



# **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.

---

## **Arctic Bodies, Frontier Souls: Missionaries and Medical Care in the Canadian North, 1896-1926**

by Walter J. Vanast

A dissertation submitted in partial fulfillment of  
the requirements for the degree of Doctor of Philosophy  
(History of Science) at the  
University of Wisconsin - Madison.

Source: ProQuest

Copyright: © 1996. Walter J. Vanast  
Used with permission of the author.



**UMI Number: 9610587**

**Copyright 1996 by  
Vanast, Walter J.**

**All rights reserved.**

---

**UMI Microform 9610587  
Copyright 1996, by UMI Company. All rights reserved.**

**This microform edition is protected against unauthorized  
copying under Title 17, United States Code.**

---

**UMI**  
**300 North Zeeb Road**  
**Ann Arbor, MI 48103**



## A dissertation entitled

"'Arctic Bodies; Frontier Souls': Missionaries and Medical Care in the Canadian North 1896-1926."

submitted to the Graduate School of the  
University of Wisconsin-Madison  
in partial fulfillment of the requirements for the  
degree of Doctor of Philosophy

by

Walter J. Vanast

Degree to be awarded: December 19\_\_\_\_ May 1996 August 19\_\_\_\_

Approved by Dissertation Readers:

Ronald L. Hunsaker

Major Professor

11-7-95

Date of Examination

W. J. Vanast

Arthur Naisso Nov

Virginia S. Hunsaker

Dean, Graduate School





ARCTIC BODIES, FRONTIER SOULS:  
MISSIONARIES AND MEDICAL CARE IN THE CANADIAN NORTH,  
1896-1926

by  
Walter J. Vanast

A dissertation submitted in partial fulfillment of  
the requirements for the degree of

DOCTOR OF PHILOSOPHY  
(History of Science)

at the

UNIVERSITY OF WISCONSIN - MADISON

1996

© Copyright by Walter J. Vanast 1996  
All rights reserved



## ACKNOWLEDGMENTS

In the course of this study, I was a doctoral fellow of the Hannah Institute for the History of Medicine (in 1989-91) and of the Social Sciences and Humanities Research Council of Canada (1991-93). Grants from the Oblate Fathers of Canada, the Medical Research Council of Canada, the Alberta Heritage Fund for Medical Research, the National Film Board of Canada, and the Faculty of Medicine at the University of Alberta helped cover research expenses. Loans from private individuals, including Truus Vanast, Mies de Bruyn, Pat Tyrrell, Cathy Vanast, Denise Roy, and Jacqueline Duffin, saw me through the last two years. When, despite such help, funds ran short, my gracious landlady, Mrs. Laverne Zink, allowed the rent to go unpaid for months on end.

Mary-Ellen and Joe Sensenbrenner, Madison neighbors, aided financially on several occasions when abandonment of the project seemed unavoidable. As well, they provided wisdom and common sense whenever I found the politically correct roilings of academe too painful. Gordon and Carol Kowing, who became my Wisconsin "family," opened their home for frequent visits, served innumerable meals, and offered constant encouragement. On one of my northern trips, Jane Ziehmke slaved day and night to gather archival materials. Sandra Dolan, in Fort Smith, introduced me to many elders and took time away from her own

duties to show me the region. Lillian Redding, in Madison, spent long hours editing and proofreading chapters. Pat Hill provided an outsider's perspective on central themes as the work neared completion. I thank them all.

Three people in particular offered valuable assistance in locating primary sources and explaining ecclesiastic terminology: Father Gilles Mousseau, at the Archives of the Roman Catholic Diocese of the Mackenzie, in Yellowknife; Sister Fernande Champagne, at the Grey Nun Archives in Edmonton, and Father Gaston Montmigny, at the Oblate Archives in St. Albert, Alberta. In sharing their workspace, sometimes for weeks on end, they went well beyond the standard call of duty. Staff at the Archives of the Church of England in Canada, in Toronto, were also most courteous.

None of this help would have borne fruit had it not been for my advisor, Professor Ronald L. Numbers, whose eye for a good story never got in the way of insisting that it make a point and relate to larger issues. His ability to nurture a friendship while exacting strict scholarly standards and crisp prose made for the most pleasant aspect of my return to school in middle age. As I have often told him, there is no better goad to hard work than the desire to emulate a much-respected teacher.

