

The Contribution of the Grey Nuns to the Development of Nursing in Canada: Historiographical Issues

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Abstract. The purpose of this article includes describing the current state of historical knowledge about the Grey Nuns of Montreal, identifying issues which shed light on this state of knowledge and proposing new avenues of scholarship. A review of the literature shows that the nursing role of the Grey Nuns and their national contribution to the development of health care services require examination. The small number of publications about the Grey Nuns, specifically in respect to their role in the development of nursing services, can be linked to issues in Canadian historiography and trends in women's history, health science history, and nursing history.

Résumé. Le but de cet article est de décrire l'état des connaissances historiques sur les Soeurs Grises de Montréal, d'identifier les facteurs qui expliquent cet état des connaissances et de proposer de nouvelles avenues de recherche. Une revue de la littérature montre que la contribution nationale des Soeurs Grises au développement des services de santé ainsi que leur rôle dans les soins infirmiers demeurent en majeure partie à explorer. Le nombre limité des publications sur l'histoire des Soeurs Grises, et spécialement sur leur rôle dans le développement des soins infirmiers, est relié aux tendances dominantes en historiographie canadienne et dans les domaines de l'histoire des femmes, de l'histoire des sciences de la santé, et des sciences infirmières.

Among the many religious orders who have contributed to the development of nursing in Canada, the Sisters of Charity of Montreal (the Grey Nuns) stand in a class of their own. Because they have been intimately involved in the provision of nursing and health care across a wide geographic area and over a period of some two and a half centuries, it is evident that their work and contribution must be studied from a variety of perspectives. The work of this order is relevant to the his-

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tory of nursing and health care because it covers vital areas such as the history of hospitals, mission and remote area nursing, community health nursing, and nursing education and administration. The Grey Nuns' history is of interest to the specialist of eighteenth-century New France, just as it should fascinate the historian of nineteenth-century western Canada. As a group and as individuals, the sisters can also be the object of research in many branches of history including the history of women, of religion, and of French Canada. The purpose of this article includes describing the current state of historical knowledge about the Grey Nuns, identifying issues which shed light on this state of knowledge, and proposing avenues for scholarship.

THE GREY NUNS

Marguerite d'Youville, a French-Canadian widow, founded the Grey Nuns in Montreal in 1737. By taking over the administration of the Hôpital Général de Montréal,¹ Mother d'Youville and her charitable group officially engaged in the care of the poor and the sick. By insisting on an uncloistered charter for the sisterhood, the founder ensured that the members of the order would be able to provide services outside hospital walls. From the outset the Grey Nuns visited the sick in their homes, caring for, among others, immigrants who arrived with contagious diseases. By the mid-1800s the order was sufficiently strong to initiate geographical expansion within, and outside, Quebec borders. During the 1840s the order sent sisters to St. Hyacinthe, Ottawa, Quebec City, and St. Boniface (Manitoba).² The establishment of a mission in Manitoba marked the beginning of activities in remote areas. By 1859, the Grey Nuns settled in the region that is currently Alberta and by the end of the same century a number of arctic missions had been established. The growth of the community was not limited to Canada, for the order also followed the eighteenth-century French-Canadian immigration to the United States. Missions were thus established in the "Little Canadas" of industrial New England and in other states such as Ohio and Minnesota.³

The creation of a series of missions in western Canada is of particular interest. It is fascinating that, centuries later, a pattern similar to that of New France was found in this area of the country. Wherever fur traders went, clergymen followed and invariably asked for the assistance of female religious orders who would be responsible for education and health care. As settlers became more numerous, small mission hospitals became bigger, and if the growth meant the passage from town to city, makeshift hospitals were transformed into full-fledged institutions.

