

**EDUCATING IMMIGRANT MOTHERS:**  
THE DISTRICT NURSING PROGRAM AND THE REWORKING OF SCIENTIFIC  
MOTHERHOOD IN ALBERTA, 1919-1943

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## ABSTRACT

This thesis examines the Alberta district nursing program from its inception in 1919 to 1943. It explores the program's role in disseminating scientific motherhood, a discourse that instructed women to mother in deference to medical expertise and in accordance with scientific knowledge. Recollections of the district nursing program often present a celebratory narrative of exceptional nurses helping brave pioneers settle remote regions of Alberta. The provincial government certainly created the program to provide medical services to the rural, isolated districts of the province, but its motives extended beyond accepting public responsibility for the health of its residents. The district nursing program operated as a mechanism to survey and assimilate immigrant and Indigenous populations in support of a larger colonial nation-building project. The discourse of scientific motherhood played a critical role in this effort, as it insisted that women abandon traditional mothering practices in favour of scientific methods that upheld middle-class, urban, Anglo-Canadian values.

The program stationed nurses in remote communities, necessitating the development of relationships between community members, primarily women, and district nurses to facilitate the dissemination of scientific motherhood. While district nurses' actions generally aligned with the goals of the nation-building project, their interactions with communities prompted them to reconsider their practice of scientific motherhood in order to provide their patients with the best care possible. Rural women, too, possessed experiential expertise in health care and rural living, and their knowledge informed how they integrated district nurses into their health practices and chose to take up, adapt, or reject the principles of scientific motherhood. Creating trusting relationships and sharing expertise in communities allowed district nurses and women to adapted

the discourse of scientific motherhood to reflect their life in the isolated districts of Alberta from 1919-1943.

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## INTRODUCTION

### **The District Nursing Program, Public Health, and the Nation Building Project**

Late one winter night in the 1930s, a soon-to-be father “with a foreign accent” called at the cottage of district nurse Olga Freifeld to attend to his parturient wife. Travelling back to the soon-to-be father’s home together through the Peers District of western Alberta was treacherous. The weather was miserably cold and a wheel fell off of the horse-pulled wagon, forcing them to stop and repair the wagon before continuing. Upon arrival at a small log cabin, Freifeld found “the patient, a Ukrainian woman, uttering the familiar cry of ‘Oih! Oih! Oih!’” A German neighbour woman attended to her. Freifeld herself spoke Russian, and the cabin was full of chatter as the women prepared for delivery across the barrier of language. In the moments immediately before the baby was born, however, a hush fell upon room, and was only “broken at last by that international sound common to all tongues, the cry of a newborn infant.”<sup>1</sup> The baby was delivered safely.

Albertan settlers relied on district nurses for emergency medical services in addition to maternity services during the interwar period. A distressed Ukrainian father summoned district nurse Mary Conlin early one winter morning in the 1920s, for example, to treat his infant suffering from diphtheria. He had walked many miles in freezing temperatures to reach the nurse and had frozen his feet in the process. Reaching the patient’s home after a 25-mile trek through the Peace River District in Northern Alberta, Conlin provided the immediate relief necessary to prevent the baby from asphyxiating. Conlin then gave the infant’s parents instructions for continued care, as she had to attend to other patients. “Neither parent,” however, “spoke or

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<sup>1</sup> Olga Freifeld, article about her career as a Public Health nurse, pg. 10. Found at the Glenbow Archives, Calgary, Alberta (hereafter GA), M-4872, File 11.

<sup>2</sup> Mary E. Conlin reminiscences of nursing in the Peace River district, pg. 6. GA, M-

understood a word of English.” Enlisting the help of several neighbours, Conlin’s guidelines were translated from English to German and then from German to Ukrainian. She then “had the parents act the directions” to ensure they could properly care for their child before she departed.<sup>2</sup>

The Albertan government created the district-nursing program in 1919 to provide maternity and emergency medical services to the remote, rural, often immigrant communities of the province. Conlin’s and Freifeld’s experiences, which required them to reside in frontier districts, communicate across language barriers, and provide otherwise inaccessible medical care, primarily to mothers and children, exemplifies the role of district nurses in Alberta during the interwar period. They provided a practical, much-needed service. In the 1920s, the government primarily dispatched district nurses to Peace River country to provide for the expansion of settlement in the Albertan North from 1916-1921.<sup>3</sup> As drought, pestilence, and crop failure plagued homesteads in southern Alberta, Saskatchewan, and on the Plains of the northern United States during the late 1920s and into the 1930s, settlers increasingly re-established themselves in previously unsettled areas in western and northern Alberta where subsistence living was possible.<sup>4</sup> The district nursing program responded to this shifting population and sent additional district nurses to serve these newly established communities. Their care, however, was permeated by scientific motherhood, a popular discourse that instructed women to perform motherhood as informed by scientific knowledge, in deference to medical expertise, and with the use of technology. This discourse was international and the Canadian iteration shared many

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<sup>2</sup> Mary E. Conlin reminiscences of nursing in the Peace River district, pg. 6. GA, M-4872, File 12.

<sup>3</sup> David Bright, “1919: A Year of Extraordinary Difficulty,” in *Alberta Formed, Alberta Transformed, volume II*, ed. Michael Payne, Donald Wetherell, and Catherine Cavanaugh (Edmonton: University of Alberta Press, 2006), 419.

<sup>4</sup> Paul Stanway, *Alberta in the 20<sup>th</sup> Century: A Journalistic History of the Province* (Edmonton: CanMedia Inc., 2005), 146.



similarities with its counterparts in the United States and the United Kingdom.<sup>5</sup> In Canada, it privileged urban, middle-class, and Anglo-Canadian biases and insisted on immigrant and Indigenous mothers' abandonment of traditional medical and mothering practices.

Alberta constituted a particular region in which the material conditions of the prairies, the presence of a large immigrant population that arrived in rapid, successive waves and settled in geographically disperse locations, and the interwar context—primarily that of first-wave feminism, agrarian reform, and the eugenics movement—influenced the regional application of scientific motherhood. The province's educational institutions, furthermore, did not have uniform training in advanced obstetrics until 1943, meaning that until then all district nurses brought varied educational and practical experience to their district posts.<sup>6</sup> This thesis thus asserts that the province's particularities, and those of the individual district nurses themselves, necessitated the creation of public health services that could only function through the development of dynamic relationships between district nurses and immigrant and Indigenous women in these districts. Focusing on the district nurse-patient relationships developed in family homes and communities in Alberta from 1919-1943, this thesis contends that immigrant women and district nurses together reworked the discourse of scientific motherhood; women negotiated prescribed ideals of motherhood to best meet their needs and those of their families, and district

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<sup>5</sup> Rima Apple, *Perfect Motherhood: Science and Childrearing in America* (New Brunswick, NJ: Rutgers University Press, 2006); Anna Davin, "Imperialism and Motherhood," *History Workshop* 5, no. 1 (1978): 9-66.

<sup>6</sup> A shortage of physicians resulting from the Second World War necessitated that the University of Alberta provide a course in advanced obstetrics to train all public health nurses, and district nurses, who would be called upon to fill physicians' roles across the province. Prior to 1943, district nurses were trained across the country, in the United States, and in the United Kingdom. The district nursing program did not end until the 1970s, but the creation of the obstetrics course and the end of the war fundamentally changed the program; fewer districts remained and care became more uniform. Irene Stewart, ed., *These Were Our Yesterdays: A History of District-Nursing in Alberta* (Calgary: Publishing Company, 1979), 175.

nurses modified their medical practice and the associated ideological expectations in order to provide their patients with the best possible medical care in the conditions in which they were working. This iteration of scientific motherhood was tailored to the boreal regions of western and northern Alberta where the lack of communication, medical, and transportation infrastructure isolated districts from the wider medical community and central institutional authority.

The interwar years in Canada saw a shift in the conceptualization of health and nation building. This shift placed a spotlight on mothers and their role in bearing and raising healthy children capable of repopulating the country and saw government intervention in the provision of health services for its citizens. Both the First World War and the Spanish influenza pandemic of 1918-1919 devastated the Canadian population. Over 60 000 soldiers perished in the war and another approximately 50 000 Canadians were killed by the flu. Those lost in the war and as a result of the flu pandemic were often young and otherwise healthy, leaving a large demographic gap in the number of Canadians capable of rebuilding the nation through active labour and reproduction. The indiscriminate nature of the Spanish flu and its deadly consequences for young, fit people led Canadians to develop public health policies aimed at new immigrants as well as Canadian settlers, regardless of race.<sup>7</sup>

Additionally, some of the experiences of the First World War exposed the general ill health of the nation. Some estimated, for example, that only one-third of men examined for service were physically fit.<sup>8</sup> Medical experts attributed the high proportion of unfit Canadians to unsanitary living, malnutrition, and poverty. These conditions, often experienced in childhood,

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<sup>7</sup> Mark Osborne Humphries, *The Last Plague: The Spanish Influenza and the Politics of Public Health in Canada* (Toronto: University of Toronto, 2013).

<sup>8</sup> Cynthia R. Abeele, “‘The Infant Soldier’: The Great War and the Medical Campaign for Child Welfare,” *Canadian Bulletin of Medical History* 5, no. 2 (1988): 107.

contributed to improper development, which caused or exacerbated the risk of disease.<sup>9</sup> The tremendous loss of life both in the First World War and during the Spanish influenza reduced the Canadian population and citizens and governments alike were keen to begin to rebuild post-war. Whereas before the war private philanthropic organizations primarily directed and funded child welfare initiatives, federal and provincial governments engaged in a pro-natalist agenda after the war upon recognition of the link between health and national strength.<sup>10</sup> Women's reproductive bodies became the focus of state-run public health initiatives during this period of reconstruction.

High rates of infant and maternal mortality during the interwar period intensified the public and political perception that the future of the nation depended on women's ability to bear and raise healthy infants. In Canada at the turn of the twentieth century, approximately one out of every five children did not survive to their second birthday.<sup>11</sup> During the interwar period these statistics lowered slightly depending on region, but they remained relatively high. Canadian politicians and citizens deemed this trend to be unacceptable; the loss of infant lives after so many were lost to the war and the flu was unbearable.<sup>12</sup> In this context, children's health was no longer seen solely as the concern of the family, and primarily the mother, but it was also considered a concern of the nation.<sup>13</sup>

A shift in public discourse to reproduction necessitated a closer look at women's roles as mothers. Physicians argued that in a modernized, urbanized, and industrialized world women

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<sup>9</sup> Abeele, "The Infant Soldier," 108.

<sup>10</sup> Abeele, "The Infant Soldier," 102.

<sup>11</sup> Cynthia R. Comacchio, *"Nations Are Built of Babies": Saving Ontario's Mothers and Children, 1900-1940* (Montreal: McGill-Queen's University Press, 1993), 1.

<sup>12</sup> Abeele, "The Infant Soldier," 106.

<sup>13</sup> Katherine Arnup, *Education for Motherhood: Advice for Mothers in Twentieth-Century Canada*. (Toronto: University of Toronto Press, 1994), 17.

were incapable of performing their child-rearing duties.<sup>14</sup> The medical community, in the interest of professionalizing their practice, was eager to maintain a monopoly over the scientific knowledge needed to meet the challenges of mothering in the new century. Instead of acknowledging and addressing environmental factors relating to maternal and infant mortality, such as poverty, traditional mothering methods were cast as ineffective and even dangerous. Mothers' shortcomings, they argued, resulted in the persistently high rates of infant mortality and subsequently posed a risk to the nation-building project.<sup>15</sup> Physicians therefore contended that motherhood education directed by medical experts was the only solution to the problems of childrearing and mothering incompetency following the First World War.<sup>16</sup>

Popular theories that soldiers returning home from the war brought the Spanish flu to Canada reinforced the public perception that 'foreign bodies', and therefore immigrants, posed a threat to the overall health of the nation.<sup>17</sup> Medical literature, further, insisted that even if immigrants did not arrive in Canada with disease, their immoral nature or poor character traits would nonetheless contribute to the spread of ill health, particularly in the form of venereal diseases.<sup>18</sup> In this scenario, immigrants posed a threat not just to the physical fitness of the nation, but also to the state's social and moral health. Though the numbers of immigrants arriving during the interwar period never matched those from before the First World War, the relative uptick in immigration following the war sparked concerns regarding the continuity of

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<sup>14</sup> Abeele, "The Infant Soldier," 101.

<sup>15</sup> Arnup, *Education for Motherhood*, 13.

<sup>16</sup> Comacchio, "Nations Are Built of Babies", 4.

<sup>17</sup> Humphries, *The Last Plague*.

<sup>18</sup> For example, see Gordon G. Copeland, "The Silent Plague: A Special Appeal to Stamp Out Needless Blindness," *Canadian Nurse* 15, no. 3 (March 1919), 1617-1623.

“the white Imperial nation” in which many Anglo-Canadians believed.<sup>19</sup> That the birth rate among immigrants was higher than that of native-born, middle-class, Anglo-Canadians compounded this fear, and concerns of ‘race degeneration’ abounded.<sup>20</sup> In light of the problems that many Canadians associated with immigrants, it became increasingly vital for all mothers, regardless of race, to raise physically, socially, and morally healthy children capable of upholding Anglo-Canadian values in the future.

Individual health was thus linked to national health in the minds of Canadian citizens, medical experts, and governments during the interwar period. Ill health (or immorality) and death no longer only affected the private citizen, but rather affected the societal contributions that a citizen could make, whether through productive or reproductive labour. With this mentality, the loss of lives in the First World War and to the Spanish flu, high rates of infant and maternal mortality, and the influx of immigrants (particularly to the West) constituted threats to the physical, social, and moral health of the nation. To combat these threats, federal and provincial governments sponsored educational initiatives in scientific motherhood. Medical experts directed education towards all mothers, but particularly targeted working-class and immigrant mothers, and those considered racially inferior.<sup>21</sup> Sponsors and educators intended that women’s adherence to scientific motherhood would stamp out traditional mothering techniques and replace them with medically directed practices. This would theoretically then help to eliminate the physical, social, and moral threats to the English-Canadian state by

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<sup>19</sup> Valerie Knowles, *Strangers at Our Gates: Canadian Immigration Policy, 1540-2006* (Toronto: Dundurn Press, 2007), 273-274; Arnup, *Education for Motherhood*, 21-22.

<sup>20</sup> Arnup, *Education for Motherhood*, 22.

<sup>21</sup> Nadine I. Kozak, “Advice Ideals and Rural Prairie Realities: National and Prairie Scientific Motherhood Advice, 1920-29,” in *Unsettled Pasts: Reconceiving the West Through Women’s History*, edited by Sarah Carter, Lesley Erickson, Patricia Roome, and Char Smith (Calgary: University of Calgary Press, 2005), 180.

eradicating maternal and infant mortality and creating a new generation of citizens raised according to middle-class, Anglo-Canadian values.

During the interwar period, Albertans similarly made links between the health of the individual and the health of the state. The creation of the provincial Department of Public Health in 1918 and the Public Health Nursing Program (of which the district-nursing program was a part) in 1919 illustrates Alberta's interventionist response to the conditions that threatened the collective physical, social, and moral health of the province.<sup>22</sup> Only the province of Manitoba preceded Alberta in establishing public health nursing services.<sup>23</sup> The combination of relatively high numbers of incoming immigrants—and the consequent ethnic composition of the province—and agrarian feminism, however, created conditions that were unlike the rest of the country during this period. Nativist sentiments arose in the 1920s in response to the arrival of immigrants with the railway expansion that native- or Anglo-Albertans deemed “inassimilable.”<sup>24</sup> Central, Eastern, and Southern Europeans in particular were considered “non-preferred.” During the 1920s, a total of 35 000 immigrants from these regions arrived in Alberta, and by 1931, that group comprised 18% of Alberta's population.<sup>25</sup> Their presence was particularly noticeable because the proportion of British-born immigrants decreased to 26% of the total number of immigrants in the last half of the 1920s. Though immigration to Alberta all but halted during the Depression, ethnic tensions rose during the early 1930s, as “foreigners” were often blamed for social disruption and strain on systems of relief.<sup>26</sup>

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<sup>22</sup> Tony Cashman, *Heritage of Service: The History of Nursing in Alberta* (Edmonton: Alberta Association of Registered Nurses, 1966), 190.

<sup>23</sup> Stewart, ed., *These Were Our Yesterdays*, 7.

<sup>24</sup> Howard Palmer, *Patterns of Prejudice: A History of Nativism in Alberta* (Toronto: McClelland and Stewart Limited, 1982), 91.

<sup>25</sup> Palmer, *Patterns of Prejudice*, 95.

<sup>26</sup> Palmer, *Patterns of Prejudice*, 129.

The Albertan iteration of first-wave feminism embraced this nativist sentiment as a core feature of its suffrage movement, as it focused on the exceptional nature of white, agrarian prairie women who were reproducing an Anglo-Canadian nation through their labour both as farmwomen and mothers.<sup>27</sup> At the same time, white, maternal and agrarian feminists painted non-Anglo-Canadian women's reproductive labour as detrimental to the health of the nation. The racial foundations of maternal and agrarian feminism in Alberta during the interwar period created support for the development and implementation of eugenic policy in the province. The United Farmers of Alberta signed the *Sexual Sterilization Act* into legislation in 1928, effectively allowing medical experts to designate certain immigrants and disabled bodies as medically deviant in order to justify surveillance and medical intervention.<sup>28</sup> The district nursing program

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<sup>27</sup> Sheila Gibbons, "Our Power to Remodel Civilization": The Development of Eugenic Feminism in Alberta, 1909-1921," *Canadian Bulletin of Medical History* 31, no. 1 (2014): 125. Other examples that discuss the connection between feminism and racial hierarchies, in the prairies or otherwise, include Carol Lee Bacchi, *Liberation Deferred? The Ideas of the English-Canadian Suffragists, 1877-1918* (Toronto: University of Toronto Press, 1983); Mariana Valverde, "'When the Mother of the Race is Free': Race, Reproduction, and Sexuality in First-Wave Feminism," in *Gender Conflicts: New Essays in Women's History*, ed. Mariana Valverde and Franca Iacovetta (Toronto: University of Toronto, 1992), 3-26; Cecily Devereux, *Growing A Race: Nellie L. McClung and the Fiction of Eugenic Feminism* (Montreal: McGill-Queen's University Press, 2005); Connections between agrarian reform, feminism, and eugenic policy are also discussed in Nanci Langford, *Politics, Pitchforks, and Pickle Jars: 75 Years of Organized Farm Women in Alberta* (Calgary: Detselig Enterprises, 1997); Georgina M. Taylor, "'Common Ground for Action': Violet McNaughton's Agrarian Feminism and the Origins of the Farm Women's Movement in Canada," PhD Thesis (Ottawa: Carleton University, 1997); and James Rennie Bradford, *The Rise of Agrarian Democracy: The United Farmers and Farm Women of Alberta, 1909-1921* (Toronto: University of Toronto Press, 2000). Whereas some scholars consider the link between feminism and eugenics to be paradoxical, Gibbons understands Albertan feminists' support of eugenic policy as critical to their identity.

<sup>28</sup> Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: McClelland & Stewart Inc., 1990); Erika Dyck, *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice* (Toronto: University of Toronto Press, 2013); Amy Samson, "Eugenics in the Community: Gendered Professions and Eugenic Sterilization in Alberta, 1928-1972," *Canadian Bulletin of Medical History* 31, no. 1 (2014): 143-163.

in Alberta, then, operated in a particular regional setting capable of dramatically influencing the expression of the discourse of scientific motherhood.

The study of scientific motherhood in Canada began in the 1990s, and grew out of scholarly interest concerning the socially constructed nature of medicine, the medicalization of motherhood, and the racial theories that informed ideas of nation building through procreation in the first half of the twentieth century. This scholarship employed a gendered analysis to investigate how ideas of motherhood based in biological essentialism influenced women's experience of mothering in the first half of the twentieth century.<sup>29</sup> These studies made four common conclusions about the impact of the discourse of scientific motherhood. First, it transformed mothering from a family centered activity to a medically regulated event. Second, the discourse placed the blame for high rates of maternal and infant mortality on mothers while removing medical practitioners' culpability. Third, no woman, no matter her proximity to the ideal urban, middle-class, Anglo-Canadian identity, could adhere fully to the tenets of scientific motherhood. Finally, mothers' access to material resources—be that nutritious food, medicine, or technology—was the main determinant for women's adherence to the discourse.

While this scholarship generally assumed that the experience of scientific motherhood in urban areas and Ontario more broadly was representative of the national experience, a few studies identified a regional difference in how the discourse affected women's lives, particularly

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<sup>29</sup> Veronica Strong-Boag, *The New Day Recalled: Lives of Girls and Women in English Canada, 1919-1939* (Markham, ON: Penguin Books, 1988); Arnup, *Education for Motherhood*; Comacchio, "Nations Are Built of Babies"; Dianne Dodd, "Advice to Parents: The Blue Books, Helen MacMurchy, MD, and the Federal Department of Health, 1920-34," *Canadian Bulletin of Medical History* 8, no. 2 (1991): 203-230. Comacchio's "Nations Are Built of Babies" added an additional layer of analysis, as she also focused on how attempts to 'modernize' childbirth was part of a larger effort to modernize the growing Canadian industrial and capitalist labour force.



in the Canadian prairies.<sup>30</sup> Dianne Dodd argued that Dr. Helen MacMurchy, physician and author of the federally sponsored scientific motherhood manuals, recognized the inaccessibility of health care in the West. In response, Dodd contends, MacMurchy created a supplemental guide specifically for rural women that advised laywomen in midwifery rather than insisting on having medically directed pregnancies and deliveries.<sup>31</sup> Nadine I. Kozak's "Advice Ideals and Rural Prairie Realities: National and Prairie Scientific Motherhood Advice, 1920-29," argued that on the prairies, the geographic isolation, the general inaccessibility of medical assistance, and the scarce availability of material resources made adherence to the ideals of scientific motherhood impossible for the majority of families and created a distinct regional women's culture.<sup>32</sup>

To inform their studies of scientific motherhood, scholars accessed the prolific advice literature that had been created by government officials, physicians, women's groups, and popular media during the first half of the twentieth century. As such, scholars have focused on how the ideals of motherhood espoused by the experts changed over time, rather than how the experience of motherhood has changed over time, according to the mothers themselves. Scholars primarily looked to the advice literature rather than mothers' own experiences to determine the feasibility of adhering to all aspects of scientific motherhood. Dodd, for example, determined that if a mother were to perform motherhood as laid out in MacMurchy's *Little Blue Books*, it would take her approximately fourteen hours a day.<sup>33</sup> Scholars further looked to the advice literature rather than women's own experiences to determine how women's racial or class

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<sup>30</sup> Dianne Dodd, "Helen MacMurchy: Popular Midwifery and Maternity Services for Canadian Pioneer Women," in *Caring and Curing: Historical Perspectives on Women and Healing in Canada*, ed. Dianne Dodd and Deborah Gorham (Ottawa: University of Ottawa Press, 1994), 135-161; Kozak, "Advice Ideals and Rural Prairie Realities," 179-204.

<sup>31</sup> Dodd, "Helen MacMurchy."

<sup>32</sup> Kozak, "Advice Ideals and Rural Prairie Realities."

<sup>33</sup> Dodd, "Advice to Parents," 221.

identities impacted their adherence to childrearing techniques prescribed by scientific motherhood. Their reliance on the literature as source material has not, however, permitted them to determine whether women found the advice helpful, or how women adapted the advice to work within their everyday lives or to fit their own cultural and experiential ideas of how to be good mothers.

Though the Albertan government created the district nursing program to provide midwifery services alongside emergency care and education, scholarship has not yet addressed district nurses' role in disseminating literature or practical advice on scientific motherhood. Further, scholarship on the district-nursing program itself is relatively limited, and nurses rather than academic historians wrote many of the studies. As a result, these studies often provide celebratory and descriptive accounts, and are more often undertaken to provide inspiration to current nurses, and depict district nurses primarily as harbingers of health.<sup>34</sup> Sharon Richardson's 1998 study is an early example of more recent social histories that worked to nuance nurses' place within Canadian history. Richardson celebrates district nurses as pioneers without analyzing their complicity in a colonial effort; however, she situates nurses' roles in the context

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<sup>34</sup> Janet C. Kerr, *Prepared to Care: Nurses and Nursing in Alberta, 1859-1996* (Edmonton: University of Alberta Press, 1998); Sharon Richardson, "Frontier Health Care: Alberta's District and Municipal Nursing Services, 1919-1976," *Alberta History* 46, no. 1 (1998): 2-9; Judy E. Mill, Beverly D. Leipter, and Susan M Duncan, "A History of Public-Health Nursing in Alberta and British Columbia, 1918-1939," *The Canadian Nurse* 98, no. 1 (January 2002): 18-23; Sharon Richardson, "Alberta's Provincial Travelling Clinic, 1924-42," *Canadian Bulletin of Medical History* 19, no. 1 (2002): 245-263. Sarah Glassford's study of the Canadian Red Cross provides an example of critical scholarship of nursing and public health initiatives in Canada. Though she does not examine the district nursing program in Alberta, the monograph analyzes race, class, and gender to understand how local women harnessed their power to provide public health services to vulnerable people in rural and remote locations in Canada (and internationally). Sarah Glassford, *Mobilizing Mercy: A History of the Canadian Red Cross* (Montreal: McGill-Queen's University Press, 2017). According to an editorial in *Nursing Inquiry* written in response to the recently published National Inquiry into Missing and Murdered Indigenous Women and Girls report, some nurses are beginning to think more critically about nurses' historical and contemporary role in colonialism and social justice. See *Sally Thorne*, "Genocide by a Million Paper Cuts," *Nursing Inquiry* 26, no. 3 (July 2019): n/a.

of political movements including first-wave feminism and the agrarian reform movement that demanded the improved status of women.<sup>35</sup> Amy Samson's study on female professionals' work in the eugenics movement in Alberta and Kristin Burnett's *Women's Healing Work and Colonial Contact in Southern Alberta, 1880-1930* contextualize the identities of nurses and their patients within discourses of race, gender, class, and health specific to Alberta to examine how power was distributed in nurse-patient relationships, while underscoring health care's potential to create spaces for cultural interaction.<sup>36</sup> These texts prompt new studies to consider the dynamism and discursive nature of nurse-patient relationships.