## CONTENTS

ACKNOWLEDGMENTS.....	i
CONTENTS.....	iii
ILLUSTRATIONS.....	iv
ABBREVIATIONS.....	v
POEM: DUNCAN PRYDE, "THE BREATH OF ARCTIC MEN".....	vii

## Chapter

1. INTRODUCTION.....	1
2. "TOBACCO CHRISTIANS": EARLY ANGLICAN-CATHOLIC COMPETITION IN THE NORTH, 1850-1900.....	57
3. "FOR HUMANITY'S SAKE ALONE": PHYSICIANS IN THE MACKENZIE DISTRICT, 1890-1930..	101
4. "THE EVIL OF CONJURING": ANGLICAN MISSIONARIES BATTLE TRADITIONAL HEALING, HERSCHEL ISLAND, 1897-1901...	158
5. "LE GRAND VOYAGE": DEATH, DISEASE, AND THE DIVINE AT THE FORT PROVIDENCE CATHOLIC BOARDING SCHOOL, 1900-1916...	206
6. "THE BABEL OF THE NORTH": MEDICAL CARE AND THE WORD OF GOD, FORT SIMPSON, 1914-1926.....	280
7. "OUR GIRLS HAVE LEFT US FOR THE BETTER LAND:" THE TUBERCULOSIS EPIDEMIC AT THE HAY RIVER ANGLICAN BOARDING SCHOOL, 1924-25.....	329
8. "HE WHO EATS POPE DIES OF IT": THE BUILDING OF COMPETING CATHOLIC AND ANGLICAN HOSPITALS AT AKLAVIK, 1925-1929.....	362
9. CONCLUSION.....	419



## ILLUSTRATIONS

Figure	Page
1. The Mackenzie District.....	2
2. The Mackenzie District tribes.....	3
3. Mission posts in the Mackenzie District.....	4
4. Early missionaries' route to the Mackenzie....	70
5. Hay River: Anglican island in a sea of Catholics.....	333

## ABBREVIATIONS

### Archival Sources

AAT	Archives of the Church of England in Canada (the Anglican Church), Toronto.
ARCY	Archives of the Roman Catholic Diocese of the Mackenzie, Yellowknife, N.W.T.
GNAE	Grey Nun Archives, Edmonton, Alta.
NAC	National Archives of Canada, Ottawa.
OASA	Oblate Archives, Grandin Province, St. Albert, Alberta.
PAA	Provincial Archives, Province of Alberta, Edmonton.

### Catholic and Anglican Mission Diaries

Codex	<i>Codex Historicus</i> : daily journal kept by senior Oblate priest at each MacKenzie District Catholic mission.
Chr.	<i>Chroniques</i> : daily record of the senior Grey Nun at Mackenzie District hospital or convent school.
J	Journal: daily record of an Anglican Mission.
SJ	Daily journal of the Simpson Anglican mission.
McPJ	Daily journal of the McPherson Anglican mission.

### Individual Missionaries' Diaries and Papers

IOS	Isaac O. Stringer diaries 21-23, AAT M74-3, series 1-B, box 5, Stringer Papers.
SAS	Sarah Ann (Sadie) Stringer diaries, AAT, M74-3, series 2-C, box 14, Stringer Papers.
LP	Lucas Papers, AAT.

### Geographic Sites

Akl.	Aklavik
HI	Herschel Island
McP	Fort McPherson
NWT	Northwest Territories
Prov.	Fort Providence
Simp.	Fort Simpson
Res.	Fort Resolution

To avoid unnecessary repetition, northern posts are often referred to without the "Fort" part of their name; thus, Resolution, rather than Fort Resolution.

### Organizations.

DIA	Department of Indian Affairs
HBC	Hudson's Bay Company
NWC	Northwest Company
NWMP	Northwest Mounted Police
NWTB	Northwest Territories and Yukon Branch of the Department of the Interior.
RCMP	Royal Canadian Mounted Police.
RNWMP	Royal Northwest Mounted Police



Tell me  
Man of the south  
Did you know the people of the inland lakes  
Who vainly sought for caribou in an east-wind summer  
And did they really die through lack of food  
Or was it witchcraft  
And did you know the boy who scorned a winter parka  
Until we found him lying on his back  
With one hand clenched  
And a mouth full of snow  
And did you know the child with the gasping breath  
Who coughed a path into memory  
And left a crying father  
And a woman nursing swollen breasts

Tell me  
Man of the south  
Can you offer more than this  
For this and more  
Is but the breath  
Of Arctic men

Duncan Pryde<sup>1</sup>

---

<sup>1</sup>Duncan Pryde, "The Breath of Arctic Men," North/Nord  
(July/August 1971): 36.

## CHAPTER 1

### INTRODUCTION

"Remember that the Holy Eucharist is not a reward but a preventative and a medicine and should be administered as such."

