, Egbert was appointed Executive Director of the Visiting Nurses Association in Burlington, Vermont. In 1941, Egbert moved to New Mexico where she was named State Consultant for Maternal Health and Child Welfare.[4]

Clearly, Grenfell nursing was a work experience of great personal and professional value for many of the women who filled these positions between 1894 and 1938. And Grenfell nurses had good reason to be proud. Though our knowledge of the Grenfell Mission has been dominated by the heroics of one man, it was, in fact, women who formed the Mission's backbone. Nurses, in turn, were pivotal members of this female workforce. The wide range of duties they performed, in combination with the high levels of autonomy and outdoor adventure they encountered, made Grenfell nursing an exceptional female work

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[4]All information about nurses' post-Grenfell Mission activities was obtained from Alumni Reports in Among the Deep Sea Fishers, 1908-1950.

experience. Even the most autonomous job possibilities at home paled in comparison with the Grenfell Mission's potential for adventurous nursing. Many changes occurred in the Grenfell Mission between 1894 and 1938; what began as a tiny operation run by a handful of doctors and nurses evolved into a mammoth institution staffed by a bewildering array of volunteers and professionals. Though the occasional presence of specialized professionals may have lessened the workload of some nurses, as late as 1938 it was still expected that nurses fill a variety of roles and assume unusual degrees of authority in isolated settings. The Mission hierarchy never denied the extraordinary requirements of Grenfell nursing. To the contrary, the opportunity for heroic work in an isolated setting was promoted as the job's main attraction. In fact, the exceptional nature of Grenfell nursing was a popular theme throughout the Mission's expansive publicity literature.

But the official Grenfell discourse did not portray its exceptional nurses in progressive terms. Instead, the extraordinary aspects of Grenfell nursing were rationalized by a conservative gender ideology. The maternalist discourse stipulated that nurses were specially suited to the Mission's work because of inherent "feminine" attributes which had been specially honed by their professional training. A maternalist rationale for "new" female activities was not unusual at this time; in the first decades of the twentieth century, women's entry into the public domains of politics and reform work was invariably bolstered by the maternal feminist conviction that it was women's special qualities -- the same qualities which predisposed them for motherhood -- which justified these new activities. Examining

the daily realities of Grenfell nursing across these decades reveals that although the official discourse may have been traditional, the actual work experience was not. For nurses facing harsh winters in northern Newfoundland and Labrador, housed in isolated and rudimentary hospitals and/or nursing stations, perhaps as the only medical personnel for hundreds of miles, a traditionally-gendered rationale for their presence often mattered very little. In confronting the extreme demands of their unusual work environment, Grenfell nurses were required (and often thrilled) to prove themselves in capacities not normally considered appropriate for women.

But a celebration of Grenfell nursing as an exceptional female work experience should not be carried too far. Grenfell nursing was hard work. And the qualities which made it an exceptional job -- the range of duties, isolation, independence, and severe weather -- were the same qualities which made it exhausting, stressful, and lonely. Grenfell nursing was not always rewarding, and Grenfell nurses were not always happily devoted to the Mission's structure. What's more, though Grenfell nursing was certainly far from traditional, the boundaries of appropriate female behaviour could only be pushed so far. It was still nursing, after all. And as such, women's independence was ultimately curtailed by the authority of doctors in a male-dominated Mission hierarchy. Female independence in the Grenfell Mission had real limits. Nurses' tenure was sometimes cut short when an individual woman did not conform to the model of bourgeois feminine decency which, as a professional

nurse, she was supposed to represent. In some cases, female independence was additionally circumscribed by resistance from local males.

But the problematic aspects of Grenfell nursing extended beyond individual female experience. As the feminine embodiment of middle-class decency, nurses were deemed ideally suited to "improving" the residents of northern Newfoundland and Labrador. Though the local people were, for the most part, of the same race as Mission workers, they were clearly different. And in the eyes of the Grenfell Mission, it was a difference which did not measure up to Anglo-Saxon, middle-class standards regarding "proper" lifestyle. These assumptions of cultural superiority informed much of nurses' social work. Grenfell nurses were, by and large, foreign women who arrived in northern Newfoundland and Labrador with distinct ideas about how best to "improve" the region. Nurses' reform efforts thus bore traces of their own cultural influences. From evangelical Christianity and social gospel, to public health and social hygiene, these influences reinforced nurses' own sense of middle-class superiority and, at times, led to the denigration of the region's people and way of life. In reaction to this foreign presence, local people were not always as grateful as the Grenfell Mission liked the world to believe. Less positive responses ranged from mild ambivalence to outright rejection and confrontation.