The study of Alberta's district nursing program and its regional, interventionist approach to the education of women in scientific motherhood sits at the intersection of medical history, the history of nursing, and the history of eugenics. This project builds on themes in these historiographies that are informed by social history approaches. First, this thesis will consider medicine neither as wholly objective nor biologically determined, but rather as a part of society which reflects societal conceptualizations of gender, race, and class in its development and application.<sup>37</sup> The study of scientific motherhood in Alberta also provides the opportunity to critically assess the medicalization of women's health that posited their bodies as inherently problematic and in need of direction and surveillance.<sup>38</sup> This project further considers how

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<sup>35</sup> Sharon Richarson, "Political Women, Professional Nurses, and the Creation of Alberta's District Nursing Service, 1919-1925," *Nursing History Review* 6 (1998): 25-50.

<sup>36</sup> Kristin Burnett, *Women's Healing Work and Colonial Contact in Southern Alberta, 1880-1930* (Vancouver: UBC Press, 2010); Samson, "Eugenics in the Community," 143-163.

<sup>37</sup> Prominent examples include Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (New York: Pantheon Books, 1985); and Wendy Mitchinson, *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto: University of Toronto Press, 1991).

<sup>38</sup> Wendy Mitchinson, *Giving Birth in Canada, 1900-1950* (Toronto: University of Toronto Press, 2002); Cheryl Krasnick Warsh, *Prescribed Norms: Women and Health in Canada and the United States since 1800* (Toronto: University of Toronto Press, 2010); Wendy

medical professionals pathologized deviance from the middle-class, Anglo-Canadian norm by constructing moral and social problems as medical problems, thereby encouraging the surveillance and discipline of family formation.<sup>39</sup>

This thesis considers material created by the Albertan government, district nurses, the wider medical community, and immigrant families and communities that came into contact with the district nursing program. Government created documents, including annual reports and district nursing policy and procedural manuals provide a window into the political context and thought regarding public health. They detail the objectives, best practices, and progress of the district-nursing program. Popular scientific motherhood advice literature, like the *Little Blue Books* series, and district-nursing memoirs provide insight into Canadian medical thought and the experience of district nurses in the program. Nursing memoirs in particular illuminate how district nurses—as professionals, individuals, and as agents of the provincial government—responded to the health conditions on the prairies, and provide examples of interactions between nurses and the families they served. These sources, however, were often written for a public audience and so focus, and at some times exaggerate, aspects of northern, rural lives popular with an urban, southern audience. Other materials created by district nurses include reports written to the superintendent of nurses stationed in Edmonton, newsletters distributed amongst the district nursing cohort, radio broadcast transcripts, and later reminiscences on their careers. These documents are sporadic and do not provide a complete narrative of any one district nurse’s experience. Instead, they indicate common experiences, interests, and practices in community, and together provide a composite of how nurses operated within the program in their districts.

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Mitchinson, *Body Failure: Medical Views of Women, 1900-1950* (Toronto: University of Toronto Press, 2013).

<sup>39</sup> McLaren, *Our Own Master Race*, Dyck, *Facing Eugenics*, Samson, “Eugenics in the Community.”

Community authored local history books are especially important to this study, as they provide insight into the lives of immigrant families and their experience of health and medical services in Alberta. Communities across Alberta, from Fort Vermillion in the north to Foremost in the south, published these texts in the 1960s, 70s, and 80s as communities commemorated their respective founding anniversaries. Community members organized into history committees and co-authored sections detailing the community's history of settlement, industry, schooling, and medical services. Solicited by the local committees, family histories make up the bulk of these books. Documents created by immigrant communities provide an important counterpoint to material created by those involved with the creation and running of the district nursing program.

Recognizing that the power dynamics that shape institutional relationships inevitably inform the way interactions are recorded, I acknowledge and interrogate the power of the individuals and institutions responsible for the development and implementation of the district-nursing program in the sources they authored.<sup>40</sup> Particularly because these documents relate information concerning immigrants and women, I consider how discourses of gender, race, ethnicity, and class influenced these sources' content and creation. This thesis, further, does not assume that access to privilege and power based on race, class, and gender remained constant.<sup>41</sup> Instead, I examine the interplay between historical circumstances and historical actors' attempts to highlight or downplay certain identity markers to understand how people were able to access privilege or exert agency. Because both nursing memoirs and local history book were generally

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<sup>40</sup> Michel Foucault's seminal work on power relationships in institutions and the historical record influence this approach. See Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (New York: Vintage Books, 1973).

<sup>41</sup> Examples of contextualizing historical actors' access to privilege and exertion of agency can be found in Dyck, *Facing Eugenics*, and Sarah Carter, "Britishness, 'Foreignness', Women and Land in Western Canada, 1890s-1920s," *Humanities Research* 13, no. 1 (2006): 1-18.

written for an audience, whether for a public enthralled with a northern nurse's adventures or to preserve community memory, I recognize that the performative nature of these sources may skew the historical record.<sup>42</sup> As such, this study interrogates sources for their intentions and recognizes that silences in the documents are also significant.

Most often in studies of scientific motherhood, scholars have focused on sources generated and distributed by the experts who, by merit of their power, dictated the discourse on public health. These histories provide critical analysis of government programs and gender ideals in Canada during the twentieth century, and illustrate how technology, science, and medicine both shaped and was shaped by larger cultural ideologies. By including the voices of district nurses and their patients, my study builds on prior scholarship and provides a social history and patient-centered analysis of the district nursing program in Alberta.<sup>43</sup> Reading sources created both by the district nurses and their patients in concert with one another also allows me to consider the district nursing program not simply as a top-down enforcement of Anglo-Canadian

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<sup>42</sup> Sara Mills and Karen R. Lawrence consider this performative quality of texts written by British women abroad and analyze the tone women had to take for their stories to be taken seriously by readers in Sara Mills, *Discourses of Difference: An Analysis of Women's Travel Writing and Colonialism* (London: Routledge, 1991); and Karen R. Lawrence, *Penelope Voyages: Women and Travel in the British Literary Tradition* (Ithaca: Cornell University Press, 1994). Myra Rutherford utilizes this framework in her analysis of Amy Wilson's memoir, a district nurse who worked in the Albertan north in the early 1940s and beyond to explore the impact of audience on narrative construction in Myra Rutherford, "Nursing in the North and Writing for the South: The Work and Travels of Amy Wilson," in *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, ed. Myra Rutherford (Montreal: McGill-Queen's University Press, 2010), 158-178.

<sup>43</sup> Dyck's monograph *Facing Eugenics* is an exception to this trend, as she provides a patient-centered social history of people targeted by the eugenics program in Alberta from 1928-1972. Like Dyck's work, this thesis does not rely on oral histories of participants in the program but rather focuses on patients' experiences of the program found in written records. Dyck, *Facing Eugenics*.

ideals, but rather as a constant refashioning of values situated in particular communities where immigrant women were capable of demanding services according to their own terms.<sup>44</sup>

The employment of feminist social theories that can account for the power invested in and wielded by medical practitioners while also recognizing the capacity of their patients to accept, adapt, or reject medical advice inform my reading and reconstruction of the power dynamic of the nurse-patient relationship. I do not assume that power resided solely with the medical practitioner nor do I assign patients total autonomy over their bodies. In particular, I use social and medical historian Wendy Mitchinson's iterations of these theories that temper the concepts of social control and agency by identifying restrictions placed both on practitioners and their patients.<sup>45</sup> In doing this, I recognize limitations imposed on the power of nurses due to the material conditions of their practice, the norms of their profession, and the non-compliance of their patients. I acknowledge that the accessibility and cost of medical care, the possibility of securing alternative medical care, and the power wielded by medical practitioners restricted patients' opportunities to enlist medical help or resist medical authority. Furthermore, I consider the role of region in shaping these particular relationships of power, as the isolated nature of districts influenced how district nurses and patients could interact with one another.

In addition to tempering the impact of discourse with the consideration of physical realities, by employing feminist theory, I avoid collapsing women's material bodies into

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<sup>44</sup> Franca Iacovetta explores how immigrants were able to negotiate cultural citizenship with elite "gatekeepers" in Canadian postwar society in Franca Iacovetta, *Gatekeepers: Reshaping Immigrant Lives in Cold War Canada* (Toronto: Between the Lines, 2006).

<sup>45</sup> Her nuancing of theories of social control and agency occurred with the publication of three major monographs over a period of approximately 20 years. See Mitchinson, *The Nature of Their Bodies*; Mitchinson, *Giving Birth in Canada*; Mitchinson, *Body Failure*.

discursive obscurity, without returning them to biological essentialism.<sup>46</sup> These theories insist that social constructions do not solely shape the body's experience, nor is lived experience reduced only to the functioning of the body. Rather, the body and bodily discourses mutually inform one another. This relationship between body and discourse especially informs my interpretation of the proffering and acceptance of medical services. District nurses' dual functions as health care providers and purveyors of ideal Canadian citizenship complicated their roles in the nurse-patient relationship. Further, immigrants may have accepted or rejected medical care with or without accepting or rejecting the ideological underpinnings that accompanied it. Considering the material and discursive reasons for offering and accepting health services guides my understanding of the negotiations that occurred within the nursing-patient relationship and prevents me from reducing lived experience of the body to either a function of biology or discourse.

This thesis brings the historiographies of scientific motherhood and the Albertan district-nursing program in conversation with one another. In doing so, I evaluate how the district nursing program functioned as a space in which the discourse of scientific motherhood was reworked to reflect the political will and geographical realities of Alberta. This study contributes to social medical histories that consider medicine to be neither wholly objective nor biologically determined, but rather as a reflection of societal conceptualizations of gender, race, and class. Focusing on the province of Alberta, which had a very large, concentrated immigrant population, allows for a concerted study of how ideas of gender and ethnicity intersected and thus informed medical thought and practice from 1919-1943. Consideration of this intersection expands on the

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<sup>46</sup> Prominent theorists include Susan Bordo and Elizabeth Grosz. See Susan Bordo *Unbearable Weight: Feminism, Western Culture, and the Body* (Los Angeles: University of California Press, 1993); Elizabeth Grosz, *Volatile Bodies: Towards a Corporeal Feminism* (Bloomington, IN: Indiana University Press, 1994).



work previously done on scientific motherhood that assumes gender subsumed considerations of race in relation to motherhood. Reading source material created both by district nurses and immigrant communities during the interwar period highlights the experiences of district nurses and immigrants as individuals and provides a patient-centered, social history of scientific motherhood. Finally, balancing discourses of bodies and health with considerations of the material realities of prairie life and women's reproductive bodies, this study contributes to the broader medical historiography by nuancing understandings of the power dynamics between medical practitioners and their patients.

This thesis evaluates how, from 1919-1943, policies governing the district nursing program and district nurse-patient relationships developed throughout the course of the program reworked the discourse of scientific motherhood to reflect life in the rural, isolated districts of Alberta. The first chapter examines the government of Alberta's creation of the district nursing program itself. Critically assessing popular, celebratory histories of the district nursing program, this chapter asserts that the program developed out of the government's desire to monitor its population during an intense time of colonial nation-building following the First World War. The government met these goals by educating its residents in scientific motherhood and insisting they practiced motherhood through the guidance of the district nursing program served these goals. This chapter also interrogates the discrepancies between the policy and mandate of the district nursing program and the discourse of scientific motherhood. The geographical isolation of districts and inconsistent patterns of settlement necessitated that the program allow its practitioners and patients a degree of flexibility in carrying out public health services. In doing so, this chapter argues that the policy and mandate of the district nursing program intentionally modified the practice of scientific motherhood in the province from its outset.

Government policy and program mandates gave the district nursing program a general purpose and direction, though it allowed for leeway in nursing practice to account for regional factors. In the second chapter, I consider how district nurses' practised according to these mandates, and then I evaluate the influence of identity, personal relationships, and region on their practice of scientific motherhood. District nurses performed a particular form of Anglo-Canadian femininity, and as professional women with access to the wider medical community, held sway in their districts. Examining district nurses' social location and their own reflections on race, ethnicity, gender, and to some extent, class, this thesis contends that their actions generally aligned with the larger goals of scientific motherhood that saw medicalization, surveillance, and colonization as key to making improvements in national health. They insisted on medically directed pregnancies, educated their patients in preventive health, and surveyed their communities for possible physical and mental deficiencies. Their insistence on scientific motherhood, however, was tempered by their acknowledgement of their patients' needs and the material realities of an isolated, rural life. District nurses' developed relationships with their patients, which allowed them access to survey but also to provide well-informed care. Within these district nurse-patient relationships, this chapter contends, district women balanced their practice of scientific motherhood with community driven care.

Though the communities in which the government stationed district nurses lacked formal medical services and infrastructure capable of speedily transporting patients to the nearest physician or hospital, communities were not without established health and healing services when district nurses arrived. Local community histories reflect that women created kin and friendship networks for the provision of health services, and their expertise was widely acknowledged. The third and final chapter of this thesis provides an analysis of the pre-existing

services and outlines the ways in which district nurses gained the trust of communities in order to establish access to patients. It contends that it was neither prudent nor practical for district nurses to displace existing network of health services, and so through the development of relationships with patients and women with expertise, district nurses integrated into existing networks of care. Women residing in these communities, furthermore, had expertise in rural life and possessed skills and the ingenuity necessary for survival. Often district nurses woefully lacked this exact knowledge, and so local women's support was crucial to district nurses' ability to remain in community and practice according to scientific motherhood. Furthermore, this thesis contends that within the district nurse-patient relationship, women exchanged their individual expertise in medicine, healing, and rural living to tailor their practice of scientific motherhood to their experiences in western and northern Alberta.

## CHAPTER ONE

### **“TO DISCOVER”, “TO EDUCATE,” “TO CORRECT”: The Alberta District Nursing Program’s Adherence to the Discourse of Scientific Motherhood**

In 1935 Dr. Malcolm R. Bow, deputy minister of health in Alberta from 1927-1952, co-authored an article on the history of the provincial department of public health in the *Canadian Public Health Journal*. In it he stated that he had “fallen captive under the fatal spell of district nursing in the outlying parts of the Province.”<sup>47</sup> Bow praised the program as a noble endeavour for supporting courageous pioneers who settled wild ‘frontiers’ and celebrated the ingenuity of the district nurses and communities who made it possible. There is little concentrated and formal scholarship on the district nursing program and much of what has been written, like Bow’s article, offers a romantic interpretation of the program. Most of the authors of these texts reflect back on the district nursing program as patients, nurses, or first-hand observers.<sup>48</sup> Albertan commentators expressed their pride in the province’s bold and innovative approach to public

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<sup>47</sup> Malcolm R. Bow and F. T. Cook, “The History of the Department of Public Health of Alberta,” *Canadian Public Health Journal* 26, no. 3 (1935): 7. GA, M-4872, File 3.

<sup>48</sup> Formal scholarship on the district nursing program primarily comes from professional nurses at the University of Alberta. See Sharon Richardson, “Frontier Health Care: Alberta’s District and Municipal Health Services, 1919-1926,” *Alberta History* 46, no. 1 (1998): 2-9; Sharon Richardson, “Political Women, Professional Nurses, and the Creation of Alberta’s District Nursing Service, 1919-1925,” *Nursing History Review* 6, no. 1 (1998): 25-50. Judy E. Mill, Beverly D. Liepert, and Susan M. Duncan provide very brief, celebratory studies of public health nursing in Judy E. Mill, Beverly D. Liepert, and Susan M. Duncan, “A History of public-health nursing in Alberta and British Columbia, 1918-1939,” *The Canadian Nurse* 98, no. 1 (2002): 18-23; Judy E. Mill, Beverly D. Liepert, and Susan M. Duncan, “‘Nurses as Health Evangelists’?: The Evolution of Public Health Nursing in Canada, 1918-1939,” *Advances in Nursing Science* 22, no. 1 (1999): 40-51. The program is mentioned in Dianne Dodd, Jayne Elliott, and Nicole Rousseau, “Outpost Nursing in Canada,” in *On All Frontiers: Four Centuries of Canadian Nursing*, ed. Christina Bates, Dianne Dodd and Nicole Rousseau (Ottawa: University of Ottawa Press, 2005), 139-152; and one chapter in Janet C. Kerr, *Prepared to Care: Nurses and Nursing in Alberta, 1859-1996* (Edmonton: University of Alberta Press, 1998), 87-106.

health that constituted one of the first such programs in the country.<sup>49</sup> The program, furthermore, was viewed as an Albertan solution to an Albertan problem; Albertan maternal and agrarian feminists organized public health services during the early twentieth century and their labour directly influenced the creation of the district nursing program. Considerable nostalgia surrounds the program and the context in which it occurred, where neighbour was always willing to help out their fellow neighbour, and a spirit of camaraderie permeated small communities across the province.

These popular recollections present a celebratory Albertan story wherein women organized to bring health services to their communities in support of their families, settlement, and the development of public health. But because this history so often comes from individual experiences with the district nursing program and heralds Albertan exceptionalism, it often neglects how the program related to the larger colonial project of nation building, or how it interacted with prevailing medical ideologies such as scientific motherhood. The Government of Alberta, from the program's outset, understood district nursing as both a practical and ideological exercise. The presence of district nurses in communities supported the birth of healthy babies that would then, through the application of public health nursing and the discourse of scientific motherhood, be reared as fit citizens with Anglo-Canadian values. The program's mandate to discover, to educate, and to correct any health—or mothering—deficiencies established the program as a surveillance mechanism of the provincial government for the

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<sup>49</sup> Though Albertans remember the district nursing program as innovative and exceptional, other governments established similar services around the same time. For examples, see Judy E. Mill, Beverly D. Leipter, and Susan M Duncan, "A History of Public-Health Nursing in Alberta and British Columbia, 1918-1939," *The Canadian Nurse* 98, no. 1 (January 2002): 18-23; Meryn Stuart, "Ideology and Experience: Public Health Nursing and the Ontario Rural Child Welfare Project, 1920-1925," *Canadian Bulletin of Medical History* 6, no. 2 (1989): 111-131.

colonial nation-building project.<sup>50</sup> The Alberta government, however, granted a certain amount of leeway to the program. The Public Health Nurses Act of 1919 provided legal dispensation allowing district nurses to practice midwifery and other medical services legally restricted to physicians.<sup>51</sup> Similarly, though the government mandated that district nurses report on their practice and patients to the Superintendent of Public Health Nurses in Edmonton, the isolated nature of the districts provided a critical distance between surveillance and the government's ability to take action on any discovered 'deficiencies'.

Because the district nursing program's history is presented as part of Alberta's success story and the triumph of provincial public health services, these recollections present a linear, generalized history of the program that fails to recognize how its flexible nature facilitated different interactions with scientific motherhood. The Public Health Nursing Manual published in the early 1920s conceptualized district nurses as beholden to the practice of public health nursing in which preventive medicine was stressed. With a focus on maternal and infant health, the program relied on the discourse of scientific motherhood as a practice of preventive medicine. Proper natal care, coupled with raising children in deference to medical expertise and according to Anglo-Canadian values, had the potential to mitigate a wide array of potential medical deficiencies, whether physical or mental. Whereas popular recollections provided a general history of the program, the 1920s manual acknowledged that the needs in districts differed and that individual nurses brought different approaches to their practice. The location of districts and the nurses that served them were constantly changing due to their reliance on government funding and community support. As such, the manual recognized the application of

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<sup>50</sup> Public Health Nursing in Alberta (Manual) [1920's], cover page. Found at the Provincial Archives of Alberta (hereafter PAA), GR 1985.16, Box 1, File 1.

<sup>51</sup> Mary Conlin, Reminiscences of her time as a district nurse, pg. 5A. PAA, PR 1970.19 SE Sterritt, W.R. fonds.

scientific motherhood differed based on the local resources available and the resourcefulness of individuals involved and did not expect uniformity. The manual's language concerning district nurses' duties was broad and provided them with the release to practice in any situation—emergency or otherwise—regardless of whether or not it aligned with scientific motherhood.

The celebratory accounts that describe this program reveal that it engendered a sense of pride in the work that was done and the relationships that developed, but that approach also neglects the colonial and fluid nature of the district nursing program. This chapter confronts a more complicated history of the origins and mandate of the program. It explores provincial department records and personal histories of the program within the broader context of the discourse and advice literature of scientific motherhood to illuminate the program's place in the colonial nation-building project. In doing so, it argues that the provincial government created the district nursing program as an arm of surveillance with the intention of instructing settlers in scientific motherhood and assimilating its population to Anglo-Canadian values. Considering the physical location of districts, their relative distance from the reach of centres of power, and the program's mandate, this chapter argues that the district nursing program, though established as both a practical and surveilling service, had the flexibility to provide services and care beyond and outside the limits of scientific motherhood.

The district nursing program evolved out of a particular context in 1919 wherein nationwide calls for the state provision of health care intensified with the concurrent events of the First World War and the Spanish Flu epidemic. In Alberta, grassroots agrarian organizing, particularly maternal and agrarian feminist activists, demanded health services for remote communities that were doing the work of populating and settling the province. Though in his article deputy minister of health Bow acknowledged the key medical characters that politically willed the

program into being, he downplayed the long-term factors contributing to the program's creation. Instead, he told a romanticized narrative of the program that reinforced a specific origin story. He described its beginnings as a single conversation between Elizabeth Clark, one of the first four public health nurses stationed in urban centres tasked with surveying rural districts, and an elderly English woman. Stranded in the country in the course of her work, Clark took refuge at this woman's home overnight, where the following exchange occurred:

believed that the public health nurse's work was excellent, but that it did not go far enough. In a remote district such as the one in which she lived the need for obstetrical nursing, closer contact with the mother in the home and bedside nursing was urgent. Miss Clark who was impressed by these ideas, carried them back to her Superintendent, and in the following year three nurses with special training in obstetrics were sent in to outlying districts, two in the Peace River country and one west of Wetaskiwin. These were our first provincial District Nurses.<sup>52</sup>

The 1920s Public Health Nursing Manual similarly provided a simplistic history that explained that in the course of surveying rural districts in 1918 "the dire need of nurses in outlying districts where there is no physician was recognized. To meet this need, the Provincial Nursing Service was organized."<sup>53</sup> National and provincial context is lost in these stories. It is plausible that these histories were written this way to make a complicated process more understandable, or to emphasize that the government created the program in direct response to community request.

By focusing on the story of the provincial government responding to an individual's recommendation, these recollections minimize local women's long-term organization for state provision and expansion of public health measure. Only later in his article did Bow recognize that in the process of establishing the district nursing program "the initiative and support of the women's organizations of the Province ... and especially the untiring efforts of Irene Parlby, at

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<sup>52</sup> Bow and Cook, "The History of the Department of Public Health of Alberta," 2.

<sup>53</sup> Public Health Nursing in Alberta (Manual) [1920's], pg. 4.



Alix in 1917, contributed greatly to the rapid progress made.”<sup>54</sup> Even when they are not forefronted, however, credit to women’s organizations, including the Women’s Institutes (WI) and the United Farm Women of Alberta (UFWA), which Parlby led, regularly occurs in recollections of the district nursing program. Like Bow, Tony Cashman in *Heritage of Service: The History of Nursing in Alberta* and Irene Stewart in *These Were Our Yesterdays: A History of District Nursing in Alberta* credit the development of the program both to the singular conversation between Clark and a concerned citizen and the organizational labour of women’s groups.<sup>55</sup> Nurses’ collections and reminiscences similarly recognize the role of local women’s organizations in the development of the program. Joy Duncan’s collection, a nurse who worked in isolated regions in northern Manitoba, includes a number of newspaper clippings about the Alberta district nursing program. One article, for example, recounted Premier Brownlee’s tribute to the WI and the UFWA for their “help in taking the crusade of public health and community betterment to districts difficult to approach.”<sup>56</sup> These recollections of women’s organizations contributions to the creation of health services both acknowledged and celebrated a form of agrarian and maternal feminism particular to Alberta. Though later historical scholarship focused on early twentieth-century feminism in Alberta firmly separates activism regarding suffrage and health reforms, Sheila Gibbons argues that they are inextricably linked; this feminism rooted women’s right to suffrage in their role as rural “mothers of the race”, responsible for national

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<sup>54</sup> Bow and Cook, “The History of the Department of Public Health of Alberta,” 4.

<sup>55</sup> Tony Cashman, *Heritage of Service: The History of Nursing in Alberta* (Edmonton: Alberta Association of Registered Nurses, 1966), 194; Irene Stewart, ed., *These Were Our Yesterdays: A History of District-Nursing in Alberta* (Calgary: Publishing Company, 1979), 8-9.

<sup>56</sup> Various newsclippings regarding Colley’s career, Public Health Nursing, and *While Rivers Flow*, 1930-1974. GA, M-4872, File 28. Various district nurses similarly recount the role of W.I. and U.F.W.A. in developing and sustaining the district nursing program. For example, see Transcription of Oral History Biography of Helen Sabin, conducted by AARN History of Nursing Professional Practice Group, Section II, pg. 1-2. PAA, PR 2017.0642, Box 71, Helen (Garfield) Sabin file.

betterment by practicing scientific motherhood.<sup>57</sup> In fore fronting the organizational labour of women's organizations, these histories display pride in the particularities of Albertan politics and organizing that led to the development of the district nursing program.

Popular retellings of the district nursing program's history similarly celebrate the fact that the district nursing program provided an Albertan solution to an Albertan problem. In the opening remarks of the 1979 Canadian Public Health Association conference, the speaker argued, "the story of District Nursing in Alberta is, in large part, the story of the beginning of health services to people in rural Alberta."<sup>58</sup> The 1920 manual considered the district nursing program to "exemplif[y] most fully the highest ideals of the Nursing Profession."<sup>59</sup> Most histories are also quick to remind their readers that Alberta constituted one of the first provinces to provide health services to its citizens. Bow's article and the 1920s training manual state that second to Manitoba, the Province of Alberta was the first in the nation to establish a public health nursing program with service to rural areas.<sup>60</sup> More recollections commend Alberta for being the second province to establish a "separate ministry of health" following New Brunswick.<sup>61</sup> The district nursing program, for many recounting its history, constituted a public health project that led both the province and the nation in its care for settlers. They consider this history as evidence of Alberta's innovation and leadership in public health.

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<sup>57</sup> Sheila Gibbons, "Our Power to Remodel Civilization": The Development of Eugenic Feminism in Alberta, 1909-1921," *Canadian Bulletin of Medical History* 31, no. 1 (2014): 123-142.

<sup>58</sup> "History of Public Health in Alberta, 1909-1979," Opening Remarks given at the CPHA convention, 1979, pg. 9-10. PAA, PR 2017.0642, Box 37, no-name file.

<sup>59</sup> Public Health Nursing in Alberta (Manual) [1920's], pg. 4.

<sup>60</sup> Bow and Cook, "The History of the Department of Public Health of Alberta," 1; Old Manual n.d [1920's], pg. 1. PAA, GR 1985.16, Box 1, File 8.

<sup>61</sup> Kate Shaw Brighty, "History of Nursing in Alberta," manuscript, pg. 39. GA, M-4872, File 2; Cashman, *Heritage of Service*, 191. Prior to 1918 public health in Alberta was a branch of the Department of Agriculture.

