



The *Great* Canadian Catholic Hospital History Project

Documenting the legacy and contribution of the
Congregations of Religious Women in Canada,
their mission in health care, and the founding and operation of Catholic hospitals.



Projet de la *Grande* Histoire des hôpitaux catholiques au Canada

Retracer l'héritage et la contribution des
congrégations de religieuses au Canada,
leur mission en matière de soins de santé ainsi que la fondation et l'exploitation des hôpitaux catholiques.

Mustard Plasters to Miracle Drugs Edmonton General Hospital School of Nursing 1908-1973

by
Ferdi F. Neuman

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"Mustard Plasters to Miracle Drugs"



Edmonton General Hospital
School of Nursing

1908 to 1973

Mustard Plasters to Miracle Drugs:
A History of the
Edmonton General Hospital
School of Nursing

by Ferdi F. Neuman

**Mustard Plasters to Miracle Drugs:
A History of the
Edmonton General Hospital
School of Nursing**

Sponsored by
the Alumnae of the Edmonton General Hospital
School of Nursing

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We dedicate this brief chronicle
to the instructresses, supervisors and doctors
who taught the two thousand graduates of the
Edmonton General Hospital School of Nursing,
and to the Grey Nuns (the Sisters of Charity of Montréal)
who made it all happen.

To our families and our early teachers,
who nourished the stamina and determination
to take the challenge and persevere to our goal
of becoming registered nurses,
we express our thanks.

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FOREWORD

Based on available information and our collective memories, this short chronicle is an account of the life of nursing students over the past decades. It is an account which tells about our educations and the journey from mustard plasters to miracle drugs.

Over the life of the Edmonton General Hospital School of Nursing, nursing procedures changed greatly. Unfortunately, there is no record of this evolution. Procedure manuals and books are a living directive for nurses. They tell the staff how each procedure is to be carried out, whether there are any hazards to guard against; for example, how to ensure that the hot water bottle will not burn the patient. As a better way of doing a thing is worked out, or discovered, directions in the book need to be changed and, after a time, a new book will be written. To ensure that the new method is followed, the obsolete book is consigned to the incinerator and no record of the former procedures remains.

Some examples of change are: in the early period of nursing, bed rest was almost universal for hospitalized patients; mustard plasters were used for chest conditions and tepid sponge baths for fever. At some point someone first used aspirin to reduce fever. This would be replaced by Tylenol and other brands. The discovery of such drugs assisted in treatment but did not completely eliminate the tepid sponge.

In 1942, students were still taught how to make and apply mustard plasters, but very few were ordered. Sulpha in its various pill forms, with lots of soda bicarbonate to buffer its negative affect on the stomach, was ordered for pneumonia patients. Students were told that pneumonia was not so long ago called "the old man's friend." (Almost always fatal in the elderly or debilitated, pneumonia would spare a person from a lingering death.) At the end of World War II, penicillin became available for the civilian population. This was the start of a long line of

"miracle" drugs.

The military hospitals had, of necessity, shortened the period of bed rest and found that patients recuperated much more quickly. Now the emphasis on back rubs and positioning was replaced by an emphasis on mobility and exercise. The shorter bed rests also reduced the number of bedpans the students had to scrub.

By the end of the decade the School for Nursing Aides opened and these new staff members took over many of the repetitive jobs, such as cleaning discharge units and caring for flowers, as well as basic bedside care. The students were still introduced to these tasks but were no longer expected to repeat them a few hundred times during the three-year program.

Soon the disposables appeared and that made needle sharpening and syringe cleaning obsolete. It also did away with the tedious job of washing, mending and sterilizing gloves.

Meanwhile, many new skills such as monitoring heart patients, the learning and implementing of emergency measures including cardiopulmonary resuscitation (CPR), were required. These changes also increased the need for the evolution of nurses' "training" into nurses' "education."

1

The Beginning and the Early Years

The new student's voice was awe-struck. "Did you see that cast-iron fixture in the toilet with the numbers 1895 on it? That means our residence is almost fifty years old!" In Edmonton in 1942, fifty years old was indeed old, almost prehistoric. What the purpose of this particular fixture was or what the numbers meant was never explained and may never have been asked. It may have been old stock or second-hand when that part of the building was erected in 1907. It is one of those things that will remain unexplained. It was one of the mysteries of the place.

Every story begins somewhere. This one starts with the recognition of two needs: The need to fill a missing part of the record, which started with the need for health care before the province of Alberta was born.

The alumnae of the Edmonton General Hospital (EGH) School of Nursing are aware that a history has been written of the hospital, the doctors who worked within it and the Sisters of Charity (the Grey Nuns of Montréal) who owned and operated the hospital and the school. As none has been written of the School of Nursing, the alumnae suggested that this be remedied. To quote Dr. Pauline Paul in her book, *A History of the Edmonton General Hospital*, "Histories generally give little consideration to the component of nursing." The experience of being told by current occupants of the building that no such school ever existed lent urgency to the undertaking. The Sisters established their first missions in what is now Alberta in 1851. One of these was located at Lac Ste.

Anne. For security reasons, at the time of Metis and Native unrest, it was relocated at St. Albert in 1881 and a "hostel," or small hospital, was established there. In keeping with the Grey Nuns' philosophy, the facility sheltered not only the acutely ill but also some who were less ill but unable to care for themselves. During those early years, Edmontonians who needed to be hospitalized were transferred to St. Albert by horse and wagon to be cared for by the Sisters.

In 1894 a group of doctors from Edmonton approached the Sisters with the request that they open a hospital in their fast-growing village. After receiving the approval of the Mother House in Montréal, which had first gained the mandatory approval from the Pope, this request was granted. A block of property, located between Jasper and Victoria (101 and 100) avenues and 111 and 112 streets, was purchased from the Hudson Bay Company. The site would remain a refuge for the ill and a centre for training members of the helping professions for more than ninety years.

A three-storey brick building, large enough to accommodate thirty-six beds and quarters for the Sisters, was constructed. It was termed the finest building in Edmonton at the time. Patients were admitted in early December 1895 and the hospital was officially opened in February of 1896.

By 1905, it was overcrowded and some of the doctors demanded that the Sisters abandon their policy of harbouring the less severely ill. As a result of this dispute, a number of the doctors left the EGH in favour of the newly organized Royal Alexandra Hospital. The nuns remained firmly in charge of the General.

This was no doubt not the only controversy to occur, but, with the exception of a major challenge by the medical staff for control in 1928, the only one on record. In the latter case, a number of senior students were expelled shortly after a change of director of the School. The reason for the expulsion is not on record. However, an incident of this nature always causes fear and unrest in the student body. They rebelled. The doctors complained

that some of the Sisters in charge of the nursing units had an inadequate command of English, among other matters. French-English tensions appear to have been an ingredient in the dispute. The newly organized Alumnae, the Ladies Auxiliary and the Bishop became involved. The matter got out into the community and appeared in the local papers. In this case, the students were not reinstated and the Sisters again remained firmly in control. From then on, increased attention seems to have been paid to the degree of fluency in English possessed by those Sisters who were in daily communication with the medical staff. A brief glance at the list of superintendents and directors of nursing would suggest that the Francophone-anglophone mix was fairly even.

In 1905, a four-storey extension was planned and completed in 1907. A two-storey laundry building was constructed at the same time. That second storey was later the location of the "big dorm" which featured in so many students' lives. At just what time the second storey, as well as the third which was completed in 1907, became the nurses' residence, is not clear. Further extensions were made in later years: in 1911, a fourth storey on the original building, bringing this to the same level as the newer addition, and added the chapel as well as more space for the Sisters' residence; 1920, two new wings of the same height as the existing structure, adding more beds, as well as a laboratory and x-ray department; 1940, the five-storey Jasper Avenue building; 1948, the "temporary" St. John's Wing; 1953, the six-storey East Wing; 1967, the new residence and Education Building.

This increase in beds, as well as changes due to advances in science and technology involved in patient care, were to have an effect on the School of Nursing. For example, in 1924 the EGH was fully accredited by the American Association of Physicians and Surgeons. In the same year, it was recognized by the University of Alberta as an accredited facility for the training of medical interns.

In the earliest years, the Sisters performed all tasks which required attention, be it kitchen, laundry, house-

keeping, patient care or gardening. They coped with it all. With the increase in patients following the construction of the 1907 addition, this was beyond what their numbers could do. Good lay help was impossible to find so it was decided to open a school of nursing.

THE SCHOOL OF NURSING

A school of nursing was a common strategy used in many western hospitals at the time. According to Tony Cashman in his book, *Heritage of Service* (published by the AARN in the early 1960s), the Edmonton Public Hospital, which would become the Royal Alex, and the Strathcona Public Hospital which, inactive from 1916, would be integrated into the University of Alberta Hospital some years later, admitted their first students in 1905.

The Misericordia Hospital admitted its first students in 1907, followed by the opening of the EGH School of Nursing with the admission of six students at the General in 1908. The first to be admitted was Miss Mabel Denhardt, who had already completed a year at the Strathcona Public Hospital school. The value of the students was soon recognized in the community.

In *Heritage of Service*, Tony Cashman tells the story of two of the medical staff returning from the hospital. One of the gentlemen called the EGH students liars, whereupon the other stopped his car and physically ejected the offensive passenger. The story hit the local papers and much was made of the EGH students having acquired a "white knight."

Students were offered free room, board, laundry, education and medical care (should they need it) in exchange for committing themselves to three years of caring for patients. This sounds like exploitation, or it might be called slave labour. However, it was a godsend for those young women who desperately wanted to improve their education but who quite simply did not have a way to earn the money which would have been required at any other institution of higher learning. There were many for

whom this was the only possible route and they appreciated the opportunity. Whether the student was eighteen or thirty-five years of age, the director of the school had control over her twenty-four hours a day, 365 days a year. This was in keeping with the attitudes of the times.

At the turn of the century, unwed women were permitted to own property and vote in municipal elections. Should they marry, however, this right was ended. In those days, before passage of the Dower Act, the husband as "head of the household" possessed what his wife brought to the union and what she or the children might earn. He alone had control over every aspect of the family's life. Should he choose to abscond and leave his family destitute, although not socially approved of, it was his legal right to do so.

Similarly, the unmarried woman was under the control of her father or brother. The age of majority was twenty-one but that was of little help to the female of the species. She was a possession and, as such, gossip, even if there was no shred of truth in it, would reflect on the family's name. Thus she was closely guarded. The Sisters stood "in loco parentis." The total control exercised over the students, while it would be considered totally unreasonable today, was not only acceptable but expected at the time.

A solution for the staffing problem was not the only motivation for the establishment of the School of Nursing. Sister Mary Ann Casey, the first director of the school, was sincerely interested in improving the qualifications of the graduate nurse. The rules were stringent and her expectations were high.

In *A History of the Edmonton General Hospital*, Pauline Paul states, "This is a Catholic institution." She describes the philosophy of the school as follows:

Education in the Edmonton General Hospital School of Nursing is based on the Catholic philosophy of life. Emphasis is placed on the human personality and man's eternal destiny. The educational program is designed to aid the indi-

vidual student to develop physical, intellectual, moral and cultural aspects which will enable her to adjust to her personal, professional and social obligations and attain eternal happiness.

The two aims of the program were contingent with the stated philosophy:

To fulfil the spiritual aims of the curriculum the school [will] endeavour to assist the student to understand the practice of her duties toward God, neighbour and self. She will recognize that she has a definite responsibility not only toward her own soul, but also toward that of her patient.

To fulfil the professional aims of the curriculum, the school [will] endeavour to guide the student to obtain knowledge, skills, attitudes and ideals of nursing, so that she will be prepared to contribute her share to the care of the ill, the prevention of disease, the promotion of community health and welfare, and give total nursing care in first level positions in professional nursing.

Seven objectives were listed to reach this aim:

1. To instil in the qualified young woman aspiring to the nursing profession the Christian ideals of nursing and a Christ-like attitude toward the ill and afflicted.

2. To contribute to the physical and moral development of the student by providing facilities conducive to happy and healthy living.

3. To develop an understanding of the total resources of the patient, his family and the community, in order to plan and render the health care teaching he needs.

4. To develop an understanding of the nurse's role in health promotion, disease prevention and community welfare.

5. To contribute to the student's moral and spiritual growth through formal instruction as well as supervision of activities sponsored by various groups and hospital departments.

6. To provide social growth through guided

program of varied social activities.

7. To develop a questioning mind and a desire for professional, intellectual, social and cultural growth.

This information can also be found in the *Bulletin of the Edmonton General Hospital School of Nursing* which was distributed to newly admitted students in the early 1960s.

Pauline Paul further points out, "It is apparent that these objectives were student centred and that they reflect the holistic philosophy and aims of the school."

Sister Mary Ann Casey was the first director of nursing education. When she left her position in 1921, one hundred and one students had graduated under her guidance. She developed the curriculum, the admission criteria, chose the uniform. She also selected the school motto and had the right of final approval of the school pin and the school colours.

In a letter (written in 1955 to Sr. St. Crois, then director of nursing), Minta (Sharkey) Kerr relates that Sr. Casey had approached her for ideas on what should appear on the school pin to be awarded at graduation. With Sister's approval of what the students suggested should appear on the pin, Minta consulted a prominent jeweller in the city. He drew a number of designs from which the final choice was made by the six members of the class who would be the first to be awarded the pins. Sr. Casey approved the students' choice. Cast in gold, the pin was hand engraved until the death of the artisan at Birks. After that time the pins were stamped.

The design remained unchanged for the life of the school. Sister guided the students' selection of the school colours, which were also chosen by the six members of the first class. The motto has had special significance for all the students: *Estote Fideles* (ever faithful) appears on the bar of the pin. The name of the school, as well as the year of graduation, were included and the nurse's name engraved on the back. It was a symbol of what the student had learned and what she hoped to achieve.

The school colours were red to denote charity, white for purity of intention and mauve for faith and humility of spirit. The school flower was a red rose.

ADMISSION CRITERIA

The applicant must be between eighteen and thirty-five years of age, be single, be in good health and of good reputation. She must have attained a minimum of a complete Grade 7 and four specific Grade 12 subjects. Proof of scholastic standing and a letter of reference from her minister were requested. Just when the educational requirements were established is not on record. During the mid-1920s some students were being admitted with a Grade 8 only. This minimum expectation appears to have gradually risen until it reached Grade 11 with specific Grade 12 subjects by the end of the 1930s. An interview with the director was preferred but for students from rural areas this may often not have been practical, given distances and the limits of transportation available at the time.

If the candidate was accepted, a uniform was supplied and, on her very first morning, the student would be escorted to the ward and introduced to the Sister in charge of the unit who would explain her duties. It was up to this Sister to guide her.

The commitment of Sr. Casey to the improvement of the education of the graduate nurse can readily be seen in her involvement with the following events. In 1916 a conference of training schools in the Catholic hospital system in the west was held at the EGH at the invitation of Sr. Casey. Topics discussed included "our hospital, our nurses, our laboratories, our x-ray departments, our patient units, our maternity units, our emergency, our kitchen, our operating room, suggestions for technical teaching and duties." Nursing education was addressed in most of these papers.

Also in 1916, Sr. Casey was involved with the organization of the Alberta Association of Registered Nurses (AARN). While training schools in the early years set

their own examinations for the graduating student, the first RN exams, under the aegis of the AARN, were written in 1919.

Attendance at mass for Catholic students was expected, although there is no evidence or even rumour that failure to attend brought censure. Their non-Catholic fellows were encouraged to attend the church of their choice. The class in ethics was mandatory for Catholic students while others were welcome to attend on a voluntary basis.

Sr. Mary Ann Casey set the rules governing the behaviour and performance of the student whether she was on duty or off, whether in the residence or in the community. The rules were strictly enforced. She demanded excellence and her standards were maintained throughout the life of the school.

Students were required to pay an entrance fee to cover the cost of uniforms, capes and books. The amount appears to have varied somewhat over the years. This fee was established to offset the school's losses when students left for whatever reason during their probationary period.

THE CURRICULUM

Sister Casey taught nursing arts and anatomy while the medical staff taught medicine, surgery, pediatrics, gynaecology, physiology and psychiatry. Dr. George Weir's, *A Report on the State of Nursing Education in Canada* (1932), described these classes as "slightly altered medical lectures." Later an ethics class was taught by the chaplain and a dietician would teach food preparation and diet. Originally of two-and-one-half years' duration, the course was extended to three years in 1916, when first aid and care of the wounded was added at the request of the Canadian Army Medical Corps. This made graduates eligible for service in the armed forces during wartime. Twelve EGH grads were to serve overseas during World Wars I and II.