By the beginning of the 1900s, all major urban centres of the prairies had a Grey Nuns' hospital. These institutions were closely intercon-

nected and their link with the Montreal Mother House served as a unifying factor.⁴ The sisters were highly mobile and they were transferred according to the needs of each institution. The words of Petitat best describe the Grey Nuns' order of the 1920s: "Nous ne sommes plus en présence d'une petite organisation communautaire, mais bien d'une sorte de 'multinationale' de la charité, couvrant une grande diversité culturelle et économique."⁵ The creation of a school of nursing at the Hôpital Notre-Dame in 1898 constituted the starting point of a network of schools of nursing which can be compared to the network of hospitals.⁶

The Grey Nuns took a leading role in the education of nurses in French Canada by the creation of the Institut Marguerite d'Youville in 1934. The institute was affiliated with the Université de Montréal and offered the first French baccalaureate program for nurses in the world.⁷ The Grey Nuns remain significantly involved in today's health care services even if changes surrounding health care policies and the smaller number of women joining the order have meant a gradual decrease in some areas. Although this summary cannot address all aspects of their work, it should at least suggest that numerous historical studies could be undertaken about the order, the services it rendered and the institutions it created.

STATE OF KNOWLEDGE

As is usually the case for religious orders, the life of the founder has fascinated numerous authors. The first books about the Grey Nuns were biographies of Marguerite d'Youville. Most of these biographies were written during the first half of the twentieth century. The majority were hagiographical in style and relied upon the work of Dufrost (son of Marguerite d'Youville), Faillon, and Sattin, who were among the first biographers.⁸ The biography written by Ferland-Anger in 1945 is still considered one of the most comprehensive pieces of work about the life of the founder.⁹ Collectively, these biographies (and the many others not enumerated here) are of interest because by examining the life of the founder, they provide background information important in understanding the characteristics of the order and its evolution.

Countless publications were written by Grey Nuns and other members of the Church. The majority of these books resemble chronicles and put much emphasis on religious and spiritual aspects of their life and work. Of importance to nursing is the two-volume history of the Hôpital Général de Montréal written by Sr. Fauteux, in 1915.¹⁰ Her account provides some significant information about the first institution operated by the Grey Nuns. Father Duchaussois probably wrote the first books tracing the history of missions outside of Montreal.¹¹ Although the references he used are not always systematically identified,

he provides a plausible account of the daily life of the pioneers of northern and remote areas. In recent years Sister Mitchell, a prolific author, has written a number of books about d'Youville and the order. Her detailed history of the St. Boniface mission takes into account the context surrounding the work of the Grey Nuns in Manitoba. It is also one of the very few publications in which nursing and hospital administration issues are addressed.¹² As part of our research program on the history of nursing in Alberta, Janet Kerr and I have written a number of papers about the Grey Nuns in this province. The focus of our research is the contribution of the Grey Nuns to the development of nursing and health care in Alberta.¹³ I am also currently writing the history of the Edmonton General Hospital founded by the Grey Nuns in 1895.¹⁴

Although not specifically focused on the Grey Nuns' Order, recent work on women's religious orders is of value because it reveals the context in which these communities developed within society. Despite the fact that most of these publications are Quebec-centred, they are of relevance to the history of religious orders of other parts of the country particularly since most of these orders reported to superiors in mother houses located in Quebec. According to Lavigne and Pinard,¹⁵ the majority of the writings about women and religion in French Canada has been centred on the study of women's religious orders. Since the 1960s this tradition of writing has been influenced by social history and sociology. Consequently, areas of investigation have broadened. Sisterhoods have been examined from a feminist perspective and for their relevance in society. Demographic factors and economic aspects within the communities are also increasingly being addressed. The publications of D'Allaire, Denault and Lévesque, Danylewycz, Duchesne, Juteau and Laurin, Dumont, Jean, and Lessard and Montminy¹⁶ have shed light on the evolution of women's religious orders and particularly on the social attributes of the women who chose religious life.