The pride and nostalgia surrounding the history of the district nursing program extends beyond the program itself to a general romanticizing of the valour of its participants. The 1920s manual stated that district nurses possessed “sound judgement and courage of the highest order.”<sup>62</sup> Cashman feted district nurses as “the ‘grandmothers’ of the frontier.” “In older, longer-settled parts of the country,” he wrote, “if a child was not doing so well, his grandmother would be consulted for advice. But on the frontier there were no grandmothers to turn to and the district nurses did their valuable work.”<sup>63</sup> These histories present district nurses as selfless experts with all the answers – surrogate grandmothers in the sense that their training was a valuable substitute for kinship and experience. Settlers were similarly valorized. District nurse Mary Conlin fondly reminisced about the “optimistic settlers [who] travelled far ahead of civilization” that she treated throughout her practice. She stated that her patients “are essentially kind-hearted and in pain and trouble are possessed of courage and fortitude which are an inspiration.”<sup>64</sup> Kate Brighty, district nurse and later Superintendent of Public Health Nurses, shared her “appreciation of those people, men and women who have worked quietly and with very little recognition to help maintain [the district] nursing service” during a radio broadcast in the early 1940s. “They dwell in remote places,” she explained to her radio listeners, “but today we realize that these are the people who through their stability and courage are joining in an all-out effort to maintain our decent standards of living.”<sup>65</sup> Those recounting the program’s history praised the patients of the district nursing program for both their work as settlers and their role in supporting and advocating for the district nursing program.

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<sup>62</sup> Public Health Nursing in Alberta (Manual) [1920’s], pg.4.

<sup>63</sup> Cashman, *Heritage of Service*, 193.

<sup>64</sup> Mary Conlin, Reminiscences of nursing in the Peace River district, pg. 11. GA, M-4872, File 12.

<sup>65</sup> Kate Shaw Brighty, “A Day in A District,” Transcription of a CKUA radio talk given, 7 January 1942, at the University of Alberta, Edmonton, Alberta. PAA, GR 1991.438 GSE.

These histories of the district nursing program – of its origins, its purpose, and its impact – are not necessarily wrong. They highlight certain realities about the program. The impetus for the district nursing program came out of conversations about rights to health care and the importance of maternal and infant health. As the story of Clark and the unnamed English woman shows us, it is plausible (and very likely) that these conversations happened in private as well as at a public, political level, as they did in the actions of WI and the UFWA. The provincial government created the district nursing program to provide care in remote communities beyond the reach of urban infrastructure and formal medical services. The program and those that staffed it had a profound impact on communities as well as individuals living in those regions. These stories discuss the hardships experienced in early settler life and the work district nurses did both to survive difficult living conditions themselves and to provide for the health of their patients. These popular histories and the popular memory, however, do not critically evaluate how the program operated beyond the community and within a larger project of nation building founded on colonial ideas such as scientific motherhood. Indeed, they implicitly assume the project of medicalization and settler colonialism as inevitable and positive.

Scholars of scientific motherhood in the Canadian context recognize the explicit link between the discourse and its accompanying public health endeavours and the colonial project of nation building. Scientific motherhood, and medicine more generally, are not neutral. Indeed, scientific motherhood is founded on middle-class, urban, and Anglo-Canadian values and the government's insistence of adherence to the discourse aimed to assimilate immigrant and Indigenous populations and their offspring to become ideal Canadian citizens. The discourse made mothers solely responsible for the upbringing of their children and simultaneously contended that they were incapable of mothering properly without the direction of a medical

expert.<sup>66</sup> By assuming women's incompetence and privileging medical expertise over experiential knowledge of mothering, public health programs effectively stigmatized traditional mothering practices and made them a site for state sanctioned surveillance and intervention.

Historians Erika Dyck and Amy Samson similarly argue that medicine and medical professionals functioned as a new way to survey populations in the early twentieth century. Particular to the Albertan context, Dyck and Samson contend that the confluence of a strong maternal, agrarian feminist movement, fears about an incoming immigrant population, and a burgeoning medical profession created an atmosphere in which deviancy – whether physical, mental, or moral – was treated as a medical problem. This atmosphere fostered the creation of the *Sexual Sterilization Act* of 1928 wherein medically problematic bodies were sterilized in effort to protect the province's demographic make-up and bottom line. Under the Act, the government, with the help of physicians, nurses, teachers, and social workers, targeted people with physical and mental disabilities for sterilization. They used culturally biased tools to identify people with mental disabilities, such as IQ tests, and therefore often falsely identified people with low English language proficiencies as having mental disabilities. The government, however, intended this outcome and effectively wielded it to sterilize people of undesirable

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<sup>66</sup> Veronica Strong-Boag, *The New Day Recalled: Lives of Girls and Women in English Canada, 1919-1939* (Markham, ON: Penguin Books, 1988); Katherine Arnup, *Education for Motherhood: Advice for Mothers in Twentieth-Century Canada*. (Toronto: University of Toronto Press, 1994; Cynthia R. Comacchio, "*Nations Are Built of Babies*": *Saving Ontario's Mothers and Children, 1900-1940* (Montreal: McGill-Queen's University Press, 1993); Dianne Dodd, "Advice to Parents: The Blue Books, Helen MacMurchy, MD, and the Federal Department of Health, 1920-34," *Canadian Bulletin of Medical History* 8, no. 2 (1991): 203-230; Nadine I. Kozak, "Advice Ideals and Rural Prairie Realities: National and Prairie Scientific Motherhood Advice, 1920-29," in *Unsettled Pasts: Reconceiving the West Through Women's History*, edited by Sarah Carter, Lesley Erickson, Patricia Roome, and Char Smith (Calgary: University of Calgary Press, 2005).

ethnicity.<sup>67</sup> The popular, nation-wide discourse of scientific motherhood and provincially sanctioned sterilization made Alberta a jurisdiction in which medical services and public health initiatives functioned to simultaneously improve the quality of life and survey its residents. These twinned purposes are inseparable from the nation-building project.

Building a large, healthy population with medically supervised procreation and immigration is also a colonial endeavour wherein Indigenous people did not have a place in a society structured around Anglo-Canadian values. The nation-building program depended on constructing Indigenous people as a ‘dying race’ and enacting policy to diminish their health accordingly. Maureen Lux and Mary Ellen-Kelm contend that the government intentionally enacted policy that segregated Indigenous populations from the white population and dispossessed them of their land to survey and control their health.<sup>68</sup> The government, in providing only underfunded and sub-par medical services in segregated and controlled spaces, such as Indian Hospitals, ensured Indigenous people could not undermine the colonial nation-building project.<sup>69</sup> Medicalization, surveillance, and colonialism all contributed to the larger project of nation-building, and the discourse of scientific provided language to guide this project. The district nursing program existed in this context.

A comparison of the national scientific motherhood advice literature and the training manuals for Alberta public health nurses published in the 1920s demonstrates that the Alberta

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<sup>67</sup> Erika Dyck, *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice* (Toronto: University of Toronto Press, 2013); Amy Samson, “Eugenics in the Community: Gendered Professions and Eugenic Sterilization in Alberta, 1928-1972,” *Canadian Bulletin of Medical History* 31, no. 1 (2014): 143-163.

<sup>68</sup> Mary-Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-1950* (Vancouver: UBC Press, 1998); Maureen K. Lux, *Medicine that Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940* (Toronto: University of Toronto Press, 2002).

<sup>69</sup> Maureen K. Lux, *Separate Beds: A History of Indian Hospitals in Canada, 1920s – 1980s* (Toronto: University of Toronto Press, 2016).

government based public health nursing programming on the national discourse. The *Little Blue Books*, a series of 11 books authored by Toronto-based physician Dr. Helen MacMurchy and published in the 1920s and early 1930s, constituted the most popular literature in Canada.

MacMurchy, as the chair of the Canadian Council of Child Welfare, published the series with the federal government's support. The Alberta training manual stated that nurses were to distribute this literature and department records indicate that they did, in large numbers.<sup>70</sup> The first book in the series, *The Canadian Mother's Book*, clearly stated its purpose in its announcement to its readers:

this book has been written for you – a Canadian Mother. The Government of Canada, knowing that the nation is made of homes, and that the homes are made by the Father and Mother, recognizes you as one of the Makers of Canada. No National Service is greater or better than the work of the Mother in her own home.<sup>71</sup>

The series stressed the importance of healthy families, mothers and babies specifically, to the health of the nation. The district nursing program, like the national advice literature, also recognized the primacy of maternal and infant care in its work and made all public health nurses, including district nurses, responsible for instructing mothers in all aspects of scientific motherhood, from the “hygiene of pregnancy and early infancy” to “dietary essentials and selection of food for infants and older children.”<sup>72</sup> District nurses specifically were tasked with “assist[ing] or tak[ing] charge of obstetrical cases, as may be necessary.”<sup>73</sup> The duties assigned to

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<sup>70</sup> Public Health Nursing in Alberta (Manual) [1920's], insert 31. Department records show that the Public Health Nursing Branch, for example, distributed 1838 copies of *Canadian Mother's Book* in 1941, 916 copies in 1942, and 590 copies in 1943. This was in addition to other literature, including pre- and post-natal letters, and literature concerning pre-school aged children. *Annual Report of the Department of Pubic Health, Province of Alberta*, (1941), pg. 53; *Annual Report of the Department of Pubic Health, Province of Alberta*, (1942), pg. 56; *Annual Report of the Department of Pubic Health, Province of Alberta*, (1943), pg. 56.

<sup>71</sup> Helen MacMurchy, *The Canadian Mother's Book* (Ottawa: F. A. Acland, 1928), 5.

<sup>72</sup> Old Manual n.d [1920's], pg. 15; Public Health Nursing in Alberta (Manual) [1920's], pg. 1.

<sup>73</sup> Public Health Nursing in Alberta (Manual) [1920's], pg. 4.

public health nurses in Alberta, including instruction and care, aligned with the national goal of scientific motherhood that prioritized the health of mothers and infants.

Comparing the content of the 1920s manual with the content of the two most popular books in the *Little Blue Book* series, *The Canadian Mothers' Book* and *How to Take Care of the Baby*, illustrates the influence that the national discourse, distilled in the advice literature, had on the development of public health nursing in Alberta. These two national texts provided instructions for women on every topic outlined in the 1920s manual. The *How to Take Care of the Baby*, for example, educated women in pre-natal care and hygiene. The text instructed women not to worry, to eat according to its prescribed diet, to rest accordingly, to stay fit, not wear restrictive clothing, to keep regular, and of course, to have regular pre-natal check-ups with a doctor and consult him – not neighbours or kin – with concerns during pregnancy.<sup>74</sup> *The Canadian Mother's Book* furthermore, detailed the reasoning behind the instructions.<sup>75</sup> With regard to keeping fit, for example, MacMurchy reminded her readers that pregnancy did not make them invalids but instead made exercise even more important. She instructed mothers-to-be to “keep on” with their housework, as it “is really the best kind of work for [them].”<sup>76</sup> *How to Take Care of the Baby* went into great depth of instruction around the proper routine for baby. Describing breastfeeding as “the one best way”, MacMurchy told her reader, “[nursing] is far, far better for the baby. If you nurse him, your baby is almost certain to live and thrive and have good teeth and a good constitution. If you feed him in any other way the chances are against the baby. Nurse the baby. It is the One Best Way.”<sup>77</sup> The text then provided a strict timetable for baby that

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<sup>74</sup> Helen MacMurchy, *How to Take Care of the Baby* (Ottawa: F. A. Acland, 1928), 9-10.

<sup>75</sup> MacMurchy, *The Canadian Mother's Book*, 7-30.

<sup>76</sup> MacMurchy, *The Canadian Mother's Book*, 22.

<sup>77</sup> MacMurchy, *How to Take Care of the Baby*, 11.



includes sleeping, feeding, playing, eliminating, and dressing hours for babies of different ages.<sup>78</sup> The instructions for nursing and keeping baby on a strict time-table were duplicated in the educational pamphlet “Baby’s Rules for Mother” included in the 1920s manual.<sup>79</sup> The *Little Blue Books* and the 1920s public health nursing manual included instructions for every aspect of pre- and post-natal care the government tasked public health nurses with educating Albertan mothers in, from bathing, feeding, and general care of the baby. These similarities were based on a consistent insistence of the establishment of a strict routine for mother and baby, based in the science of the day, to make mothering uniform and therefore remove babies from any ill effects that could come from alternative, or sub-standard, mothering methods.

In addition to reconstructing mothering in accordance with scientific knowledge, these instructions for mothering, outlined in the *Little Blue Books* and enforced through public health programming, also made mothers culpable if their children fell ill. The literature, and public health nurses’ instructions, offered women a foolproof blueprint to raising healthy children, and the logic of scientific motherhood dictated that if children were ill, it was because women did not mother properly. The above passage about nursing, for example, squarely placed the blame on mothers for their children’s potential poor development as a result of not breastfeeding. As explained by historians of scientific motherhood in Canada, the discourse refused to consider environmental factors, such as a poverty or geographical access to medical services, as determinants of health.<sup>80</sup> Instead, full responsibility for children’s health – and culpability in the case of ill health – rested with mothers. This created an atmosphere in which motherhood

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<sup>78</sup> MacMurchy, *How to Take Care of the Baby*, 12.

<sup>79</sup> Public Health Nursing in Alberta (Manual) [1920’s], insert 24.

<sup>80</sup> Nadine Kozak builds on the work of Katherine Arnup, Cynthia Comacchio, Dianne Dodd, and Veronica Strong-Boag to make this argument specific to the Prairie context in Kozak, “Advice Ideals and Rural Prairie Realities.”

became a site for state-sanctioned medical surveillance and intervention. In addition to instructing women in scientific motherhood, then, public health programs that provided services in accordance with the discourse effectively monitored women's mothering practices, intervened in cases where women strayed from discourse, and reported on any failures. Public health nursing programs in Alberta, the district nursing program included, operated within this role.

Indeed, the Albertan public health nurses' mandate demonstrates their adherence to scientific motherhood and the impetus to monitor the populations they served. The cover page of the 1920s manual states that their duty is:

to discover: symptoms of disease; unreported communicable diseases; unreported births; malpractice in midwifery; insanitary condition; any social conditions detrimental to the welfare of mother and children; to educate: parents – by lectures, literature, exhibits, and demonstrations in the homes; health instruction to school pupils – by class-room talks, Little Mother's Leagues, First Aid Classes and Health Films; Normal students – by lectures in Public Health work, Home Nursing and First Aid; Municipal Officers and Welfare Organizations – by lectures and exhibits; and to correct: in co-operation with private and municipal organizations, physicians, hospitals, and dentists.<sup>81</sup>

Unsanitary or improper conditions and unhealthy children were the result of poor mothering. The directive “to discover” in public health programming gave nurses access to women's mothering practices and the power to assess whether or not they were conducted in line with scientific motherhood. Depending on their determination, the government then instructed nurses to further intervene and “to educate” and “to correct” mothers' unsatisfactory practises. In urban centres, these assessments and corrections could take place at well-baby clinics and other group settings. In district nursing, they often occurred within individual nurse-patient relationships established in personal homes. The Public Health Nurses Act of 1919 provided that public health nurses

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<sup>81</sup> Public Health Nursing in Alberta (Manual) [1920's], cover page.

were legally allowed to enter schools to assess children's health and women's mothering capabilities by extension.<sup>82</sup>

The series of over 30 forms and supplementary materials included in the 1920s manual for the district nurse to fill out in the course of her work further exemplifies the component of surveillance embedded in the discourse of scientific motherhood and state-funded public health and medical services. Public health nurses, for example, sent Parent's Report Cards home with children. They tasked parents with providing a medical history both of their children and themselves for the nurse to have on file.<sup>83</sup> Nurses also distributed material contained in the training manual in effort to teach parent and child simultaneously. The description of the card titled "Care of the Mouth and Teeth" stated that it was "to be given to the pupils to try and teach them the necessity of keeping the mouth and teeth clean – also to take home to the parents to impress the value."<sup>84</sup> The pamphlet titled "Health Rules for School Children" served a similar purpose.<sup>85</sup> Upon advisement of deficiencies or problems with their children's health, the *Public Health Nurses Act* of 1919 made it mandatory for parents to "attend to the identified problem."<sup>86</sup> Public health nursing programs, both in urban centres and in districts, had the legal backing not only to survey in families, but also to enforce changes according to their recommendations. The manual also included forms to be filled out to record general student health, in the case of suspected communicable diseases, to record individuals' mental and physical defects, and to track maternity cases.<sup>87</sup> Copies of these records were then sent to the Superintendent of Public Health Nurses in Edmonton or kept on file in schools. These forms and supplementary material

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<sup>82</sup> Transcription of Oral History Biography of Helen Sabin, Section II, pg. 1-2.

<sup>83</sup> Public Health Nursing in Alberta (Manual) [1920's], insert 1.

<sup>84</sup> Public Health Nursing in Alberta (Manual) [1920's], insert 2.

<sup>85</sup> Public Health Nursing in Alberta (Manual) [1920's], insert 14.

<sup>86</sup> Transcription of Oral History Biography of Helen Sabin, Section II, pg. 1-2.

<sup>87</sup> Public Health Nursing in Alberta (Manual) [1920's], inserts 2, 7, 8, 11, 29.

included in the 1920s training manual involved parents in the health and hygiene of their children and educated mother and child simultaneously. But above all, they functioned to collect information and monitor populations in service of the nation-building project.

That the district nursing program operated as part of the colonial nation building project is made evident through its mandate of serving settler women and its intended neglect of Indigenous mothers. This focus reflected the priorities of the provincial government but not the demographic makeup of the province. As the popular histories of the program related, maternal and agrarian feminists influenced the creation of state provided public health services. These women, including Irene Parlby and Emily Murphy, however, did not advocate for universal services, but rather those dedicated for the health and advancement of settler women.<sup>88</sup>

MacMurchy, too, was a white, middle-class, well educated, urban woman concerned with the propagation of a healthy, white, Anglo-Canadian nation free from citizens with disabilities.<sup>89</sup> In the north where many district nurses were posted, however, Indigenous people—whether on or off reserve—constituted a large proportion of the population.<sup>90</sup> Furthermore, the federal government was responsible for health care of Status Indians and the provincial government was responsible for the health of non-Status Indians. Treaty nurses, not district nurses, were responsible for the health of Status Indians and were stationed on reserves. The complexity of status in practice confounded district nurses and confused the provision of health services on the

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<sup>88</sup> Gibbons, “Our Power to Remodel Civilization,” 124.

<sup>89</sup> Dodd, “Advice to Parents,” 209-210.

<sup>90</sup> David Bright, “1919: A Year of Extraordinary Difficulty,” in *Alberta Formed, Alberta Transformed, volume II*, ed. Michael Payne, Donald Wetherell, and Catherine Cavanaugh (Edmonton: University of Alberta Press, 2006), 419. District nurses, such as Kate Brighty, wrote about their time practicing with Indigenous people. Kate Shaw Brighty’s memoir *While Rivers Flow*, though crafted for a white settler audience, exemplifies this portion of the district nursing practice. See Kate Shaw Brighty Colley, *While Rivers Flow: Stories of Early Alberta* (Saskatoon: Western Producer Prairie Books, 1970).

ground. Legally, women's Status and that of their children could change based on whether she married a Status or non-Status partner.<sup>91</sup> Intermarriage further complicated settler and Indigenous identities on the prairies, which complicated district nurses' official reporting on "racial origin" to the Branch of Vital Statistics.<sup>92</sup> Status was further complicated by nineteenth-century government policy that removed individuals from Treaty Status through the application of scrip and therefore absolved the state from being legally responsible for the provision of medical services, along with other treaty obligations.<sup>93</sup> The 1920s training manual gave no instruction for these cases, and instead left individual nurses to decide how to proceed. The district nursing program intended nurses to focus on settler patients capable of assimilating to Anglo-Canadian values.<sup>94</sup>

The Alberta Department of Public Health clearly established all public health nursing programs, both in urban centres and in districts, in accordance with the principles of scientific motherhood. *The Public Health Nurses Act* of 1919 and the 1920s training manuals, however, indicate that the provincial government modified their expectations of how the district nursing program would operate in line with state goals of nation-building. These documents contained legal dispensation and broad instructions pertaining to district nurses' duties that gave nurses freedom to practice according to their circumstance and sanctioned their actions. Though this leeway did not diminish the intention of medical surveillance embedded in the district nursing

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<sup>91</sup> Handwritten Memoir titled Wabasca, pg. 2. GA, M-4745, File 8.

<sup>92</sup> For example, see the case of Mary Willis's patient in: Mary Willis to Joy Duncan, 16 September 1975, pg. 28-29. GA, M-4745, File 60.

<sup>93</sup> Melanie Niemi-Bohun, "Colonial Categories and Familial Responses to Treaty and Metis Scrip Policy: The 'Edmonton and District Stragglers,' 1870-1888," *The Canadian Historical Review* 90, no. 1 (2009): 71-98.

<sup>94</sup> Sarah Carter discusses family formation through monogamous marriage as crucial to assimilating Indigenous people in the prairies to Anglo-Canadian ideals. See Sarah Carter, *The Importance of Being Monogamous: Marriage and Nation Building in Western Canada to 1915* (Edmonton: University of Alberta Press, 2008).

program, it did make the program more flexible because it acknowledged the influence of geography and community support on medical practice and permitted medical practice to occur outside the boundaries of scientific motherhood.

The government of Alberta explicitly required district nurses to have special qualifications in obstetrical work to ensure they could handle large maternity caseloads in rural districts.<sup>95</sup> A burgeoning medical professional and general societal belief in scientific knowledge influenced the Albertan government to make physicians the only professionals legally permitted to deliver babies. This restriction posed a problem for the district nursing program, as its mandate focused on obstetrical work and district nurses were appointed to communities specifically because no other medical professionals or infrastructure existed in the area. To remedy the potential that district nurses might illegally deliver babies in community, the Albertan government passed the *Public Health Nurses Act* of 1919 and legally permitted district nurses to “perform all the functions of a doctor, including medical, surgery, and maternity work.”<sup>96</sup> This legislation recognized that sparse settlement of northern and western Alberta, coupled with isolation from medical, transportation, and communication infrastructure, dictated that district nurses, as the only health practitioners in the area, must have the dispensation to legally perform medical services most needed in their communities.<sup>97</sup>

Though it made logistical sense for the government to account for this geographical specificity, the fact that district nurses rather than physicians could provide all maternity services

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<sup>95</sup> Department of Health, “History, Administration, Organization, and Work of the Provincial Department of Public Health and Boards of Health” (King’s Printer, 1937), 5. PAA, GR 1975.454, Box 1, File 7.

<sup>96</sup> Conlin, Reminiscences of her time as a district nurse, pg. 5A.

<sup>97</sup> District nurses discussed their isolation from a greater medical community because of the lack of infrastructure. For example, see Mary Willis to Joy Duncan, 16 September 1975; and Conlin, Reminiscences of her time as a district nurse, pg. 12A.

– educational and practical—was already in contradiction with the discourse of scientific motherhood. All throughout the *Canadian Mother's Book*, MacMurchy implored her reader to consult with her physician during normal pregnancies and in times of uncertainty and ill-health. Though MacMurchy conceded that Public Health Nurses were “a great help to the mothers ... and to the Doctors” she consistently instructed her readers to “ask the doctor,” and “see the doctor” first and foremost.<sup>98</sup> Though the district nursing manual and its regulations did not “exactly say so,” as district nurse Mary Willis pointed out, “in effect we are the doctor, as far as we are able. We have a good deal of consultation work on everything under the sun, and whenever anyone is ill the nurse is called, and has to decide (a) what is the matter, (b) whether she can treat it herself or (c) whether roads and weather permitting, the patient should be taken out to hospital.”<sup>99</sup> According to the national scientific motherhood advice literature, distributed by district nurses to their own patients, nurses were supplemental and not to be relied on in place of the doctor. Even though scientific motherhood clearly informed district nursing programming in Alberta, the legal dispensation for district nurses to take on physicians’ roles meant that the program itself was premised on a revised interpretation of the official discourse.

While the expectation of surveillance permeated the district nursing program, operating with the legal dispensation to practice “a range of advanced roles” in isolated communities

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<sup>98</sup> MacMurchy, *The Canadian Mother's Book*, 9-14. As Dodd points out in her study of MacMurchy, the Toronto physician wrote a supplement to *The Canadian Mother's Book* instructing the laywomen in labour and childbirth in circumstances where a physician could not attend to the birth. The supplement, however, was only distributed by doctors and nurses upon request and was out of print by the late 1930s. Though it did provide laywomen with important medical information, its message – weary of midwifery and constantly cautioning women not to replace doctors’ supervision with the supplement – was not substantially different from that of the rest of the series. Dianne Dodd, “Helen MacMurchy: Popular Midwifery and Maternity Services for Canadian Pioneer Women,” in *Caring and Curing: Historical Perspectives on Women and Healing in Canada*, ed. Dianne Dodd and Deborah Gorham (Ottawa: University of Ottawa Press, 1994), 135-161; Kozak, “Advice Ideals and Rural Prairie Realities,” 142-148.

<sup>99</sup> Mary Willis to Miss. Belcher, 29 July 1944. GA, M-4745, File 60.

distanced district nurses and their patients from medical and government authority.<sup>100</sup> In their district practices, nurses were not confined to a medical model that criminalized midwifery with the aim to legitimize the medical profession. Nor did district nurses have to practice in a hospital or urban setting characterized by “discipline, self-sacrifice and unquestionable obedience and loyalty to medical staff and administration of the hospital and our own seniors in nursing.”<sup>101</sup> A senior nurse told district nurse Helen Faulk, for example, during the course of her nursing training in hospital that she would “never make a nurse and [she] ought to quit. This was because [she] carried a hot water bottle in [her] hand, instead of on a tray.”<sup>102</sup> Faulks went on to excel in district nursing and successfully served the community of Wanham for many years without the strict supervision and hierarchical nature of urban and hospital nursing. District nurse Barbara Eben also recalled Superintendent Kate Brighty told her to “use [my] head and do [my] best.”<sup>103</sup> Indeed, the attitude that “matters would be a great deal worse if no nurse were present” influenced the program’s operation.<sup>104</sup> In other words, while the official discourse suggested that the district nurses were an integral part of monitoring settlers, the reality of district nursing was that many of the nurses were left on their own to interpret the rules and to resource their needs. This relationship provided opportunities for flexibility and even innovation.

Rather than following top down orders from a central authority, the training manual provided broad language about the specific duties of district nurses that allowed them to assess what services and programs communities most needed and practice accordingly. The training

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<sup>100</sup> Kerr, *Prepared to Care*, 87.