A formal lab/x-ray department was added in 1920

and experience in this area was added for the nursing student. Given the fact that an RN employed in a smaller hospital or in a rural area was expected to be a jack-of-all-trades, and that it would be many years before trained lab/x-ray technicians were available, this training, to a limited degree, met a need. All classes took place at the completion of a twelve-hour day on the ward.

ADMISSION PROCEDURES

Alvine Cyr Gahagan in her book, *Yes Father*, describes her introduction to nursing in 1929 as a very brief interview, acceptance and a visit to be fitted for a uniform. At that time not all classmates necessarily began their training on the same day, nor did they finish on the same date. Each completed her responsibilities to the school when she had completed the specified number of shifts on the wards, attended the required classes and successfully written the exams.

Gahagan returned on the specified date to be issued her uniform, assigned a bed in the residence and instructed regarding time for mass and for breakfast. In the morning, Sr. Chauvin, director of the school in 1929, took her to the ward and introduced her to the Sister in charge who explained her duties. Attendance at class was mandatory but the classes were not always "in sync" with assigned duties. Service took precedence.

Years later, new students were still sent to the wards to assist with meals, care for flowers and clean bedpans in their very first days.

The author had the following experience in 1942. Told to pick up trays after breakfast but given no information about the patients, I found an eight-year-old who had eaten very little. Believing the child to be simply not hungry and thinking he would be ready for food by noon, I carried the tray away. When the mother arrived an hour later to take her son home, she found him in an insulin reaction. This was not an auspicious beginning for a nursing career. There must be many others who could tell a similar tale.

UNIFORMS

A graduate of the class of 1911, Minta (Sharkey) Kerr, in a letter to Sr. St. Crois in 1955, refers to "those gosh-awful uniforms!" The uniform consisted of an ankle-length, long-sleeved dress with a stiffly starched "clerical" collar and cuffs, a voluminous apron and an equally stiffly starched bib and belt. The cap had a wide brim which was folded back and, upon graduation, adorned with a black band. It perched upon the wearer's head, giving an almost cone-shaped silhouette. With the passage of time, the cap became softer and the brim more flared. By the 1930s it was much like the caps worn at other Grey Nuns' training schools. Feet were clad in black, somewhat pointed, ankle-high boots. Just when these were replaced by the white oxford is not on record.

SERVICE TO THE HOSPITAL AND CLINICAL EXPERIENCE

While the hospital provided clinical experience for the students, the students provided essential nursing care to the patients. As noted above, staffing was a major motivation for the opening of the school. Throughout this first period, the students, who were graduate (later registered) nurses and under supervision of one Sister on each nursing unit, provided all the care. The first lay head nurse was hired in 1928. Classes were an adjunct to the long and busy day.

When the school started in 1908, students were scheduled for one of two twelve-hour shifts for seven days of the week. The hours were 7:00 a.m. to 7:00 p.m. on the day shift. Once a week the student was allowed "free time." Termed a "half-day off," it was, in fact, only three hours (2:00 p.m. until 5:00 p.m.) at which time she must return to assist with supper for the patients. In 1916 this was increased to a true half-day off and would not change again for almost thirty years.

The night shift meant duty from 7:00 p.m. until 7:00 a.m. with no time off except to attend mandatory classes,

usually from 7:00 p.m. to 8:00 p.m.

Just when what might be called a split-shift was introduced is not on record but Mary (Gaunt) Deckman (class of 1928) recalls that two hours off were scheduled at some point during the day. Of course, these were planned to accommodate attendance at classes. This benefit was not offered on the night shift.

Alvine Cyr Gahagan (1929—1932) describes a third form of scheduling. Two adjoining rooms at the end of the hall served as an isolation unit. When an infectious case was admitted, a student was made responsible for the total twenty-four-hour care of the patient, with no time off until the patient had recovered and been discharged. The nurse, in effect, was isolated with the patient. Food and supplies passed through a small door and the messengers who brought these did not linger for fear of the infection. The nurse's attendance at classes was of necessity excused but she was expected to keep up with her studies.

Gahagan had two of these tours of duty. In one case she cared for a cranky old recluse who had been brought in from the country. On admission his eyes were swollen shut, he was frustrated and more than likely frightened. As his nurse, she got the full benefit of his invective but, as his condition improved, he turned into a nice old gentleman.

In the other case, her patients were three infants with impetigo, one of whom was a very low-weight "preemie" who required frequent feeding with a breck feeder. This instrument looks like an oversized syringe with a nipple on one end and a bulb on the other. Such a workload would make even a mother desperate.

She describes her relief when she and her patients were finally released from their two-room prison and she could completely undress and sleep in her own bed. When news arrived that the preemie had survived less than a month after going home, her frustration and grief can only be imagined.

Gahagan has the empathy of those who cared for a badly burned four-year-old a decade later. They, too, felt

great grief, anger and frustration when a year after the child went home they heard that the little fellow and his younger brother had perished in a house fire while left alone.

CHANGES IN NURSING CARE

Over the years, nursing procedures also changed in response to new medical practices. Procedure books are a "living tool" in that they constantly change as new approaches are tried. These changes did affect the nurses' work. In the earliest years there was little in the way of effective medication. Bed rest, fresh air, nutrition, elimination and hydration were emphasized. Pneumonia was a condition to be feared and was treated with mustard plasters. "Stoops," thick flannel bandages submerged in hot water, thoroughly wrung out and allowed to cool to the point where they were still very warm but would not burn the skin, were applied to relieve sore muscles. Both mustard plasters and stoops were still in use in the 1930s. The latter would remain in use until physiotherapy arrived. The discovery of insulin by Doctors Banting and Best in 1924 would alter the care of the diabetic.

OTHER IMPETUS FOR CHANGE

Dr. George Weir, in his report to the government [A Report on the State of Nursing Education in Canada (1932); more commonly known as the Weir Report], describes the consequences of classes scheduled at the end of twelve-hour shifts, as follows: "A few who had been long hours on ward duty, yielded to the weariness of fatigue: first a condition of passive attention, then the glassy stare of mental torpor, reaching its culmination when Morpheus claims the victim."

Possibly in response to another recommendation by Dr. Weir, Sr. Alice Bonin, RN, BSc (1937—1940) was the first director of nursing of the school to have education beyond an RN. All subsequent directors of the school would have a minimum of a BScN and the last two would

have their Masters in Nursing. From 1908 to 1937 the director of nursing taught all nursing arts classes. Miss Alice Mitchel (1937) and Miss Florence McDonald (1939) were the first nursing instructresses to be hired. Whether these two had post RN preparation when hired is not on record but it is unlikely given the dearth of nurses thus qualified in the west at the time. The former left for marriage in 1943. The latter would leave to improve her educational level and return to serve the school for a number of years.

CHANGES IN CARE OFFERED

In 1936 the hospital entered into an agreement with the government of Alberta to care for tubercular patients. This had the effect of reducing the number of applicants for nurse's training among city residents. Students from rural areas were slightly more numerous. This difference may well have been due to their lack of knowledge of the presence of these infectious patients. The "news" available in rural areas at the time was very limited.

The numbers of maternity patients also dropped significantly, possibly due to fear of the tubercular patients. As a result, an agreement was reached with the Misericordia Hospital to provide obstetrical (OB) experience for the EGH students. At the time, the Misericordia was located two blocks south of the General. The OB experience returned to the General when the Jasper Avenue building opened in 1940 and the numbers of maternity patients again rose.

In the early years, the students were responsible for the condition of the ward; not only tidiness of the patient unit but also sweeping and washing of floors, cleaning windows and dusting was expected. By 1930 someone else was doing the floor mopping and the window cleaning. By 1939, these duties had been assumed by housekeepers. The condition of the "patient unit," the cleaning of the "discharge unit" and so forth, was to remain the student nurse's duty for many more years.

FREE TIME ACTIVITIES

As mentioned above, what was termed a half day off, initially was, in fact, only three hours (2:00 p.m. to 5:00 p.m.) once a week. Curfew was 9:00 p.m. and lights out at 9:30 p.m. Three weeks of vacation were granted annually but all sick time or time missed for any reason (for example, family emergencies) had to be "made up" at the end of the third year. In 1916 the weekly break was increased to a true half day off. The student was free from noon to curfew with the exception of any classes which must be attended.

Gahagan describes the annual Christmas party, the singing of carols on the wards and shenanigans on April Fool's day. There is little mention of other activities in the early records. A first yearbook was produced in 1929 but the next yearbook appears to have been produced only in 1947. The suspension of the yearbook was no doubt due to financial constraints during the ten years of the depression which were followed by six years of "war effort." Gahagan points out that in those desperate days of the depression, students felt well satisfied to have work which they enjoyed and the opportunity to learn while food and shelter were provided. She has a valid point. Those were the days when people often worked for rudimentary shelter, food and the barest essentials in clothing.

They were also the days when rural patients might pay their bills "in kind." This must have augmented the food budget considerably. Gahagan enthuses about the quality and quantity of the food including 10:00 a.m. and evening snacks. She also mentions that the director of the school, Sr. Chauvin, personally assisted with the serving in the dining-room.

THE RESIDENCE

The students were housed within the building but no description of the residence before 1929 can be found. Again, Gahagan's book is the source. She tells us that Sister took her "downstairs," where she would share a room

with three others, and that they were later to be moved "upstairs," when there was room. Would that have been to the "big dorm" so many of us were to know so well? Rules governing activities in the residence were known and compliance was monitored.

The three oldest survivors from the classes of this first period of the history of the school are Mrs. Teresa Grove, Mrs. Anna Dreger (both of the class of 1926) and Mrs. Mary Deckman (1928), all of whom still reside in Edmonton.

Ninety-three-year-old Teresa Grove tells us that she thoroughly enjoyed her training. At the end of her training she found herself in charge of the OR. Later she took the position of head nurse of the OR at the Misericordia Hospital. She was also employed for a time in the OR of the University Hospital. When asked for stories, she felt that her memory might not be accurate after more than seventy years. Details do become faint with the passage of time.

Teresa married a farmer and during her years in the country was often called upon to assist with local maternity cases. In those pre-medicare days, most babies were delivered at home. After the premature death of her husband, Teresa spent five years running the farm before deciding to sell. The sale allowed her to buy her home in Edmonton and led to a career as a private duty nurse. At the time, the "going rate" for a twelve-hour shift was five dollars. She has been active in the Alumnae Association of the EGH and proudly mentions that she has missed only one of the yearly banquets since their inauguration.

Anna (Adam) Dreger is a spry and bright ninety-seven-year-old. Her father had declared that she could take nurse's training if she wished but she would be responsible for any costs involved. She worked in a garment factory for several years before entering the School of Nursing in order to earn the funds she would need during the three years of the program. Wages were low and it took some time to save the necessary funds, although only the admission fee and pocket money were needed.

Classes followed at the end of a twelve-hour shift of duty. The director of nursing was also the instructress. There were doctors' lectures as well. The Sisters in charge of the individual wards provided supervision and guidance while the students were on duty. Toward the end of their training, senior students would, at times, be called on to take charge. She recalls "spending lots of time in charge of the OR." She states that she loved it.

There were three or four students to each room in the residence. Curfew was 9:00 p.m. and bed check at 9:30 p.m. She does not recall any specific free time activities and agrees that, if at all possible, the students used free time for sleep. A half day off per week was granted. Six-and-one-half twelve-hour days equals seventy-eight hours on duty, plus classes, every week.

Smoking was not permitted and students were not allowed to cut their hair. Slacks were not an issue because these had not yet been accepted as appropriate wear for ladies in the community.

Anna's graduation picture shows a cap with a very slight flare to the brim and a black band situated closer to the hair than it would be in later years. The gathered apron appears to reach just above the ankle and the stiff bib was quite wide at the shoulder. The stand-up "clerical" collar and the wide cuffs were very stiffly starched. The collar was not worn on duty but was reserved for formal occasions.

After graduation, Anna worked in Ponoka and later in Stettler. She describes the Stettler Hospital as "a very large private home owned and operated by a very strict old lady." Anna married a farmer and after some years the couple moved to Vancouver. There Anna was employed as a nurse for thirty years. When she and her husband retired they returned to Edmonton.

Mary (Gaunt) Deckman's story is the first to mention specific minimum educational qualifications for acceptance into the school.

Mary had failed her Grade 8 examinations. Born in 1903, she would probably have quit school in 1918 at age fifteen. In 1924 or 1925 she was accepted by the EGH

School of Nursing. She had spent the intervening years as household and child care help in local homes. At mid-point in the nursing program, Sr. Wagner, Director of Nursing, suggested that Mary temporarily suspend her training and complete her Grade 8. She writes, "I returned home to Daysland, took three months' schooling and passed (Grade 8). I received a cordial letter from Sr. Superior Wagner [saying], 'Welcome back'." Her graduation in 1928 is on record.

It is quite possible that others were welcomed with similarly low educational standing or it may have been the standard of the day due to staff shortages and lack of appropriately educated young women at the time. It should not be forgotten that one of the major reasons for the school's existence was the provision of nursing staff at the lowest cost possible.

Few rural Alberta children had the opportunity to go beyond Grade 8 in the first years of the century. High schools were few and far between and money was scarce in pioneering communities. Girls were automatically disadvantaged. The attitude was one of, "Why waste money on a girl? She will just get married." Boys very decidedly had priority. Many nursing students had been committed to a career in nursing long before they arrived at the door. However, a not insignificant number chose nursing because the apprenticeship aspects made it financially possible. Most persevered and often went on to support themselves and, not infrequently, their families with a career in nursing.

CHANGES IN THE 1930S

The first lay head nurse was hired in 1928 and the first lay instructresses were added to the staff in 1937 and 1939. After this point, the director of nursing no longer personally taught classes.

Mary Deckman recalls getting two hours off on the day shift. Again, just when this began is not on record. Of course these hours off would be arranged to accommodate classes. Crediting subsequent increases in this break

to recommendations of the Weir Report may not be far amiss.

Gahagan's description of the uniform would give the impression that it was little changed. The cap had changed shape, in that the brim was much softer and it was worn somewhat further back on the head. The black band which had been situated close to the head was now near the outer edge of the brim. By the middle of the decade the skirt length was eight inches from the floor and the shoes were white oxfords. Also, the super stiff "clerical" collar and cuffs had been replaced by softer, attached models and the voluminous apron was replaced by one with an A-line style.

IMPORTANT EVENTS

The capping ceremony marked the successful completion of the probationary period. At one point, it was held in the hospital chapel but little detail about the ceremony in the early years is available. For the students, it was a significant victory to have survived to this point as the drop-out rate was high. Reasons for leaving ranged from lack of academic success to simply not liking nursing. Most classes seem to have lost at least one member to marriage. If ill health forced a student to withdraw she was allowed to rejoin the student body once her condition had markedly improved. She then resumed her studies at the point where the withdrawal had occurred and graduate with the next class to do so.

For many years graduation was held for both spring and fall sections of the class in early May. It was a gala event. The graduates wore new uniforms, their caps adorned for the first time with the black band, and carried a nosegay of red rose buds, white lilies and mauve daisies. The first graduation ceremony was held in a high school gym. Civic dignitaries and members of the medical staff provided the "platform" party. Unfortunately, it would be many years before the Sisters were allowed to attend. No explanation for this was ever offered but it was assumed that some internal rule of the Grey Nuns'

organization forbade their attendance at functions held outside the organization's premises or the church.

In 1932, as reported by Gahagan, graduation ceremonies were held at Convocation Hall at the University of Alberta. She proudly tells us that all twenty-eight who had begun their training in 1929 completed it.

The Alumnae Association was first organized in 1922. An alumnae association must have the blessing of the school. The overworked Sisters, fearing more paper work, refused this, according to Cashman. The club's activities were primarily those of a mutual assistance effort to find employment. It was reorganized and gained the Sisters' approval at the end of the decade. Cashman explains that there is some argument whether the EGH Alumnae Association can be given credit for being the first such group in Edmonton, or whether it should be considered fourth due to its lack of official sanction from the school.