A number of publications contribute to a better understanding of hospitals in New France and Quebec, including work directly related to the nursing roles of the sisters. The work of D'Allaire, Bélanger and Rozon, Laurin, Juteau and Duchesne, Perron, Rouleau, and Rousseau in this field must be noted.¹⁷ Writings about the history of nursing in general such as the work of Petitat are of relevance.¹⁸ Notably he specifically elaborates on the work of the Grey Nuns at Hôpital Notre-Dame in Montreal and about their schools of nursing. The recent publications of Castonguay and Cellard and Pelletier¹⁹ on the history of catholic health associations provide insight into the role of women's religious orders in the health field. Finally, the second edition of *L'Histoire des femmes au Québec* can be cited as a useful general source; inter-

estingly this edition contains significantly more information about nursing than the previous one.²⁰

HISTORIOGRAPHICAL ISSUES

The relatively small number of publications about the nursing work carried out by female religious orders can be linked to factors which range from the place of women in historical writing to the characteristics of Canadian historiography. Historical work relating to female religious orders in general has primarily been done by people of French-Canadian origin. This is not surprising considering the origins of the congregations and the historiographical tendencies found in this country. Most of these orders were Roman Catholic and French Canadian, and accordingly they have been studied by French Canadians.²¹ This situation reflects the Canadian historical tradition which can be divided into two branches that correspond to the two dominant cultural groups. Carl Berger gives a vivid description of this phenomenon:

In historical writing, as in other aspects of the life of two peoples, the metaphor of the two solitudes seemed appropriate. Even a cursory glance at the actual development of French-Canadian historical thought reveals the extent to which it diverged from English-Canadian problems and concerns.²²

Thus the interests of each group have often been divergent.

It is also apparent that current historical writing being carried on in Quebec, where the majority of historians of French-Canadian background live, is centred on the history of the province. Similarly, English-Canadian historians have been more preoccupied by the history of the geographical areas which can be labelled as English Canadian. It is remarkable that in each group little emphasis has been put towards the study of minority groups.²³ The above tendencies have had direct implications for the history of religious orders in Canada. Until recently, the work of religious orders outside of Quebec had been more or less ignored. The situation of the Grey Nuns in western Canada illustrates this point. As French Canadians in the West they were part of the ignored minority and, since they were outside Quebec, they also fell beyond the common geographical boundaries of Quebec historiography. The gender issue has also contributed to the marginal level of interest about women's religious orders. Not long ago, studying the history of women, or women's groups, was outside the realm of "historical orthodoxy." It must be recalled that prior to 1977, women's history was not a session topic at the Canadian Historical Association meetings.²⁴

Other considerations must be entertained when looking at the place given in the existing historical literature to the nursing role of these orders. These are linked to the state of the art in the history of health care

and of women in general and to the current status of the history of nursing within the profession. The field of hospital history provides an appropriate example to address the issues related to the history of health care. In recent years, health care historians, primarily in the United States,²⁵ have conducted valuable research in the field of hospital history. Studies such as those of Vogel (1980), Rosner (1982), and Rosenberg (1988) have significantly increased the amount of knowledge about the hospital of the past.²⁶ Collectively, their work has generated a better understanding of the place of the hospital in society and of how a number of variables have contributed to the development of the modern hospital.²⁷ These authors all expressed the view that physicians were not the only professionals or workers involved in the changes that took place.

However, interestingly, they all failed to analyze the role played by women in the creation of the modern hospital. The neglect of nursing is particularly salient. In his discussion of administrative changes, Vogel did not address the issue of the passage from a majority of female hospital superintendents to a majority of male hospital superintendents, a change which occurred during the first decades of the twentieth century as the hospital acquired more recognized social importance. Curiously, while Rosner focused his work on social variables, he did not explore the societal impact of the emergence of the women's movement and of its possible connection with changes that took place in health care.