<sup>101</sup> Transcription of Oral History Biography of Helen Sabin, Section II, pg. 3.

<sup>102</sup> Helen Harrington, “Experiences of My Time as Wanham Nurse,” in *Grooming the Grizzly: A History of Wanham and Area*, ed. Wallace Tansem (Winnipeg: Inter-Collegiate Press, 1982), 116.

<sup>103</sup> Stewart, ed., *These Were Our Yesterdays*, 146.

<sup>104</sup> Bow and Cook, “The History of the Department of Public Health of Alberta,” 9.



manual mandated that district nurses “belie[ve] in the possibilities of health work, and the principles upon which it is based.” The manual did not demand blind faith, however, but rather that district nurses “participat[e] in the making of policies and in the development of standards,” and take “a personal responsibility in carrying them out.”<sup>105</sup> Similarly, the broad language detailing district nurses’ responsibilities in communities acknowledged the diverse care district nurse might be called upon to provide to their communities that fell outside of the scope of scientific motherhood. The training manual mandated that, in addition to performing “all of the duties of a Public Health Nurse,” the training manual only dictated that a district nurse must give “nursing care to patients in homes and at the Nursing Station.”<sup>106</sup> The document contained a schedule of activities for district nurses but acknowledged that it constituted “only a catalogue of things which a nurse so situated may properly do.”<sup>107</sup> The broad directions governing district nurses allowed nurse Helen Sabin, for example, “to introduce any type of Health Education Program [she] felt timely and of special interest to the community, such as care of teeth, adequate diet, immunization program, accident prevention and First Aid, healthy life style etc.”<sup>108</sup> That district nurses practiced largely outside of government and medical surveillance allowed them to adapt to the particularities of their districts and provided them the opportunity to practice outside of the strict boundaries of scientific motherhood if needed.

District nurses themselves were also monitored by the Department of Public Health through their own reports to the Superintendent of Public Health Nursing and supervisory visits made by the superintendent to the individual districts. The superintendent’s ability to visit nurses in their districts often was hindered by the geographical situation of districts, as they were both

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<sup>105</sup> Old Manual n.d [1920’s], pg. 1.

<sup>106</sup> Public Health Nursing in Alberta (Manual) [1920’s], cover page.

<sup>107</sup> Public Health Nursing in Alberta (Manual) [1920’s], pg. 4-5.

<sup>108</sup> Transcription of Oral History Biography of Helen Sabin, Section II, pg. 3.

disparate and difficult to access with the available transportation infrastructure. A report from the early 1940s, for example, indicated that the superintendent only visited 23 out of approximately 40 district nurses once during the year. The report noted “several visits per year to each would often be desirable.”<sup>109</sup> Some districts had infrastructure for communication via telegram, but most lacked telephone infrastructure, which arrived after the Second World War. If telephone services were available in districts, it was frequently only available at a common location in town or at the rail station. Regardless, district nurses were expressly forbidden to make long-distance telephone calls unless in cases of emergency.<sup>110</sup> Communication instead occurred with written reports exchanged between the district nurse and her supervisor and monthly newsletters “designed to keep the nurses in the field up to date on new developments in records, new drugs, new advancements in medical science applicable to their work, and so on.”<sup>111</sup> Distance from the central provincial and medical authority in Edmonton provided opportunities for district nurses to provide care informed by factors other than the discourse of scientific motherhood.

As agents of the provincial government, district nurses by default surveyed and reported back to the Department of Public Health in Edmonton. The record forms previously discussed are examples of this type of monitoring. Because supervisory visits occurred so rarely, the oversight of district nurses and their patients was generally confined to letters and reports sent to the Superintendent of Public Health Nurses in Edmonton, hundreds of kilometers away.<sup>112</sup> These letters, furthermore, were often meant to secure needed resources rather than police behaviour of community members. Though the distance did not protect patients from district nurses

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<sup>109</sup> “Public Health Nursing Division,” 4 October 1946 report, pg. 2-3. PAA, PR 2017.0642, Box 37, no-name file.

<sup>110</sup> Old Manual n.d [1920’s], pg. 5.

<sup>111</sup> “Public Health Nursing Division,” October 4, 1946 report, pg. 2-3.

<sup>112</sup> Public Health Nursing in Alberta (Manual) [1920’s], insert 19, 26, 28.

monitoring and intervening in their mothering practices, it did distance them from formal interventions carried out by urban institutions.

The flexible process of establishing and maintaining district nursing posts similarly lessened sustained surveillance. The training manual stated that the government established districts upon request and with the support of communities.<sup>113</sup> “If the Department of Health approved the District would have to set up a Nurse Committee,” nurse Mary Willis explained in a letter, “it was up to the District under the Committee direction to supply and furnish an adequate cottage for the nurse to live in with an office in which to interview and examine patients.”<sup>114</sup> That communities had to organize meant that surveillance was not imposed upon them, but rather communities decided that access to health care was worth the risk of coming into contact with the provincial medical authorities. Furthermore, the district nursing program did not constitute the only option communities could procure. Other communities organized to establish community hospitals or had religious orders provide medical services.<sup>115</sup> It is possible that those that organized in support of a district nurse in their community had less to fear from coming into contact with provincial institutions.

In her recollections of her time district nursing, Mary Willis recalled that “an occasional District [could] be very uncooperative, making the Nurse’s work much more difficult, but this

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<sup>113</sup> Public Health Nursing in Alberta (Manual) [1920’s], pg. 4.

<sup>114</sup> Mary Willis to Joy Duncan, 16 September 1975, pg. 40.

<sup>115</sup> For example, though the Battle River area was serviced by district nurses earlier in the twentieth century, the United Church Women’s Missionary Society organized to establish a hospital in Battle River in 1937. In Lac La Biche, Les Filles de Jesus converted the town’s inn into a hospital and provided the community with medical services. See *Medical Memories of Battle River Hospital, 1937-1955* (Manning, AB: Battle River Hospital History Book Society, 2001), 8; Gregory A. Johnson, *Lac La Biche Chronicles: The Early Years* (Lac La Biche, AB: Portage College & Town of Lac La Biche, 1999), 222.

was exceptional. Most districts fully appreciated having a nurse and were very good to her.”<sup>116</sup> As is addressed elsewhere in the thesis, individual community members exercised their power and chose not to engage with district nurses out of the desire to not engage with the larger medical and governmental authority district nurses represented. The way the acquiring a district nurse occurred allowed communities, on a whole, to choose whether or not to engage with provincial professionals and authorities.

As community support and need changed over time, so too did the location of districts. Districts opened and closed depending on community support and density – as communities grew or failed, district nurses arrived or left the remaining population. North-western Alberta was one of the last available areas to homestead following the First World War, and Peace River Country in particular drew large numbers of immigrants. As resource-rich areas capable of supporting subsistence living and a developing lumber industry, the foothills of Alberta also drew settlers from drought-stricken prairie land in Southern Alberta, Saskatchewan, and the United States during the Great Depression. As a result, there was a large concentration of districts in Peace River Country and south-west of Edmonton, with additional, more disparate districts north of Edmonton, east of Drumheller, and south of Calgary. Until the 1930s, all districts were in the north of Edmonton.<sup>117</sup> The Department of Health stationed district nurses accordingly, and removed them when communities failed or more permanent medical services arrived.<sup>118</sup> One of the two original districts established in 1919, Griffin Creek, closed only five years later because the population shifted to a new area.<sup>119</sup> In total, the program opened 63

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<sup>116</sup> Mary Willis to Joy Duncan, 16 September 1975, pg. 48.

<sup>117</sup> Cashman, *Heritage of Service*, 206.

<sup>118</sup> Stewart, ed., *These Were Our Yesterdays*, 18.

<sup>119</sup> *Annual Report of the Department of Pubic Health, Province of Alberta*, (1924), pg.

different District Nursing Stations, and “the most open at any one time was 36.”<sup>120</sup> Some districts primarily required maternity services, whereas others, because they were in the vicinity of lumber mills, required that district nurses provide a lot of emergency and surgical services.<sup>121</sup> As Nurse Willis recalled, “no two [districts] were alike.”<sup>122</sup> Furthermore, the district nursing program relied on both community and government funding, and in times of uncertainty, economic and otherwise the number of districts fluctuated. For example, lack of funds necessitated reducing the number of districts in 1923 and again in 1932.<sup>123</sup> A wide variety of factors influenced the location of districts. This fluctuation and uncertainty created inconsistent programming that could not necessarily support long term public health initiatives based in the discourse of scientific motherhood and left gaps in government surveillance work.

The Alberta Department of Public Health, indisputably, founded the creation of the district nursing program in the principles of scientific motherhood. Maternal and infant health work was paramount. The training manual stressed preventive health and provided all public health nurses employed by the provincial government with educational materials. Like the discourse of scientific motherhood, the nation-building project was central to the district nursing program. Healthy children, raised according to middle-class, urban, Anglo-Canadian values, created the ideal Canadian citizens that contributed to the colonial nation-building project. The isolated nature of the districts necessitated that the government modified their expectations of the

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<sup>120</sup> “History of Public Health in Alberta, 1909-1979,” pg. 9-10.

<sup>121</sup> For example, Elizabeth R. Lea recorded having to deal with an extremely heavy maternity caseload in Fawcett and a large number in accidents in Peers because of the locations proximity to a lumber camp during her time district nursing in the early 1940s. Stewart, ed., *These Were Our Yesterdays*, 210-218.

<sup>122</sup> Mary Willis to Joy Duncan, 16 September 1975, pg. 48.

<sup>123</sup> Bow and Cook, “The History of the Department of Public Health of Alberta,” 5; Department of Public Health, Alberta, Nursing Branch [month unknown] News Bulletin, 1932, pg. 7. PAA, GR 1985.16, Box 1, File 2.

district nursing program; the *Public Health Nurses Act* of 1919 and the 1920s training manuals allowed nurses to practice according to their circumstance and sanctioned their actions. This degree of flexibility was necessary for the program to function efficiently, and it did not diminish the goals of disseminating scientific motherhood and contributing to the colonial nation-building project embedded in the district nursing program. The nurses, it seems, were indeed worth celebrating. They exercised judgement and interpretation in a moment when they were supposed to follow a prescribed discourse. But celebratory accounts also in effect celebrate the colonial project of nation-building.

## CHAPTER TWO

### **“CONFESSOR TO THE WOMENFOLK”: Scientific Motherhood and District Nurses’ Best Practices**

The children in her district of Halcourt were not particularly happy with nurse Olive Watherston’s initiative, but she nonetheless recognized the need for additional surgical services in her community and organized the first tonsil and adenoid clinic in 1923. With the help of a physician, in “makeshift conditions in the United Church, it was a case of snip, snip for 100 youngsters about to start school.”<sup>124</sup> Watherston, who had trained as a midwife in London and served as a nurse in the First World War, became a district nurse in 1921 after arriving in Canada. She left Halcourt to acquire further training in Public Health Nursing at the University of Alberta in 1926-1927, and then went on to serve the districts of Wanham, Abee, Valleyview, Lindale, and Tangent. Watherston considered maternity services a critical part of her practice in district, and remarked that the relationship formed between mother and baby was “domestic joy, the absolute quintessence of the home which is the corner-stone of the nation.”<sup>125</sup>

Though district nurses’ experiences in the program varied, Watherston’s career illustrates some of the main trends that characterized the program and those who staffed it. As discussed in the last chapter, immigration patterns, the economy, and community support dictated how many district nurses the provincial government employed, as well as the location of their districts. Active districts were in constant flux, and like Watherston, district nurses had to move to serve

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<sup>124</sup> E.C. Stacey, “Miss Olive B. Watherstone, O.B.E.,” in *Beaverlodge to the Rockies* (Beaverlodge, AB: Beaverlodge and District Historical Association, 1974), 370. GA, M-4745, File 57.

<sup>125</sup> Irene Stewart, ed., *These Were Our Yesterdays: A History of District-Nursing in Alberta* (Calgary: Publishing Company, 1979), 51.

those districts.<sup>126</sup> Posts in each district typically only lasted a few years.<sup>127</sup> District nurses, Watherston included, also took leaves of absence for vacation or to acquire additional training. Because Alberta did not consistently offer obstetrical training or graduate courses in Public Health Nursing until 1943, most nurses had to go out of province or country to obtain their education, thereby leaving their nursing posts for extended periods of time.<sup>128</sup> Although not the case for Watherston, many district nurses cited marriage, often to men in the communities they practiced in, as their reason for retiring.<sup>129</sup> A review of the program recorded that “twice the number of staff changes” occurred in 1941 compared to 1940. “Nine of our nurses,” the review related, “resigned to take up married life.”<sup>130</sup> Other district nurses retired from district service to practice in hospitals, rural health units, or in other positions in the Public Health Nursing Branch.<sup>131</sup> No matter for how long, district nurses attempted to do by the best by their patients.

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<sup>126</sup> For additional examples, see Department of Public Health, Alberta, Nursing Branch January News Letter, 1940, pg. 1-2. PAA, GR 1985.16 Box 1, File 3; and Stewart, ed., *These Were Our Yesterdays*, 221-222.

<sup>127</sup> There are examples of district nurses having longer tenures. Amy Conroy practiced in the district of Pendryl from 1932-1946. This however, was not a common experience, and even she was relieved in the summers to run the Provincial Travelling Clinic from Edmonton. See Stewart, ed., *These Were Our Yesterdays*, pg. 39-40.

<sup>128</sup> A course in Public Health Nursing was offered at the University of Alberta from 1919-1921, for one year from 1926-1927, and then after 1937 as an optional course for Bachelors of Science (Nursing) students to take in their last year of their degree. See Tony Cashman, *Heritage of Service: The History of Nursing in Alberta* (Edmonton: Alberta Association of Registered Nurses, 1966), 191-192; and Stewart, ed., *These Were Our Yesterdays*, 11-14.

<sup>129</sup> In her memoir, for example, Alvine Cyr details her decision to leave district nursing for marriage. See Alvine Cyr, *Yes Father: Pioneer Nursing in Alberta* (Manchester, NH: Hammer Publications, 1979), 173-178. Additionally, see the examples of Jessica French who married Arthur Field of Kinuso, Janet Fraser Munroe who married Campbell Edwin Reynolds of Blueberry Mountain, and Beth Laycraft who married Steve Tachit of Hines Creek in Stewart, ed., *These Were Our Yesterdays*, 139; 142; and Mary Willis to Kate Brighty, Superintendent of Public Health Nurses, 15 June 1942. GA, M-4745, File 60.

<sup>130</sup> “Public Health Nursing Division,” 4 October 1946 report, pg. 1. PAA, PR 2017.0642, Box 37, no-name file.

<sup>131</sup> “List of Public Health Nursing Staff, 1918-1928.” GA, M-4872, File 6.



For Watherston, like other district nurses, this meant prioritizing maternity services while also attending other medical needs. However, district nurses' employment terms were inconsistent, contributing to a relatively dynamic program.

Despite the changing make-up of the district nursing program, variances in training, and shifting staffing arrangements, the nurses generally shared many characteristics that provided consistency in their nursing services. The majority of district nurses were born in Canada or the United Kingdom, were English-speaking, and trained as nurses in Canada, the United Kingdom, or the United States. Most of the women who served in the 1920s had trained in the U.K. or the U.S. because those countries offered more regular opportunities to study midwifery and public health nursing. The department hired more Canadian-born nurses to staff the program as more women trained at western Canadian schools following the First World War and then had opportunities to travel elsewhere to supplement their education in public health and midwifery. Though nurses could earn more in urban hospital jobs, public health positions held a particular prestige and district nurses commented that they took up positions to remove themselves from the hospital hierarchy, pursue adventure, or fulfill a calling to care.<sup>132</sup> District nursing was difficult work, but it provided many women with opportunities, and more simply, employment.

District nurses most often came from urban, middle class families.<sup>133</sup> Nursing historian Kathryn McPherson cautions against determining if women were middle-class based on their

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<sup>132</sup> For example, see Cyr, *Yes Father*, 78; Amy Wilson, *No Man Stands Alone* (Sidney, BC: Gray's Publishing, 1969), 22; Helen Harrington, "Experiences of My Time as Wanham Nurse," in *Grooming the Grizzly: A History of Wanham and Area*, ed. Wallace Tansem (Winnipeg: Inter-Collegiate Press, 1982), 116.

<sup>133</sup> There are exceptions to these trends. For example, Olga Freifeld was born and trained in midwifery in Russia. She upgraded her credentials and English language in Alberta upon arrival in 1924. Amy Wilson categorized herself as coming from a poor family in her memoir. Generally, however, these trends stand. See Mrs. Stella Aaron to Eve Pascoe of the Jewish

father's status (as I have done here), but she nevertheless asserts that nursing training insisted that women "conform to an elite vision of sexual feminine respectability as defined by European and bourgeois standards."<sup>134</sup> In Alberta specifically, Samson argues that public health nurses' respectability, defined by their morality, chastity, and charitable actions, defined their profession and gave them access to professional power.<sup>135</sup> District nurse Anne Nordtrop, for example, remembered "some applications stated, 'applicants with short hair need not apply.'"<sup>136</sup> Though it is not clear whether Nordtrop had short hair, this comment about nurses department supports historian Sarah Carter's argument that, in the Prairies, women's femininity was of utmost importance. Whereas district nurses' independence as medical practitioners had the capacity to "masculinize" them, their character and appearance starkly defined them as proper females, distinct from Indigenous and ethnic women.<sup>137</sup> Overall, because the nurses employed for district work had similar circumstances of birth and gendered expectations of nursing training and the profession at time, the district-nursing program, regardless of who was serving a district, provided fairly uniform services with respect to the ideology that informed it.

Studying district nurses' writings and observations of their practices, this chapter argues that district nurses' actions reveal that they were invested in the colonial nation-building project. Committed to their patients, district nurses' developed relationships in the communities they served and strove to provide the best possible care for their patients out of professional duty and

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Historical and Archives Committee of Edmonton, 2 February 1976, pg. 1. PAA, PR 1976.93 SE; and Wilson, *No Man Stands Alone*, 19.

<sup>134</sup> Kathryn McPherson, *Beside Matters: The Transformation of Canadian Nursing, 1900-1990*, (Toronto: University of Toronto Press, 2006), 17.

<sup>135</sup> Amy Samson, "Eugenics in the Community: Gendered Professions and Eugenic Sterilization in Alberta, 1928-1972," *Canadian Bulletin of Medical History* 31, no. 1 (2014): 145.

<sup>136</sup> Stewart, ed., *These Were Our Yesterday*, 223.

<sup>137</sup> Sarah Carter, *Imperial Plots: Women, Land, and the Spadework of British Colonialism on the Canadian Prairies* (Winnipeg: University of Manitoba Press, 2016), 10.

a particular pride of the pioneer woman. This care was most often informed by the principles of scientific motherhood, and aligned with broader conversations about gender, race, and class inherent in contemporary discourses of nation-building and medicine. District nurses had to gain the trust of mothers in their communities in order to treat them, and therefore modified their practices in some ways that made them palatable to their patients. This chapter contends that mothers and nurses, influenced by the district nurse-patient relationship and their isolated surroundings, reworked the discourse of scientific motherhood to reflect life in the districts.

Gendered, classist, cultural, and ethnic expectations that determined nurses' respectability and informed their nursing practises were not simply ideological, nor superficial. District nurses internalized and practised according to those expectations, thereby reinforcing their position as privileged and, at times in relation to their immigrant and Indigenous patients, superior within the colonial context of Alberta. For example, district nurses displayed a particular genteel, anglicised form of femininity through their gardening.<sup>138</sup> Whereas immigrant women grew vegetable gardens vital to subsistence living in isolated districts and performed farm labour, district nurses cultivated flower gardening into their communities. A 1932 Public Health Nursing Branch newsletter, sent to both urban public health nurses and district nurses, praised nurse Lonsdale for persevering with gardening in the "deserted village" of Stanmore and, with much difficulty, achieving the "pleasing result that Vines half covered the three windows [of the nurse's cottage], while Shasta Daisies and Annual Larkspur with all the other gay array made a bright and wholesome spot of otherwise drab surroundings, and the Village the better for this one

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<sup>138</sup> Adele Perry discusses the importance of gardening to performing Anglo-Canadian femininity in Canada in Adele Perry, *Colonial Relations: The Douglas-Connolly Family and the Nineteenth-Century Imperial World* (Cambridge: Cambridge University Press, 2015).

gay touch.”<sup>139</sup> District nurses Olive Watherston’s and Mary Willis’s correspondence illustrates that nurses at department headquarters in Edmonton often sent district nurses flowers as well.<sup>140</sup> These women gardened as a hobby and in an effort to improve their districts, and in doing so, performed a particular form of femininity that elevated their social status. By performing this understanding of proper femininity, informed as well by race and class, district nurses functioned, as McPherson states, “as role models for their social ‘inferiors,’ such as immigrants and non-Whites.”<sup>141</sup>

Olga Freifeld, a nurse who served the district of Peers for 13 years, was an exception to the Anglo-Canadian norm that generally defined the district nursing program. Born in Russia, Freifeld studied music and liberal arts at the Berlin Conservatory of Music before pursuing nursing training at a Medical College in Saratov, Russia.<sup>142</sup> She studied midwifery, medicine, anatomy, and public health alongside medical students. Her property confiscated and her husband imprisoned during the Bolshevik revolution, Freifeld and her two children moved to the rural district of Gramyatchka where she worked as a public health nurse. Freifeld immigrated to Canada upon the death of her husband in the early 1920s, and on arrival learned English, “new ways of doing things in Canada,” and “the techniques of nursing in a strange country.”<sup>143</sup> Her experience in midwifery qualified her to be a district nurse, and in 1925 the Department of Public Health employed her to work in Peers, a newly settled district east of Edson.

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<sup>139</sup> Department of Public Health, Alberta, Nursing Branch [unknown month] News Letter, 1932, pg. 2. PAA, GR 1985.16, Box 1, File 2.

<sup>140</sup> Mary Willis to Kate Brighty, Superintendent of Public Health Nurses, 15 June 1942.

<sup>141</sup> McPherson, *Bedside Matters*, 17.

<sup>142</sup> Article about Olga Freifeld’s career as a Public Health Nurse, pg. 1-2. GA, M-4872, File 11.

<sup>143</sup> Article about Olga Freifeld’s career, pg. 7.

Freifeld's cultural background informed her nursing style in a way that differentiated herself from her colleagues. Most simply, Freifeld spoke Russian and her knowledge of German from her studies abroad helped her to understand and communicate with Eastern European immigrants. Her approach to her work was also different from that of her Anglo-Canadian colleagues. Whereas some of Freifeld's colleagues adhered to British timelines and procedures for work, she had a different, more expedient approach. A story of a midnight maternity call recounted by English-born Watherston, who was visiting Freifeld at her district in Peers, aptly illustrates this difference:

It was early spring but winter seemed reluctant to leave. A man with a foreign accent, in a wagon with a team of heavy work horses, called for the nurse, explaining that "his woman was getting a baby." Olga Freifeld, flying around gathering her equipment, said to Olive, who was busy poking around the fire and also preparing to go with them. "What you make fire like that for?" Olive said, "for a cup of tea of course." To which came the reply, "Oh! What ideas you English have – always tea, tea, tea instead of hurry, hurry, hurry! Come, we must go."<sup>144</sup>

Despite Freifeld's protest, however, and perhaps because of her removal from the ethnic ideal of Anglo-Canadian identity, she deferred to Watherston's request. They had tea before leaving on the maternity call. Though Freifeld deferred to the customs of a British-born nurse, it is still clear that, within her community, she still functioned as a social and cultural authority. Her education afforded by her affluent upbringing in Russia allowed for the district nurses' cottage in Peers to become "a centre for which emanated far more than the physical needs of the community. [There], music, art and philosophy [sic] were discussed. Many isolated school teachers and homesteaders found mental refreshment in that small log cabin."<sup>145</sup> Additionally, her nursing records demonstrate her commitment to practising nursing according to scientific theory and

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<sup>144</sup> Article about Olga Freifeld's career, pg. 9.

<sup>145</sup> Article about Olga Freifeld's career, pg. 7.

with the help of the broader medical community.<sup>146</sup> Though Freifeld did not necessarily embody the ethnic ideal of district nurses, her elite education and medically directed nursing training and practices placed her squarely within the role of district nurse as medical expert and a social leader in her community of other immigrant or Indigenous women.

District nurses' demographic characteristics offered them a position of power relative to their patients. They inhabited and performed a particular form of middle-class, urban, Anglo-Canadian femininity that the discourse of scientific motherhood privileged. They also upheld ideals of femininity and its intersections with class and race both publically and in their personal lives and practices. Their actions and words show their endorsement and participation in the larger colonial project of nation building through settlement, reproduction, and assimilation out of which the discourse of scientific motherhood developed. Most notably, district nurses' writings and actions, as well as their observations about their nursing experiences contend that motherhood is the ultimate goal and the only route to fulfillment for women, and of paramount importance to the future of the nation. Watherston, as we saw in the introduction to this chapter, described the connection between mother and baby and the father's celebration directly after birth as "domestic joy, the absolute quintessence of the home which is the corner-stone of the nation" in a public medical journal.<sup>147</sup> Like the discourse of scientific motherhood, Watherston characterized motherhood as worthwhile, important, and joyful while explicitly relating it to the nation-building project. In some ways, it is ironic that district nurses upheld motherhood as the highest calling for women, yet they themselves were typically unmarried professionals. However, district nurses' opinions on motherhood did not apply only to their patients. Nurse Alvine Cyr claimed that her maternity work inspired her to become a mother herself. After

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<sup>146</sup> Notes from diary regarding nursing during a northern trip. GA, M-4872, File 8.

<sup>147</sup> Stewart, ed., *These Were Our Yesterdays*, 51.

attending a case a delivering “a most beautiful girl to a very grateful couple ...[she] thought ‘this is for me. I too, must find my mate and begin raising a family.’”<sup>148</sup> Within the next year and a half, Cyr married a man working with a local threshing crew (who proposed to her three days after they met), resigned her position as district nurse, and moved to the United States so her husband could pursue his career as an engineer.<sup>149</sup> Her desire to be a mother outweighed that of being a nurse. As we have seen, many other district nurses followed in Nurse Cyr’s footsteps and resigned from their positions to be married. Nurse Mary Willis joked that collecting water “was instrumental in helping the nurses get married” because it put them in contact with bachelors of the area.<sup>150</sup> District nurses made decisions about pursuing marriage and family life within an atmosphere, partly of their own making, that equated motherhood with proper feminine expression.