The General, not getting the government support that the Royal Alex and the University hospitals did, could not afford to hire its own graduates. Mrs. Ruby Conroy was the first lay graduate to be employed by the EGH. Her duties were not nursing but "accounts, records, statistics and admissions." Every spring the Sisters went out into the community soliciting donations to provide the necessary funds to see them through another year.

By 1932, the Alumnae Association was offering scholarships toward postgraduation educational opportunities. They also hosted the graduation banquet. The bouquet now consisted of red roses. As had been past practice, the Bishop handed out the diplomas and the awards.

Those graduating before 1940 will be at least eighty years old today. They do certainly remember their days as students at the EGH School of Nursing and a few amusing stories were told, among which was the new student sent off to fetch a Fallopian tube. Because the "tube" requested is a part of the female anatomy, it cannot be obtained from the lab. The interns considered sending a probie on this wild goose chase extremely

funny. Memories of a a flooding autoclave, which required a massive mop-up job, also surfaces on a couple of occasions. One day maternity called "Archie," who was on switchboard duty, with the request to "notify Dr. W the water broke." Archie called the plumber.

Over the thirty years of the school's existence, the Dower Act had been passed; in 1916 women in Alberta were granted the right to vote; and as of 1928, women were officially "persons." But while society's attitudes and expectations of the behaviour of young women had softened considerably, and nursing students were to get a little more free time, the school's rules were as unbending as ever. During this first half of the school's existence there was growth but relatively little change. Over the last half of the school's life, however, the pace of change would accelerate greatly.

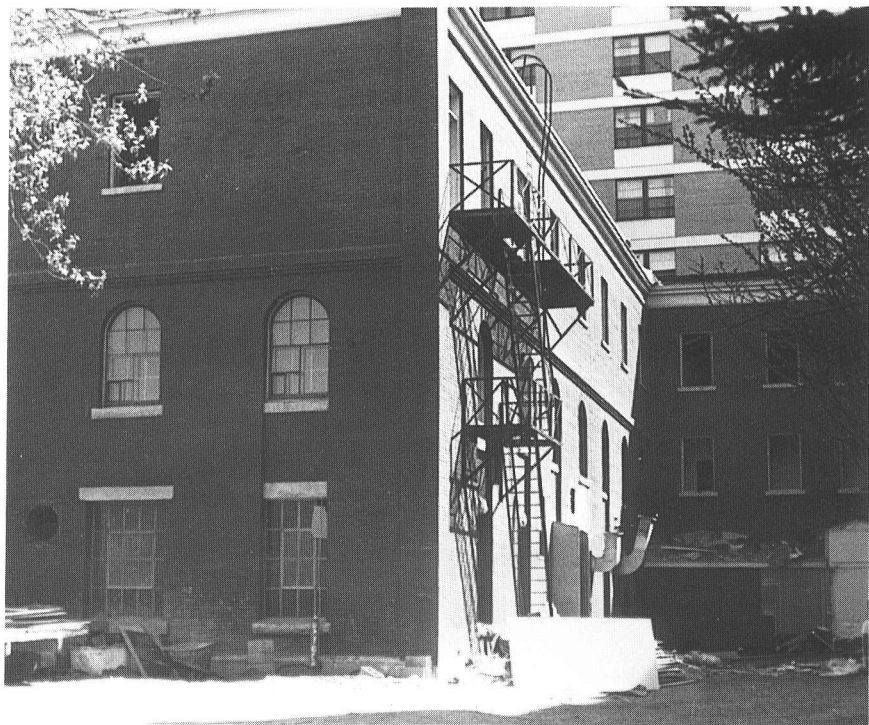




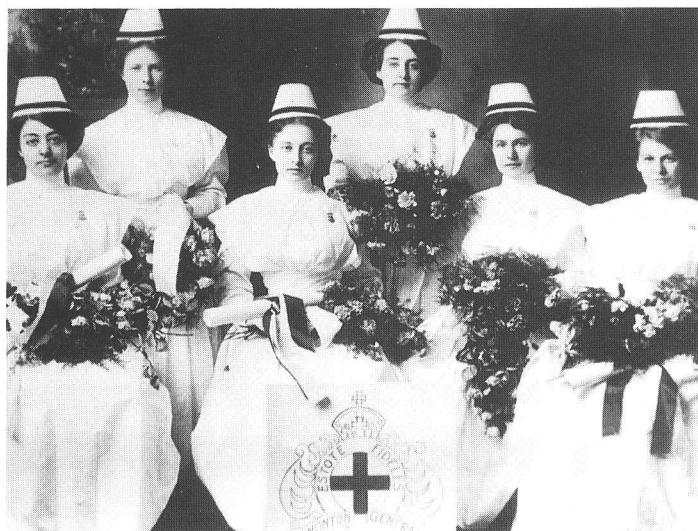
*Author Ferdi Wiethold Neuman,
RN, 1945.*



*Portrait of Dr. L.P. "Pop"
Mousseau, 1934-62.*



*Nurses residence above laundry in the middle years.
Note the busy fire escape.*



First graduating class, 1911.



Artwork of original building.



Last photo of graduating class, 1971.



The new nurses residence, 1967.



A class in the early 1950's.



"Capping" ceremony from the early 50's.



*Night supervisor and later
instructress, Elizabeth Bietch.*



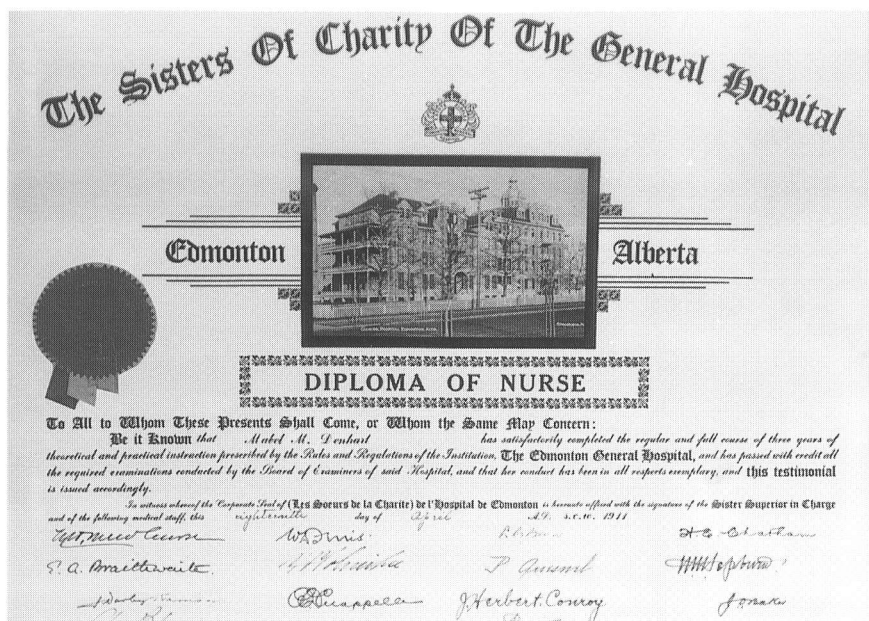
*Assistant Night supervisor, then
instructress, Victoria Protti.*



*Alvine Cyr Gahagan RN, 1932,
author of Yes Father.*



Replica of an early large ward.



An early diploma. This was very large. It would become smaller and enclosed in a neat leather folder in later years.



Replica of an early private ward.



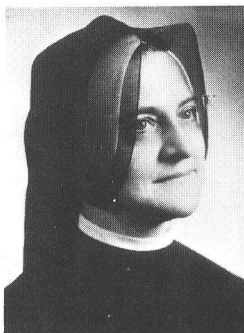
*1961 Golden Anniversary. Students modelling uniforms (right to left).
To 1908-25, 1925-35, 1935-45 after 1945.
With a portrait of Mother d'Youville.*

Right:
Sister Mary Ann Casey,
RN, 1908-1921.

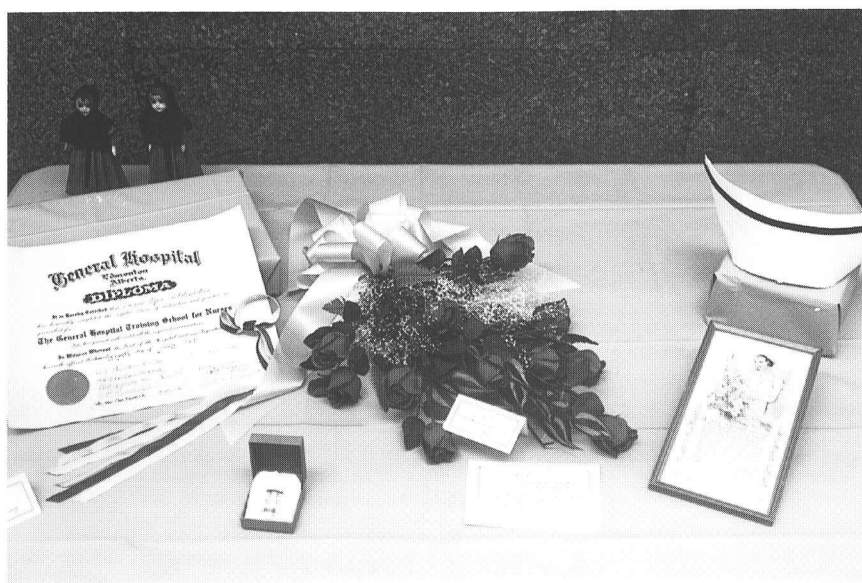


Far Right:
Sister Florence Keegan
RN, B Sc, 1943-1951.

Right:
Sister Apollonia St. Crois
RN, BSc, 1955-1965.



Far Right:
Sister Cecile Leclerc RN,
BSc.n.



Our icons. Diploma, roses, cap, Florence Nightingale pledge and medal.

2

The 1940s, World War II and its Aftermath

Sister was asking "Is it that you have seen the night float?" When duties are scattered at any one of several locations it is always a temptation to take some unauthorized time "off," with the excuse of having been occupied elsewhere. The night float covered for the lone student on duty on first floor (fifteen patients) while that student got her scheduled three hours of rest. For the balance of the shift, the float was sent wherever the night supervisor deemed the load heaviest. While Sister was looking for her, the student in question was floating in dreamland, in a laundry basket in the linen closet. The consequences were not disclosed.

Another duty of the night float was to awaken the day staff in the morning. One student was very sensitive to sudden, unexpected loud noises. One night float recognized this tendency in her classmate and invariably flung that door open with a shout of "____, don't jump!" The sleeper would jump at least two feet straight up, even if she had semi-consciously heard the sound of someone approaching her door and knew what was coming.

Incidents most clearly remembered are those in which we were personally involved. We did not all receive our clinical experiences on the same ward at the same time. Nor did we all have identical experiences of residence life, although the same rules applied to all of us. Some of these stories are very personal. The sources will not be named unless permission has been received. Few of our members from the first era of the school survive. This makes it inevitable that the stories told in this history,

with rare exceptions, date no further back than 1940.

CHANGES IN THE 1940S

The World War II years brought changes in many areas. The Jasper Avenue building was opened in 1940. Now located on the top floor of the newly constructed building, maternity was again active. The TB patients who were located in the old building were no longer feared and the hospital rapidly became busier. Affiliation with the Misericordia Hospital and School for students to receive obstetrical experience was no longer needed.

By 1943, crowding was once again a problem but construction could not be considered in wartime. A single large room with a nurse's desk in the hallway was organized and named St. Joseph's ward. It was later expanded to three large rooms accommodating three, six and nine patients, as well as two, two-bed wards. Located in the basement below the pediatric ward, it served male patients with medical conditions. It was a rather spooky spot, especially at night when the lights were dimmed. It was the only patient accommodation on the basement level and was tucked away in a far corner. The student on night duty felt really alone.

One night the student on children's ward was asked to cover the basement ward by her colleague who, dashing up the stairs, gasped, "I've got a couple of old gents on the floor looking for their wives under each other's beds. I've got to get some sideboards. Keep an eye on my ward till I get back." Sideboards were attached to the side of the bed to assure that a restless patient did not inadvertently fall out of bed. With the doors at the top and bottom of the stairs propped open, the student nurse stood on the stairs and listened for any sound from the children with one ear and, straining with the other ear, for any sound from below. No doubt it was only for a few minutes but it seemed like a long time before her fellow reappeared with the needed sideboards. "St. Joe's" was a makeshift solution which endured until some years after the sixty "temporary" beds in St. John's ward were opened in 1948.

For any number of reasons, not all the changes developing would be liked by all the students. If any question was voiced, the automatic response would be, "There is a war on. Where you not aware?" Some of these changes were reversed once peace had returned and the "war effort" was no longer a factor.

The most immediately obvious change was elimination of the bib and apron from the daily uniform of the student. This surely added to the comfort of the student but some objected to the less formal appearance. Sleeves were now short and hemlines were eleven inches from the floor, no matter whether the student stood a scant five feet or a majestic six. The former might well feel quite up to date while the latter might wonder whether she was being hobbled. The full regalia of bibs, aprons and long sleeves with attached cuffs was reserved for graduation. Assured that this would be the case, no one really minded.

Capping ceremonies had always been a highlight of the first year. It marked the acceptance of the probationer into the ranks of the student body. Just when this ceremony was suspended is not on record but it was revived in 1945, just before war's end. During the intervening years the students were individually called to the office of the director of the School of Nursing one morning and, with a few congratulatory and encouraging words, Sister pinned the cap to the student's head and sent her off to her duties. Some felt they were being short shrifted but others were simply delighted to know they had survived this introductory period.

Some of the words of wisdom with which second- and third-year students met the new arrivals were:

"When you enter nurses training you lose your modesty since absolutely no privacy is possible; your figure, what with all that starchy food; your boyfriend, since there's no opportunity for a social existence."

FOOD

At that time, the normal state of many a student nurse was

dead tired, famished and probably flat broke. Even so, good memories predominate. In this next tale we triumphed.

On the basis of thirty years in the hospital milieu, it is possible to contend that food is an issue upon which all, be it patients, staff, visitors or students, feel themselves sufficiently expert to voice an opinion. It is the area most frequently negatively criticized. Nevertheless, there are universally understood, although often unwritten, boundaries which the food service should not cross. The food offered should be nutritious, of sufficient quantity and, above all, safe for consumption.

Alvine Cyr Gahagan rhapsodizes about the abundance and the quality of the food in her day (1929—1932). At that time the director of the school personally supervised and even assisted in the serving of the food. By 1940 a Sister was rarely seen in the nurses' dining-room. The food often left much to be desired.

During World War II not only was there absolutely no choice of food but the quality was often wanting. Breakfast at 7:00 a.m., lunch at 11:30 a.m. and, at 5:30 p.m., the last meal of the day, dinner, was served. Food in the rooms was not allowed, though an eye might be closed if the food was stored in a firmly closed tin container. You ate what was served or went hungry, yet many gained weight. Starch will do that to you.

Seconds were not encouraged. On one occasion a junior student who considered the offered entrée inedible, helped herself to a second dessert. She was called to the director's office and thoroughly dressed down. Needless to say, hungry or not, the offence was not repeated.

Not many had the funds to buy a hamburger or even a chocolate bar from the little store across the street. A relative or friend in the city who would welcome a student and her appetite was to be treasured.

The mid-morning and evening lunches, Cyr Gahagan mentions, were unheard of. Coffee at 10:00 p.m. was offered only to those senior students who were studying for the RN examinations in the classroom, and only during the last weeks before the exams were written.

At the time, the food didn't rate rave notices and the

quality was deteriorating. One Saturday evening the entrée featured baloney with a greenish tinge. Those who ate it experienced a very busy night indeed. This was the last straw. The assistant night supervisor, one of the interns and a student who was somewhat older and therefore more mature, knowledgeable and self-confident than her classmates, composed a letter to the director of nursing threatening a strike if the food didn't improve. The trio reminded the students that the hospital could not function without their labour and that, therefore, no punishment would result. More specifically, no expulsion would occur if we all signed the letter.

Every unit had a Sister in charge, a head nurse on the day shift and its allotment of students to provide the care. The night shift had a night supervisor, an assistant night supervisor and a registered nurse on the maternity ward only. All others were students. The word was, "They need you. They can't function without you and they can't punish individuals if you all sign." All the students did so.