These conclusions need not preclude admiration for the Grenfell nurses, nor for the Mission itself. When Grenfell and his entourage established two hospitals on the Labrador coast in 1894, it was the first time that anyone demonstrated real concern for peoples' well-

being in northern Newfoundland and Labrador. On countless occasions between 1894 and 1938, the Grenfell Mission was a great blessing for the local people. In addition to saving lives, improving health, and alleviating some poverty, the Mission provided new options for some of the region's young people. Many local girls were employed by the Mission as domestic servants or hospital aides. Millicent Blake Loder was 14 years old when she became a hospital aide at North West River in 1929. Four years later, the Grenfell Mission sponsored her enrollment in a nurses' training program in Duluth, Minnesota. In 1934 Millicent Blake Loder became the first Labrador-born woman to nurse for the Mission. In 1980 she was awarded an honorary degree from Memorial University of Newfoundland, and in 1982 she received the Order of Canada.[5] The impressive accomplishments of Millicent Blake Loder issue two reminders: first, the Grenfell Mission was often a beneficial presence for the local people, and second, Grenfell nurses were remarkable women. Although nurses' achievements were undeniably admirable, they were simultaneously wedded to the problematic discourses of maternalism and moral reform. Sensitivity to this union, while unsettling, can only enrich our knowledge of nursing for the Grenfell Mission.

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[5]See Loder, Daughter of Labrador.

Appendix A
Table Showing Incoming Nurses' Geographic Origins, 1914-1938

	United States	England Ireland Scotland	Canada	Nfld	Other	Unknown
1914-1918	43 (78.2%)	0	3 (5.5%)	4 (7.3%)	1 (1.8%)	4 (7.3%)
1919-1923	42 (76.4%)	3 (5.5%)	6 (10.9%)	2 (3.6%)	0	2 (3.6%)
1924-1928	67 (79.8%)	3 (3.6%)	11 (13.1%)	1 (1.2%)	2 (2.4%)	0
1929-1933	34 (66.7%)	5 (9.8%)	5 (9.8%)	3 (5.9%)	2 (3.9%)	2 (3.9%)
1934-1938	18 (52.9%)	7 (20.6%)	5 (14.7%)	3 (8.8%)	1 (2.9%)	0

Appendix B
Table Showing Distribution of Nurses by Year and Hospital/Nursing Station 1914-1921

Station	1914	1915	1916	1917	1918	1919	1920	1921
St. Anthony	9	8	8	9	3	6	7	7
Battle Harbour	3	3	3	3	2	3	3	2
Indian Harbour	2	2	2	2	3	2	1	4
Forteau	-	1	1	1	1	1	1	1
St. Paul's River	-	1	-	-	-	-	-	-
Harrington	-	1	1	3	2	0	2	3
Spotted Islands	-	1	0	0	1	0	0	0
Pilley's Island	-	1	1	-	0	-	1	1
Cartwright	-	-	-	-	-	-	1	1
Flowers Cove	-	-	-	-	-	-	1	1
Mutton Bay	-	-	-	-	-	-	-	1
St. Lewis Bay	-	-	-	-	-	-	-	-
North West River	-	-	-	-	-	-	-	-
White Bay Unit	-	-	-	-	-	-	-	-
Bonne Esperance	-	-	-	-	-	-	-	-
West Ste. Modeste	-	-	-	-	-	-	-	-
Conche	-	-	-	-	-	-	-	-
St. Mary's River	-	-	-	-	-	-	-	-
Batteau	-	-	-	-	-	-	-	-
Englee	-	-	-	-	-	-	-	-
Total	14	18	16	18	12	12	14	17

*Numbers were obtained from the "Staff Selection Reports" found in July issues of Among the Deep Sea Fishers, 1914-1938. Totals represent the numbers of nurses working at given stations during the spring/summer peak season. Although exact numbers for the fall/winter months are unavailable, these totals would be considerably lower. Table should not be considered a full summary of the Mission' s operations in a given year; stations at which nurses never worked (there are only a few) are not included.