In addition to upholding the ideal of motherhood in their writing, work, and personal lives, district nurses specifically valorized the figure of the “pioneer mother” in their recollections.<sup>151</sup> District nurses most often praised these women for being “hardworking, patient, [and] courageous,” and commended them for “fighting poverty under pioneer conditions” in order to do the best for their families.<sup>152</sup> They recognized that pioneer women’s “responsibilities as homemakers were grave and of great demand;” prairie living dictated that in addition to their “routine housework” mothers also had to tend to “huge gardens” and preserve produce and meat

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<sup>148</sup> Cyr, *Yes, Father*, 154-155.

<sup>149</sup> Cyr, *Yes, Father*, 156.

<sup>150</sup> Mary Willis to Joy Duncan, 16 September 1975, pg. 18. GA, M-4745, File 60.

<sup>151</sup> Amy Louis Conroy, reminiscences of nursing in Pendryl district, pg. 2. GA, M-4872, File 13.

<sup>152</sup> Mary E. Conlin reminiscences of nursing in the Peace River district, pg. 11. GA, M-4872, File 12.

in order to provide for their children.<sup>153</sup> District nurses judged pioneer mothers' work as sufficient when their children were well-fed and well-dressed. Their praise of pioneer mothers further demonstrates their prioritization of motherhood in the female experience and the understanding that women's work as mothers was of paramount importance to the development of families and the nation. Though scientific motherhood privileged urban and middle-class ideas about how mothers should perform their mothering duties, district nurses' recollections illustrate an adaption of this ideal. They praised pioneer mothers for doing their best in their particular circumstances.

In addition to demonstrating their belief in the gendered ideals put forth by scientific motherhood, district nurses' words and actions reveal their belief in an ethnic and racial hierarchy established in the colonial context and upheld by the discourse of scientific motherhood. As Kozak outlines, scientific motherhood targeted lower-class, immigrant, and Indigenous mothers for assimilation into the Anglo-Canadian state. So though district nurses on the whole recognized that it was their responsibility, and privilege even, to help "women of many nationalities, types and temperaments, who live in our [Albertan] hinterlands," their writings reflect contemporary, often derogatory, ideas about Ukrainian and Indigenous peoples, particularly.<sup>154</sup>

In the majority of district nurses' writings that mention Ukrainian settlers, some type of barrier is often amplified. More often than any other foreign-speaking immigrants, for example, district nurses recollect that the language barrier was particularly difficult with Ukrainians. District nurses often had to resort to miming or a translator. Nurse Barbara Eben, for example,

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<sup>153</sup> Cyr, *Yes, Father*, 142.

<sup>154</sup> "Frontier Nursing," C.B.C. radio broadcast by Kate Brighty, 24 April 1939, pg. 9. PAA, GR 1991.438 GSE.



remembered that on her way to a maternity case in a Ukrainian settlement in the late 1930s, “as [she] knew [she] should need an interpreter [she] stopped off to ask another woman to go with.” In another case, she had “a little girl of eight [interpret] for her.”<sup>155</sup> Though Eben is not clear, it is likely that the girl was the child of the woman in labour. District nurses often engaged with children of schooling age, as they had more English language skills than their parents.<sup>156</sup>

They further commented that Ukrainian women often chose not to engage district nurses and therefore there was a barrier of access; district nurses could not ensure Ukrainian women had medically directed pregnancies, nor could they survey and correct their mothering practices. Nurse Mary Willis commented in a report to the Superintendent of Public Health Nurses in the early 1940s, for example, that two of her four cases delivered unassisted, and it was no coincidence that they were Ukrainian.<sup>157</sup> Some Ukrainian settlements, sustained by strong community relationships and ethnic and religious ties, only used district nurses’ services in emergencies.<sup>158</sup> Referring to “mid-European” immigrants, Deputy Minister of Health Bow recorded the difficulties of access:

there not infrequently arises the case of a woman, sometimes a mid-European, who lives at some distance, cannot speak English, and quite honestly has no idea that the Nurse expects her to have an ante-natal examination. The first the Nurse knows of the case is after the patient is in labour, and she has no choice but to handle it, complications or no.<sup>159</sup>

Whereas in earlier eras of immigration the Canadian government desired Ukrainian immigrants who knew how to work the land and had a strong work ethic, following the First World War the

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<sup>155</sup> Stewart, ed., *These Were Our Yesterdays*, 151-152.

<sup>156</sup> Stewart, ed., *These Were Our Yesterdays*, 162.

<sup>157</sup> Mary Willis to Kate Brighty, 17 April 1942, pg. 1. GA, M-4745, File 60.

<sup>158</sup> Frances Swyripa details the creation of strong, self-sufficient Ukrainian communities and their relationship to land, ethnicity, and religion in Frances Swyripa, *Storied Landscapes: Ethno-Religious Identity and the Canadian Prairies* (Winnipeg: University of Manitoba Press, 2010).

<sup>159</sup> Malcolm R. Bow and F. T. Cook, “The History of the Department of Public Health of Alberta,” *Canadian Public Health Journal* 26, no. 3 (1935): 10-11. GA, M-4872, File 3.

government considered them to be the wrong type of immigrant.<sup>160</sup> The focus on barriers in district nurses' writings illustrates the popular contemporary sentiment that Ukrainians were inassimilable while racializing resistance to the discourse of scientific motherhood and medicine more generally. These tropes identify ethnicity as a marker of difference.

District nurses' writing also features stereotypical colonial ideas about and depictions of Indigenous people. In particular, district nurses' recordings of their encounters with Indigenous people, whether generally or as their patients, illustrate their paternalistic views of Indigenous people. They frequently referred to Indigenous people in the possessive, as "our own Indians"<sup>161</sup> or "the true Canadians our Cree Indians," for example.<sup>162</sup> District nurses often expressed their belief in the colonial idea, as outlined by historian Patricia Jasen, that Indigenous women were more primitive, closer to nature, and therefore less likely to experience pain during pregnancy and childbirth.<sup>163</sup> Nurse Watherston wrote for a public medical audience that "while absolutely primitive women may bear children without pain or fear, with civilization there is usually found both."<sup>164</sup> Because district nurses subscribed to this stereotypical conceptualization of Indigenous people as less civilized than, in particular, Anglo-Canadian settlers, they frequently treated Indigenous people as unable to participate fully in Western bio-medicine, especially without the supervision of a medical practitioner. Nurse Brighty, for example, consistently refused to administer chloroform to Indigenous women because "most of these women are better without it

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<sup>160</sup> Donald H. Avery, *Reluctant Host: Canada's Response to Immigrant Workers, 1896-1994* (Toronto: McClelland & Stewart Inc., 1995), 82.

<sup>161</sup> Cyr, *Yes Father*, 144.

<sup>162</sup> Wilson, *No Man Stands Alone*, 81.

<sup>163</sup> Patricia Jasen, "Race, Culture, and the Colonization of Childbirth in Northern Canada," *Social History of Medicine* 10, no. 3 (1997): 383.

<sup>164</sup> Stewart, ed., *These Were Our Yesterdays*, 48.

... given a whiff of chloroform they are apt to become hysterical.”<sup>165</sup> Nurse Katherine P. Cole also refused to give out drugs while treating an Indigenous child for fear that his father “wanted [the alcohol] for himself.”<sup>166</sup> Conceptualizing Indigenous women as problematic mothers, district nurses’ writings illustrate the connection between scientific motherhood and the broader colonial discourse.

District nurses’ writings also reveal their critical appraisals of Indigenous women and their capacities as mothers. They disapprovingly reported that Indigenous women did not seek out medically directed pregnancies, and in fact at times avoided medical intervention if possible. For example, one district nurse recalled that Indigenous women never sought pre-natal care, but instead “called the Nurse only after they [had] made quite sure there [were] complications [at birth].”<sup>167</sup> District nurse Dorothy Bowden noted that instead of following medical recommendations to remain confined after birth for ten days, Indigenous women “rarely stay[ed] in bed more than a day or two after having a baby.” She further disapprovingly remarked that Indigenous women “[were] extremely fond of their children and rarely correct[ed] them at all.”<sup>168</sup> This mothering method was in direct opposition to scientific motherhood, which instructed mothers to regulate and schedule their children’s activities and behaviour from birth. With having medically directed pregnancies and raising children according to scientific methods as markers of being good mothers, district nurses found Indigenous women lacking in many ways.

There is evidence too that, at times, district nurses acted on their judgements of Indigenous women’s performance as mothers and attempted to replace Indigenous women’s mothering techniques with scientifically informed practises. During childbirth, an unnamed

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<sup>165</sup> Bow and Cook, “The History of the Department of Public Health of Alberta,” 12.

<sup>166</sup> Stewart, ed., *These Were Our Yesterdays*, 93.

<sup>167</sup> Bow and Cook, “The History of the Department of Public Health of Alberta,” 11.

<sup>168</sup> Handwritten Memoir titled Wabasca, pg. 2. GA, M-4745, File 8.

district nurse insisted that her Indigenous patient Jennie rearrange her accommodations and modify her birthing position to follow medical birthing practices. After the delivery, the district nurse threatened to cancel Jennie's sick rations if she did not stay in bed for a week of confinement.<sup>169</sup> Though the circumstances surrounding this incident are unknown, that this district nurse felt comfortable exerting such power over a parturient Indigenous woman reveals an investment in scientifically informed medicine and her drive to use it to displace other birthing methods. By these actions, district nurses actions aligned with the ideological underpinnings of scientific motherhood and colonial discourses on race.

Without a doubt, the materials created by district nurses reflecting their experiences practising in their districts display their adherence to contemporary, colonial understandings of Indigenous people. Paternalism and a belief in the superiority of Anglo-Canadian culture and medicine permeated every interaction. Some of their writings, however, offer a glimpse into how the reality of practising in the districts contested nurses' ideas about Indigenous identity and stereotypes. As previously stated, Indigenous people did not comprise a monolith; the province of Alberta covered the territory of a number of nations, and identity was further complicated by the signing of treaties, the implementation of colonial laws, and the intermarrying of Indigenous peoples and settlers. District nurses recognized the complexity of these identities, particularly through the process of registering births for provincial vital statistics. After delivering a healthy baby girl to a couple of mixed European and Indigenous, and Swedish heritage near Lindale in 1944, district nurse Elizabeth Heldal commented that "this little Indian-Swedish-Canadian" was "a credit to her mother...and will get...loving care from [her] parents."<sup>170</sup> District nurse Willis

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<sup>169</sup> Bow and Cook, "The History of the Department of Public Health of Alberta," 11.

<sup>170</sup> Elizabeth Heldal, "On the Home Front in Alberta," article, pg. 4. PAA, PR 2017.0642, Box 37, no-name file.

also reflected on the complexity of identity and how stereotypes about Indigenous people did not necessarily reflect her nursing experience. In the process of registering a child after birth, Willis noted:

This girl also illustrated the absurdity of a question on the delivery record sheet “Racial Origin?” She was apparently a half breed, but with unusually white skin and freckles. I said “Racial Origin... what do we put here?” She laughed and said “My mother was half Cree and half French. My father was Pennsylvania Dutch!” So I put “Pennsylvania Dutch” and we both giggled. Another “half breed” girl for whom I had to fill this out was an equal mixture of Cree, French, German, and Irish! This question was clearly not applicable to our Canadian population, and I think was soon dropped.<sup>171</sup>

These instances illustrate that district nurses, influenced by their day-to-day practise, recognized some degree of complexity of Indigenous identity. It is unclear from these accounts, however, whether this recognition of complex identity was enough to disrupt district nurses’ assumptions about Indigenous stereotypes and racial and ethnic hierarchies that undergirded the discourse of scientific motherhood. The patronizing tone present in many of the recorded encounters with Indigenous people suggests that though district nurses’ experiences made them aware of the inconsistencies of their colonial beliefs, some of their assumptions remained. Resistance to medically directed pregnancies, similar to with Ukrainian settlers, was racialized as a way to explain non-compliance.

District nurses conceptualized Indigenous people, and Indigenous mothers particularly, through a colonial framework – as primitive, unable to fully participate in bio-medicine, and incapable of properly mothering. This conceptualization aligned with the biases that informed scientific motherhood; because of this understanding, the discourse of scientific motherhood specifically targeted Indigenous women so that, through instruction and under supervision, they could distance themselves from their traditional practises and conform to a version of motherhood built around urban, middle-class, Anglo-Canadian biases. In practise, however,

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<sup>171</sup> Mary Willis to Joy Duncan, 16 September 1975, pg. 29.

district nurses recognized the value of Indigenous medicine and traditional mothering practises, and in fact sought out Indigenous women for education and at times deferred to their expertise and practises. Nurse Brighty, for example, recorded her realization that Indigenous women “had a culture and skill not gathered perhaps from formal education, but an innate wisdom and native art.”<sup>172</sup> She also, on a trip to Wabasca in the 1930s, followed protocol of offering tobacco and tea to an elder Indigenous medicine woman in order to learn from her.<sup>173</sup> District Nurse Amy Wilson related her experience learning about “‘Iskwao Muskike’ or Woman Medicine” from an “old Indian ‘medicine woman’” while posted at Lesser Slave Lake in the 1940s in her writings.<sup>174</sup> She commented that through long conversations, the two of them became very good friends during her time there, and that she, along with everyone else in the district, had great respect for the woman. These stories were generally relayed in a patronizing tone, but they offer written acknowledgement that district nurses, in some capacity, recognized Indigenous medicine and healing practises as valuable and even a potential complement to the bio-medical norm of scientific motherhood.

In some instances, however, district nurses also showed themselves to be agreeable to the prospect of hybridizing bio-medical and traditional medicine and practises in labour and mothering. Nurse Brighty, when attending an Indigenous woman named Rain-in-the-Face during delivery, recorded that upon entering the tepee, “[she] was the embarrassed one, for it was the first time [she] had ever attempted to do any work in a tepee.”<sup>175</sup> She felt awkward and unable to practise as she normally would have. Throughout the delivery, Nurse Brighty and Rain-in-the-

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<sup>172</sup> Kate Brighty, “C.B.C.,” transcription of radio broadcast by Brighty, 30 May 1939, pg. 5. PAA, PR 2017.0642, Box 37, no-name file.

<sup>173</sup> Kate Shaw Brighty Colley, *While Rivers Flow: Stories of Early Alberta* (Saskatoon: Western Producer Prairie Books, 1970), 103.

<sup>174</sup> Wilson, *No Man Stands Alone*, 24.

<sup>175</sup> Kate Brighty, “C.B.C.,” 30 May 1939, pg. 4.

Face collaborated to provide hybridized medical care that best fit the circumstances of birth and reflected the desires of both district nurse and patient. Rain-in-the-Face asked Nurse Brighty to “attend to the baby ‘white woman’s way’” with regards to washing the baby. After Nurse Brighty completed that task, she recorded that she then “became the pupil and Rain-in-the-Face [her] teacher” regarding the dressing of baby.<sup>176</sup> This consisted of dressing and packing the baby in a bag with moss. Though scientific motherhood clearly outlined the abandonment of alternative mothering practises that were not based in western, scientific knowledge, district nurses were willing to move away from fully adhering to the discourse because of their practical experience in their districts and the relationships they developed with their patients.

District nurses’ actions and writings demonstrate alignment with larger colonial discourses of the time that stressed medicalization and assimilation. Coming into contact with their patients, however, allowed district nurses to re-evaluate some of their strict understandings of these discourses. Femininity in rural Alberta looked different than that of middle-class, urban women, and district nurses saw merit in non-Western bio-medical approaches to childbirth and mothering. District nurses’ own recollections and others’ observations of their work further demonstrate that they were deeply dedicated to the nursing profession. Their actions suggest that most of the women who worked in this program demonstrated an effort to balance their practice of scientific motherhood with relationship building in communities because it gave their patients the best chance at good health.

Pre-natal care was particularly important work for the district nurse. In order to ensure their patients’ health, district nurses monitored their pregnancies to offer sound medical advice and predict possible problems, rather than have women rely on kin or friendship networks for

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<sup>176</sup> Kate Brighty, “C.B.C.,” 30 May 1939, pg. 4.

information. District nurses asked pregnant women to alert them of their status within the first two months of pregnancies and then make regular visits to the district nurses' office where "[their] blood pressure was taken, urinalysis made; diet supervised and routine health habits outlined."<sup>177</sup> Nurse Mary Willis, while nursing in Maloy and Youngstown in the early 1940s, "used the occasion of the long rides to and from mat[ernity] cases to get the message over to teenage boys who had been sent to get [her] that when they married it was their responsibility to see that their wives got prenatal care!"<sup>178</sup> District nurses also held pre-natal classes and distributed advice literature in an effort to educate expectant mothers.<sup>179</sup> If it was difficult for district nurses to organize pre-natal classes or for mothers to attend regular pre-natal visits, they improvised care to ensure this service was provided. During her time in northern Albertan communities during the early 1940s, Nurse Dorthea Engelcke taught on a "person-to-person basis" because she found it impossible to organize pre-natal classes. Instead, she visited her patients in their homes, or "sometimes even [gave them pre-natal information] on the street."<sup>180</sup> And, when district nurses could not convince their patients to seek them for adequate pre-natal care, they used examples of delivery complications to encourage other women in the community not to replicate uncooperative mothers' mistakes. Nurse Willis, for example, recalled that "when something did go wrong," like it did when she delivered a woman with eclampsia, "it sometimes had good side-effects, in that it was always well known in the district that the woman had not been in for pre-natal care, and for a while afterwards the pre-natal care load increased very

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<sup>177</sup> Stewart, ed., *These Were Our Yesterdays*, 246; "Safeguarding the Health of the Family of the Frontier," radio broadcast by B.A. Emerson, 15 December 1943. PAA, PR 2017.0642 Box 37, no-name file.

<sup>178</sup> Mary Willis to Joy Duncan, 16 September 1975, pg. 26.

<sup>179</sup> Cyr, *Yes Father*, 154-5.

<sup>180</sup> Stewart, ed., *These Were Our Yesterdays*, 110.



satisfactorily.”<sup>181</sup> District nurses insisted on good pre-natal care in their communities to ensure their patients’ pregnancies were progressing properly and to successfully prepare their patients, whether that meant delivering them at home or suggesting a hospital birth under the care of a physician.

Solid pre-natal care contributed to successful deliveries, but also went beyond practical results. It served as a space where nurses and mothers could interact with one another, and through extended care and thoughtful advice build relationships and trust. The Public Health Nursing Manual clearly laid out this process:

To establish a friendly relationship is the first step, in order to gain the confidence, and secure the co-operation of the mother. Tact, gentleness and an understanding of the natural reticence during this period should enable the nurse to make an approach under the most difficult circumstances.<sup>182</sup>

A pre-natal class hosted by nurse Cyr for all women in the community provided an opportunity for the expectant mothers to simply relax, enjoy each other’s company, and ask any questions of the nurse.<sup>183</sup> On a more personal level, one of nurse Hyde’s patients recounted that the nurse “was mother confessor to the womenfolk. To her they came with their fears and family problems. She never failed to comfort. Their troubles, so important when they came, seemed to diminish or disappear before they left. Never was their confidence violated.”<sup>184</sup> Prenatal care allowed nurse and mother to get comfortable with one another.

District nurses’ best practices, developed through building relationships with their patients and informed by scientific motherhood, also included timely care. District nurses’ actions illustrate their commitment to attending their patients in labour, in any circumstances and

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<sup>181</sup> Mary Willis to Joy Duncan, 16 September 1975, pg. 25-26.

<sup>182</sup> Public Health Nursing in Alberta (Manual) [1920’s], pg. 46-49. PAA, GR 1985.16, Box 1, File 1.

<sup>183</sup> Cyr, *Yes Father*, 154.

<sup>184</sup> Stewart, ed., *These Were Our Yesterdays*, 89.

at any time. They persevered through dismal travelling conditions and demanding workloads in order to make it to each woman's bedside and provide a medically directed delivery. On route to a patient at 2:00 a.m. in Whitecourt in early June, 1941, nurse Laura Attrux was ejected from a buggy, had to cross the Athabasca River on a "home built [boat], crude and box like," found herself in a "veritable jungle" far downstream from her patient's house upon arriving on the north bank of the river, trekked "at least a quarter of a mile through dense bush ... in the dark," and climbed "a sheer cliff at least 200 feet high" to get to her patient's house.<sup>185</sup> Many district nurses recorded similar travelling stories wherein patients called them in the dead of night, had access only to basic forms of transportation and poor infrastructure, and, unlike Attrux's story, were subjected to long trips in freezing weather. Nurse Irene Stewart, for example, related her story of being transported to a maternity case in a small horse drawn sleigh in -50° F in the Smith district; on her trip she saw the northern lights, but also froze her nose.<sup>186</sup>

In areas where they were the only health practitioner available, district nurses endured heavy workloads to ensure they attended each birth in their districts. Nurse Conlin, after a "phenomenal day" where she resuscitated a child who fell into a well, tended to a girl who had been "thrown from a buggy," and amputated the finger of a man who had been injured in a saw accident, still answered a maternity call in the early hours of the morning.<sup>187</sup> Nurse Mary G. Plant remembered in her time in Onoway that "the patient load was heavy and it seemed that most winters [she] just climbed from one sleigh to another."<sup>188</sup> They answered maternity calls in the middle of the night and at other, somewhat inconvenient times. Nurse Alvine Cyr, for

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<sup>185</sup> Stewart, ed., *These Were Our Yesterdays*, 201.

<sup>186</sup> Stewart, ed., *These Were Our Yesterdays*, 125.

<sup>187</sup> Mary Conlin, Reminiscences of her time as a district nurse, pg. 14-15. PAA, PR 1970.19 SE.

<sup>188</sup> Stewart, ed., *These Were Our Yesterdays*, 159.

example recalled being called away during a social event where she was “wearing a beautiful long black satin dress [her] mother had made for [her].”<sup>189</sup> She did not have time to change before the delivery. District nurses’ commitment to pre-natal care and medically delivered pregnancies, informed by the practice of scientific motherhood and their relationships with mothers in the community, created a set of best practices that contributed to the larger nation-building project and the health of individuals.

This balancing of practicing scientific motherhood and maintaining relationships of trust and friendships built throughout the course of their practice informed how district nurses approached post-natal care for their patients. District nurses were unable to personally care for their patients throughout the entire post-natal period because of the demands on their labour, and they therefore instructed neighbours or kin in how to care for mother and baby following delivery. This practice also ensured post-natal care was medically directed and situated within strong community relationships. In pre-natal consultations, district nurses encouraged their patients to “make arrangements for a neighbour woman” to keep them company while waiting for the nurse at confinement and take care of her for ten days following labour.<sup>190</sup> At the time of delivery, the district nurses then left “instructions for the care of the mother and baby ... with the attending neighbour woman.”<sup>191</sup> During this time, medical consensus expected women to remain in bed for 7-10 days following delivery. District nurses also made post-natal visits on approximately the fifth day after delivery (depending on the demands of their districts and the circumstances of the delivery) to make sure all was well with mother and baby.<sup>192</sup> If there were complications at the examination beyond what a laywoman could handle, district nurses

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<sup>189</sup> Cyr, *Yes Father*, 106.

<sup>190</sup> Stewart, ed., *These Were Our Yesterdays*, 17.

<sup>191</sup> Stewart, ed., *These Were Our Yesterdays*, 17.

<sup>192</sup> Stewart, ed., *These Were Our Yesterdays*, 17; 133.

provided medical care at home or arranged for their patients to go to the hospital.<sup>193</sup> District nurses' provided the best care for their patients by relying on community support while practicing according to scientific motherhood.

In many ways, pregnancy was only the beginning. District nurses also brought the tenets of scientific motherhood into child welfare work. The average district included ten schools, where district nurses diligently carried out multiple public health services to maintain children's health.<sup>194</sup> Formally, district nurses made arrangements with schoolteachers to inoculate and immunize school children and encouraged parents to bring their pre-school children to schoolhouses for the same service.<sup>195</sup> They also carried out routine school inspections to help identify and ultimately contain contagious diseases and identify children with physical or mental deficiencies.<sup>196</sup> More informally, district nurses "frequently call[ed] in" at schoolhouses when passing them "for a few minutes to tell the children a health story, inspect fingernails, or count handkerchiefs."<sup>197</sup> Olive Watherston's successful tonsil and adenoid clinic in Halcourt, mentioned earlier in this chapter, developed into the Provincially Travelling Clinic, a provincially funded service that provided dental, medical, and surgical services to rural districts in the summer months from 1924 to 1931 and 1934 to 1942. District nurses surveyed the children in the district prior to the arrival of the clinic so that the travelling doctor and dentist

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<sup>193</sup> Cyr, *Yes Father*, 151-152.

<sup>194</sup> Bow and Cook, "The History of the Department of Public Health of Alberta," 13.

<sup>195</sup> Bow and Cook, "The History of the Department of Public Health of Alberta," 13; Cyr, *Yes Father*, 152.

<sup>196</sup> Public Health Nursing in Alberta (Manual) [1920's], pg. 1.; Stewart, ed., *These Were Our Yesterdays*, 18.

<sup>197</sup> Bow and Cook, "The History of the Department of Public Health of Alberta," 14. The Public Health Nurses training manual gives instructions for these drills. See Public Health Nursing in Alberta (Manual) [1920's], pg. 46-49.

could most efficiently remove tonsils, adenoids, and teeth.<sup>198</sup> Through child welfare work, district nurses entered schools in addition to women's homes to disseminate practise of scientific motherhood, instruct children in hygienic practices, and build community relationships. District nurses operated as the central figure in conversations of health including teachers, parents, and children, and as interlocutor between the community and the broader medical field.

Many records created by district nurses reveal that, as young, unmarried women in a community, district nurses and school teachers often formed friendships that helped them both to ensure the health of the children through the provision of medical services. Dr. Malcolm Bow, summarized the relationship: "Teachers can be relied on to report suspected cases of communicable diseases to [district nurses], where parents may be less willing, or inclined, to talk themselves out of the possibility of their children having a contagious disease."<sup>199</sup>

Schoolteachers also often alerted district nurses to such physical defects that could be remedied at the travelling clinics.<sup>200</sup> Regardless of whether district nurses forged friendships with schoolteachers out of personal or professional reasons, their relationships helped to secure access to the school children and deepen the ties to the community health needs.

In addition to providing medically directed pregnancies and early childhood development strategies, district nurses' commitment to public health education in their districts also aligned with the discourse of scientific motherhood. Though they held regular consultation hours at their residence offices, district nurses recognized that "in the country one was Nurse 24 hours, 7 days a week."<sup>201</sup> As such, when community members "corner[ed] [them] in stores or at dances," they

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<sup>198</sup> Stewart, ed., *These Were Our Yesterdays*, 64.

<sup>199</sup> Bow and Cook, "The History of the Department of Public Health of Alberta," 14.