Sister Keegan returned from novena on Monday morning and all students were called to a meeting that day. Sister opened the meeting with, "Now, what is the matter with the food?" She was given a full report, covering everything from the jam, which we were convinced was being diluted, to the green baloney and many things in between. Her response was a thoughtful and concerned, "Well, I had no idea. I will have to look into that." The food did improve.

A story went around that the Sisters were planning to punish the assistant night supervisor and the intern but that Dr. Mousseau, chief of the medical staff, had become aware of the plan and put an end to it. Thank God for Pop Mousseau. In the scheme of things, and deservedly so, he might indeed be said to have stood at God's shoulder at the EGH.

No one was negatively affected by the threat to strike. It was also reported that an offer of a private dining-room for the interns was made. The interns firmly refused, indicating that they stood fully behind the nurses

on this subject. Their stand was appreciated.

THE RESIDENCE

As noted above, there is nothing on record describing the residence in the very early years beyond the fact that the building accommodated the patients, the Sisters and the students.

All of today's senior alumnae remember "the big dorm." It was situated above the laundry and, depending on class size and available space, was home for up to thirteen students. In 1942 a double row of lockers ran down the middle with six beds and six bedside tables on each side and one at the end. There was only one door but one could crawl over a bed and out a window to reach the fire escape.

There were other rooms occupied by seven, four and three students. The smaller rooms offered just exactly enough space for three beds and three bedside tables and space for the door to open. The beds and bedside tables, as well as a straight chair which fit under each bed, were demoted hospital equipment. The space did not allow for lockers, necessitating a trip out into the hallway to reach your clothing. As drop-outs inevitably occurred, students from the big dorm would be moved to the smaller rooms.

Bathrooms had cubicles for a tub and several toilets and a common area offered a number of sinks. Because this area housed up to twenty-six students, the facilities could be very busy. One student was so painfully shy that she would dress and undress in a toilet cubicle. Her fellows soon pointed out that they, too, had needs and that she should get used to the lack of privacy as we all had.

At the end of the first year, the students were moved up to the third floor where the rooms were a little larger and would accommodate two, three and four students plus their lockers. Crossing the recreation room, the student would find herself in the original building where there were more residence rooms. Here the nurses' residence was separated from the TB ward by only a swing-

ing door. Small wonder that many a Mantou test was positive at the end of three years.

An innovation in 1943 was the designation of one of the smallest rooms on the third floor as a "smoking room." Equipped with a few very decrepit easy chairs and some ashtrays, it was the only place where students were allowed to smoke. Our firm conviction that the quality of the furnishings demonstrated the Sisters' disapproval of the habit did not deter the smokers.

Some months before the introduction of the smoking room, a number of students had the experience of being stood up by their dates for the evening. They decided they needed a smoke to lift their spirits but were afraid Mrs. Schreifels, the house mother, would smell the smoke when she entered their room at 10:30 p.m. for bed check. To avoid this hazard they held their cigarettes out the window. They had forgotten that Sister Superior was a patient on the third floor of the then "new" building and had a clear view of their window. The next day the director of nursing mentioned that the smoking had been observed. The smokers were very worried students for awhile but nothing further happened. One student says that she had never smoked before but had felt that she would be letting the group down if she did not join them. She states that she never smoked again.

Two classrooms were located on the second floor. With a larger class size in anticipation of the opening of St. John's Wing in 1948, the residence was once again overcrowded. That year the hospital purchased a large private home located across the street. It was named Villa Casey and was turned into a residence for some of the students. A house mother was installed and residence rules applied. For awhile senior students whose homes were in the city were allowed to live at home and were provided with bus fare.

While most of the students' laundry was washed in the main laundry, the washing of stockings and some lingerie was accomplished in the bathroom sink and, as Gahagan points out, drying was a matter of hanging the items on the foot of the bed. We were not supposed to do

this but there was no alternative. Today's versatile gizmos which can be fastened to the wall with suction cups were simply not available at the time.

Rules were strictly enforced and the house mother, Mrs. Schreifels, made rounds. She would jingle her keys to give a few seconds' warning, enough time for a slow-poke to hide her discarded clothing, dive into bed and under the covers, sometimes fully clothed with only the top of her head and nose visible. At 10:30 p.m. all were to be in bed, with everything put away and tidy. One late leave per week, until 11:00 p.m., was permitted once the probie period had been completed. Any time the student was late coming in, the next late leave would be forfeited.

One probie, not yet entitled to a late leave, requested permission of Sr. Neuhausel to come in a few minutes late. She wanted to see her boyfriend off. He was on "embarkation leave" before leaving for duty on the "active front" (overseas). He would be departing at 10:00 p.m. from the CN station. The response was a steely-eyed, "Miss _____, you will be in at ten o'clock." The disappointed student made it through the door at exactly 9:59. The couple was fortunate: the serviceman returned unharmed three years later.

A favourite form of discipline was to curtail minimal free time even further. For some indiscretion long forgotten, two students found their curfew reduced to 9:00 p.m. After putting up with this for the best part of the summer, they finally spoke up. There was no explanation but their extra hour of freedom was reinstated.

The author recalls one occasion which occurred within the first few weeks of her training, when the "big dorm" was sentenced to a 7:30 p.m. curfew. This allowed all of thirty minutes to enjoy the lovely fall days. Walking in at the last possible second, a student remarked, "Here comes another chicken in to roost." The group's laughter relieved the tension. Of such little things, fond memories are made.

EDUCATION

During the 1940s, clinical experience (that is, service to the hospital) still took priority once the probationary period was completed. Day shift was from 7:30 a.m. to 7:00 p.m. with report to the oncoming shift at 7:30 and 7:00, respectively. What had been two hours off in the early 1930s and three hours in 1941 had increased to four by 1943. Hours off were 10:00 a.m. to 2:00 p.m.; 12:00 noon to 4:00 p.m. or 2:00 p.m. to 6:00 p.m., with an extremely rare "3.00 off" for seniors. A 3.00 off was considered "manna from heaven" and why these were scheduled when they were was never questioned nor was an explanation offered. The student was expected to accept the schedule as posted and had better have a very good reason for requesting a change. These hours off included meals and classes. One half day off per week was granted. This was later increased to a full day off. By 1945, the students worked forty-eight hours (split shift) while on days and fifty-six hours while on night duty.

While on night duty the student had to rise and attend classes no matter how much this interfered with getting an adequate rest. The next most difficult classes were some 7:00 p.m. classes that were shared with the students of Misericordia Hospital. There was a mad rush to finish everything, then tearing to the residence for capes and books, followed by a two-block sprint in the cold. After all that rushing, staying awake while sitting in an overheated classroom and listening to a doctor drone on was difficult. The Weir Report (1932) described the situation well, albeit it was referring to the consequences of classes scheduled after a full twelve-hour shift.

In the first half of the forties, once junior status had been achieved, most classes consisted of doctors' lectures. The dietician instructed a class on nutrition and the hospital chaplain taught the ethics class. Attendance at the latter was mandatory for all Catholic students. Non-Catholics were permitted to attend but it was not required.

During the early 1940s one of the non-Catholics decided to attend one such class. She was stunned to see her classmates writing letters, reading, filing fingernails or

blatantly sleeping. The good Father's method of teaching was to read the bold print heading and say, "We all know that and we all believe that." It was difficult but one student, who had an almost irresistible urge to ask "Why?", did manage to restrain herself. Not to do so could have been asking for trouble. The Padre would go on to the next heading without ever taking his eyes off the textbook. In fact, he never looked at the class. There was no danger of being caught in our various activities. No doubt the poor man had been dragooned into the chore. Teaching was not his forte. His successors may well have done better.

Often asked what was the difference in the education "then" as opposed to "now" (the 1980s), one student of the early forties would respond with the following story.

Miss Mitchell turned to the class with a question and asked one particular student to provide the answer. "Miss____," she said. As was her habit, the student responded with, "Well, I think . . ." That was as far as she got. Miss Mitchell cut her off with, "A nurse knows or she doesn't know. She never thinks." No doubt she was intending to emphasize the need to be sure but to the class it emphasized the demand for unquestioning obedience.

Night shift was from 7:00 p.m. to 7:30 a.m. At the discretion of the night supervisor, three hours off to sleep were permitted. On some wards only seldom did this actually occur. For a junior it was a very scary experience to find herself alone while her senior partner got a well-earned rest. Of course the mandatory classes had to be attended, regardless of the time of day.

A busy night could be a blessing, the student too busy to notice how tired she was. On a slow night every atom in her body would be screaming for sleep. With report finally over, it was down to breakfast. As the night's adventures were recounted to fellows from other wards, the laughter could almost reach the point of hysteria. Then the slap-happy crew would head for the residence, off to bed and asleep before their heads hit the pillows, hands pulling up the covers by instinct.

If memory serves well, night stints were supposed to

be six weeks long, but there were instances when they stretched on and on. Feeling abandoned in her eighth week of night shift in the new-born nursery, one student was debating whether it might not be appropriate to remind Sister that she was still there. Dr. Melnyk, an intern at the time, would, if not needed elsewhere, appear in the new-born nursery and help feed babies. He had a wife and a little one at home and must have missed them. The family lives of interns was given as little consideration as that of the students'. Dr. Melnyk was to practice at the EGH for many years. He became doctor, confidant and friend to a great many students.

It is reported on another occasion (1946) that a student on night duty in the new-born nursery was too stubborn to remind Sister Keegan that she had spent three months on nights. She felt like quitting nursing but was even too stubborn to do that. By that time, the practice where a student nurse was, in effect, put into isolation with a case of communicable disease and was responsible for the patient's complete twenty-four-hour, seven-days-a-week care until such time as his or her discharge, as reported in Cyr Gahagan's book, had been discontinued.

During the war years, while there is no official record of a problem with a lack of adequate lighting in the residence, this proved to be a significant concern while studying for the RN examinations. A complaint brought the response that there was adequate lighting in the classrooms. Some students found this an excellent solution. Here interruptions were minimal and silence was respected. Not everyone, however, was happy with this situation. One group found a solution that worked well for them.

The major source of information was a hefty tome called the State Boards. It contained questions which had appeared on previous final examinations, followed by the correct responses. A small group of students would gather in one of the rooms and one would read out the question. It would be thoroughly discussed, often with interjections of, "When I was on Dr. _____'s _____ ward . . ." Then the answer from the book was read. This was an

effective way to learn. We were sharing experience, which is more efficient than just reading. The latter too often had the result of putting the weary student to sleep. When the reader's eyes grew tired from reading in the poor light, another student would take over.

Supervision and guidance while on duty were given by the Sister or the lay head nurse on the unit. As of 1944, the two instructresses, Miss Elizabeth Bietch (formerly night supervisor) and Miss Victoria Protti (formerly assistant night supervisor), made sure that the students did, indeed, follow the procedures they had been taught in the classroom. As time passed, the given class would see less and less of them. Changes were slow but they were coming; some, without a doubt, in response to the Weir Report on the State of Nursing Education in Canada, 1932.

Referring to 1937—1944, Pauline Paul states that, "The student's role in the hospital work force was decreasing." It would not be the least surprising if the students of the day refused to agree with her. Individually, we did work shorter hours at this time. By the end of the decade, a few more graduate nurses were being added to the staff and the nurse's aide would make her appearance soon. The number of students per patient load must have been increased. However, the 1949 Yearbook includes photographs which establishes that by that date all units, with the exception of the very smallest, were staffed with one or two assistant head nurses as well as the head nurse and, on a few, even staff designated only as "RN" were to be found.

During the war years the shortage of qualified nurses became serious. Speaking to a meeting of the Alberta Hospital Association, Miss Belle Rogers, the new AARN registrar, was the first to suggest that another class of health care worker be trained to relieve the nurses of the repetitive jobs which did not require the RN's level of training. This would relieve both graduate and student nurses of these duties and allow them more time for nursing care. The idea was accepted and the first class of Certified Nursing Aides graduated before the end of the

decade.

Paul also states that in 1942 the Canadian Nurses Association (CNA) had published an agenda "specifically designed to address clinical teaching" and that clinical practice and teaching had to be complimentary. Further, that eleven characteristics should be measured when evaluating the student: accuracy, interest in work, conscientiousness, reaction to criticism, memory, neatness in work, observation skills, professional behaviour, personal neatness and economy. Whether these principles were implemented at the time is not on record. In 1943 a clinical coordinator was added to the teaching staff, giving more support to the students as they gained their "clinical experience."

Also in 1943, the spring section of the class of 1946 had only three applicants, one of whom dropped out. This valiant remaining pair would never cover the patient care needs of the hospital. Two changes were made which would make nurses' training more attractive. (They would also put the EGH in a more competitive position with the Royal Alexandra and the University of Alberta hospitals, both of which gave students stipends and a full day off.) A full day off per week once junior status had been achieved was inaugurated and a monthly stipend of \$5.00 for juniors, \$7.50 for intermediates and \$10.00 for seniors was put in place. Negating this benefit was a new policy which required students to pay for breakages. One student had the misfortune to drop a private room's dinner tray. It would be some months before she saw her stipend again. Both the stipend and the full day off were a permanent change.

A booklet outlining rules and regulations given to an applicant in 1942 states, "Vacation of three weeks is allowed for each student year's time." One of these booklets is still in the possession of Miss Vi Evans of Fairview.

Some members of the class of 1941 recall making and autoclaving intravenous solutions and dressings. They also made and autoclaved bandages and dressings. An overflowing autoclave, which led to a tremendous mop-up job and even did damage to the floor below, is recalled

by this group.

Giving an injection took care and required boiling the needle in a teaspoon of distilled water over a Bunsen burner, removing the needle from the spoon and fastening it onto the sterile syringe. The medication (usually a morphine tablet) was dissolved in the water left in the spoon and the solution was then carefully drawn into the syringe.

Syringes were made of glass and autoclaved. One had to be careful not to drop the needle in the sink when cleaning up after the procedure. If one did, the needle would get a burr on the point and removal of one of those was a very tedious job. Everything was reused as plastic had not yet been employed.

Verna Davis (Hanson) recalls:

Sr. Loiselle going up and down the maternity ward after mothers had finished nursing their babies. She would encourage them to use a small glass breast pump to remove whatever milk remained in their breasts and donate it for the benefit of premature babies kept at the hospital for further essential care after the mothers were discharged. She probably saved the lives of many preemies in this way. (Sister was gaining two advantages: Draining the breast completely stimulates the breast to produce more milk, which is an advantage to the mother's own child when it is a little stronger and wants more; for a preemie, breast milk is ideal and if for any reason the baby's own mother could not provide it, the milk Sister was collecting was the best substitute for its mother's breast.)

"Scrubbing" with Dr. Gross, an ophthalmologist, while he did an enucleation. After he finished he said, "Now, Miss, you have seen a very sad thing. A man has just lost his sight."

My first patient, a boy about nine, had celiac disease. All he could eat was bananas and cottage

cheese.

Sr. Violini teaching me how to make cream sauce in dietetics class. Here we learned how to serve meals to patients on special diets.

Holding the head for Dr. Fuchs, an ENT surgeon, while he operated on the man's nose. I got sick and had to leave.

Running away from Dr. Hitchin, a plastic surgeon, in the dressing room. He was abrupt and frustrated with having to work with young people who did not know what they were doing. He asked me for something and I was scared so I disappeared for a long time.

Watching my first delivery in the case room, performed by Dr. Kato.

Fainting dead away as I looked down and saw my blood going into a syringe. I was sitting on a high stool and woke up on a cold marble floor.

Attending stag dances at the airforce station on Kingsway Avenue.

Attending a dance at the Masonic Lodge with a blind date. Drs. Lefebvre and Warshawski were there in khaki uniforms. It was shortly after the end of World War II.

After a visit with my family, arriving at the CPR station (109 Street and Jasper Avenue) at 7:05 a.m., running to the nurses' residence and changing clothes to be on the ward by 7:30 a.m. Puff! Puff!

Borrowing a long white dress from Pearl Warshawski to attend a dance in an indoor roller skating hall. Another blind date.

Jean (Bergos) Barr (1946), a senior, whose job it was to wake me while she was on nights. Oh! I was so tired and she was so cheerful. Miss Bietsch and the pretty handkerchief she wore in a left breast pocket held in place with the EGH pin. We loved her.

Davis ends with, "The education I received put a tool in my right hand and I worked as an RN from September 1948 until January 1958, when my daughter was born . . . my training has served me well."