Charles Rosenberg's position is the most interesting from a nursing point of view. He wrote: "perhaps the most important single element in reshaping the day-to-day texture of hospital life was the professionalization of nursing. In 1800, as today, nurses were the most important single factor in determining room and ward environment."²⁸ However, on the following page, he explained that he decided to highlight the role of the medical profession because "their role was a dynamic one."²⁹ This is tantamount to saying that nurses were passive, therefore not worthy of more than a passing reference. Although Rosenberg's analysis of the contribution of medicine seems reasonably valid, by paying lip service to nursing he failed to recognize the fact that without the active participation of nurses most changes could not have taken place. Unfortunately, Rosenberg left the reader with a number of observations and questions that would have been worth analyzing. Further, cases in which women played a significant and innovative role were superficially examined. Among his comments on the catholic hospitals was the following: "the catholic hospitals . . . provided a setting in which women could exert a greater degree of authority. They were insulated by their sex and vocation from the will of medical

boards and by their orders from the unfettered control of diocesan administrators."³⁰ The fact that Rosenberg did not further develop or explain the role of nursing sisters in catholic hospitals gives support to the hypothesis that, consciously or not, he underplayed women's involvement in the shaping of the modern hospital. Nurse historian, Barbara Brodie, confirmed that nursing is invisible in most histories of hospitals and therapeutic modalities. Incidentally, she used Rosenberg's work as an example of that "invisibility" and proposed that nursing must be addressed in order to capture a more accurate picture of the reality. For Brodie, "The minimization of or absence in recognition of nursing's contribution coupled with an idealization of medicine's powers to advance medical care is so pervasive in historical analysis that it is the perceived view of medical history today."³¹

The place given to nursing in the field of the history of women has also been marginal. Daigle described the situation in these words: "L'histoire du travail féminin a pour ainsi dire laissé dans l'ombre celle de la profession d'infirmière. Qui plus est, l'histoire syndicale elle-même a négligé cette catégorie de travailleuses."³² However, there are a few signs that this state of affairs is changing. The current rise of interest in history within the nursing profession bodes well for the future, although there are very few nurses who are adequately prepared to conduct historical research.

I would argue that the majority of nurses involved in historical work recognize the nuns' contribution as a building block of Canadian nursing. Nevertheless, few have chosen to focus attention on this field. If similar trends to those found in Canadian historiography are reproduced among nurses who study the history of the profession, the contribution of nursing religious orders will remain a marginal field of research. In addition, since interest in the history of nursing has not been significant among nurses from Quebec, the topic might remain even more obscure. Language barriers can also be considered as a limiting factor especially for the study of the topic outside of Quebec. Few orders were founded by anglophones in Canada. Therefore, a great proportion of the documents found in archival collections are written in French, and bilingualism becomes a prerequisite for studying them. This fact further limits the number of potential researchers.

Even though the picture presented is somewhat pessimistic, the few people whose qualifications are adequate, and who are willing to work in the field, can make a significant contribution. Nurses are also definitely at an advantage to undertake research in this field of history. These advantages are linked to the availability of data specifically relevant to nursing history in the communities' archives, and to human and professional factors. My own experience confirms that the archival

collections of religious orders provide one of the richest sources of primary data about nursing. This is salient in the case of research about the history of hospital nursing. I have found that the records held by religious orders about Roman Catholic hospitals are more voluminous and contain more explicit material about nursing than do the records of other hospitals. I believe that this is the case because religious orders have long shown a sensitivity to preserving historical documents. The relative abundance of nursing records is related to the line of authority in these hospitals. Because the sisters who administered catholic hospitals were for the most part nurses, this certainly colored the nature of their institutions and meant that they were more inclined to ensure the preservation of valued documentation pertaining to nursing. Yet, documentation about nursing activities is not necessarily readily available. Much of the data must be retrieved from files addressing other hospital activities. Because of this, the knowledge brought by an education in nursing is paramount to the understanding of technical jargon and subtle references, as well as hidden allusions which characterize the hospital sub-culture. Being a nurse can also facilitate communication between researcher and archivist; in many orders the latter individual is often a retired nurse.