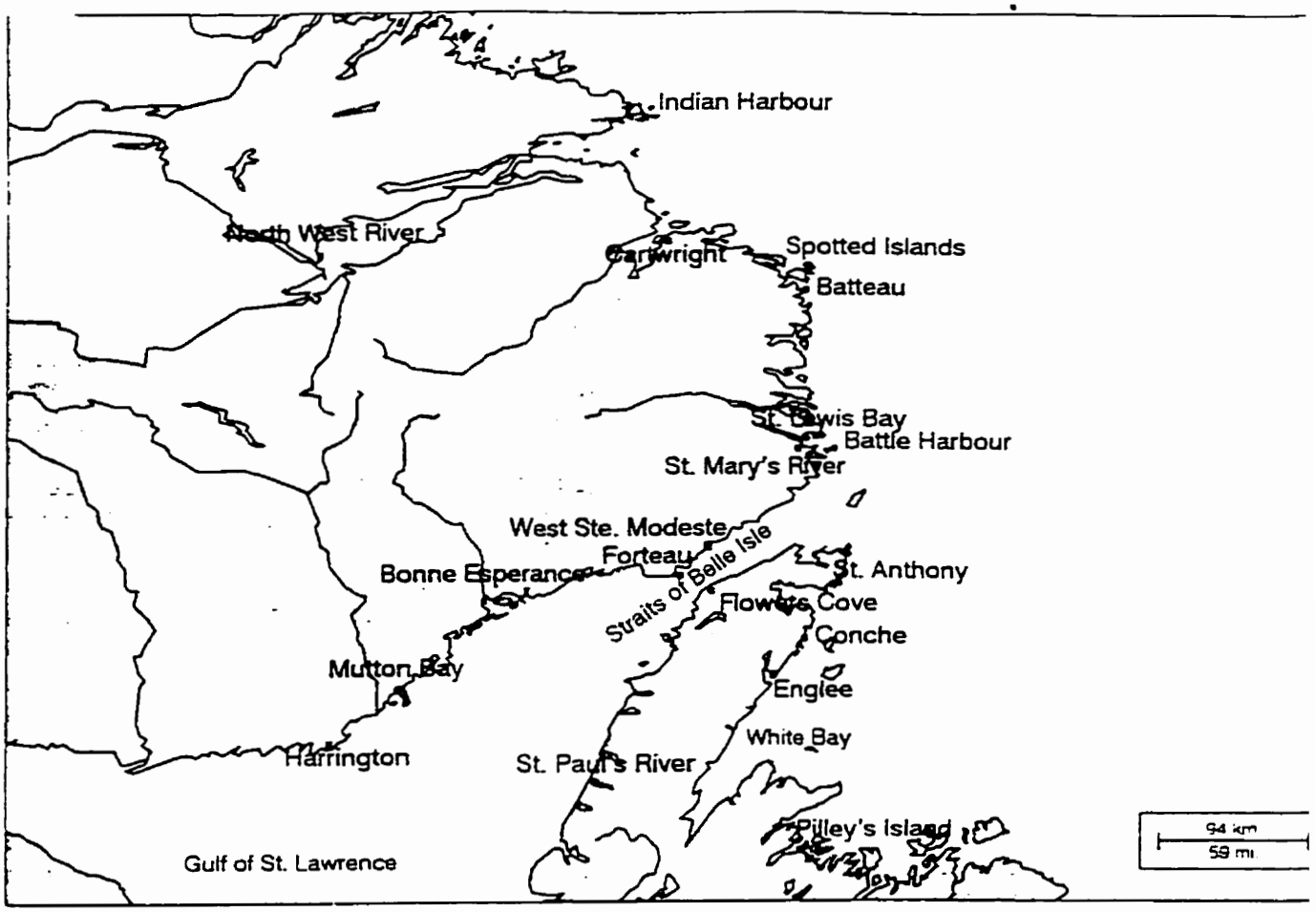
Appendix B contd.
Table Showing Distribution of Nurses by Year and Hospital/Nursing Station 1922-1929