The name of Sr. Richard, third floor and private rooms only, frequently comes up when students of this period reminisce. She had the reputation among the students of being a holy terror. She was a stickler for detail and quite capable of calling a night duty student back to the ward, fully dressed in uniform, of course, to put away a neglected roll of tissue or a k-basin. At the end of their shifts, many left in tears. Most simply endured the situation but some stood up to her and appreciated her sense of humour, which the rest of us were simply too tense to recognize. Jean Everard (Reid), a student of 1949, reports having her first posting on third floor. She gives her "big sister" credit for having taught her to stand up for herself and tells the following story.

Jean had made a mistake while charting and threw the sheet of paper into the waste basket. She had just taken a fresh sheet to begin again when Sr. Richard reprimanded her for being wasteful and declared that paper cost money. The student asked the Sister what a sheet cost. Probably off the top of her head, the Sister replied, "Five cents." The student took a quarter out of her pocket and handed it to Sister with the words, "This is for the two sheets in the waste basket and the three more I will probably make errors on."

When assigned to the Out Patient Department and Emergency at the end of her training, Jean was surprised to find Sr. Richard there. The student mentioned that she had been with her two-and-one-half years ago and wondered whether she had improved. The reply was classic: "Anyone who starts with me is bound to improve."

CHANGES IN NURSING CARE

The end of World War II brought some dramatic new approaches to patient care. Penicillin, the first of a long list of miracle drugs, became available to the civilian

population when hostilities ceased. Now infections, including pneumonia, were controllable. In the early 1940s the students were still taught to make mustard plasters, but these were rarely ordered. Now they were all but gone for good. There was a physiotherapist on staff and stoops had quietly faded away.

The doctors with the Medical Corps overseas had been forced to get their patients up much earlier than they were accustomed to do, due to lack of beds. They were surprised to find that the men recovered much faster with early ambulation. It was the beginning of a gradual trend which resulted in the plethora of one-day surgeries and maternities going home within a day of delivery, which is common today. For nursing this meant a great reduction in bedpans to carry and clean. Every patient no longer needed frequent back rubs and bed baths. Exercise was more important. There would be many more changes over time.

RECREATION AND STUDENT ORGANIZATION

The tennis court was used with varying enthusiasm, depending on previous acquaintance of current members of the student body with the game. An early attempt at a swimming program was short-lived due to the participants inevitably being scheduled for night duty. It was resurrected in 1947. That year also saw a Skirt and Sweater Dance as well as a Midwinter Formal. The graduation banquet and dance continued throughout the decade. There were Christmas programs put on by the students, which were enjoyed. One student (1941) remembers Fr. Green and Fr. O'Reiley leading singing on Friday evenings. Most classes had talented members and Annabelle McCrimmon (1945) and Lydia Singer (1943) were among these. Sing-alongs were popular.

While the student body was not very active, one student will not forget the generosity of this organization and remembers it with gratitude. Word came that her mother had died but she lacked the funds to go home for the funeral and resigned herself to the fact that she would

have to miss this final rite. The student body gave her the necessary fare.

During the war years the big event of each day was the arrival of mail. If one student received a letter from overseas there was a mad dash, just in case there was mail for others. All had relatives or friends overseas in the armed forces. The news was not always good. Many of the students lost someone near and dear to them. One student lost three brothers, another lost her twin brother and her boyfriend. The tensions of the times cannot really be understood by those who did not experience them.

In 1945 the capping ceremony was revived and the student association once again became active. The publication of the yearbook was resumed. In 1947, a Health Office for hospital staff and students was organized and the Glee Club under the direction of Fr. Green was revived. A mother-daughter tea was a successful fundraiser to defray the cost of publishing the yearbook. The Sodality (a club for Catholic girls) also had an active year.

THE END OF THE DECADE

Pauline Paul suggests that, with the end of the war, fear of a repetition of the horrors of the 1930s encouraged the creation of a social safety net. Nevertheless, the higher levels of government considered health care and hospitals, as well as nursing schools, "a local affair" and gave them little attention. Unionization of the workforce was much in the news. The EGH won praise for quietly accomplishing the unionization of its nonprofessional staff. This may have led to a change in policy for the students: By 1949, two weeks' sick time per student year was instituted and the breakage policy was eliminated.

RULES: DID WE VIOLATE THEM?

Rules were strict and breaking them could have severe consequences. Should a student propose to enter the holy state of matrimony, the result was dismissal. Should she

be found to be pregnant without the blessing of the clergy, the dismissal was instantaneous.

In the former case, while the Sisters tried hard to dissuade the student, some sympathy and compassion might well be shown, while in the latter, no plea for mercy would be considered. The student was sent from the school and the residence that very day.

A senior student who had graduated but would not complete her time at the school for another couple of months was secretly married. She told no one, not even her roommate. Sister had asked both the roommate and another student whether this girl was married but both could very honestly reply that they knew of no such wedding. One day the student was rushing out the front door of the residence after work. Sr. Keegan happened to be standing at the receptionist's desk. She turned to the receptionist with the words, "I just know that girl is married. Every night I pray that no one will tell me. You pray too, Miss ____." Sister was suspicious and had made an attempt to confirm her suspicions. Now she was praying that no one would tell her that her suspicions were correct. Had this occurred, she would have been forced to take action, which was the last thing her heart told her to do.

During the war years it was quite acceptable for a young woman to accept a blind date with a serviceman. In fact, the organizations interested in keeping servicemen entertained while in the city, often encouraged this. Several couples would spend an enjoyable evening together. An occasional date led to a permanent relationship but for most it was a brief friendship, a pleasant few hours spent dancing, roller skating, at the movies or whatever social activities offered when more permanent possibilities were not to be had. The friendship was not expected to endure.

A student was quietly going down the darkened stairs after lights out one night when she saw a figure ahead of her. Believing this to be one of her classmates, she put her arm about the waist of the figure with the words of *The Shadow*, a popular radio program. "Who knows what evil

lurks . . .," she began, only to hear Sr. Keegan's voice responding, "in the hearts of nurses." The student spent some uneasy days but the matter was never mentioned.

Some found the 10:00 p.m. curfew just too much of a challenge. The plan was to put a dummy in the bed, neglect to sign-out and hope the house mother did not look too closely. The student would persuade a roommate or friend to sneak out to the fire escape door and unlock it after the house mother had made rounds. Some got caught at this. Minimum penalty was loss of some precious late leaves. The most daring tried this repeatedly. There will always be the odd one who considers rules are made to be broken. Most students really did not relish living that dangerously.

The class of 1941 reports that slacks were not considered appropriate attire. Therefore, when wearing them, the fire escape was the route taken when leaving and returning. Two members of this class were hitchhiking on Calgary Trail one day when a priest picked them up. They were promptly reported. The consequences were not disclosed.

COULD THIS HAVE HAPPENED TO YOU?

A junior student was hospitalized with viral pneumonia. While visiting, her Protestant parents, who lived out of town, asked, "What are all those nuns doing here nursing you?" They did not realize that their daughter had applied to and was a student at a Catholic school of nursing. All pre-entrance communication had been by mail and signed by a Miss E. Bietch.

The same student decided to attend midnight mass. She fainted and woke up to find herself in Sr. Superior's bed being reassured with the words, "Don't worry about fainting, many of us do."

Remember your first bed bath? One student's first such bath went well and, at the end of it, the student instructed the male patient to "wash where I haven't," as she had been taught to do. Upon her return the patient was washing his head in the basin. A complete bath, in-

deed.

Many students remember little Sr. Gauthier on Ste. Mary's ward, "sailing" down the hall calling, "Miss! Miss! Miss!" and everyone stopping what they were doing to find out who was wanted. She could never remember a name. Among the students, Sr. Gauthier was known as "Sister Putt-Putt." It was a term of endearment as much as anything.

If an intern was wanted at night, Ste. Mary's ward would be phoned and a nursing student would be required to invade the otherwise "*verboden*" sanctum of the future doctors and rouse the sleeper wanted. There was nothing to indicate who was where and disturbing the wrong intern was not appreciated. Sometimes a sleepy voice would offer an invitation to the student to "rest awhile until I wake up." The students knew better.

Ste. Mary's led into pediatrics. That is where, for a little while on nights, the candy factory was. The kitchen couldn't figure out why those kids needed so much brown sugar on their cereal.

Some people simply need their breakfast. A probie, fearing that failure to attend Sunday mass would be the end of her training and having awakened late, rushed into her clothes and up the two flights of stairs to the chapel. Next thing she knew she was sitting on the stairs with Sr. Neuhausel leaning over her. Assured that her charge was now fully conscious, Sister said, "Sit here till you feel a little better then go have your breakfast."

Two years later the same student was assisting with her first "scrub" in the OR. Dr. Kato was doing his first tonsillectomy and the student had been instructed to report to the OR by 6:30 a.m., too early for breakfast. The patient was getting open ether and so was the nurse. She felt woozy but thought surely the doctor would be satisfied that there were no bleeders and get them all out of there shortly. The next thing she knew, the resident who had been giving the anaesthetic was dragging her out into the hall, where he unceremoniously dropped her and said to the charge nurse, "Look after this!" The charge nurse, with an expression of disgust, said, "Go

have breakfast. You will scrub for the next case in half an hour." Some people simply do not function well before breakfast, whether ordered to or not.

In 1961, Jean Everard (1949) was taking a flight from Québec to Edmonton and found Sr. Keegan also travelling to Edmonton. They sat together and when the plane reached cruising altitude, Sister crossed herself and remarked, "I have never been so close to God before."

There were times when the needs of service to the hospital overrode those of education. In the summer of 1944 two students entering their third year were sent to the OR several weeks before the classes on that subject had even begun. It was a very unsettling experience. When finished their training, neither had any desire to move to a position in an OR. While this situation was definitely not a regular occurrence, it was not the only time clinical experience preceded classes.

During this decade a world war was fought and at its end the attention of administration was once more directly focused on the school. The "war effort" was no longer an accepted answer when complaints or suggestions were voiced. The government, fearing a repetition of conditions after World War I, had made some provision for the returning servicemen. Their "we can do it" spirit permeated the community. Women had been sent home because the men were back to take over their former jobs. But, having tasted the independence that comes with a paycheque, women would be returning to the labour force and the expanding field of nursing and nursing education would provide jobs for many women. The desire for change was building up and would have a major impact on women's lives over the next twenty years.

3

The 1950s, Change Accelerates

Esther needed money so she "sold" me a coat for two dollars. When I went to wear my "new" coat, Esther had "borrowed" it and was wearing it.

Most of the students were frequently in some degree of financial distress. They shared their joys, their woes and not infrequently, their clothes. They helped each other on duty and off and seldom did the thought of repayment cross a mind. It made for bonds of sisterhood which would last throughout their lives and would survive all the changes which would confront them, both at school and after they had graduated.

Developments in the community inevitably were to affect the hospital and the nursing school. In 1952 the TB patients were moved to the newly erected Aberhart Memorial Sanatorium. This was at the height of the polio epidemic. Some beds vacated by the TB patients were immediately called into service as a rehabilitation unit for the polio patients who were now past the infectious stage and whose beds at the Royal Alex were sorely needed for new victims. By 1956 the new Alex was completed and the old had been renovated. It was now known as the Glenrose Rehabilitation Hospital and the polio patients were transferred again.

When the TB patients left, that infamous swinging double door on the third floor of the residence was flung open and nursing students moved in. This area now included a rumpus room, kitchenette, laundry, facility of offices and a library. A second house mother was added to the staff in 1953. In 1957, the East Wing (later "B" Wing)

was completed, adding two hundred new beds.

Nurses at all levels had long chafed over the denial of recognition of their professional status. This denial was primarily based on the lack of a liberal education and the apprenticeship aspects of the nursing programs. The fact that a full senior matriculation at high school was not demanded was a further roadblock to professional status. The universities refused to recognize an RN diploma as work toward a BSc in nursing. Some universities offered certificate courses in nursing education, nursing service, public health and in some specialty areas. Therefore, if a registered nurse wished to upgrade her status via a university degree, she had to start from scratch and take the full four-year course, although much of the course could well prove to be a repetition of what the diploma program had already provided. These were the first vestiges of the specialization which would soon be seen in the larger hospitals. The Weir Report (1932), as well as other reports which followed over the following twenty years, emphasized the desirability of a liberal education for nurses.

Sr. Florence Keegan, RN BSc, who had filled the position of director of nursing since 1943, was transferred in 1951. Today, at well over ninety, both physically and mentally frail, she lives in a Grey Nuns' retirement home in Québec. Her replacement, Sr. Marie Laramee, RN BSc, with the full support of Sr. Superior Bernadette Bezaire (1953—1955), took the initial steps toward implementing the block system and transforming nurses' training into nurses' education.

In 1952, Miss Florence McDonald, RN BSc, returned as full-time educational director. A full-time secretary was added to the staff and the library was reorganized. Fifty-one new RNs graduated from the EGH, the largest class to date.

The EGH now "enjoyed all the privileges of a fully approved hospital." Its solid reputation was confirmed by the ease with which the school's graduates were accepted everywhere on the continent. Grateful patients also supported this in their letters. In August of 1953, Dr.

Burnet of Montréal, who was with the Hospital Accreditation Committee, wrote, "Your hospital ranks among the best in Alberta." That same year the hospital adopted the forty-four-hour week.

FINAL EXAMS

Taking a breather while studying for those last all-important exams, the group of classmates fantasized about how they would celebrate once the last paper was written and handed in. Their fate would be in the lap of the gods and they were going to paint the town red that night. Yet, when the anticipated evening came, most of them had opted to forgo supper and were sound asleep in bed.

The State Board exams for RNs, which had been used since 1916, were replaced by the National League of Nurses examinations. These were in use in the United States and their introduction into Canada made it much easier for registered nurses from either country to move to the other. These NLN exams were composed of six disciplines: medical, surgical, obstetrical nursing, nursing of children, communicable disease and psychiatric nursing. Therapeutic nursing was added in 1953 while communicable disease was dropped in 1954. Nineteen fifty-nine saw a change to the State Board Pool. This remained in place until 1970 when the Canadian Nurses Association began setting these all-important final examinations.

THE BLOCK SYSTEM

A major milestone was the introduction of the block system in 1954. This system provided for the separation of education and clinical experience. While on "block" the student concentrated completely on classes and study for a period of six to eight weeks; during the clinical experience, class requirements no longer interfered. Service to the hospital, which had diminished in importance during this decade, was all but eliminated by the

decade's end.

MID-DECADE

In 1955, Sr. Alice Gauthier, who had a very thorough understanding of the needs of both nursing education and nursing service, was the new Sister Superior. The same year, Sr. Apollina St. Crois replaced Sr. Laramée. The separation of education and service was now complete. No longer were students there to provide nursing care, nor were any nursing service staff responsible for the guidance and supervision of the students. The students were accompanied by their instructors and clinical experience was recorded to make sure that all students received the same education and that the aims of the school were met. By 1957 there were sixteen faculty members. Their mission was to educate the student. A new policy saw only one class of bright young freshmen arriving at the school that and all subsequent years. All members of the class now arrived on the same day and finished their education on the same day. Time taken off for illness or personal reasons no longer had to be "made up" at the end of the three years.

Starting in 1952, EGH students had an eight-week affiliation at the Charles Camsell or the Aberhart hospitals for training in communicable diseases and in 1957, an affiliation at the Oliver Mental Hospital. A graduate of 1954 writes: "There was almost no instruction on the wards. All the integration had to take place in our brains—no help with this." Before long, the instructresses from the EGH accompanied the students on these affiliations. That same year, students from St. Joseph's Hospital in Vegreville were affiliated at the EGH for their obstetrical training.

A permanent rotation was posted which allowed the student to know where she would be at any given time during her education. The curriculum was evaluated and correlated to 1,850 hours of nursing instruction which was primarily given by nurse instructors. Now nurses were lecturing about nursing. This would be more

effective and appropriate to the needs of the students than the "watered down medical lectures" of previous years.

In 1955 students were granted four weeks' holiday, one of which was to be taken at Christmas and the other three in the summer. Students were also granted three weeks of sick time per year. That same year the fundraising mother-daughter tea was augmented by an evening father-daughter coffee party.

Withdrawals and/or dismissals during the probation period had been very costly for the school. New members of the one class a year now being admitted were more carefully chosen. The students were termed freshmen, juniors and seniors as they progressed through the three-year program.