Development of knowledge in any field of enquiry is a never-ending process. As gaps are filled, new ones appear. In this article, some of the strengths and weaknesses present in the history of nursing religious orders in Canada were identified. The amount of knowledge about women's religious orders in general has significantly increased since the 1970s. However, it has been noted that much remains to be done, particularly concerning issues related to nursing services. A lack of studies about the history of religious orders outside of Quebec is noticeable. Because of their importance in the development of health care in this country, it is crucial that the Grey Nuns history be studied as a national phenomenon transcending provincial boundaries. Similarly, there is room for historical investigations about other nursing orders which played key roles in varied locations, such as the Sisters of Providence and the Sisters of Misericordia. It is hoped that this area of research will soon take the place it should occupy, both in the disciplines of nursing and of history. To neglect it would be to leave a significant void in Canadian history.

NOTES

- 1 Prior to the "take over" of the Hôpital Général de Montréal by the Grey Nuns, the institution had been operated by a short-lived male order of hospitaliers. For more information see: Albina Fauteux, *Love Spans the Centuries*, translated by Antoinette Bezaire from the original French edition *L'Hôpital Général des Soeurs de la Charité* (1915; Montreal: Meridian Press, 1987).

- 2 Later on the groups of sisters at the first three locations became autonomous communities. All communities from St. Boniface westward remained under the jurisdiction of the Grey Nuns of Montreal.
- 3 Marguerite Daoust, SGM, *Les Soeurs Grises* (Montréal: Les Soeurs de la Charité de Montréal, 1987), p. 75-87. French-Canadian settlements of New England were frequently called "Little Canadas" because their settlers would try to reproduce the society from which they came.
- 4 Preliminary results of my doctoral dissertation, a historical study of a Grey Nuns' hospital, show the importance of this link, particularly in relation to financial issues.
- 5 Translation of citation: "We are no longer in the presence of a small community organization, but in the presence of a kind of 'multinational' of charity that covers areas which are diverse culturally and economically" (André Petitat, *Les infirmières de la vocation à la profession* [Montréal: Boréal, 1989], p. 51).
- 6 This school of nursing was the first one to offer nursing education in the French language in Canada. Soon after its opening, schools of nursing were developed in other Grey Nuns' hospitals. The first sisters in charge of these schools were often graduates from the Notre-Dame school.
- 7 The institute became the Faculty of Nursing of the Université de Montréal in 1967. The Grey Nuns of Ottawa (autonomous from the Grey Nuns of Montreal) initiated nursing education at the University of Ottawa. Considering that for years nursing education in French or in a bilingual format at the university level existed only in three institutions (Montreal, Laval, and Ottawa), it is remarkable that the Grey Nuns took leadership in two of these institutions. Not surprisingly, the first nurse who completed doctoral education in Canada, Sister Denise Lefebvre, was a Grey Nun.
- 8 Charles Dufrost, *Mémoire pour servir la vie de Madame d'Youville* (no date, no edition), certified by the Grey Nuns as an authentic copy of the original manuscript. Dufrost, who lived in Quebec, probably wrote this document soon after his mother's death: E. F. Faillon, *Vie de Madame d'Youville—fondation des Soeurs de la Charité de Ville-Marie en Canada* (Paris: Perisse Frères, 1852). Faillon's work is remarkably documented: Antoine Sattin, *Vie de Madame d'Youville* (Québec, 1930).
- 9 A. Ferland-Anger, *Mère d'Youville première fondatrice canadienne* (Montréal: Librairie Beauchemin, 1945)
- 10 Fauteux, *Love Spans the Centuries*.
- 11 R. P. Duchaussois, OMI, *Femmes héroïques. Les Soeurs Grises canadiennes aux places polaires* (Paris: Éditions Spes, 1927); and *Aventures canadiennes des Soeurs Grises* (Montréal: Flammarion, 1934).
- 12 Estelle Mitchell, SGM, *Les Soeurs Grises de Montréal à la Rivière-Rouge 1844-1984* (Montréal: Éditions du Méridien, 1987). Among some of her other publications are: *Le vrai visage de Marguerite d'Youville* (Montréal: Librairie Beauchemin, 1973) and *L'essor apostolique* (Montréal: Typo Graphica, 1981).
- 13 Pauline Paul, "Les Soeurs Grises: premières infirmières de l'Alberta," *Les Actes du CEFCO—Après dix ans . . . Bilan et Prospective. Actes du onzième colloque du CEFCO* (1991) (Edmonton: University of Alberta Press, 1992), p. 229-36; Janet Ross Kerr and Pauline Paul, *The Origins of Nursing in Alberta, 1859-1909* (Edmonton: Research Report Submitted to the Alberta Foundation for Nursing Research, 1992); "A Mission of Caring: The First Nurses in Alberta," *Proceedings of the 5th Biennial Conference of the Workgroup of European Nurse Researchers* (Budapest, Hungary: Workgroup of European Nurse Researchers, 1990), p. 155-62; and "The Work of the Grey Nuns in Alberta, 1859-1899: A Feminist Perspective," *Proceedings of the Third Annual Conference of the Canadian Association for the History of Nursing* (Calgary: Canadian Association for the History of Nursing, 1990), p. 49-63; and Pauline Paul and Janet Ross Kerr, "Called to Care: The Mission of the Grey Nuns in Alberta," *Proceedings of the Third Annual Conference of the Canadian Association for the History of Nursing* (Calgary: Canadian Association for the History of Nursing, 1990), p. 64-72.
- 14 Doctoral dissertation in progress.