Station	1922	1923	1924	1925	1926	1927	1928	1929
St. Anthony	8	8	10	7	11	12	10	8
Battle Harbour	2	3	5	3	3	4	3	3
Indian Harbour	2	2	4	2	2	2	2	2
Forteau	1	1	2	2	2	2	1	1
St. Paul's River	-	-	-	-	-	-	-	-
Harrington	2	2	2	2	3	2	3	2
Spotted Islands	-	0	0	0	1	1	1	1
Pilley's Island	1	2	-	-	-	-	-	-
Cartwright	1	1	1	1	1	-	-	0
Flowers Cove	1	1	2	1	2	1	1	1
Mutton Bay	-	-	-	-	1	1	1	1
St. Lewis Bay	1	-	1	1	1	1	-	-
North West River	-	-	0	1	1	1	1	1
White Bay Unit	-	-	1	2	2	-	-	-
Child Welfare Department	-	-	2	6	7	5	-	-
Bonne Esperance	-	-	-	-	-	1	-	-
West Ste. Modeste	-	-	-	-	-	1	-	-
Conche	-	-	-	-	-	-	1	1
St. Mary's River	-	-	-	-	-	-	-	-
Batteau	-	-	-	-	-	-	-	-
Total	19	20	30	28	37	34	24	21

Appendix B contd.
Table Showing Distribution of Nurses by Year and Hospital/Nursing Station 1930-1938

Station	1930	1931	1932	1933	1934	1935	1936	1937	1938
St. Anthony	8	4	6	4	5	6	3	4	8
Battle Harbour	2	4	2	-	-	-	-	-	-
Indian Harbour	1	1	1	-	1	1	1	1	1
Forteau	1	1	2	1	1	1	1	1	1
St. Paul's River	-	-	-	-	-	-	-	-	-
Harrington	2	1	2	3	3	3	3	2	2
Spotted Islands	1	1	0	0	1	1	1	1	1
Pilley's Island	-	-	-	-	-	-	-	-	-
Cartwright	0	1	1	1	1	1	1	1	1
Flowers Cove	1	1	1	1	1	1	2	3	2
Mutton Bay	1	1	1	1	2	1	1	1	1
St. Lewis Bay	-	-	-	-	-	-	-	-	-
North West River	1	1	1	1	1	1	0	0	2
White Bay Unit	-	-	-	-	-	-	-	-	-
Child Welfare Dept.	-	-	-	-	-	-	-	-	-
Bonne Esperance	-	-	-	-	-	-	-	-	-
West Ste. Modeste	-	-	-	-	-	-	-	-	-
Conche	-	1	-	-	-	-	-	-	-
St. Mary's River	0	-	-	4	3	4	3	3	0
Batteau	-	-	-	1	-	-	-	-	-
Englee	-	-	-	-	-	-	1	1	1
Total	18	17	17	17	19	20	17	18	20

Appendix C
Map of Grenfell Mission Nursing Stations and Hospitals
1894-1938*



* Map courtesy of PC Globe [computer map]. Novato, California: Broderbund, 1993.

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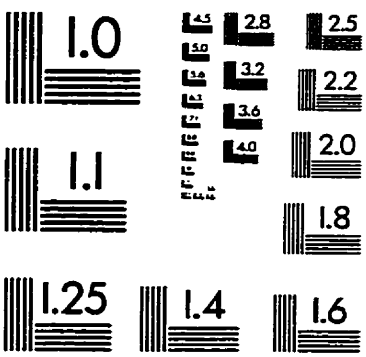

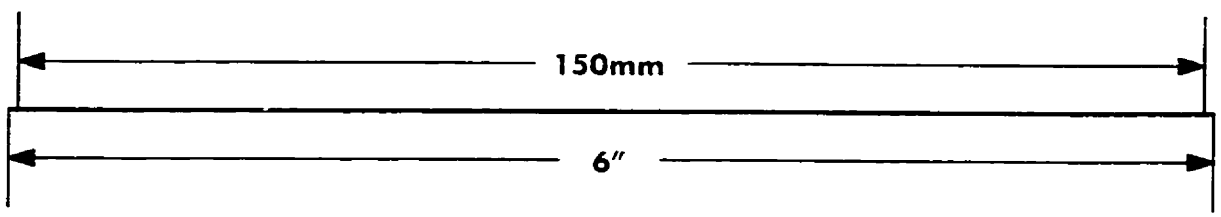

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