Each supervisor/teacher had a personal style to engender success among the students. Sr. Laramée's style was to challenge the student to do her utmost through encouragement and praise and the students would strive not to disappoint. She was dearly loved. Sr. St. Crois's approach, rather like that of Sr. Richard, the head nurse of third floor and later emergency/out patients, was to prod the student to utmost exertion by disparagement and predictions of dismal failure. The student's reaction would be one of an angry, though unspoken, "I will succeed." This approach produced a fierce determination to prove Sister wrong. She was not as dearly loved but also achieved the desired results.

Several students of the day mentioned Sr. Keegan's rapid though thorough inspection of each student. Her concerns were "hair off the collar" and "no nail polish or makeup," as well as making sure each student who passed her office on their way to breakfast had a vitamin pill. The vitamins were not appreciated by all and not every pill reached its intended destination.

Later in the decade, Sr. St. Crois followed a similar routine. Regardless of the student's destination, the way from the residence passed right in front of the director of nursing's office. There was no avoiding inspection.

The condition of a student's uniform and shoes,

whether her name tag was on, that there was no nail polish or jewellery, was established in one quick glance. Sr. Laramée, who was director of nursing between these two, no doubt had her own less obvious way to assure herself that all students were presentable.

The memories of students of the 1950s illustrate the vast changes taking place. Gabrielle Cote (1952) mentions 8:00 a.m. classes following a night shift and being sent to the wards as probies before and after classes to help with meals. Another describes probies learning to bathe "Mrs. Chase," the dummy, and taking each other's blood pressure much as was the practice ten years earlier. Giving that first hypodermic injection took nerve and an encouraging word from a supervisor or senior student.

Cote comments on the lectures given by the medical staff. "I can recall . . .

Dr. Jas. Moreau appeared with the skeleton "Oscar" which was kept in a metal cabinet in the classroom. All the girls were a bit scared when Dr. Moreau told us it was once a living man, stripped and dried off. I can't forget his hacksaw for amputating limbs.

Dr. Fred Conroy came with his genito-urinary (GU) equipment and mock-catheterized a dummy man. Wow! What a sight for sore eyes to young maidens.

And what about Dr. L. Phillip Mousseau and his surgical instruments?

Dr. Charles Lefevre with a big bucket he used to drain fluid from the abdominal cavity.

I'll never forget scrubbing for a haemorrhoidectomy with Dr. Mousseau. He would tell me dirty jokes in French. No one else understood and I would blush a vivid red under my mask.

Dr. Warshowsky had mean-looking instruments for his surgeries.

Dr. Leeder explained to us about blighted ovum pregnancies.

Dr. Allard, when I was second scrub during one of his heart surgeries, asked the floor girl to put a second pair of gloves over my first, and asked me to put my hand over the man's beating heart. Mine almost stopped."

Dorothy (Green) Hanak (1957) gives the following account of her experience while a student of the EGH nursing program:

Thirty fresh-faced young women entered the portals of the nurses' residence on a September day to become the class of 1957B. The majority were recent high school graduates. All had hopefully submitted an application form with the required two references. Individual interviews had been conducted by Sr. Marie Laramee, Director of Nursing [who asked,] "Why do you want to become a nurse?" Sr. Laramee was blessed with an angelic face and beautiful kind brown eyes.

As a Protestant it was my first encounter with a nun. Previously they had existed only in my imagination as my friend Elaine, a Roman Catholic, filled me with tales about her teachers who were nuns. She literally put the fear of God into me and I was most wary of a person in a religious habit. Sr. Laramee quickly changed my erroneous perceptions.

Our suitcases were packed with the prerequisite items on the list we had been supplied with when we were accepted. They included a white beret for chapel, a white sweater to be worn on duty when required and two laundry bags labelled with our names. I had sewn my laundry bags on mother's Singer treadle sewing machine and embroidered my name on them.

We registered at the desk, said goodbye to our proud but anxious families and followed the caretaker who carried our suitcases to the furthest depth of the residence. Sister had obviously

put a great deal of thought into assigning our rooms. Schoolmates were put together and students with similar ethnic backgrounds shared a room, while five Protestant girls became roommates. Most of us resided on the third floor but eight students were housed together in a large room on the second floor that was christened the "big dorm." (This would have been the same room which had harboured thirteen in 1942.) We would be moved twice more before we graduated. Seniors always occupied the biggest, nicest rooms on the third floor. We were then housed two to a room and some girls displayed their individual interior decorating skills. A welcoming supper was held in the basement recreation room. The feature on the menu was hot dogs. Thenceforth our meals would be eaten in the hospital cafeteria.

We were advised to familiarize ourselves with our surroundings. On my preliminary exploration I discovered the model of a human torso that was constructed with a hinged door that hooked in place. The torso's vital organs were removable but the model could only be made whole again by having all its organs in the correct anatomical position. (This was a teaching device. If the hinged door would not shut, something was not in its right position. Try again, and again. When the door closes the student has figured it out and will probably remember.) Unfortunately that hinged door just wouldn't shut for me. Along came Esther. She surveyed my predicament and nonchalantly remarked, "My mom is a nurse. If she can be one so can I." (That statement helped get me through many difficult situations in the three years.) Together Esther and I solved my problem and the hinged door hooked shut. That was the beginning of a close friendship that continues today.

We were measured for uniforms and as-

signed laundry numbers. Mine was 155—a number I have never forgotten!

Our classes were conducted in the block system. We attended classes for the specified number of weeks and were absent from the wards. We started with our “probie” or preclinical block and in our third year completed our senior block. Our first and second year blocks came between. The one luxury of the block system was having the weekend off. While on the wards we had one day off per week.

It was quickly learned that our first names were unimportant. It was, now “Miss ____.” When addressing each other we tended to just call each other by our last names. There were a few girls who left in the early weeks; others would follow later but the majority persevered.

Our anatomy instructor procured some beef hearts and lungs. We were given hands-on learning around the table in the residence kitchen. There were also field trips. We toured the City of Edmonton water treatment plant and were taken to Swift’s meat-packing plant. At the end of our tour of Swift’s we were each offered a wiener. Fortunately it was Friday so the dietary restriction of no meat on Friday was most convenient as none of us had an appetite.

On another occasion this Catholic dietary restriction came in handy. A student found a large green cabbage worm in her coleslaw. She returned her plate with the explanation, “I’m sorry, I’m not allowed to eat meat on Friday.”

Following probie block we were assigned to the units. This meant getting up during the dark dreary winter mornings. We had learned to make the perfect hospital bed. Crawling on our hands and knees we checked to make sure it was neat underneath as well as on top. Making the occupied bed was quite a different feat. I remember struggling for what seemed like hours to make a

bed while the patient was moved hither and thither. My sense of accomplishment was quickly deflated when the instructor arrived, stripped the bedding and made me start anew.

Our classmate Eleanor endured another problem while making her bed. She was assigned to an elderly patient. (Today the diagnosis would be Alzheimer disease.) Eleanor had completed her bedmaking task with pride when her patient took up a full urinal saying, "I have to water the flowers." The flowers were not watered but the bed was!

Our capping ceremony was held in January in the chapel. Senior students taught us how to fold our caps and block them with books so they would "wing." Some of us replaced the original button that held the cap with a small gold cross that we had purchased at a Catholic book store for twenty cents. Laundering these caps to the desired stiffness and shine brought more problems. We could do the task ourselves by plastering them onto a smooth surface such as a fridge or arborite counter. Most of us opted to take them to "Sam's." Sam was a Chinese gentleman who operated a laundry on 118 Avenue. A delegated person would take several caps to Sam's (because this called for a long bus ride, one person took caps for several others). We paid twenty cents per cap for the service. They returned stiff and shiny!

Shortly after our capping we were now "real" nurses; the class of 1958A had arrived. We became Big Sisters and were no longer lowly probies. Progress was being made.

Television was in its infancy. The residence was blessed with a beautiful visitors' lounge with a TV set. Everybody would crowd around to watch Richard Boone as Dr. Conrad Steiner in *Medic*. We were also allowed to entertain male friends in this lounge under the watchful eyes of the house mothers. Smoking was permitted in

special rooms called "smokers" and they quickly became a gathering spot. Smokers and nonsmokers would sit about with dresses over their uniforms and in slippers complaining or solving weighty problems. (Being caught in a uniform while in the "smoker" would bring a strong reprimand.) Speaking of slippers; our classmate Jean embarked upon a three-year project to wear the same slippers until our training was completed. Eventually there was more tape than slippers but the goal was attained.

We became a very cohesive group of good friends. We held a second-year party in a friend's home. The highlight of the evening was the ceremonial addition of a "mickey" of liquor to our gigantic bowl of punch!

Another prank took place on St. Patrick's Day. A very Irish doctor always wore a pair of well-worn white shoes in the operating room. The culprits furtively removed one shoe, then cleaned and polished it before replacing it. The leprechauns were never apprehended.

Our beloved Sr. Laramée was transferred at the end of the first year. She was replaced by Sr. A. St. Crois. Sr. St. Crois's method of dealing with student nurses was at great variance with Sr. Laramée's. Rules and privileges were changed and nuns were the house mothers on the residence floors. The photograph of a boyfriend was not allowed on our desks. Desks were for studying. (Ten years earlier desks for students were not in the picture.) We were required to sign in every night at the reception desk. Hairnets, morning prayers in the cafeteria when one was on day shift and inspection became mandatory. Sister reminded us frequently that we were not "her girls." She had not picked us. We had inherited each other "for better or worse." Another platitude we heard was, "We didn't come to you and ask to make you nurses. You came to us and asked

us to make you nurses!"

The Eskimo Football team had won the Grey Cup and the welcome home parade was passing in front of the EGH. The student nurses made a banner, "How we would love to nurse those Esks." Sr. St. Crois felt the wording was inappropriate for young ladies and made us change it.

When the students worked night duty it was the responsibility of one student to operate the manual elevator on "A" Wing to take Father to the unit so he could deliver communion. This was definitely one of life's ups and downs.

In spite of our adversities, we continued to learn and mature. Our classmate Ann was given a gift by her husband-to-be who was a medical student: a research turtle with "ANN" boldly painted on its shell. Ann did take a trip to Vancouver. Unfortunately "Ann" the turtle's lifespan was limited.

The rites of passage were observed. We wrote our class songs and wore our school pins proudly after we had completed our first year. Our class president Bernie, who was very avant-garde, wore her class ring on her pinkie finger. The Student Nurses' Association welcomed us and some sessions of an AARN convention at the Hotel Macdonald were attended. There were in-house activities and societies.

We graduated the first weekend of May 1957. Our grad uniforms were fitted and were a regulated twelve inches from the floor. Classes 1957A and B formed one graduating class. It was a magical weekend indeed and Sr. Laramée sent each of us her congratulations. Twenty-four of us graduated (the B section of the class). Jean had a most tangible reminder of our graduation bouquet as her date "borrowed" a potted plant from the hotel lobby and presented it to her.

Quickly we had to come back to reality and complete our training. It was possible to request a

"preferred placement" when the required rotation had been done. In the final two weeks we were allowed to wear the black bands on our caps. It was difficult not to succumb to "graditis." (This refers to an urge, sometimes displayed by a new graduate, to act like a know-it-all and lord it over the juniors.)

A final party, in recognition of our love, our friendship and our tears, was held in the rec room where we had first come together as a class almost three years earlier. We would be together as a complete class on only one more occasion, when we spent two days writing the Registered Nurse Examinations. Those young women of 1954 are now senior citizens, but the class bonds remain unbroken. Our reunions are frequent and well attended. We mourn the loss of Liz and Barb and offer support to three widows. *Estote Fideles*. We are the class of 1957B and are so proud to be so.

THE END OF THE DECADE

For 1959 the following is on record: "After two years of intensive work and planning, an altogether new program of nursing and co-related nursing curriculum is now taught throughout the three years. A total of 1,324 hours taught in the clinical area and 2,034 were taught in the classroom, which shows achievement in a faculty now increased to sixteen members. All our students now receive eight weeks in psychiatry."

Over the next thirteen years the school would see changes quite beyond the imagination of most of those already graduated.



4

The Final Years, 1960—1973

A group of students and their brand new instructress from south of the border were waiting for the elevator. When the elevator arrived, a porter got off pushing a Wagenstein suction, a portable alternating suction machine. The instructress cooed, "Isn't that cute. They are bringing out the antiques." The students found this remark hilarious.

When the new "B" Wing was opened in 1953 it was equipped with "in the wall" suction and oxygen systems in the patient rooms, eliminating the need for using the portable machines. For the rest of the hospital, however, it was still required. During this decade the new disposable supplies were gradually introduced. One student of the period believes that the first item to be purchased was probably the tiny IV needles, with butterfly wings for securing them in place, used for infants who required IV therapy.

They were much easier to insert and remained in position much more readily. In 1960 the interns were still being called to start IVs. By the end of the decade the nurses were being taught this skill.

The early sixties were the years of the Royal Commission on Health Services chaired by Justice Emmet Hall, commonly referred to as the Hall Report. His recommendations were directed at all of Canada. Some were already being planned at the EGH. Justice Hall noted the following:

1. A serious shortage of qualified instructors.
2. The apprenticeship situation needs evaluating.

3. Nurses are performing duties for which they are over qualified.

4. The training is unnecessarily long, with two-thirds of the education occurring in the first year.

To improve the situation he suggested:

1. An integrated basic university program.

2. The graduate of the two-year program would function as a clinical and bedside nurse

Steps required to achieve these improvements:

1. Establish a provincial nursing program.

2. Separate the budget of the School of Nursing from that of the rest of the hospital to ensure that the nursing school budget is used for education. [At the EGH nursing service and nursing education were quite separate by 1960 but whether the budgets were separated is not clear.]

3. Arrange to use the hospital as an educational and clinical facility.

4. Establish a new curriculum leading to a two-year program.

5. Decrease the use of students for hospital services annually. [Thus achieving a gradual phase out of student service to the hospital.]

6. Experiment with other agencies to conduct new programs.

7. Financial assistance for students who cannot pay their own way is needed.

8. An all-out effort to prepare qualified instructors is needed.

Further recommendations were:

1. Encourage suitable personnel to enter and remain in the nursing profession. Salaries should be commensurate with training and responsibilities and similar to comparable fields paid by the federal and provincial governments.

2. Monitor use of personnel and equipment.

3. There should be at least one school of nursing with an integral degree program in each of four regions [of Canada].

4. Existing university programs should be expanded.

5. At least ten more university schools of nursing are required.

6. Money should be made available to nurses wishing to upgrade.

7. A two-year program and shortening of the LPN (also known as registered nursing assistant) program is recommended.

8. A greater effort to attract men should be made.

9. Also needed is a new classification of OR technician with adequate salary to attract men.

Directed at all Canadian institutions for nursing education, a similar point of view was expressed by others. Speaking specifically of the EGH School of Nursing in 1961, Marguerite Schumacher, Alberta Advisor to Schools of Nursing, had paid a visit. She stated very firmly in her report that the residence needed to be replaced or, should that not be possible, major upgrading would be mandatory. In response, sixty students were moved to the La Salle building. (The remark of one student that they were kicked out, leads one to think that a poor job was made of communicating the reasons for the move to those affected by it.)

The Scarlett study's terming of the residence as a "fire trap" underscores Schumacher's conclusion. Was Scarlett the first one to realize that the "big dorm," situated above the laundry, should have been considered a high risk area? It was not specifically mentioned.

The Scarlett report also declared that the students were "over supervised" and as a result were "not able to develop a thinking attitude at work." Further, he found that they "lack leadership in social activities." Another recommendation was for more unity between nursing service and nursing education. Historically it had been the case that students sensed that they were required to show unquestioning obedience. They behaved accordingly.

The sixteen instructors had the following qualifications: four, including the director of the school, had a BSc; five had a certificate in teaching and education; two had a postgraduate clinical course in a specialty; three had

credit courses from university; two junior instructors had no qualifications. Schumacher was still critical of their preparation.

The metamorphosis of the preparation of the nurse from nurse's training to nurses' education was nearing its completion. The apprentice program was now on its death bed and no student or educator would mourn its passing. While there were still young women who had to raise the money for their education themselves, in the booming economy of the 1960s this was now possible. To the high school graduate of the day, the grinding poverty and the total lack of opportunity—of which their mothers spoke and which had prevailed for so many during the first thirty-five years of the schools existence—was so much ancient lore.