- 15 Marie Lavigne and Yolande Pinard, *Travailleuses et féministes—les femmes dans la société québécoise* (Montréal: Boréal Express, 1983), p. 51.
- 16 Micheline D'Allaire, *Les dotes des religieuses au Canada français, 1639-1800*, Cahiers du Québec, Collection histoire (Montréal: Hurtubise, 1986); Micheline D'Allaire, *Vingt ans de crise chez les religieuses du Québec 1960-1980* (Montréal: Éditions Bergeron, 1983); Micheline D'Allaire, "Origines sociales des religieuses de l'Hôpital Général de Québec (1692-1764)," *Revue d'histoire de l'Amérique française*, 23, 4 (1969-70): 559-81; Bernard Denault and Benoit Lévesque, *Éléments pour une sociologie des communautés religieuses au Québec* (Montréal: Presses de l'Université de Montréal, 1975); Lorraine Duchesne, Danielle Juteau, and Nicole Laurin, "La longévité des religieuses au Québec de 1901 à 1971," *Sociologie et sociétés*, 19, 1 (1987): 145-52; Micheline Dumont, "Vocation religieuse et condition féminine," in Lavigne and Pinard, *Travailleuses féministes*, p. 271-92; Marguerite Jean, *L'évolution des communautés religieuses de femmes au Canada de 1637 à nos jours* (Montréal: Fides, 1978); Marc Lessard and Jean-Paul Montminy, "The Census of Religious Sisters of Canada," *Donum Dei*, 11 (1966): 273-301; and Marta Danylewycz, *Taking the Veil: An Alternative to Marriage, Motherhood, and Spinsterhood in Québec, 1840-1920* (Toronto: McClelland & Stewart, 1987).
- 17 Micheline D'Allaire, *L'Hôpital Général de Québec, 1692-1764*, Collection Fleur de Lys (Montréal: Fides, 1971); Diane Bélanger and Lucie Rozon, *Les religieuses au Québec* (Montréal: Libre Expression, 1982); Nicole Laurin, Danielle Juteau, and Lorraine Duchesne, *À la recherche d'un monde oublié, les communautés religieuses de femmes au Québec de 1900 à 1970* (Montréal: Le Jour, 1991); and Normand Perron, *Un siècle de vie hospitalière au Québec. Les Augustines de l'Hôtel-Dieu de Chicoutimi 1884-1984* (Québec: Presses de l'Université du Québec, 1984). Perron's book is a masterpiece and should be seen as one of the best hospital histories available: Jean-Paul Rouleau, *Les religieuses hospitalières canadiennes dans une société en transformation* (Québec: Université Laval, Faculté de théologie, Centre de recherche en sociologie religieuse, 1974); and François Rousseau, "Hôpital et société en Nouvelle-France: L'Hôtel-Dieu de Québec à la fin du XVIIIème siècle," *Revue d'histoire de l'Amérique française*, 31, 1 (1977-78): 29-47.
- 18 André Petitat, *Les infirmières de la vocation à la profession* (Montréal: Boréal, 1989).