<sup>200</sup> Stewart, ed., *These Were Our Yesterdays*, 64.

<sup>201</sup> Mary Willis to Joy Duncan, 16 September 1975, pg. 35.

“[made] the most of any opportunity” because they “believe[d] strongly in Public Health.”<sup>202</sup>

District nurses also strategically maintained the relationships that developed with their patients throughout pregnancies to build the trust necessary for their patients to seek, accept, and implement their advice on preventive medicine.<sup>203</sup> They gave community members relatable, practical advice, for example, on sanitary food and water storage without the use of refrigeration, keeping work areas clean to avoid injuries and tetanus, outhouse sanitation, reducing fly populations, and the effectiveness of home remedies.<sup>204</sup> In addition to offering education to their patients on an individual basis, district nurses developed and introduced “any type of Health Education Program [they] felt timely and of special interest to the community.”<sup>205</sup> Programs focused on the “care of teeth, adequate diet, immunization program, accident prevention and First Aid, [and maintaining a] healthy life style.”<sup>206</sup>

District nurses also modified their practices, and at times, their adherence to scientific motherhood, in order to make community members more comfortable and therefore willing to accept their interventions. Nurse Beth Tachit in Plamondon recalled that she never exposed families for having bed bugs, for example, even though provincial training manuals instructed district nurses to report infestations. Tachit recognized that “housewives felt they were a disgrace,” and so she altered her nursing practise accordingly. Instead of approaching women to discuss problems with bed bugs, she asked about spruce bugs – “a bug on the spruce trees that, at one stage of its development, was said to resemble a bed bug.” “This was a comforting ‘out,’”

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<sup>202</sup> Mary Willis to Joy Duncan, 16 September 1975, pg. 35.

<sup>203</sup> Stewart, ed., *These Were Our Yesterdays*, 246.

<sup>204</sup> Cyr, *Yes, Father*, 130.

<sup>205</sup> Transcription of Oral History Biography of Helen Sabin, conducted by AARN History of Nursing Professional Practice Group, Section II, pg. 3. PAA, PR 2017.0642, Box 71, Helen (Garfield) Sabin file.

<sup>206</sup> Transcription of Oral History Biography of Helen Sabin, Section II, pg. 3.

Tachit recalled, “as it wasn’t so hard to admit to having ‘spruce bugs.’”<sup>207</sup> Though district nurses’ duties were to provide public health education and emergency medical and maternity services, Nurse Conlin agreed to take charge of a newborn baby with a condition that was normally fatal. His mother, thinking her baby would not survive “pleaded with [Conlin] to take him home as ‘she could not stand to see the babe die.’” Conlin, “realizing the mother’s health would be jeopardized,” took the baby home and cared for him for three weeks. Under her care the baby survived, and as a gesture of gratitude, the mother named him Conlin.<sup>208</sup> These examples illustrate district nurses’ willingness to stray from the tenets of scientific motherhood and the expectations of their profession in order to best serve their communities.

District nurses often offered services outside of their scope of practice which they nonetheless recognized as being crucial to both supporting the health of their patients and remaining accepted and well-liked within their communities. The community of Plamondon, for example, gratefully remembered the various services nurse Cyr performed, “from delivering babies to extracting teeth and sometimes even helping farmers with difficult cases involving their livestock.”<sup>209</sup> Indeed, many district nurses remembered performing tooth extractions in order to save their patients from pain and ill health due to further tooth decay.<sup>210</sup> In fact, nurse Janet Fraser Reynolds remembers learning how to pull teeth on the job at Blueberry Mountain in the mid 1930s because the service was so frequently requested of her.<sup>211</sup> Though patients appreciated the immediate pain relief that accompanied extractions, district nurses were sometimes less keen

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<sup>207</sup> Beth Tachit, “The Bed Bugs and the Bait,” in *From Spruce Trees to Wheatfields: Plamondon 1908-1988* (Plamondon, AB: Plamondon History Book Society, 1988), 328.

<sup>208</sup> Conlin, *Reminiscences of her time as a district nurse*, pg. 38.

<sup>209</sup> Marie Bourassa, “Health Services,” in *From Spruce Trees to Wheatfields*, 244.

<sup>210</sup> For example, see Cyr, *Yes Father*, 98; Stewart, ed., *These Were Our Yesterdays*, 80; 164.

<sup>211</sup> Stewart, ed., *These Were Our Yesterdays*, 139.

on the procedure. Nurse Cyr, praised by her community for her work, vowed to herself that she would never again extract a tooth as her patient was haemorrhaging due to the extraction procedure she had just performed.<sup>212</sup> Nurse Maud Plumley DeLong performed her extractions somewhat begrudgingly, and recorded the procedures were “quite a lot [for the community] to expect and a bit out of [her] line, as [she] wasn’t a Dentist.”<sup>213</sup> Both district nurses, however, recognized that it was a service their communities needed, and not one they could refuse. District nurses also frequently lent their services to the community as veterinarians.<sup>214</sup> They recognized that livestock provided crucial food, money, and transportation for families during this period of scarcity and so tried to help families by tending to their animals. Nurse Edith Gavin, for example, upon arriving at a young couple’s house for the delivery of their first baby, noticed “what seemed to be a dying piglet on the oven door.” She administered brandy to the piglet at the father’s request for help and by the time she delivered the baby the piglet has recovered enough to rejoin its litter. “Today in prosperous times,” Gavin related in the late 1970s, “no one would bother with such a thing but it was different during hard times. That young farmer was most grateful.”<sup>215</sup> Teeth extractions and veterinary services were out of district nurses’ scope of practise, surely, yet they constituted substantial portions of district nurses’ practices. They acquiesced to community members’ requests, recognized the importance of these services, and modified their practises to reflect their districts and best provide for their health.

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<sup>212</sup> Cyr, *Yes Father*, 145.

<sup>213</sup> Maud Plumley DeLong, “A few of my experiences as District Nurse while at Pendryl, Alberta,” in *Trail Blazers* (Winfield, AB: Conroy Club and the Yeoford Ladies Club, 1973), 102.

<sup>214</sup> For example, see Stewart, ed., *These Were Our Yesterdays*, 172; 218; “A Few Recollections of the Life of Wilfred Playdon Spent in Wanham, Alberta, 1932-43,” in *Grooming the Grizzly*, 495-496.

<sup>215</sup> Stewart, ed., *These Were Our Yesterdays*, 166.



Scientific motherhood and the discourse it operated within, namely colonialism, nation-building, and medicalization, clearly informed district nurses' practices. It operated according to racial, gendered, and class norms and, wherever possible, insisted on medically directed pregnancies, deliveries, and mothering practices. District nurses' practices, however, were only partially informed by scientific motherhood. Indeed, the district nurses developed relationships with their patients and built trust as a way not only to gain access to homes, but also to facilitate care tailored to the best interests of their patients. Overwhelmingly, district nurses' actions revealed that they wanted to fulfil the demands of their job and provide efficient and high quality care.

## CHAPTER THREE

### **BEAR FAT DONUTS AND APPLE CRATE BASSINETS: Rural Women's Expertise and the Modification of Scientific Motherhood in Community**

Confident in the capabilities of her mother and Alvine Cyr, the district nurse stationed in her birthplace of Plamondon, Alberta, Zéa Piquette travelled 500 km from her home with her husband in Coal Valley to Plamondon to give birth to her first child in her family's home in 1933. "Every stage of the delivery went well," recorded Piquette, "[until] Roméo was born [and] the umbilical cord was around his little neck, so he couldn't breathe."<sup>216</sup> Though Piquette trusted both her mother's and Cyr's skill as midwife and nurse, respectively, it was Cyr's formal training in "the new medical technique of mouth of mouth resuscitation" that allowed baby Roméo to survive.<sup>217</sup> In Roméo and his wife, Therese's, recording of their own family history, they remembered Cyr's actions as "literally breath[ing] life back into the stillborn baby."<sup>218</sup>

The Piquette family's multiple retellings of Roméo's birth forefront Cyr's medical expertise. They also reveal another aspect of district nurses' services that community members highly valued: their ability to integrate into already existing health models and provide women services where they felt most comfortable. Cyr did not insist that her medical training supersede Piquette's mother's skills in midwifery. Rather, she practised alongside Dellamen Chevingy until it appeared that the situation demanded a different approach. The Piquette family recorded their history in *From Spruce Trees to Wheatfields: Plamondon 1908-1988*, a community-authored local history book about the hamlet and its residents. Like this text, other local history books from areas that hosted district nurses during the first half of the twentieth century mention

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<sup>216</sup> "Roland and Zea Piquette," in *From Spruce Trees to Wheatfields: Plamondon 1908-1988* (Plamondon, AB: Plamondon History Book Society, 1988), 625.

<sup>217</sup> "Romeo and Therese Piquette," in *From Spruce Trees to Wheatfields*, 627.

<sup>218</sup> "Romeo and Therese Piquette," in *From Spruce Trees to Wheatfields*, 627.

district nurses' ability to integrate into communities just as often as the record nurses' medical expertise in collectively crafted medical histories and family histories alike.

An evaluation of local history books also reveals very little doubt about district nurses' capabilities, while district nurses' own recollections reveal their feelings of inadequacy about their ability to live and practice in such isolated, rural spaces and away from the support of a broader medical network. Like Mary Conlin's remarks about her experience in Peace River country during the early 1920s, to many district nurses "this pioneer [life] struck [them] as impossible."<sup>219</sup> Community members laughed at her occasionally because of her "greenness" regarding rural living, but Conlin was deeply grateful that her community "saved [her] from what might have been serious results of [her] ignorance of pioneer conditions and customs."<sup>220</sup> District nurses' relied on community members' expertise in rural life to ensure that they could practice medicine to the best of their abilities in the location they found themselves in and with the material resources and technology to which they had access.

Strong relationships and community integration, then, were crucial to the success of the district nursing program. To rural community members, a district nurses' ability to adapt her nursing practice to her patients' needs and way of life was as important as the medical expertise she offered. District nurses relied on the development of strong community connections for their survival in rural spaces, their ability to practise medicine on location, and their capacity to gain trust and enter patients' homes. The quality of that relationship often indicated the degree to which patients accepted the principles and practices of scientific motherhood. This chapter recognizes the role of rural women's expertise in surviving in isolated rural communities as a

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<sup>219</sup> Mary Conlin, Reminiscences of her time as a district nurse, pg. 5 A. PAA, PR 1970.19 SE.

<sup>220</sup> Mary Conlin, Reminiscences of her time as a district nurse, pg. 7.

contributing factor to the reworking of scientific motherhood in nurses' district practices; district nurses relied on rural women's expertise to be able to transfer their medical knowledge and skills to rural Canadian western and northern environments. Furthermore, this chapter examines rural women's agency in choosing whether or not to incorporate district nurses' medical expertise and advice into their mothering practices, further adapting scientific motherhood in a way that recognized lived experience and physical realities of the rural, isolated districts of Alberta.

Isolated rural municipalities had to apply to the Department of Public Health to retain the services of a district nurse in their community. Generally, municipalities organized local nursing committees that took on the responsibility of procuring a nurse and providing for her once she had arrived in community—though the provincial government paid district nurses' full salaries and supplied them with surgical and medical equipment, communities were expected to provide the nurse with furnished housing, fuel, water, and transportation for the nurse in the course of her duties.<sup>221</sup> Community members, alongside those who sat on the local committees, pitched in to prepare for the district nurse and provide for her during her tenure. In Wanham in 1924, for instance, multiple community members offered their land as potential locations for the nurses' house to be built.<sup>222</sup> A decade later in Alder Flats, a rapidly growing community 120 km southwest of Edmonton, residents rallied together to quickly build a nurse's residence and prepare for the arrival of Marjorie Maynes, their first district nurse approved by the department in 1934. In an article for the *Canadian Nurse* in 1935, the superintendent of Public Health Nurses, Kate Brighty, related that through “the united efforts of the community, the work was accomplished.

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<sup>221</sup> *Annual Report of the Department of Pubic Health, Province of Alberta*, (1921), pg. 38. For an example, see “Joseph Betlamanin,” in *Trail Blazers* (Winfield, AB: Conroy Club and the Yeoford Ladies Club, 1973), 28.

<sup>222</sup> Vi Wilde, “District Nurses,” in *Grooming the Grizzly: A History of Wanham and Area*, ed. Wallace Tansem (Winnipeg: Inter-Collegiate Press, 1982), 110.

The axemen came originally from Scandinavia, the plane and saw were in British hands, and the entire four-room interior was plastered by the clever hands of women of the Ukraine... Women of the community, from their own meagre supplies, gave a shower of small house requisites.”<sup>223</sup>

District nurse Mary Willis remembered that the Youngstown Nursing Committee organized “Sawing Bees” where community members brought down trees and sawed logs into “stove-lengths” for her use.<sup>224</sup>

The substantial community organization and allocation of resources indicates that collectively, these municipalities desired district nurses’ services and believed, at minimum, that having access to medical services could help keep their families healthier. By accepting a district nurse into their communities, however, residents did not necessarily accept the idea of scientific motherhood at all, or in its entirety; mothers could understand the benefits of heeding medical and scientific advice without abandoning traditional mothering practises, without deferring to medical expertise in all decisions, and without following all of the rules for mothering set out in the prescriptive literature.

Local histories illustrate that district nurses did not enter into communities completely void of maternity services. Instead, when they arrived, district nurses constituted one, formal option for medical care. Many communities already had trusted members they relied on for midwifery and other healing services. The local history of the Francophone and Métis community of Plamondon, for example, names and thanks five particular women for their services as midwives – Grandma Johnson, Mrs. Narcisse Plamondon, Mrs. Shortt, Mrs. Draper, and Mrs. Dellamen Chevigny – who practiced before and during the tenure of district nurse

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<sup>223</sup> Kate Brighty, “Department of Public Health Nursing: an Experiment in Rural Nursing,” *Canadian Nurse* 31, no. 11 (1935): 501. GA, M-4872, File 1.

<sup>224</sup> Mary Willis to Joy Duncan, 16 September 1975, pg. 43. GA, M-4745, File 60.

Alvine Cyr.<sup>225</sup> The way these midwives' names were evoked in individual family histories, they were much loved, respected, and depended on. Some midwives, like those of Plamondon, were trained through experience and informal apprenticeship, whereas others, like Mrs. Aley of Belloy in the Spirit River region of northern Alberta, had been formally trained as a midwife in England and informally continued to practice her profession upon immigrating to Canada. She is remembered as having "delivered many babies around Belloy."<sup>226</sup> The communities of Plamondon and Belloy are not alone in their reliance on and commemoration of midwives. Multiple communities in the Wanham, Winfield, and Woking districts, for example, similarly recount the services midwives provided to communities.<sup>227</sup> Regardless of whether these midwives received training through experience or a formal education, they created an established network of maternity services that women could, and did at times, choose instead of retaining the service of a district nurse.

Kin and friendship networks also provided a familiar and alternative source of maternity services. Communities relied on each other for survival in the bush during the first half of the twentieth century, and assisting one another through child birth is reflected in community histories as a regular occurrence – similar to swapping garden vegetables, hunting together, and volunteering labour to build new homes for neighbours. Sometimes, these exchanges of labour were organized and planned for. Lillian Herchak, living around Buck Lake in the 1920s and 1930s remembered that her and her "good friend, Mrs. Quinn ... took turns being midwife for

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<sup>225</sup> Marie Bourassa, "Health Services," in *From Spruce Trees to Wheatfields*, 244.

<sup>226</sup> Mildred Aley, "The Herbert Aley Story," in *Grooming the Grizzly*, 244. Fawcett, AB, too had a retired nurse who set up a maternity home. See Irene Stewart, ed., *These Were Our Yesterdays: A History of District-Nursing in Alberta* (Calgary: Publishing Company, 1979), 211.

<sup>227</sup> For example, see Jean Rycroft, "Harry Bihun," in *Grooming the Grizzly*, 260; Catherine Bohnke, "Metz, Leonard," in *Grooming the Grizzly*, 445; "Medical Means," in *Burnt Embers: A History of Woking and District in the Burnt River Valley* (Woking, AB: Woking and Area Historical Society, 1985. Printers), 59-60; "William Goodkey," in *Trail Blazers*, 158.

each other.”<sup>228</sup> Other times, neighbour helped out neighbour in a pinch. Ada Bennett, living in the Wanham district, recalled:

one chilly night [her neighbour] Adolph Peddy knocked on [her door] about 2 a.m. and asked [her] to come over right away to help his wife who was in labor. [She] soon determine[d] that the baby would arrive pronto. The home was a chilly one room shack, and [she] had to quickly stoke the fire to sterilize what meagre equipment we had on hand. No doctor or nurse was within miles. Fortunately everything went well and the proud parents were blessed with a fine healthy baby boy, (Lawrence Edward Peddy).<sup>229</sup>

Even with obligations and families of their own, local histories readily demonstrate that

neighbour women (and sometimes men!), without fail attended to their fellow community members in need.<sup>230</sup> These stories depict the networks of care and commitment present in communities before district nurses arrived; they foreshadow the standard of service and personality district nurses needed to possess and display in order to be accepted as caregivers and professionals in the community.

Communities relied on established, though informal, medical and maternity services prior to the arrival of district nurses. The records overwhelmingly illustrate that women in communities chose to utilize the services of district nurses upon their arrival, recognized their expertise, and deferred to their advice and recommendations. Both local histories and district nurses’ recollections demonstrate that once in a community, district nurses were called on constantly. Stan Milson, a resident of the Winfield district in western Alberta, recollected that “district nurses [were] on call at all hours of the day or night, seven days a week, ... [and] tend[ed] the sick in every kind of weather, travel[ed] over deplorable roads and back by wagon,

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<sup>228</sup> Lillian (Kirkness) Herchak, “Henry Kirkness,” in *Packhorse to Pavement* (Buck Lake, AB: Buck Lake History, 1981. Printers), 18.

<sup>229</sup> Ada Bennett, “Harold Bennett,” in *Grooming the Grizzly*, 254.

<sup>230</sup> Lillian Hawthorne, “The Neal Hawthorne Family,” in *Our Bend in the Peace: The Story of Royce and Lubeck* (Hines Creek, AB: Lubeck Merrymakers Society, 1979), 154-155; Mrs. Cecil Platz, “Oscar and Natalia Larsson Story,” in *Packhorse to Pavement*, 19; “William and Betty Bunney,” in *Trail Blazers*, 63; “William Goodkey,” in *Trail Blazers*, 158.

sleighs or horseback.”<sup>231</sup> Elizabeth R. Lea recorded that in the 18 months she was posted in Fawcett as a district nurse during the early 1940s, she delivered 120 babies. “The babies came so thick and fast,” she recalled, “that they averaged about ten a month.” One particular weekend “[she] delivered seven babies from Friday [at] 2:00 a.m. until Monday at 9:00 a.m.”<sup>232</sup> The demands on district nurses’ labour demonstrates that women accepted district nurses and actively sought out their medical services.

The sheer number of casual mentions in the family histories of each local history, mostly comprising no more than one sentence, that the district nurses attended women at birth is perhaps the most explicit evidence of the extent to which community members called on district nurses for maternity services. In a discussion about home renovations, for example, Grace Cadieux mentioned that it was “in that little house [that her] daughter, Vivian, was born assisted by the [district] nurse.”<sup>233</sup> Sylvia Mierzewski recorded that her brother “was born at home with Nurse Jean McKinley in attendance” in late 1936 and when “in the spring of 1939, on April 5, [she] was born in the Hines Creek hotel, “Nurse Jean McKinley attended once again.”<sup>234</sup> In relating the birth of her first child in Peace River Country in 1937, Mamie Edmunds concisely stated, “Ruth Pugh was the district nurse” in attendance. Gilbert Nelson recorded the birth of his siblings in a similarly brief manner: “Norman was born in September during 1927. The district nurse at that time was Miss Plumley. Clarice was born December 26, 1929. The nurse at that time was Miss Fleming.”<sup>235</sup> After relating information about his mother’s illness after her second birth, he continued: “Ingrid was born September 24, 1934. Miss Conroy was the nurse at that

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<sup>231</sup> “Stan Milson,” in *Trail Blazers*, 264.

<sup>232</sup> Stewart, ed., *These Were Our Yesterdays*, 211.

<sup>233</sup> Grace Cadieux, “Phillip and Grace Cadieux,” in *From Spruce Trees to Wheatfields*, 447.

<sup>234</sup> Sylvia Mierzewski, “The John Worobetz Family,” in *Our Bend in the Peace*, 297-298.

<sup>235</sup> “Gilbert Nelson,” in *Trail Blazers*, 281.



time and for many years to follow.”<sup>236</sup> The frequent presence of these short recollections in many family histories illustrates the important role district nurses played in community members’ lives, but the brevity of these mentions indicate that perhaps there was nothing particularly special about having a district nurse attend them in labour. That families, and women more specifically, chose to seek out district nurses’ medical expertise during labour was crucial to nurses’ ability to adhere to the tenets of scientific motherhood and instruct their patients in it – as scientific motherhood understood pregnancy no longer as a familial event, but one that was medically directed.

In addition to illustrating that the prevalence of medically directed deliveries became normalized through district nurses’ regular attendances at births, local histories also reveal that community members explicitly recognized district nurses’ expertise and skill. Clara Johnson stated that Kate Brighty and the rest of the district nurses who served Wanham and area, were “prepared to handle almost every kind of emergency” and were “excellent midwives as well” – at the time of writing, for instance, Johnson could not “recall any [obstetrical] casualties.”<sup>237</sup> “Muskeg Pete” Adams remembered district nurses in the Pendryl area being “very good and did many jobs that a Doctor would have done.”<sup>238</sup> The story of Zéa Piquette from the beginning of this chapter emphasizes that without district nurse Cyr’s medical expertise, Roméo would not have survived.<sup>239</sup> Similarly, in their recollection of the “horrible, miserable winter” of 1936 in which their son Dennis was born, the Abbott family recorded that “Miss Conroy the beloved nurse from Pendryl” was the person who “nursed [Dennis] through the siege” of

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<sup>236</sup> “Gilbert Nelson,” in *Trail Blazers*, 281.

<sup>237</sup> Clara (Hauser) Johnson, “Wanham, Then and Now (1928-1978),” in *Grooming the Grizzly*, 170.

<sup>238</sup> Muskeg’ Pete Adams, in *Trail Blazers* 6.

<sup>239</sup> “Romeo and Therese Piquette,” in *From Spruce Trees to Wheatfields*, 627.

pneumonia and kept him alive.<sup>240</sup> These references to district nurses' expertise more generally and the recounting of particular instances of skill demonstrate community members' recognition that district nurses' medical services were critical to the survival and thriving of their communities.

Community use of district nurses' medical and maternity services and their recognition of their medical expertise indicates that community members did, at least in some capacity, accept the tenets of scientific motherhood, as embodied in the figure of the district nurse. Some women recognized that their pregnancies and children were healthier when informed by scientific knowledge and led by medical practitioners. Accounts referencing explicit deference to district nurses' medical advice and recommendations further illustrate this acceptance. The adult Francis siblings, for example, recorded that after arriving at a neighbour's home for Christmas dinner as children in the early 1930s, Dr. Johnstone, "the district nurse at the time," diagnosed brother Hillas with mumps. Instead of celebrating Christmas friends, the entire family deferred to Johnstone's orders: "[they] were quickly bundled up and returned home to be put in quarantine for the next three weeks!"<sup>241</sup> Because of heavy precipitation in the area in the fall of 1941 and a looming due date, the district nurse stationed at Hines Creek recommended that Mamie Edmunds come into town off the farm in preparation for her delivery, so that she could easily access health services when her time came. The district nurse was correct to worry about her ability to attend to Edmunds in a timely manner; Edmunds recorded that it "took [them] five hours to make the trip" into town. Once there, Edmunds boarded with a neighbour and safely delivered her

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<sup>240</sup> "Mr. & Mrs. Bert Abbott," in *Trail Blazers*, 1.

<sup>241</sup> "The Francis Family – as told by their children Helen, Elizabeth, and Hillas," in *Grooming the Grizzly*, 314. Johnstone was one of the three women doctors the government of Alberta hired to treat patients in the north of the province. Their patients, especially if they had already had a district nurse in community, often called them district nurse and doctor interchangeably.

daughter Lynette with accessible help.<sup>242</sup> Deference to district nurses' orders and recommendations suggest, if even minimally, that community members accepted a degree of medical expertise and direction in family life. Indeed, some instances illustrate that they actively sought medical advice by engaging with district nurses.

Community histories reveal that medical expertise alone did not prompt community members to accept district nurses into their daily lives, homes, and motherhood practises. Instead, similar to their midwife or neighbour counterparts, district nurses' dedication to their patients, at any time and under any circumstances, was paramount to their success in practicing scientific motherhood and being integrated into community life. In their entry on medical services, for example, the community of Plamondon remembered that Nurse Cyr, district nurse during the 1930s, "gave of herself with tireless energy, day or night."<sup>243</sup> Vi Wilde, who wrote the piece "District Nurses" in the Wanham local history, recounted a heroic story in which nurse Kate Brighty and a friend, after being called to tend to "a man with a broken wrist and further on, [to] a maternity case" some ten miles south of Wanham, were "dump[ed] ... into the deep snow" after the harness broke from the horse. The two, "with an assortment of bits and pieces from their person, which included a belt, shoe laces, and some tape from [Brighty's] medical bag, ... repaired the harness well enough to carry on." Wilde concluded the story triumphantly: "despite being terribly cold, they arrived in time to bring into the world a bouncing baby boy, and to set the man's broken wrist."<sup>244</sup> In the Lubeck district, Lila Millen remembered their district nurse's commitment fondly as well: "There was no doctor, only the district nurse. She was a tiny, brave person by the name of Miss Garde who slept only as she was driven from place to place by the

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<sup>242</sup> Mamie Edmunds, "My Years in the Peace River Country," in *Our Bend in the Peace*, 126-127.

<sup>243</sup> Bourassa, "Health Services," in *From Spruce Trees to Wheatfields*, 244.