In Sr. St. Crois's first years as director of nursing at the school those students who had known her predecessor found her sometimes caustic tongue difficult to deal with. As time went by, the students recognized her genuine interest in nursing education and her fierce determination to bring it from training into the sphere of education and away from training. They learned to accept her ways and some even came to love her. The students gave this Sister due credit for instituting the program which would lead to a liberal education for registered nurses. No one could deny her devotion to nursing education, her forward-looking ideas and her determination to see them put in place. Her accomplishments cannot be underestimated.

The complete separation of education from service had been achieved, the emphasis on prepared instructors was in place and the curriculum for a two-year course had been planned—only the integration of the liberal arts component was left undone. Sr. St. Crois left the EGH School of Nursing on its way to offering a liberal education which would be acceptable to those who could grant nurses professional status. Her accomplishments had a lasting influence on nursing, not only on the EGH but on those other schools in Alberta which looked to her as a role model.

In 1961, for the sixth consecutive year, all EGH students writing the final exam passed. In 1962, in "the largest class ever," seventy four freshmen were enrolled, only five of whom did not have their senior matriculation." Just fifty years before, in 1924, the norm had been Grade 8. It would seem that sometimes, just as water and wind erosion will eventually change the environment, a major improvement takes awhile to come about, but eventually it does occur. For the student, it is the realities of the moment which are significant.

Referring to the early 1960s, one of the alumnae writes: "The Edmonton General Hospital School of Nursing was the premiere school in Alberta, ready for accreditation with the American National League of Nursing or any accreditation body. Of course, no one failed their AARN exams. This turn of events was entirely due to the forward-looking Sisters St. Crois and Gauthier who ensured the school's place in the province. It became the source of excellence and of assistance to other schools."

For quite some time, the student council had been paying a student to keep the library open from seven to nine in the evening from Monday to Saturday. There was now an annual budget for the library, with emphasis on acquisition of up-to-date references and textbooks. There was an arrangement for affiliation with the Aberhart Sanatorium, the Charles Campsell Hospital and with Mental Health at the facility in Oliver, as well as a week at public health. The four-week affiliation at the Aberhart was soon to be dropped. With the advent of drugs to treat TB, patients were being sent home on medication. There were simply not enough patients to provide the expected experience for the students. For a short time this four-week block was designated as a study period for senior students.

At this time the students were the last group among the hospital's staff to achieve the forty-hour work week. Speaking of the same time period, another source states that the students worked a rotation of six days on duty and one day off, followed by five days on and two off. That averaged forty four hours per week. Things were

changing so fast that it is possible that the two sources were not quite "in sync." The students were also entitled to ten statutory holidays per year. Days off in lieu were to be scheduled within one month of the given holidays. Annual holidays were increased to one month, with three weeks to be taken in the summer and the fourth week at Christmas.

A program for orderlies was also now in place. Certified Nursing Aides ("Registered" today) had long been a normal component of the nursing staff. They relieved the students of many of the repetitive jobs, as well as some of the basic nursing care. The students still gained acquaintance with most of these duties but it had been recognized that repeating these aspects of care a few hundred times during training was not necessary. The educational entrance requirement was now senior matriculation.

As in many Alberta hospitals in the nineteen sixties a major innovation for the hospital and school was the preparation and exercising of a disaster plan. The need to prepare these plans was emphasized at a workshop and the education coordinator was sent to a course on emergency health. The exercising of this plan made the students aware of the problems faced when a hospital suddenly must cope with an extraordinary influx of patients needing immediate and intensive care. No bombs fell on Alberta but the exercises helped to make health facilities well prepared. For example, in 1962 there was a terrible collision between a school bus and a train in the town of Lamont. Seventeen injured students were admitted to the local one hundred-bed hospital within an hour of the collision.

The following interesting recommendations can be found in the annual reports of the director of nursing education to the Board of the EGH:

1960—1961 - There should be a room designated for the use of the faculty members. Faculty members must be encouraged to be prepared. Faculty must make a definite effort to develop intellectual discipline in the students. They must develop not only the ability to adjust but also to think.

1961—1962 - The emphasis is on staff self-evaluation with the recommendation that they encourage students to meet the challenges in the nursing profession by example. The development of a mature attitude and a positive outlook on life is important.

1962—1963 - While the physical facility is poor, it is judged clean. For the first time the capping ceremony was held in St. Joseph's Cathedral. The graduation ceremonies were held in the Jubilee Auditorium for the first time.

1963—1964 - A new residence and an assistant director of nursing education are both high priority needs. There is concern expressed about how to adjust to the situation in nursing and still keep nursing values as they were.

1964—1965 - An advisory committee to study changes in nursing and nursing education, the Hall Report and what type of program should be in place by 1966 is required. The administration must make public the faculty personnel policies. Policies are required for married students, also for senior students who wish to "live out." The budget should be specific regarding educational purposes, social functions, scholarships and library.

1965—1966 - Changes in the curriculum, which are required to implement the two-year program are outlined. Students in the same class will be instructed in two sections: one on the three-year program and the other on the two-year program, which will add to the workload of the instructors, but will have benefits in accommodating both classes and clinical experience. Only at the end of the three years can the results of the two- and the three-year program be compared.

1966—1967 - Problems with the inexperience of many of the instructors. Lack of motivation among the students, inconsistency of application of the school's rules and difficulty in selecting experience are all being addressed with positive results. Seniors now get four weeks of rehabilitative care and one week of public health care experience in lieu of the study block.

1967—1968 - The report for this year lists ten achievements for the year, the most important of which were: at-

tainment of approval by the General Council and the Committee on Nursing Education for plans for a two-year program in cooperation with the College of St. Jean and the completion of the new Education Building. Plans for the coming year include: implementation of the program approved by the University; gradual phase out of the three-year program; reorganization of the residence to admit female students from other health-related programs (the changes to the two-year program will lead to a reduction in the number of students); plan to increase the enrolment; transfer from the Department of Health to the Department of Education.

1968—1969 - Major changes noted were: the designations of nurse I, II and III were changed to freshman and senior; curriculum, deletion of review classes in all subjects; introduction of community health nursing with emphasis on world health problems. Expect to plan nursing for patients who require more advanced nursing skills.

1969—1970 - Of a dozen recommendations the most important are: an effective evaluation system for instructors is needed; the one-month introduction to the school for instructors via a month on the general duty staff should be maintained; student evaluation criteria is required; revise student policy both in the areas of education and behaviour; in mother-child course concentrate on the normal; provide family-centred experience in an area other than the case room; increase the surgical care program; support the exchange program with other two-year programs; the assistant director of inservice should be part of the faculty of service.

The picture drawn by these recommendations indicates the hurdles to be conquered as improvements were made. The Sisters were again pioneering, this time not against the elements and the difficulties imposed by isolation but against the ingrained attitudes and habits of the various people involved. These had to be convinced of the wisdom of the proposed action and learn a different approach to nursing education. Appropriate working space, "a room designated for the use of the faculty,"

was an early need. The numbers had grown and the allotted space was simply not enough. Just as the students now had desks in their rooms for some years, the staff also needed working space.

The Sisters themselves were searching for the right road to follow. The earliest instructresses were RNs with probably some bedside or supervisory experience. They did their best. They taught by rote and repetition, insisting on unquestioning obedience from their students. They were accustomed to following directions and there were no role models for the new approach. They learned as they went along. Now postgraduate courses and preferably a university degree were demanded. The administration recognized that staff development included both the opportunity to seek knowledge and the encouragement to do so.

Not only instructors but also the administration needed to change. If the students were to be encouraged to change so must the staff. In 1964—1965, not only were various policies concerning the students in need of upgrading, but there was a need for immediate publication of personnel policies for the staff. Staff who are not informed about such basic matters as the policies governing their employment and are expected to take these on faith will not be apt to emphasize the "know" of 1960 over the "obey" of earlier times. Changing attitudes takes both time and effort. All this had to be accomplished within a stringent budget which would not be clearly separated from the nursing service budget until the middle of the decade.

Again and again these efforts had to meet the scrutiny of outside assessors. How well the students' needs were met would be measured not only by the degree of success on the final RN exams but also by student performance on the wards. Were their efforts to meet patient needs successful? A good head nurse, whether belonging to the sisterhood or the lay contingent, is adept at judging this. Professional assessors can immediately sense what the real day-to-day situation is, no matter the valiant effort of preparatory "spit and polish" when a visit is anticipated.

The school was to remain active for another two years. Unfortunately, no annual report for those two years could be found. The reports that do exist, record some successes and a plethora of problems. But solutions were found. In Edmonton, the EGH was the trail blazer for the new system. As each student experienced her individual three years during this decade, the turmoil of constant change which have been frustrating for some and invigorating for others. Undoubtedly, the low student morale noted in 1966—1967 was a response to the massive staff changes would occurred in 1965—1966. Sr. St. Crois, who was replaced by Sr. Cecile Leclerc (the first director of nursing to come equipped with a masters degree) in August of 1965, expressed grave concerns about the state of nursing education and questioned whether the old values could be upheld under the emerging system.

In 1965 the nursing program was adjusted to bring lectures and clinical experience closer together. Lectures by doctors were of diminishing importance as nurses were now lecturing about nursing. Care of the ill was not neglected but prevention of illness and injury, both for individuals and for the whole family, played a much larger role in the content of the curriculum.

Whereas nurses' training had in the past been focused almost exclusively on care in the hospital. The student was now being exposed to a whole range of settings including long-term care, preventive care and public health. The emphasis was now on having a solid base of knowledge. The days of unquestioning obedience were left behind. By the mid-sixties, nurses had more knowledge and were not castigated for asking questions. They also had more responsibility.

Twenty years earlier a doctor had given an intern a verbal order. While writing the order on the chart, the intern had mistakenly used the symbol for ounces instead of the one for drams. As written, the head nurse transcribed the order on the request sent to the pharmacy and the pharmacy filled it. The head nurse later received the drug from pharmacy and handed it to the student nurse who gave it to the patient. The patient died. This was a

horrible tragedy which would not have happened if the pharmacy, the head nurse or even the student had had the knowledge to recognize the error and had been accustomed to questioning a doctor's orders.

CHANGES IN THE STUDENTS' DAILY LIVES

For some time senior students had been allowed to live at home if their family lived in the city. Bus fare was supplied by the hospital. A major concession to modern reality occurred in 1965 when senior students were allowed to marry. Late leave rules were also changing. The number of late leaves was increased and the curfew was now 2:00 a.m. If the leave preceded a day off, an occasional overnight leave was granted.

In 1963 a government grant of five million dollars was approved toward construction of a new education building. Two years later the cornerstone for this building was laid "right in the middle of the tennis court." The St. John's ward, which had been built and pronounced temporary in 1948, was demolished in 1962 to make room for the new building to be constructed. At this point, while many students were housed in the La Salle building, others were still being accommodated in the part of the complex constructed in 1895, 1911 and 1920. Villa Casey is not mentioned at this period. It is possible that it may have been used as a residence for the sisters.

Opened in 1967, the new residence boasted accommodation for 253 students, class rooms, a library, recreation rooms space for educational and administrative staff, visitors' lounges, kitchenettes and laundry facilities. The upper floors were "home" to nursing students as well as female students from other health-related programs. No men were allowed upstairs and that included fathers. Both single and double occupancy was available, with the cost for single occupancy being a littler higher. The rooms were large enough to allow ample desk and closet space—"Enough room to turn around in." The students were delighted with their new quarters. One alumnus of the school, touring the building at the 1967 centennial re-

union lamented that she had been "born twenty years too soon."

Student enrolment was expected to decrease with the move to a two-year course and this led to the decision to rent to other students, room permitting, with a monthly charge for room and board.

For some years the students had eaten their meals in the hospital cafeteria and this continued. This guaranteed quality not below what the public would tolerate and the health inspector approved. In 1963 the author attended a workshop at the EGH. Sharing a table at lunch with a graduate of the school who was currently on staff there and also taking the course, she commented on the improvement of the food. Her table mate responded, "Don't kid yourself. This isn't what the students and staff are getting." In other words, she was inferring that the food was safe to eat but not great. Could this be a case of "the more things change the more they stay the same"?

With the students moved out, the old laundry building and the part of the student residence located above it was demolished in 1969. What stories that building could have told! Close to two thousand students had spent three very important years of their lives within its walls; years during which the student learned and matured as her emotions ranged from early insecurity (for many, just plain home sickness), to confidence and assurance. Plans and aspirations, discussions and practical jokes, joy and youthful exuberance could quickly swing to grief or empathy for another's woes and generosity. Rough spots were fortunately balanced by good experiences, not the least of these were the firm and enduring friendships welded among the students.

The decade was not all "blood, sweat and tears." The year 1961 would be one of celebration. For some years the annual graduation ceremonies had been held in the fall, after all obligations on part of both the hospital and the student had been met, and the all-important RN exams had been successfully written. Always a much anticipated and gala event, the graduation would have special significance that year. As described in Sr. Ann Ell's work,

The Edmonton General Hospital, 90th Anniversary, the third weekend of October was to see no ordinary graduation.

On the Saturday evening three hundred nurses gathered at St. Joachim's Parish Church to honour the fiftieth anniversary of the first graduating class in 1911. After the celebration of the Eucharist they reminisced, renewed friendships and later toured the hospital. It was the first reunion and the golden anniversary of the school.

On the Sunday evening fifty-seven newly minted nurses received their diplomas at the Jubilee Auditorium. During the graduation exercises, nurses dressed in the uniforms of 1908—1925, 1925—1935 and 1935—1945, placed baskets of flowers before a large draped portrait of Mother d'Youville in what was described as "a tribute of homage to the past." The Glee Club sang for the two thousand guests.

On the Monday evening, hosted by the alumnae, the final event was the banquet held at the Derrick Golf and Winter Club. For the first time, the Sisters attended a graduation function and Dr. L. P. (Pop) Mouseau was guest speaker. He was the only male present. Dear Pop, who had always been a staunch protector of the students and who had done so much for the hospital and the school, died fourteen months later at the age of sixty two.

During these years there were many more organized extracurricular activities than there had been in earlier years. The yearbooks for 1962—1963 and 1964 mention the following groups and activities: Student Council, Sodality (a Catholic Club), Nurses Christian Fellowship (NCF), Glee Club, Discussion Club (public speaking), tennis and a curling team. The latter won a trophy at an interschool competition. The Glee Club and Discussion Club also had their share of successes. There was a Christmas concert and party, a mother-daughter tea, father's coffee party, a mid-winter carnival, a variety show and a fashion show. Representatives of the student body attended the Alberta Association of Registered Nurses (AARN) convention and the convention of the Alberta Association of Student Nurses. In 1967 a student was sent to Expo in Montréal.

Graduation now included a breakfast after the final mass which the students attended in their student uniforms. This breakfast was sponsored by the graduates' "little sisters." The commencement exercises were held that evening and on the following day the banquet and ball sponsored by the alumnae completed the festivities. There were many celebrations throughout the year, a major event almost every month.

In 1967 the alumnae hosted a reunion to celebrate Canada's Centennial. It was well supported and much enjoyed. Many of the participants had not been back to their Alma Mater for years. A tour of the hospital and especially of the new Education Building made a tremendous impression.

TOWARD A LIBERAL EDUCATION

Back in 1908 the overriding motive for the organization of the school was financial. The objective was to obtain a stable, efficient and, above all, cheap source of labour to care for the patients. The succession of dedicated directors of the school, who were firmly committed to the improvement of the quality of the nursing staff, must be credited for their years of devotion to education. Upon the separation of education from service, the school was no longer a financial asset. The need for a hard-nosed approach to the deteriorating financial position of the hospital lent momentum to the separation of the hospital from the school. For reasons too complicated to go into here, the existing rules and government regulations in those years shortly before the introduction of medicare were grossly unfair to the "private nonprofit hospitals." Public hospitals of the day were allowed to go to their municipality or city for funds but the "nonprofits" had no such source. Further, the liberal component of the program, as well as the clinical section, had to be supported financially. Money was tighter than ever. Students now had to pay tuition fees, room and board, as well as cover the cost of uniforms, capes, books and other items which had previously been supplied by

the hospital. A sincere effort was made to keep these fees at a reasonable level.