- 19 Thérèse Castonguay, SGM, *A Mission of Caring: Catholic Health Association of Alberta. A Chronicle of the First Fifty Years* (Edmonton: The Catholic Health Association of Alberta, 1991); and André Cellard and Gérard Pelletier, *L'histoire de l'Association Catholique Canadienne de la Santé. Fidèles à une mission* (Ottawa: Association Catholique Canadienne de la Santé, 1990).
- 20 Micheline Dumont et al., *L'Histoire des femmes au Québec* (Louiseville: Imprimerie Gagné, 1992).
- 21 French Canadian is used in a wide sense and includes here religious orders which came from France.
- 22 Carl Berger, *The Writing of Canadian History: Aspects of English-Canadian Historical Writing, 1900-1970* (Toronto: Oxford University Press, 1976), p. 181.
- 23 Recent work seems to reflect a wish to remedy to this situation. For example the second edition of *L'histoire des femmes au Québec* (2d ed. [Louisville: Imprimerie Gagné, 1992]) gives more information about members of minority groups than the first one did. It is notable that Margaret Conrad had questioned the place given to minorities in the first edition of this book (Margaret Conrad, "The Re-birth of Canada's Past: A Decade of Women History," in Carl Berger, ed., *Contemporary Approaches to Canadian History* [Toronto: Copp Clark Pitman, 1987], p. 184). Similarly I have found that discussions about minority groups are beginning to appear in recent work about the history of Alberta such as in Howard Palmer and Tamara Palmer, *A New History of Alberta* (Edmonton: Hurtig Publisher, 1990).
- 24 Conrad, "The Re-birth of Canada's Past," p. 181.
- 25 Most of the earlier hospital histories which had been written in Canada and in the USA were narrative in nature and the sources of references were rarely acknowledged. Lip service was paid to the role of nursing in these institutions.

- 26 Morris Vogel, *The Invention of the Modern Hospital, Boston: 1870-1930* (Chicago: University of Chicago Press, 1980); David Rosner, *A Once Charitable Enterprise: Hospitals and Health Care in Brooklyn and New York, 1885-1915* (Cambridge: Cambridge University Press, 1982); and Charles Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, 1988).
- 27 Examples of variables which were examined: industrialization, philanthropy, scientific discoveries, social reforms, changes in hospital administration, changes in the role of physicians.
- 28 Rosenberg, *The Care of Strangers*, p. 8.
- 29 Rosenberg, *The Care of Strangers*, p. 9.
- 30 Rosenberg, *The Care of Strangers*, p. 423.
- 31 Barbara Brodie, "The Place of Nursing in the Development of Medical Care," *Bulletin of the American Association for the History of Nursing*, 30 (1971): 1.
- 32 Johanne Daigle, "L'éveil syndical des 'religieuses laïques': l'émergence et l'évolution de l'Alliance des Infirmières de Montréal, 1946-1966," in Lavigne and Pinard, eds., *Travailleuses et féministes*, p. 115.