<sup>244</sup> Wilde, "District Nurses," in *Grooming the Grizzly*, 110-111.

livery man.”<sup>245</sup> Jean Ramsfield lauded Nurse Cole as “quite a gal” in her recollection of the nurse walking “about 8 miles through that winding narrow bush road, after being out on a night call.”<sup>246</sup>

The warmth and appreciation expressed for district nurses in the pages of local histories expresses how community members valued district nurses for reasons beyond their medical skills or their commitment to patients. They valued district nurses for their personalities, and for simply being upstanding community members themselves, worthy of being considered an example for their patients to look up to. Nurse Ellen Shield Redmond of the Bear Lake district in the early 1920s was recorded to have “performed her duties faithfully and was held in very high regard in the community.”<sup>247</sup> One thankful patient remembered that Nurse Hyde was “immediately the most popular person in Valleyview” during her tenure as district nurse, and the community was fond of her “ready smile and cheery conversation.”<sup>248</sup> Nurse Amy Conroy of Pendryl, on account of serving the district for over a decade, was lauded for multiple aspects of her character. Margaret Beck recalled:

How fortunate we were to have a truly great woman helping us in the person of our district nurse Miss Amy Conroy. She was friend, judge, councilor [*sic*], adviser and donor of baby clothes for many of the babies she brought into this world. She came when needed ... She brought into our homes a sense of courage and security.<sup>249</sup> Another dubbed nurse Conroy as “Cream of the earth –mother to one and all.”<sup>250</sup> District nurses’ character and commitment to community beyond their medical practice clearly established them as women worthy of trust and responsibility. Community admiration for district nurses’ indicates

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<sup>245</sup> Lila Millen, “The Millen Family,” in *Our Bend in the Peace*, 211.

<sup>246</sup> “Jean Ramsfield,” in *Grooming the Grizzly*, 514.

<sup>247</sup> “Nurse Ellen Shield Redmond, R.N., P.H.N.,” in *Land of Hopes and Dreams: A History of Grimshaw and Districts* (Grimshaw, AB: Grimshaw and District Historical Society, 1980. Printers), 32.

<sup>248</sup> Stewart, ed., *These Were Our Yesterdays*, 89.

<sup>249</sup> “Margaret Beck,” in *Trail Blazers*, 25.

<sup>250</sup> “Charlie Mickey,” in *Trail Blazers*, 264.

that they—and their medical practices—were accepted into communities, homes, and daily practices.

Organizing to have a district nurse in community did not automatically translate into acceptance of district nurses' medical practices that were informed by scientific motherhood. Instead, district nurses entered spaces with already established health and healing networks; midwives, family, and friends possessed expertise (in reproductive health, especially) and were trusted to provide maternity and other health services within community networks. Local histories reveal, however, that district nurses' medical skills, commitment to their patients, and upstanding character led to community members accepting them into their homes, families, and mothering practices. As nurse Alvine Cyr recorded about her first weeks in Plamondon, "I stayed on, and the more I become known, the more knocks came on my door, day and night, and I answered them all and I stayed on and on."<sup>251</sup> Because she had gained their confidence, nurse Cyr's patients, for example, openly disclosed their medical histories and symptoms, allowing nurse Cyr to provide them with better, informed services.<sup>252</sup> This willingness on behalf of community members to accept provincially funded and directed medical services indicates that they were amenable to carrying out motherhood – pregnancies and childrearing – in accordance with the tenets of scientific motherhood; in deference to medical expertise, according to scientific knowledge, and with the use of technology.

But both district nurses' writings and local histories tell of a more nuanced relationship between district nurses, community members, and the spaces in which western bio-medicine, informed by scientific motherhood, was being newly practiced. District nurses did not displace

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<sup>251</sup> Alvine Cyr, *Yes Father: Pioneer Nursing in Alberta* (Manchester, NH: Hammer Publications, 1979), 97.

<sup>252</sup> Cyr, *Yes Father*, 132.

pre-existing health and medical networks. And, the nurses met resistance. Perhaps most importantly, district nurses' did not arrive in communities with the skills to survive the conditions of life in the newly settled, isolated regions of the province without significant community support. Though, as outlined in the previous chapter, these district nurses generally upheld the tenets of scientific motherhood and its ideological foundations, their recollections convey they intentionally altered their practices in order to meet the demands placed on them by community members with the medical experience they possessed upon arrival and with the resources available to them in the districts of western and northern Alberta. Living and practicing in community, with all its expectations, limitations, and possibilities, informed district nurses' practices alongside their training in scientific motherhood. Women in community informed this adaptation of practice. They demanded services that made sense with their lived realities and best supported the overall health of their families. Their experiential knowledge of reproductive health and expertise in living and building community in isolated, remote locations informed district nurses' practices. And still, at times, women refused or were unable to adhere to scientific motherhood because it could not be adapted or altered enough to work in their daily lives. Within the relationship that developed between district nurses and patients, communities created an iteration of scientific motherhood tailored to the region of western and northern Alberta. This iteration provided the best possible practical care for community members while enforcing cultural hegemony.

There are many recorded cases of district nurses attending births alone (as made evident previously with families offhandedly recording who attended the birth of each of their children), and many records also illustrate that they delivered children alongside others. Whether practising alongside neighbours, midwives, kin, or someone whose identity embodied multiple roles, there

is no indication that district nurses sought to displace other care providers. In the opening story of this chapter, Nurse Cyr worked with her patient's mother until circumstances necessitated that she take over and apply her specialized skills of mouth-to-mouth resuscitation.<sup>253</sup> Around Buck Lake in western Alberta, Anna "Mom" Bohning was well known for her role as "a midwife helping the district nurses."<sup>254</sup> Ethel M. Christensen, for example, remembered that with the complicated birth of her first son, she had Anna Bohning, her neighbour Mrs. Fred Doyle, and district nurse Helen Garfield "to thank for a continued life."<sup>255</sup> Without the skills and service of all three women working together, she would not have survived. Nurse Elizabeth R. Lea, who, in a span of 18 months in the early 1940s delivered 120 babies around Fawcett, stated in her reminiscences that she "would have never been able to deliver so many babies had it not been for Mrs. Boyd." Mrs. Boyd, a retired nurse and empty-nester, ran a "four-bed maternity ward" out of an addition she had built onto the side of her house. Though nurse Lea often delivered babies in their mothers' homes on her own, when multiple women were delivering babies at the same time, she noted that it was only "with Mrs. Boyd's help that [she] could be with both of them, for delivery."<sup>256</sup> All of these examples, whether illustrative of most districts or specific to particular communities, demonstrate that district nurses integrated into local healing and medical networks in order to best care for their patients. This adaptation to existing systems indicates that district nurses accepted that, in community, not all deliveries required the tenets of scientific motherhood – they were not fully medically directed and cultural or traditional practices of mothers or attendants may have played a part in deliveries.

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<sup>253</sup> "Romeo and Therese Piquette," in *From Spruce Trees to Wheatfields*, 627.

<sup>254</sup> Goldie Anderson, "Bill and Anna Bohning Story," in *Packhorse to Pavement*, 175.

<sup>255</sup> Ethel M. Christensen, "Hans Christensen," in *Trail Blazers*, 84.

<sup>256</sup> Stewart, ed., *These Were Our Yesterdays*, 211.

The regions in which district nurses worked informed how they carried out their practice of scientific motherhood. District nurses made every effort to attend every delivery to which they were called. Community members were grateful for their perseverance. The reality of newly settled areas, however, where patients lived disparately as homesteaders, transportation was limited, roads were almost non-existent and weather—whether extreme cold, snow, or rain—made them all but impassable, coupled with the unpredictability of pregnancies, meant that district nurses’ services were not always readily available. That district nurses serviced large districts only compounded these issues. Even if a hurried husband, for example, was able to make it to the nurse’s cottage, she might not be there when he arrived to fetch her for his labouring wife. The themes of missed connections and treacherous transportation loom large in the records. Olive Watherstone, who served Halcourt and area in Peace River Country in the early 1920s, frequently returned to her residence after finishing a call to find “a note pinned to the door telling of another call. Emergency rations in her pack sack,” she recalled “was a routine.”<sup>257</sup> Ruben Seibel recalled being tasked with fetching the district nurse when his mother went into labour with twins in 1931. Only having access to a stoneboat for transportation, “all the district nurse had to sit on was an apple box, and [they] had to rush. The stoneboat skidded from side to side on the icy road” in Peace River Country in early March 1931, Seibel remembered, and “she had to hang on for dear life.”<sup>258</sup> After all that effort, the district nurse did not arrive on time to deliver the babies. When district nurses did make it on time to assist with deliveries, they often arrived in the nick of time. Ursula Kobbert, for example, remembered this experience of giving birth to her third child in June, 1940:

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<sup>257</sup> E.C. Stacey, “Miss Olive B. Watherstone, O.B.E.,” in *Beaverlodge to the Rockies* (Beaverlodge, AB: Beaverlodge and District Historical Association, 1974), 370. GA, M-4745, File 57.

<sup>258</sup> Ruben Seibel, “Philip P. Seibel and Family,” in *Grooming the Grizzly*, 551.



Again there was some commotion around the arrival of the baby. The horses being in the valley, Ernest had to run two miles to ask Wallace Sumner and his shaky Model T to, please, go and fetch the nurse for us. Somewhere on the road back from Hines Creek the car lost a tire and they proceeded on the rim. But when the whole wheel fell off the nurse got out and asked, “Where is the house!” and struck out on foot across the fields. She arrived twenty minutes ahead of the baby.<sup>259</sup>

The district nurse would have arrived in time to catch the baby, surely, but any other medical regulation of the birth would have been unlikely within that time frame. Regardless of the preparedness and effort on behalf of both the district nurses and the families, living in the “frontier” districts of northern and western Alberta presented challenges that neither nurse nor patient could surmount in order to practise medically directed pregnancies and adhere to the tenets of scientific motherhood in all cases.

Expectant mothers appreciated district nurses’ effort but learnt not to rely solely on them for attendance at birth. In the story of Seibel’s mother, for example, though the district nurse did not make it on time to attend at the birth of her twins, a “Mrs. Whittie Prosser was there” when Seibel and the nurse arrived, who had acted “as a midwife” in the nurse’s absence.<sup>260</sup> Women regularly called on neighbours and midwives, in addition to district nurses, to ensure they would have assistance at birth. Mrs. Albert Funk, for example, remembered one January morning in 1938 when her neighbour George Olsen arrived at her house to request that her own husband, Mr. Albert Funk, go fetch the district nurse. Olsen sent another neighbour to call Grandma Parlee, a neighbour woman who “had acted as mid-wife many times” and Mrs. Funk herself also went over to attend to Olsen’s parturient wife.<sup>261</sup> For the arrival of her only baby sister, Joyce Constance, Edith Hislop recalled that her Auntie Esther was already at the farm in expectation of a birth when her mother went into labour. Still, her “Uncle Art went for Mrs. Norman (Gertie)

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<sup>259</sup> Ursula Kobbert, “Ernst and Ursula Kobbert,” in *Our Bend in the Peace*, 178.

<sup>260</sup> Seibel, “Philip P. Seibel and Family,” in *Grooming the Grizzly*, 551.

<sup>261</sup> “Mr. and Mrs. Albert Funk and Family,” in *Grooming the Grizzly*, 315.

MacDonald [a neighbour] and Mr. Pearson went to Wanham for Miss. Smith, the District Nurse.”<sup>262</sup> These women actively sought to involve district nurses into their birthing practices, and they integrated them into already existing network rather than relying on them completely to ensure the best outcome for their, and their babies’, health.

Local histories reveal that community members overwhelmingly perceived district nurses as experts worthy of authority in the medical field, even though district nurses disclosed doubts and feelings of inadequacies in their own writings. Both district nurses and community members, however, did notice that the nurses were, especially those posted during the first half of the district nursing program, absolutely not experts at living in rural districts where they were isolated, without accessible material goods, and constantly at the mercy of poor weather and sub-par transportation infrastructure. Nurse Kate Brighty, for example, remembered her time nursing in Pendryl as “[her] first experience with homesteading life.”<sup>263</sup> Nurse Elizabeth Lea recalled “how green [she] was” upon arrival at the nursing cottage in Fawcett for the first time in 1940: “[she] had never lit a wood stove, or a coal oil or pressure lamp, [she] had never taken water from a well.”<sup>264</sup> Nurse Cyr recalled that, five days into her tenure in Plamondon on her first maternity call, she realized that her “citified clothes” were inadequate and would not stand up against the “cold penetrating wind” of the Albertan north.<sup>265</sup> Nurse Conlin’s neighbours, she remembered, made fun of her inability to ride horseback.<sup>266</sup> Some district nurses possessed the skills to survive in their districts upon arrival, but they were the exceptions.<sup>267</sup> Overwhelmingly,

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<sup>262</sup> Edith Hislop, “Lee, Samuel Porter,” in *Grooming the Grizzly*, 387.

<sup>263</sup> “The Nurses Story,” in *Trail Blazers*, 293.

<sup>264</sup> Stewart, ed., *These Were Our Yesterdays*, 210.

<sup>265</sup> Cyr, *Yes Father*, 89.

<sup>266</sup> Mary Conlin, Reminiscences of her time as a district nurse, pg. 7.

<sup>267</sup> Vi Wilde fondly remembers Nurse Pickup’s wilderness skills, for example, in her entry “District Nurses,” in *Grooming the Grizzly*, 111-112

district nurses did not have any expertise in rural living, and so had to rely on rural women's expertise to both survive and transfer their medical skills to the rural Alberta north and west.

Their fellow community members and district nurses stationed in their communities explicitly recognized women in community, unlike district nurses, as experts in rural living. Countless recollections document rural women's knowledge, fortitude, and skill in living off the land and providing for their families.<sup>268</sup> The skills noted were varied and creative; women were praised for their ability to turn sugar, flour, and salt sacks into all types of garments for their families; they were praised for their patience and dedication for picking extraordinary quantities of berries which they then preserved so their families would have fruit during the winter; they were praised for learning to treat, spin, and knit wool into warm winter clothing; they were praised for learning how to make moose meatballs and preserve game. Women made use of what they had. In the north, where families occasionally hunted and ate grizzly bears, women used the bear fat for deep frying and for baking. Beth Tachit remembered that the fat was particularly "wonderful for [making] donuts."<sup>269</sup> Without a cook stove and tasked with feeding the farm hands helping her husband on the farm, Mollie Tansem remembered using an old wash tub in which to cook. She "built a fire underneath it and soon had the potatoes, vegetables and meat bubbling merrily." Upon recording this memory, Tansem remarked that "[she] often wished [she] had a picture of [her] improvised stove, the upside down tub and the amazed looks on the

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<sup>268</sup> For example, see Johnson, "Wanham, Then and Now (1928-1978)," in *Grooming the Grizzly*, 172; Ada Bennett, "Harold Bennett," in *Grooming the Grizzly*, 252-254; Martha Davis, "Life of the Bohnke Family," in *Grooming the Grizzly*, 272; "Richard G. Green," in *Grooming the Grizzly*, 323; "Ferdinand and Regina Plamondon," in *From Spruce Trees to Wheatfield*, 653; "Arthur Johnson," in *Land of Hopes and Dreams*, 296-297; Beth Tachit, "Thrift," in *Our Bend in the Peace*, 17.

<sup>269</sup> Tachit, "Thrift," in *Our Bend in the Peace*, 17.

men's faces when they came in for dinner, which was right on time..."<sup>270</sup> Local histories recorded this expertise as crucial to survival during the interwar years, when access to the outside world and its resources was limited in western and northern Albertan communities, families were large, and people had to make do.

Rural women's expertise, skill, and creativity not only contributed to survival in isolated, rural districts, but also were crucial building blocks necessary for adherence to the tenets of scientific motherhood. Though moose and grizzly bear meat were not the types of protein considered in government sponsored nutrition pamphlets or pre-natal classes, rural women's ability to prepare and preserve it meant that they could provide their children with vital nutrients. Women's expertise with garment making –and mending—allowed them to clothe their children in an appropriate and sanitary matter. Rural women's expertise in locating, preserving, and utilizing water was particularly important to both district nurses' ability to instruct in and practice scientific motherhood, as well as have their patients adhere to its tenets. District nurses often noted their unfamiliarity with methods of obtaining water other than from a well; in many districts in the north there was no access to well water and so families harvested and packed ice in insulated huts to melt into water later.<sup>271</sup> Learning to access this water supply from instructive community members (or having it provided for them by community members) was crucial to district nurses' practise of scientific motherhood and women's adherence to the discourse.<sup>272</sup> Access to water – always boiled and then cooled for sanitary purposes – in women's houses

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<sup>270</sup> "History of Cliff and Mollie Tansem," in *Grooming the Grizzly*, 568.

<sup>271</sup> Stewart, ed., *These Were Our Yesterdays*, 138; Marion Dommer, "Household Science in the 20's," in *Lake Saskatoon Reflections: A local history of the Lake Saskatoon District* (Sexsmith, AB: Lake Saskatoon History Book Committee, 1980. Printed by Friesen Printers), 72; Frieda Lundgard, "The Snow Melter," in *Our Bend in the Peace*, 10.

<sup>272</sup> Even when this water came from wells or running creeks, it was women's labour that collected and sterilized the water, perpetually boiling or cooling for constant access.

meant that district nurses could practice aseptic technique in their nursing. They were able to sterilize themselves and the delivery area, for example, in preparation for birth.<sup>273</sup> Medical procedure also dictated the use of alternating hot and cold water bath as “the accepted method of resuscitation in those days,” and so access to sterile water was critical for district nurses’ ability to engage their emergency medical training.<sup>274</sup> In addition to allowing nurses to practice according to up to date medical theory and scientific knowledge, community women’s expertise of the rural landscape and use of water also allowed women to better practise the tenets of scientific motherhood. Access to and the sterilization of water meant women could keep children sanitary with regular washing and healthy without gastrointestinal infections from contaminated water and cooking.<sup>275</sup> Rural women incorporated knowledge of hygiene and bacteria from district nurses into their knowledge and expertise in rural living and modified their mothering practices to better align with the tenets of scientific motherhood.

Rural women’s practice of reusing and repurposing material goods additionally supported them in following the tenets of scientific motherhood and district nurses’ ability to practise according to scientific principles. Lack of material goods and access to technology deemed necessary in the advice literature functioned as a major barrier to practising scientific motherhood. Rural women, who collected and maintained material goods, together with district nurses improvised with available goods in order to follow the tenets of the discourse. Beer bottles served as baby bottles, and “a whisky bottle, well corked and wrapped in a towel, became

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<sup>273</sup> Cyr, *Yes Father*, 94.

<sup>274</sup> Stewart, ed., *These Were Our Yesterdays*, 147.

<sup>275</sup> Lily G. Sather, “Laundry, the Hard Way...” in *Grooming the Grizzly*, 210; Cyr, *Yes Father*, 130.

a good hot water bottle.”<sup>276</sup> Apple crates similarly served multiple purposes and helped district nurses apply scientific principles to childbirth and rearing. Beth Tachit, in the early 1940s in Hines Creek, created a makeshift obstetrical chair out of two apple boxes in order to properly position her patient for a difficult delivery wherein her narrow pelvic measurements precipitated an arrest in labour. Using the makeshift chair, “the mother sat in a semi-squattting position with each buttock on an apple box. This position [gave] the widest possible diameters and had the added advantage of being a good pushing position too.”<sup>277</sup> Nurse Tachit delivered the baby successfully. In other case, nurse Conlin and a new mother “built ‘birds’ nests’ as it were – a framed apple box nailed to each window” to keep a sickly baby born “with a condition which is usually fatal” outside in the fresh air and sunshine to treat his condition. They kept the baby in the apple crates “and as the wind changed [they] moved the little fellow from one to another. There from May till September he slept each day.” Because “he was born in summer when he could live outdoors all the time, the wee mite pulled through.”<sup>278</sup> Rural women’s maintenance and repurposing of material goods, coupled with district nurses’ ability to adapt scientific principles to available technology, allowed district nurses and new mothers alike to practice scientific motherhood.

Even evidence that might indicate that community buy-in regarding the district-nursing program was lacking can also be understood as an adaptation of a more traditional, rigid medical system that assumed a particular power dynamic between medical practitioner and patient. In addition to providing furnished housing, fuel, water, and transportation for the district nurse, community members were charged nominal fees (though recorded costs varied) for house calls,

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<sup>276</sup> Catherine Bohnke, “Metz, Leonard,” in *Grooming the Grizzly*, 445; Stewart, ed., *These Were Our Yesterdays*, 221.

<sup>277</sup> Stewart, ed., *These Were Our Yesterdays*, 247.

<sup>278</sup> Mary Conlin, Reminiscences of her time as a district nurse, pg. 38.

office visits, and maternity services. District nurses additionally sold prescription drugs at cost.<sup>279</sup> Records indicate, however, that community members rarely made cash payments. For example, when discussing the continuation of hosting a district nurse in Wanham in 1933, “it was learned that the district had not supported the nurse as should have been and that collections were practically nil.”<sup>280</sup> Multiple district nurses themselves remembered that they often did not collect one penny of the \$10.00 charge for a delivery.<sup>281</sup> This refusal to pay becomes understandable when placed in context. As one news column reported on the case of the district nurse in Wanham in 1933 “in a new district such as this the residents are mostly homesteaders and with the present price of farming commodities are barely able to live.”<sup>282</sup> The people who populated areas served by the district nursing program were overwhelming new to the area and without many means. The resource rich areas of western and northern Alberta attracted settlers following the First World War and during the Depression when the southern prairie land had been fully settled and then made unliveable during the Dustbowl. The cost of breaking land and farming for subsistence – let alone profit – forced families to forgo accessing formal medical services altogether or find alternative ways of making payments.

As the local histories bring to light, district nurses’ services were heavily utilized in communities. That community members did not pay for their services, therefore, does not represent a refusal to interact with district nurses, but rather an inability to participate in a formal medical system in which patients exchanged money in return for the expertise and services of a

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<sup>279</sup> Lillian Carson (Shearer), “My Experience in Getting to Know Wanham as a District Nurse,” in *Grooming the Grizzly*, 554; Bourassa, “Health Services,” in *From Spruce Trees to Wheatfields*, 244; Beth Tachit, “Health and Medical Services of the Lubeck and Royce Districts,” in *Our Bend in the Peace*, 8.

<sup>280</sup> Wilde, “District Nurses,” in *Grooming the Grizzly*, 114-115

<sup>281</sup> Bourassa, “Health Services,” in *From Spruce Trees to Wheatfields* 244; Beth Tachit, “Health and Medical Services of the Lubeck and Royce Districts,” in *Our Bend in the Peace*, 8.

<sup>282</sup> Wilde, “District Nurses,” in *Grooming the Grizzly*, 114-115.

medical practitioner. Instead, community members made payments with the resources and time to which they had access. For her services attending an eclamptic mother in labour and delivering her stillborn child, district nurse Helen Harrington remembered being paid “later in the year ... with a quart of raspberries and a note” from her patient thanking her for saving her life.<sup>283</sup> This was a common experience. As the section on district nurses in the Wanham community history recorded, “many nurses can tell stories of people bringing them meat, (mostly moose meat), eggs, butter and vegetables, in lieu of money.”<sup>284</sup> Community members made payments with resources they could pick, hunt, grow, or make in their immediate surroundings rather than with money, and district nurses accepted these payments, often gratefully. By altering the structure by which community members made payments and the types of payments that district nurses would accept, communities reorganized a medical program helped to assimilate its participants into an Anglo-Canadian, urban, middle-class ideal to a system that allowed predominantly non-Anglo-immigrant, rural communities to participate in a way that made sense based on their lived experiences.

Communities, and especially women in community, provided long-term support to nurses with their time and organizational labour rather than with their money. This work not only brought district nurses into the fold of established community care and healing networks, but also strategically moved community members into positions where they could directly be in charge of supplementing district nurses’ work. The Wanham Progressive Club, for example, established in 1930 as a women’s church group, kept in close contact with the “doctors and nurses who worked in Wanham” to provide for community members. With limited money during

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<sup>283</sup> Helen Harrington, “Experiences of My Time as Wanham Nurse,” in *Grooming the Grizzly*, 115.

<sup>284</sup> Wilde, “District Nurses,” in *Grooming the Grizzly*, 112.



the Depression years, “in some cases [a] new mother had not so much as a diaper nor a blanket for her baby.” The women of the club organized to “[sew] layettes for [these] new mothers” and to help provide for the health and positive upbringing of children alongside the district nurses.<sup>285</sup> Miss. Phillips, the Pendryl district nurse, started the Conroy Club in late 1929 with the express purpose of “mak[ing] layettes for needy, expectant mothers” that otherwise would not have access to clothes for their children. These women worked directly with the district nurses: “when a layette was completed, it was turned into the nurse at her cottage.”<sup>286</sup> Women performed other labour, whether menial or organizational, to supplement and support district nurses’ medical services. They collected and sterilized small jars and other containers so that district nurses could portion their bulk medical orders and distribute individual doses of medicine to their patients. Women took part in committees that fought to retain district nurses in their communities, keep up and rebuild nursing cottages when necessary, and fundraise in support of their services.<sup>287</sup> In these ways, women augmented nursing services with their own labour, time, and expertise in order to better support district nurses.

The records make evident that district nurses adapted their practices to account for the isolated nature of their districts and the lack of transportation infrastructure. They integrated themselves into pre-existing health networks and relied on community women for support. Women similarly leveraged their expertise in healing and motherhood to integrate themselves into a more formal medical system carried out by district nurses and organized by the provincial government. The development of this new model of health services and scientific motherhood, however, not only relied on district nurses’ and rural women’s respective expertise in medicine

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<sup>285</sup> “The Wanham Progressive Club,” in *Grooming the Grizzly*, 127.

<sup>286</sup> “The Conroy Club,” in *Packhorse to Pavement*, 115.

<sup>287</sup> Goldie Anderson, “Minnehik Ladies Friendly Circle,” in *Packhorse to Pavement*, 116.

and maternity, but also relied on rural women's expertise in living off the land and making ends meet. This expertise both supported district nurses as they transitioned into district practice and informed that adaptation of some of the practices of scientific motherhood to fit within the district practice.

Neither district nurses' medial skills or personalities, nor rural women's expertise, nor their collaborative relationships could surmount some material realities that posed restrictions on the implementation and uptake of scientific motherhood. As historian Dianne Dodd calculated in her study of the Canadian advice literature on scientific motherhood, women would have to work 14 hours day to carry out all instructions in adherence with the discourse.<sup>288</sup> Though it is unlikely that any woman, regardless of her location in either urban or rural spaces, dedicated this much labour to their mothering practise, rural women in western and northern Albertan regions were particularly unable to do so. Little currency and limited access to material goods meant that women's farm labour—beyond their mothering labour—was crucial to the survival of the family.<sup>289</sup> Their time tending gardens, raising poultry, butchering meat, hauling water, and spinning wool (to name only a few of their daily tasks), though it did eventually contribute to their mothering duties of feeding, clothing, and caring for their children, took away time from the strict regulations of their infants' and children's upbringing. Women left their infants attended by their elder children in order to complete their daily chores. Edith Hislop, for example, remembered dragging her baby sister out of her crib and hiding her in a dresser drawer while her

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<sup>288</sup> Dianne Dodd, "Advice to Parents: The Blue Books, Helen MacMurchy, MD, and the Federal Department of Health, 1920-34," *Canadian Bulletin of Medical History* 8, no. 2 (1991): 221.