In reference to Scarlett's charge of oversupervision, while speaking to the last graduating class of the EGH in 1973, Gordon Pickering, executive director of the EGH, said: "We concluded that if we could change the program to allow the student nurse to live a more normal life during training, and at the same time be exposed to facets of the health delivery system other than the hospital, we could possibly make a considerable contribution to the incidents of institutional care when alternative means of looking after the people are more beneficial and more humane . . . While recognizing the necessity to place more emphasis on the fundamentals, in order to prepare the student to deal with problems more logically and less emphasis on repetition and imitation; the need to place more importance on normal personal associations and living in order to produce a more mature and better developed individual and less importance on unquestioning obedience and rigid disciplinary practice; we concluded that there was greater need than ever before to broaden the intellectual horizon of the student to greater exposure to the humanities and social sciences, and that this could best be done in a college setting . . . there is merit in learning for learning's sake . . ."

Having come to this conclusion, the decision was taken to search for a partner to supply the liberal component of the program. The Misericordia Hospital was invited to join the EGH in discussions with the College St. Jean, with the objective of arranging a partnership in which the college provided the academic component of the program while the hospital provided clinical experience. The EGH was hopeful that a Francophone element could be integrated in this arrangement. They felt that this would be of great benefit to the Francophone community of northern Alberta. A nonmandatory course in French was offered. For those students opting for the French component, an intensive two-week course in French prior to the beginning of the classes was made available.

Whether this disturbed the Misericordia delegates to the negotiations or whether there was some other problem is unknown. They withdrew early in the game. In 1994 the Misericordia nurses training school, which had opened in 1907, was the last of the old style training schools in Edmonton to close its doors. The EGH was the first to do so.

The program agreed upon by the College St. Jean and the EGH opened in 1968. Two graduates of 1972 agree that they thoroughly enjoyed the optional French language classes. One would expect that these would have demanded a background in oral and written French. The arrangement with the college expired in 1971 when the University of Alberta absorbed the College St. Jean. The EGH School of Nursing purchased the academic portion of the program from the college on a temporary basis.

For many years the main stumbling block to recognition of professional status for nurses of the diploma granting schools by the universities was a failure to demand a full high school senior matriculation standing from their applicants. This was no longer the case. Having had both a diploma course and a degree course for nurses for many years, the University of Alberta was simply not interested in the EGH School of Nursing.

An agreement with Grant MacEwen College, with its newly organized nursing program under the leadership of Sr. Cecile Leclerc, was gratefully accepted. Sr. Leclerc had been hired by Grant MacEwen College when she was replaced at the EGH by Sr. Ellen Marfin RN MSc. In September of 1972, students of the EGH School of Nursing moved to the college. The sixty-second graduation was held in 1973 at the request of the last class who, while they completed the first year of the two-year course at the EGH, had spent their second year as the first class of Grant MacEwen College.

Dorothy (Humbert) Smolek, a member of the class of 1972, was a small fountain of information. Those two years were done in partnership with College St. Jean. Students spent Mondays, Wednesdays and Fridays at the EGH for nursing lectures and clinical experience, while Tuesdays and Thursdays were spent at the college. The

former student recalls that she found the French classes no problem and that not all of the classes were in French. Among the procedures taught, and some of these may have been taught in the preceding years, were intravenous therapy, both initiating the IV and adding medications as required; insertion of a gastric tube; caring for a patient on a striker frame (this would soon be replaced by electrically controlled beds); and cardiopulmonary resuscitation (CPR). Hospital stays were becoming shorter and Caesarean sections more common.

Education focused on health with a strong emphasis on underlying principles. The student was expected to know not only how to carry out a procedure but why it must be done in a given way and what alternatives were possible. To know the underlying principles was mandatory. She may not have had the opportunity to do a given task while in training, but was expected to know how to do it. She recalls being ordered, shortly after graduating, "Put in a levine tube. Now!" She had never done it but carefully recalled the principles and accomplished the task without difficulty.

The underlying Catholic philosophy and principle were strong. She points out that today the nurse must be aware of the various religions and cultures in society and must be prepared to respect them. As a student, she found it difficult to introduce herself to the patient in the morning because it was really not possible to establish a relationship when you saw them for just one day. Students wore no caps and received them only a few weeks before finishing their training. A double black band was attached near the hairline. The EGH pin remained the same.

The religious part of the graduation festivities took place at St. Joseph's Cathedral and the exercises at the Student's Union Building of the University of Alberta. The motto "*Estote Fideles*" now became the French "*Toujours Fidele.*" After graduation only four of the class of thirty-four found jobs at the EGH. They were now hiring grads from other schools.

Living in residence was now strictly a matter of choice

but house mothers still held sway. Meals were available at the cafeteria and there was a degree of choice. My informant recalls being class president but cannot recall any specific activities. There was no yearbook. Asked whether the class members became "close," she responded that there were always some who seemed to prefer to stand back a bit but that there are a number with whom she still is frequently in touch. They were "like any other students." They paid their way, though there was some scholarship money available.

STORIES TO TELL

Asked for stories, Dorothy remembered the following: A male classmate at the college bet them two hundred dollars that they would not sneak him into the residence. Since they needed the money for graduation, they shaved his legs and his mustache and dressed him up with two apples inside a bra, black nylons, high heels and a dress. After showing him the rooms, they took him to the lounge. Sister (the house mother) entered and remarked on their "new friend." The young man answered appropriately, in the highest voice he could muster. Soon they led him off, returned him to his own clothing and "sneaked him out the back way." He paid the bet.

Pranks go with April Fool's day. The students stuffed an empty bed with a dummy, a happy face drawn on a blown-up rubber glove resting on the pillow. The "patient" was equipped with an IV set-up and catheter bag." A chart and cardex were organized, complete with four pages of doctor's orders including prepared requisitions. Ninety-six-year-old "Sally " would get good care. It was not until after report, when the oncoming staff walked into the room, that they realized they had "been had."

WHERE DID ALL THE FLOWERS GO?

In 1972 miracle drugs were still supreme. No superbug had as yet reared its ugly head and treatments changed as knowledge increased and new medications

became available. Nursing education had also changed to meet new needs and new expectations but the commitment to the patient remained the same.

EGH nurses could be found in many places. In the early years most were employed as private duty nurses or in small country hospitals. At that time, few found work in their own training school. By the 1920s, public health nurses, who often worked alone in rural areas far from hospitals or doctors where a good deal of innovation and making-do with what was available was required, were a greatly valued asset in many pioneer communities. Living in primitive housing and travelling by what ever means, from horseback to stone boat or sleigh in the first years and later over barely passable roads by car, was normal. The mission field attracted others. A number served overseas in the two world wars and the Victorian Order of Nurses employed many. In large city hospitals, specialization is today the norm. In rural hospitals the nurse must still be prepared to deal with whatever comes in the door.

There is no possibility of discovering where all the graduates went or where they worked. For those whose addresses we have, let it only be said that they can be found all over Canada and in many of the states of the United States. At least one graduate is in Mexico and who is to know where else they are? Their careers encompassed everything from bedside care to administration, education, public health and many other areas.

When the school closed, the alumnae chose to carry on with the annual banquet. Calling it a reunion banquet, it groups the classes according to a five-year plan. Today this starts at thirty, thirty-five and on, with the final group designated as sixty-plus. It is always a gala event, with lots and lots of "catching up" and reminiscing with classmates, friends and members of other classes. In the year 2000 the "youngest" group will be the class of 1970, while at the another table you will find the class of 1940 and even earlier. The alumnae still offer a small scholarship and put out a yearly newsletter. See you in Edmonton the last Friday of April most any year. *Estote Fideles.*

LAST WORDS

The years will be remembered by each of the students of the EGH in a different way, although we all had the common goal of becoming registered nurses.

—Judy Lang, president of the student council, 1962
(from "Fidelescope 1962").

A history is based on provable facts. This history has been based on what written records can be located and upon the memories of student training days supplied by those who chose to share them. However, it can in no way convey the personal experience of any individual, let alone the two thousand young women who spent three years of their early adult lives gaining knowledge and insights from the experience. We all brought our own previous experiences with us, experiences which made us secure or uncertain, able to accept the restraints on personal time or upset by them. We made errors, were reprimanded, took what came whether we felt it was just or unjust and carried on. Moments of stress and moments of success were shared with our classmates or coped with alone. The latter was difficult for you were rarely physically alone, but at times emotionally very alone.

We all experienced the joy of the case room and the sadness of death. We learned to cope with emergencies. For some there were the tensions of two world wars, or of community health crises such as the flu epidemic in 1918 and polio in the 1950s. For all, there were the stresses of caring for very ill patients. Often you wondered how you might have done things better. Sometimes you were satisfied that there was a thing you had done well. At times you were frustrated or even angry at what had happened, or at the rules which restricted you. But always, EGH-trained nurses were in demand.

Reflecting the holistic approach to patient care proposed in the philosophy of the school, we came with a guarantee of quality and very few did not live up to it. We were all moulded by the Sisters and they can take some credit for the results.

The school filled a need and filled it well. As time passed and situations changed, it took time and work for those who had the insight that a differently prepared nurse was now needed. The Sisters were the first to recognize this and passed the responsibility onto the postsecondary education system.



FROM THE YEARBOOKS

1967 Reunion Poem

Written by Ellamae (Ingram) Gunn, Class of 1949.

"Away to the West," the cry was heard
in Montréal that day.
Soon our humble grey-gowned girls
were bravely on their way.
They bought a block from the Hudson's Bay
and turned the prairie sod
And built in 1895 a monument to God.

With Sister Mary Casey, six girls in 1908
Began a course of studies and all did graduate.
From them we got our colours,
red and mauve and white.
Estote Fideles on our pins has been our guiding light.

In 1911 you modernized with Adam Graham Bell.
In 1935 you got a TB San as well.
1928 the alumnae formed their ranks.
For help, awards and scholarships,
we owe them many thanks.
And now, we come with eager footsteps o'er the miles.
The patient feet that once trod down the aisles
Of our old and dear beloved "Alma Mater"
Return again, retrace our steps, though decades later.

In response to our nation's centennial birthday year,
To exchange fond greetings, laugh and shed a tear
As we see again those dear and long lost faces
And explore old haunts and find familiar places.

But, Oh, how things have changed, we no longer see
St. Mary's ward where it used to be!
The children's ward beyond, that once was near,
Although we search in vain is just not here!

Of the basement retreat we once called
St. Joseph's place
One cannot find a hint or slightest trace.
We ask, bewildered and dismayed,
"Where have they gone?"
Nothing here for us, but memory lingers on.

But wait, you say, "until we take our tour,
We've a big surprise in store and know that you're
Bound to be amazed, pleased and surprised
When our shiny new hospital meets your eyes!"

We took the tour and were free to roam
Through corridors and wards and nurses' home.
At this new and lovely spot some stopped to swoon.
From aged lips, "born twenty years too soon!"

We commend your progress Sister, yes we do!
The "old" was good but better still the "new."
We pray that you may carry on your skilful art
With God's help of treating body, mind and heart.

We've met and laughed and cried, and now must go
Still basking in the pleasant after glo
Of human warmth and love, but with a sigh,
Our many hands and hearts now wave goodbye!

Until perhaps once more in future years
We come again and mingle joy and tears,
Though Canada by then be past her prime
So may we when we meet another time.
—To the Edmonton General Hospital, our Alma Mater, and
the Sisters of Charity, from all her graduates, past and
present. (Found in the program for the 1967 reunion in
honour of Canada's centennial year.)

Capping Song, Class 1956A

There are so many kinds of riches
And only one of them is gold
The wealth you miss
Remember this
Worthwhile things can not be bought or sold.

Our caps belong to each of us
We're happy they're ours at last.
We have our hopes fulfilled today
We've studied and now we've passed.
The tests we've written, procedures we've done
Oh, we have worked hard until each one
Is just a part of nursing arts.
We're capped, we are here to stay.

Anatomy and microbugs
Nursing arts, nursing ethics, too
Have taught us what we have to know
To plan what we hope to do.
The people we meet, patients we treat
The classes we take, friendships we make
We'll prove to you, we'll worthy be
Of those nurses caps you see.

We wish to thank each one of you
Who have helped us along the way
And taught and coached us though we tired.
You cheered us from day to day
Our Moms and Dads
The students and grads
Our teachers too, each one of you
Who've helped us when the going's tough
We can not thank you enough.

Each of us is learning
And each tries to share the load
In doing what she knows is right
To keep up the nursing code.
Oh, we will not betray your trust
Remember that you can count on us
With God to help us on our way
We'll be grads of EGH some day.

Senior Farewell Song 1967
(to the tune of "Lemon Tree")

In the fall of '64
To EGH we came
With Grade 12 Diploma in our hands
And Nursing Diploma to gain.

We passed our probation deep in books
Our caps we did receive.
What trials lay ahead of us
We could not then perceive.
Chorus
EGH, very pretty
And the students are so sweet

The standards we developed
We will always try to meet.

(repeat)
EGH, very pretty
And the residence is neat
Some day if we're lucky
We will move across the street.

We trudged down many lanes and streets
To sell our chocolate bars
Our only way to make ends meet
We thank our lucky stars.

Our funds took us to St. Albert
Where we put on a show
For nuns and all the old folks there
Good tidings we did sow.

Chorus
EGH, very pretty
The instructors we do seek
When the hoppers overflow
And the catheters do leak

(repeat second part of chorus)
On Youville Ward we're in a flap
We learned to work that way
With a "Miss, Miss" here and a "Ding Ding" there
We ran both night and day.
OR, OR, here we are
We've come to pick the rooms
And if we're lucky we'll get to scrub
In Opalinski's Music Room.

Chorus
EGH, very pretty
And the Sisters are divine
With their inspiration
The atmosphere does shine.

(repeat)
Experience at Oliver
Enlightened and unique
When given keys and lectures deep
To the wards we went so meek.

Interact, group therapy
To draw the patients out
And in the end it was revealed
What psyche is all about.

Chorus
EGH, very pretty
And the chaplain is so kind
Father Villeneuve will try hard
To relieve our troubled mind.

(repeat)
Our schedule sent us to OB
A new world opened wide
We exchanged our caps for fetoscopes
And modesty for pride.

Primips, multips, unconfined
We've come to care for you
Mothers could you pant not push
I'm all alone with you—

Chorus
EGH, very pretty
And the interns are unique
When they grumble and they growl
We just wish they'd get some sleep.

(repeat)
In our Junior year we went
Up to Jacinta Hall
To care for angels in disguise
Oh! how we loved them all.
Croupettes with ice and volutroles
Did keep us on the run.
'Tween feeding time and changing time
We really did have fun.

Chorus
EGH, very pretty
Bar pins, rings and mugs we earn
All these things kept in mind
Encouraged us to learn.

(repeat)

The second winter was great fun
But, Oh! how we did freeze
The sleigh ride and the trophy won
Our fondest memories.

What causes such a frantic rush
The school dance is quite near
The perfect escort we must find
Our hearts are filled with fear.

Chorus

EGH, very pretty
And the Honour System's neat
Two a.m. every night
With a buzzer and a beep

(repeat)

For graduation chorusing
School spirit we did show
Glee Club practised p.r.n.
With Mr. Lorieau.

Yearbook time is here again
Ambassadors arise
Judy Gall to meet the press
And Shank to advertise.

Chorus

EGH, very pretty
But the students worked and weeped
In November '66
Came TWO days off a week.

(repeat)

In five years hence we meet again
Beneath the lemon tree
The girls who wore the solitaires
Are now with family three.

In thirty years we meet once more
No tree to meet beneath
And some girls say, "You're still alive!"

Much to their disbelief.

Chorus

EGH, very pretty
And the memories are sweet
We will leave with thanksgiving
Until again we meet.
(repeat)

Farewell, good-bye and au revoir
We'll miss you one and all
Thank you for the ban-qu-et
Good luck to you next fall.

Roll-Call

Someone forgot to set the clock,
somebody else slept in,
Everybody's going late to prayers,
Canst hear the grouchy din?

Somebody wants a uniform fixed,
Someone's minus a cap,
Everyone's waiting on second floor
While someone is taking a nap.

Somebody's lost a case report,
Somebody's shoelace snapped.
Someone's temper is growing short
Somebody may get decapped.

To whom it may concern
I give a sober warning
On any day that starts like this
Don't greet me with "Good morning."
—Author unknown. (Found among personal memorabilia.)