<sup>289</sup> For evidence of the work rural women did to support their families, both practically and financially, see Davis, "Life of the Bohnke Family," in *Grooming the Grizzly*, 272; Sather, "Laundry, the Hard Way..." in *Grooming the Grizzly*, 210; "Unnamed entry," in *Grooming the Grizzly*, 423; "Ferdinand and Regina Plamondon," in *From Spruce Trees to Wheatfield*, 653; "Arthur Johnson," in *Land of Hopes and Dreams*, 296-297.

mother had gone to milk the cows.<sup>290</sup> The few cases like these recorded in local histories centre on mothers being caught by other adults for being away from their children, perhaps indicating that this was a common practise but only memorable enough to record under certain circumstances.<sup>291</sup> Most simply put, rural women did not have the time to constantly monitor their children as instructed by scientific motherhood.

Scientific motherhood had other limitations in this region too. For example, they were unable to educate their children both formally and informally because of the reality of the regions in which they resided. New settlements with few, disparate homesteads often precluded those regions from, initially at least, having schooling services.<sup>292</sup> Even when communities had grown large enough and had enough children to warrant the organization and procurement of schooling services, extreme weather often prevented students from attending school regularly. “In the very cold weather,” Della Plamondon recalled, “our mothers usually kept us at home.” She remembered being “clad in innumerable layers of clothing, socks and moccasins, toques and yards of woollen scarves” in order to stave off the cold on their daily walks to and from school, but approximately -40° C served as the cut off.<sup>293</sup> Furthermore, because of the disparate nature of homesteads and the subsequent distance between schoolhouses and homes, mothers occasionally held their elder children back from starting school so that they could walk together with a younger sibling when the younger sibling was of school age.<sup>294</sup>

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<sup>290</sup> Hislop, “Lee, Samuel Porter,” in *Grooming the Grizzly*, 385.

<sup>291</sup> Hislop, “Lee, Samuel Porter,” in *Grooming the Grizzly*, 385; Gay Sebo (Hawthorne), “A Child’s View of the Early Days,” in *Our Bend in the Peace*, 26; Lillian Hawthorne, “The Neal Hawthorne Family,” in *Our Bend in the Peace*, 154-156.

<sup>292</sup> “The Pete Maciborsky Family,” in *Packhorse to Pavement*, 380; “Percy Pye,” *Trail Blazers*, 318.

<sup>293</sup> “Weather and ‘Other Disasters’,” in *Grooming the Grizzly*, 168.

<sup>294</sup> For example, see Marguerite Gauthier, “Willard and Marguerite Gauthier,” in *From Spruce Trees to Wheatfields*, 545.

Informally, scientific motherhood charged women with their children's spiritual, moral, and physical upbringing outside of formal schooling. Rural realities again impeded women from being able to follow this aspect of the discourse fully because they had to rely on their children for labour in order to keep the farm operational. Clara Johnson of the Wanham district, for example, recalled "[her] duties were to keep the woodbox full, replenish the water barrel (with water in summer, snow in winter), and help weed the garden."<sup>295</sup> Jim Howard "remember[ed] the year [he] was 10. Alice [his sister] and [he] cut all the hay. She was only eight but sure knew how to drive a team."<sup>296</sup> Children's chores kept them busy in the hours outside of school. A resident of Wanham recorded that following his walk home from school and supper, "it was time to do chores or swing an axe for a couple of hours, clearing more land. There was never time for boredom to set in."<sup>297</sup> The material realities of rural life that necessitated both women's and children's farm labour took away from instructional time in the home necessitated by scientific motherhood.

District nurses' medical skills and upstanding characters convinced community members to accept them into their communities, homes, and daily lives. District nurses, however, did not enter into communities totally void of medical services. Communities had established health networks consisting of midwives, neighbours, and kin and friendships that supported women through pregnancies and child rearing. Because these systems were already in place upon arrival, coupled with the material realities of northern and western Albertan districts that necessitated medical networks rather than a single care provider, district nurses integrated into existing systems rather than displaced them. Both of these factors influenced district nurses' practice of

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<sup>295</sup> Johnson, "Wanham, Then and Now (1928-1978)," in *Grooming the Grizzly*, 172.

<sup>296</sup> Jim Howard, "The Howards," in *Grooming the Grizzly*, 346.

<sup>297</sup> "Unnamed entry," in *Grooming the Grizzly*, 428.

scientific motherhood, and so they modified their personal and professional expectations to work within the spaces they served. Rural women, too, possessed expertise in medical services and in rural life, and their experiences shaped district nurses' practices and their own uptake of the discourse of scientific motherhood. Within the district nurse-patient relationship in newly settled districts of the province, a new iteration of scientific motherhood was created.

## CONCLUSION

As Albertan physicians left their local practices to serve in the Second World War, the district nursing program responded by stationing additional nurses in rural areas across the province. At its peak in 1945, the program staffed 36 district nurses.<sup>298</sup> Records indicate that almost all of them received special training in obstetrics through the course at the University of Alberta. Whereas district nurses came to the practice with varying educational and practical experiences before the Department of Public Health introduced the course in 1943, after this change the educational experiences became increasingly uniform. This shift in training centralized medicine and fundamentally changed the experience of the district nursing program until its end in the 1970s.<sup>299</sup> Prior to these changes, the program's success heavily depended on the development of relationships between nurses and patients in communities and its practice was influenced by indirect relationships, especially with teachers, as well as the material resources available and relative geographic isolation of the districts.

In addition to the program enforcing uniform education, healthcare more broadly became more centralized following the Second World War. Hospitals increasingly became the centrepiece of the Canadian healthcare system, and Alberta was no exception to this trend. A combination of public policies, as well as increased reliance on larger medico-scientific technology meant that larger, more expensive and centralized facilities became necessary to

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<sup>298</sup> Irene Stewart, ed., *These Were Our Yesterdays: A History of District-Nursing in Alberta* (Calgary: Publishing Company, 1979), 18.

<sup>299</sup> In 1951 the designation of districts became Health Units. Some consider this to be the end of the district nursing program, but annual District Nursing Service reports continued until the position of Director of Public Health Nursing ceased to exist in 1976. Stewart, ed., *These Were Our Yesterdays*, 289.

establish a modern health care system.<sup>300</sup> As Genevieve de Tuberville, one of the first district nurses posted to Peace River country, commented in the late 1960s, the development of both transportation and medical infrastructure following the Second World War made “the position of District Nurse in Alberta ... almost extinct.”<sup>301</sup> Though some isolated districts remained, they were fewer and fewer, and the number of district nurses similarly declined. Oftentimes it was predominantly Indigenous communities served by district nurses in the postwar-era, whereas settler communities had access to new hospitals.<sup>302</sup> Where district nursing continued, newly developed medical, transportation, and communication infrastructure allowed nurses to access external services for their patients in times of emergency and when the necessary care exceeded their capabilities. The availability of antibiotics, too, in the postwar period changed the immediacy and type of care available to district patients. These changes fundamentally altered the sense of community inherent in care prior to the war. In those still operational districts the impetus to provide medically directed maternity services prevailed, but ideas of race, gender, and class that informed ideas of proper mothering changed to reflect the morals and priorities of post-war Alberta. Urbanization and the development of infrastructure, intensified by the discovery of oil and other resource extraction industries in the north, facilitated the centralization of

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<sup>300</sup> Elise A. Corbet, *Frontiers of Medicine: A History of Medical Education and Research at the University of Alberta* (Edmonton: University of Alberta Press, 1990), 62, 149; also see David Gagan & Rosemary Gagan, *For Patients of Moderate Means: A Social History of the Voluntary Public General Hospital in Canada, 1890-1950* (Montreal: McGill-Queen’s University Press, 2002).

<sup>301</sup> Mrs. J. T. Hefferman (Genevieve de Tuberville), “Reminiscences,” in *Brick’s Hill Berwyn and Beyond: A History of Berwyn and District* (Berwyn, AB: Berwyn Centennial Committee, 1968), 35.

<sup>302</sup> Nurse Laura Attrux, for example, supported the creation of a district at Slave Lake in 1953 because the primarily Indigenous population otherwise did not have access to new medical infrastructure and technology. Stewart, ed., *These Were Our Yesterdays*, 169-188.

medicine.<sup>303</sup> Patients were forced to leave their homes, and often their smaller, established communities, to access medical services in urban centres where hospitals had more sophisticated technology and the specialists required to operate it.

The provincial government of Alberta created the district nursing program in 1919 within a very different medical and political context, on explicitly in support of the colonial nation-building project. Accessible medical services provided for healthier pregnancies and children, decreased the rates of infant and maternal mortality, and therefore supported settlement. The program also placed government employees in the traditional territories of Indigenous people and in communities primarily comprised of new immigrants; district nurses monitored their patients' behaviour and corrected it to be in line with Anglo-Canadian values. Its goals, both practical and ideological, had serious implications that resulted in the assimilation of immigrants and Indigenous people, and the dispossession of Indigenous people from their land as settlement expanded. The discourse of scientific motherhood informed and directed both of these aims, and the program was built to align with its principles. Pregnancies and mothering practices became the main site of intervention to ensure women raised their children according to Anglo-Canadian values and grew up to be good Canadian citizens. Providing medical services to rural and isolated districts, however, caused the program to stray from the tenets of scientific motherhood in order to apply theoretical needs within practical limits. Because no other medical practitioners served those areas, the provincial government passed legislation that allowed district nurses to deliver babies. This constituted a major break from the wisdom of scientific motherhood that insisted on physician-directed services. Furthermore, the isolated and ever-changing nature of

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<sup>303</sup> David Breen, "1947: The Making of Modern Alberta," in Payne, Michael, Donald Wetherell, and Catherine Cavanaugh, ed. *Alberta Formed, Alberta Transformed, volume II*. (Edmonton, AB: University of Alberta Press, 2006), 559.



district locations lessened the impact of direct medical surveillance and elevated the district nurse as a surrogate figure for surveillance. As this thesis shows, however, nurses often relied on the support of the communities and altered the theories of scientific motherhood to suit the local circumstances.

District nurses' presence in communities and medical practices, too, served in support of the colonial nation-building project. They functioned as upstanding, feminine role models for their patients to aspire to and their subscription to colonial stereotypes regarding race, ethnicity, and gender upheld racial hierarchies in practice. Their insistence on medically directed pregnancies and public health initiatives supporting childhood health demonstrated their adherence to scientific motherhood. Being the only medical practitioner available to their patients, district nurses recognized that beyond needing to insist on particular, medically informed methods of mothering, they simply needed to provide consistent, timely, and effective services. The relationships district nurses' developed with their patients allowed them access to monitor their patients in service of the nation-building project, but also to provide the best care possible to their patients. District nurses' strayed from the principles of scientific motherhood if it best served their patients. In practice, then, the discourse of scientific motherhood only constituted one factor that informed district nurses' practices in communities.

Communities' reception of district nurses' and their insistence on medically directed pregnancies illustrates women's acceptance of scientific motherhood when it best provided for their (and their children's) health and made sense with their lived experience. It also suggests that some members of the community had more autonomy when it came to choosing services than has been historically understood. It was often most practical for both district nurses and women in community to integrate the nurses' formal medical services into existing networks of

health and healing care founded on local women's expertise. The relationships formed between district nurses, their patients, and laywomen with healing expertise facilitated the practice of medically directed pregnancies while also recognizing the importance of community care and the legitimacy of experiential knowledge. Furthermore, women's expertise in rural living informed the way the discourse of scientific motherhood was taken up and adapted in the districts; in regions where access to material goods and technology was limited, rural women's ability to repurpose goods or modify their daily practices in accordance with scientifically founded understandings of health altered the practice of scientific motherhood in communities.

The example of the Alberta district nursing program, as it operated from 1919-1943, facilitates an examination of the influence of region and interpersonal relationships on a public health initiative. Compared to studies of scientific motherhood that focus primarily on the discourse itself, focusing on district nurses and the patients' experiences of the district nursing program provides a social medical history that centres women's relationships. This approach moves beyond studying the physician-patient relationship and considers the influence of networks of friendship and trust on the practice of medicine. This thesis posits reasons why nursing according to scientific motherhood was not necessarily practical, and how both nurses and patients, in conversation with one another, adapted the principles of the discourse to reflect their physical experience. Each facet of the district nursing program—its mandate, the nurses that staffed it, and the patients it served—was influenced by the regional context and the close relationships it fostered. Within the relationships that developed between district nurses and their patients in the rural, isolated districts of primarily northern and western Alberta from 1919-1943, women created a new iteration of scientific motherhood that reflected their daily experiences and fulfilled their expectations for the best maternity care possible. While this program has been

celebrated for the pioneering and heroic efforts of the women who served as nurses, this study suggests that its success relied upon a deeper set of cooperative relationships and negotiations between nurses and communities.

## BIBLIOGRAPHY

### PRIMARY SOURCES

#### Glenbow Archives, Calgary, Alberta

Joy Duncan's Frontier Nursing Project fonds, M-4745.

Kate Shaw Brighty Colley fonds. M-4872.

#### Provincial Archives of Alberta, Edmonton, Alberta

*Annual Report of the Department of Public Health, Province of Alberta*, 1921; 1924; 1941; 1942; 1943.

Community Health – District Nurses fonds. PR 2017.0642.

Department of Health and Social Development fonds (Public Health Nursing 1920-1926). GR 1975.454.

GSE Department of Public Health Division fonds. GR 1991.438.

SE Freifeld, Olga fonds. PR 1976.93.

SE Sterritt, W.R. fonds. PR 1970.19.

Social Services and Community Health fonds. GR 1985.16.

#### Print Sources

Cashman, Tony. *Heritage of Service: The History of Nursing in Alberta*. Edmonton, AB: Alberta Association of Registered Nurses, 1966.

Colley, Kate Brighty. *While Rivers Flow: Stories of Early Alberta*. Saskatoon, SK: Western Producer Prairie Books, 1970.

Copeland, Gordon G. "The Silent Plague: A Special Appeal to Stamp Out Needless Blindness." *Canadian Nurse* 15, no. 3 (March 1919), 1617-1623.

Cyr, Alvine. *Yes Father: Pioneer Nursing in Alberta*. Manchester, NH: Hammer Publications, 1979.

Defts, Ursula. *Burnt Embers: A History of Woking and District in the Burnt River Valley*. Woking, AB: Woking and Area Historical Society, 1985.

- From Spruce Trees to Wheatfields: Plamondon 1908-1988.* Plamondon, AB: Plamondon History Book Society, 1988.
- Hansen, Evalyn. *Brick's Hill Berwyn and Beyond: A History of Berwyn and District.* Berwyn, AB: Berwyn Centennial Committee, 1968.
- Johnson, Gregory A. *Lac La Biche Chronicles: The Early Years.* Lac La Biche, AB: Portage College & Town of Lac La Biche, 1999.
- Lake Saskatoon Reflections: A local history of the Lake Saskatoon District.* Sexsmith, AB: Lake Saskatoon History Book Committee, 1980.
- Land of Hopes and Dreams: A History of Grimshaw and Districts.* Grimshaw, AB: Grimshaw and District Historical Society, 1980.
- MacMurchy, Helen. *Little Blue Book Series.* Ottawa, ON: Dominion of Canada, Department of Pensions and National Health: 1920-1934.
- Medical Memories of Battle River Hospital, 1937-1955.* Manning, AB: Battle River Hospital History Book Society, 2001.
- Our Bend in the Peace: The Story of Royce and Lubeck.* Hines Creek, AB: Lubeck Merrymakers Society, 1979.
- Packhorse to Pavement.* Buck Lake, AB: Buck Lake History, 1981.
- Stewart, Irene. *These Were Our Yesterdays: A History of District-Nursing in Alberta.* Calgary, AB: Publishing Company, 1979.
- Tansem, Wallace, ed. *Grooming the Grizzly: A History of Wanham and Area.* Winnipeg: Inter-Collegiate Press, 1982.
- Trail Blazers.* Winfield, AB: Conroy Club and the Yeoford Ladies Club, 1973.
- Wilson, Amy. *No Man Stands Alone.* Sidney, BC: Gray's Publishing, 1969.

## SECONDARY SOURCES

- Abeebe, Cynthia R. "‘The Infant Soldier’: The Great War and the Medical Campaign for Child Welfare." *Canadian Bulletin of Medical History* 5, no. 2 (1988): 99-119.
- Apple, Rima. *Perfect Motherhood: Science and Childrearing in America*. New Brunswick, NJ: Rutgers University Press, 2006.
- Arnup, Katherine. *Education for Motherhood: Advice for Mothers in Twentieth-Century Canada*. Toronto: University of Toronto Press, 1994.
- Avery, Donald H. *Reluctant Host: Canada’s Response to Immigrant Workers, 1896-1994*. Toronto: McClelland & Stewart Inc., 1995.
- Bacchi, Carol Lee. *Liberation Deferred? The Ideas of the English-Canadian Suffragists, 1877-1918*. Toronto: University of Toronto Press, 1983.
- Benoit, Cecilia and Dena Carroll. "Canadian Midwifery: Blending Traditional and Modern Practises." In *On All Frontier: Four Centuries of Canadian Nursing*, edited by Christina Bates, Dianne Dodd, and Nicole Rousseau, 89-105. Ottawa: University of Ottawa Press, 2005.
- Bordo, Susan. *Unbearable Weight: Feminism, Western Culture, and the Body*. Los Angeles: University of California Press, 1993.
- Bradford, James Rennie. *The Rise of Agrarian Democracy: The United Farmers and Farm Women of Alberta, 1909-1921*. Toronto: University of Toronto Press, 2000.
- Burnett, Kristin. *Women’s Healing Work and Colonial Contact in Southern Alberta, 1880-1930*. Vancouver: UBC Press, 2010.
- Carter, Sarah. "Britishness, ‘Foreignness’, Women and Land in Western Canada, 1890s-1920s." *Humanities Research* 13, no. 1 (2006): 1-18.
- *Imperial Plots: Women, Land, and the Spadework of British Colonialism on the Canadian Prairies*. Winnipeg: University of Manitoba Press, 2016.
- *The Importance of Being Monogamous: Marriage and Nation Building in Western Canada to 1915*. Edmonton: University of Alberta Press, 2008.
- Comacchio, Cynthia R. "Nations Are Built of Babies": *Saving Ontario’s Mothers and Children, 1900-1940*. Montreal: McGill-Queen’s University Press, 1993.
- Corbet, Elise A. *Frontiers of Medicine: A History of Medical Education and Research at the University of Alberta*. Edmonton: University of Alberta Press, 1990.

- Davin, Anna. "Imperialism and Motherhood." *History Workshop* 5, no. 1 (1978): 9-66.
- Devereux, Cecily. *Growing A Race: Nellie L. McClung and the Fiction of Eugenic Feminism*. Montreal: McGill-Queen's University Press, 2005.
- Dodd, Dianne. "Advice to Parents: The Blue Books, Helen MacMurchy, MD, and the Federal Department of Health, 1920-34." *Canadian Bulletin of Medical History* 8, no. 2 (1991): 203-230.
- , "Helen MacMurchy: Popular Midwifery and Maternity Services for Canadian Pioneer Women." In *Caring and Curing: Historical Perspectives on Women and Healing in Canada*, edited by Dianne Dodd and Deborah Gorham, 135-161. Ottawa: University of Ottawa Press, 1994.
- Dyck, Erika. *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice*. Toronto: University of Toronto Press, 2013.
- Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Vintage Books, 1973.
- Gagan, David & Rosemary Gagan. *For Patients of Moderate Means: A Social History of the Voluntary Public General Hospital in Canada, 1890-1950*. Montreal: McGill-Queen's University Press, 2002.
- Gibbons, Sheila. "Our Power to Remodel Civilization": The Development of Eugenic Feminism in Alberta, 1909-1921." *Canadian Bulletin of Medical History* 31, no. 1 (2014): 123-142.
- Glassford, Sarah. *Mobilizing Mercy: A History of the Canadian Red Cross*. Montreal: McGill-Queen's University Press, 2017.
- Grosz, Elizabeth. *Volatile Bodies: Towards a Corporeal Feminism*. Bloomington, IN: Indiana University Press, 1994.
- Humphries, Mark Osborne. *The Last Plague: The Spanish Influenza and the Politics of Public Health in Canada*. Toronto: University of Toronto, 2013.
- Jasen, Patricia. "Race, Culture, and the Colonization of Childbirth in Northern Canada." *Social History of Medicine* 10, no. 3 (1997): 383-400.
- Kelm, Mary-Ellen. *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-1950*. Vancouver: UBC Press, 1998.
- Kerr, Janet C. *Prepared to Care: Nurses and Nursing in Alberta, 1859-1996*. Edmonton: University of Alberta Press, 1998.

- Knowles, Valerie. *Strangers at Our Gates: Canadian Immigration Policy, 1540-2006*. Toronto: Dundurn Press, 2007.
- Kozak, Nadine I. "Advice Ideals and Rural Prairie Realities: National and Prairie Scientific Motherhood Advice, 1920-29." In *Unsettled Pasts: Reconceiving the West Through Women's History*, edited by Sarah Carter, Lesley Erickson, Patricia Roome, and Char Smith, 179-204. Calgary: University of Calgary Press, 2005.
- Langford, Nanci. *Politics, Pitchforks, and Pickle Jars: 75 Years of Organized Farm Women in Alberta*. Calgary: Detselig Enterprises, 1997.
- Lawrence, Karen R. *Penelope Voyages: Women and Travel in the British Literary Tradition*. Ithaca: Cornell University Press, 1994.
- Lux, Maureen K. *Medicine that Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940*. Toronto: University of Toronto Press, 2002.
- . *Separate Beds: A History of Indian Hospitals in Canada, 1920s – 1980s*. Toronto: University of Toronto Press, 2016.
- McLaren, Angus. *Our Own Master Race: Eugenics in Canada, 1885-1945*. Toronto: McClelland & Stewart Inc., 1990.
- McPherson, Kathryn. *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990*. Toronto: University of Toronto Press, 1996.
- Mill, Judy E., Beverly D. Leipert, and Susan M Duncan. "A History of Public-Health Nursing in Alberta and British Columbia, 1918-1939." *The Canadian Nurse* 98, no. 1 (January 2002): 18-23.
- Mill, Judy E., Beverly D. Liepert, and Susan M. Duncan "'Nurses as Health Evangelists'?: The Evolution of Public Health Nursing in Canada, 1918-1939." *Advances in Nursing Science* 22, no. 1 (1999): 40-51.
- Mills, Sara. *Discourses of Difference: An Analysis of Women's Travel Writing and Colonialism*. London: Routledge, 1991.
- Mitchinson, Wendy. *Body Failure: Medical Views of Women, 1900-1950*. Toronto: University of Toronto Press, 2013.
- . *Giving Birth in Canada, 1900-1950*. Toronto: University of Toronto Press, 2002.
- . "Medical Historiography in English Canada." *Health and Canadian Society* 1, no. 1 (2004): 205-227.



- *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada*. Toronto: University of Toronto Press, 1991.
- Niemi-Bohun, Melanie. "Colonial Categories and Familial Responses to Treaty and Metis Scrip Policy: The 'Edmonton and District Stragglers,' 1870-1888." *The Canadian Historical Review* 90, no. 1 (2009): 71-98.
- Palmer, Howard. *Patterns of Prejudice: A History of Nativism in Alberta*. Toronto: McClelland and Stewart Limited, 1982.
- Payne, Michael, Donald Wetherell, and Catherine Cavanaugh, ed. *Alberta Formed, Alberta Transformed, volume II*. Edmonton, AB: University of Alberta Press, 2006.
- Perry, Adele. *Colonial Relations: The Douglas-Connolly Family and the Nineteenth-Century Imperial World*. Cambridge: Cambridge University Press, 2015.
- Richardson, Sharon. "Alberta's Provincial Travelling Clinic, 1924-42." *Canadian Bulletin of Medical History* 19, no. 1 (2002): 245-263.
- "Frontier Health Care: Alberta's District and Municipal Nursing Services, 1919-1976." *Alberta History* 46, no. 1 (1998): 2-9.
- "Political Women, Professional Nurses, and the Creation of Alberta's District Nursing Service, 1919-1925." *Nursing History Review* 6 (1998): 25-50.
- Rutherford, Myra. "Nursing in the North and Writing for the South: The Work and Travels of Amy Wilson." In *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, edited by Myra Rutherford, 158-178. Montreal: McGill-Queen's University Press, 2010.
- Samson, Amy. "Eugenics in the Community: Gendered Professions and Eugenic Sterilization in Alberta, 1928-1972." *Canadian Bulletin of Medical History* 31, no. 1 (2014): 143-163.
- Showalter, Elaine. *The Female Malady: Women, Madness, and English Culture, 1830-1980*. New York: Pantheon Books, 1985.
- Stanway, Paul. *Alberta in the 20<sup>th</sup> Century: A Journalistic History of the Province*. Edmonton: CanMedia Inc., 2005.
- Strong-Boag, Veronica. "Making a Difference: The History of Canada's Nurses." *Canadian Bulletin of Medical History* 8, no. 2 (1991): 231-48.
- *The New Day Recalled: Lives of Girls and Women in English Canada, 1919-1939*. Markham, ON: Penguin Books, 1988.
- and Kathryn McPherson. "The Confinement of Women: Childbirth and Hospitalization in Vancouver, 1919-1939." *BC Studies* 69-70 (1986): 142-175.

- Stuart, Meryn. "Ideology and Experience: Public Health Nursing and the Ontario Rural Child Welfare Project, 1920-1925." *Canadian Bulletin of Medical History* 6, no. 2 (1989): 111-131.
- Swyripa, Frances. *Storied Landscapes: Ethno-Religious Identity and the Canadian Prairies*. Winnipeg: University of Manitoba Press, 2010.
- Taylor, Georgina M. "'Common Ground for Action': Violet McNaughton's Agrarian Feminism and the Origins of the Farm Women's Movement in Canada." PhD Thesis. Ottawa: Carleton University, 1997.
- Thorne, Sally. "Genocide by a Million Paper Cuts." *Nursing Inquiry* 26, no. 3 (July 2019): n/a.
- Valverde, Mariana. "'When the Mother of the Race is Free': Race, Reproduction, and Sexuality in First-Wave Feminism." In *Gender Conflicts: New Essays in Women's History*, edited by Mariana Valverde and Franca Iacovetta, 3-26. Toronto: University of Toronto, 1992.
- Warsh, Cheryl Krasnick. *Prescribed Norms: Women and Health in Canada and the United States since 1800*. Toronto: University of Toronto Press, 2010.