Gabriel Breynat, Catholic Bishop of the Mackenzie, urging missionaries to admit more children to communion, 1904.<sup>1</sup>

This study examines the interface of western medicine and Christian ministration in Canada's Far North between 1896 and 1926. In particular, it looks at missions in the Mackenzie District, an area several times the size of France that stretches twelve hundred miles from the Alberta border to the Arctic Ocean. Below the treeline, the region harbored approximately forty-five hundred Indians (Chipewyans, Slaves, Yellowknives, Dogribs, Hare, Mountain, and Loucheux) and a few hundred Métis, descendants of French-Canadian boatmen and native women. Beyond, on the edges of the Beaufort Sea, lived perhaps a thousand Eskimo. The population density of one

---

<sup>1</sup>Gabriel Breynat, circular letter to mission staff, 9 July 1904, OASA, file: Breynat. Until then, missionaries often excluded children from the sacrament.

person for every eighty square miles of land was among the lowest in the world.<sup>2</sup>

The wide, twelve-hundred-mile-long Mackenzie River coursed the district's full length, boreal forest stretching out from its borders to cover endless flatlands. To the west, the Rocky Mountains marked the boundary with the Yukon. In the other direction lay Great Slave Lake and Great Bear Lake,

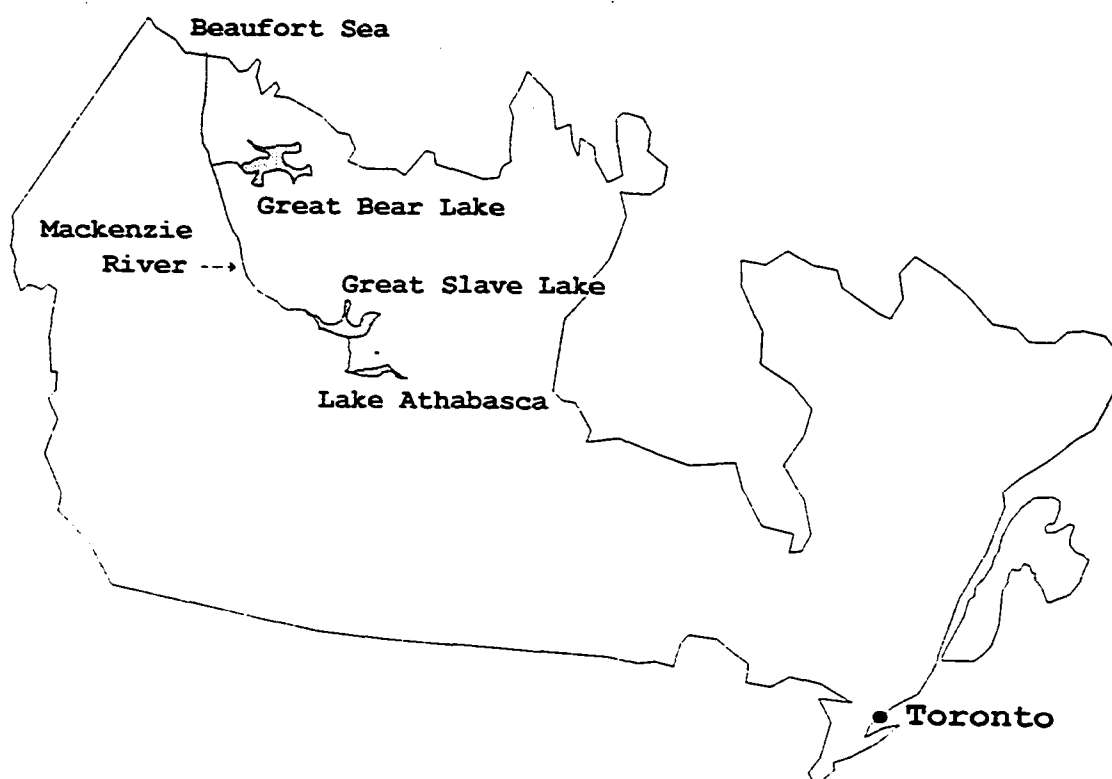


Fig. 1. The Mackenzie District extends from just above Lake Athabasca to the Beaufort Sea.

---

<sup>2</sup>Throughout this study, I employ the term Eskimo for the sake of consistency, because it was the term in use at the time of the historic events at issue. Canada's arctic people now prefer the term Inuit (we, the people) and find the word Eskimo to have pejorative connotations; according to some interpretations, it means "eater of raw flesh."



among the largest fresh-water bodies in the world. Beyond, to the north and east, the terrain changed to treeless, rock-strewn tundra, the so-called Barren Lands. Here, huge caribou herds spent the summer before migrating back into a more protected, wooded setting with the onset of cold weather.

Fur traders entered the Mackenzie District in the late eighteenth century; Catholic priests and Anglican ministers followed in the 1850s. Although the Eskimos resisted

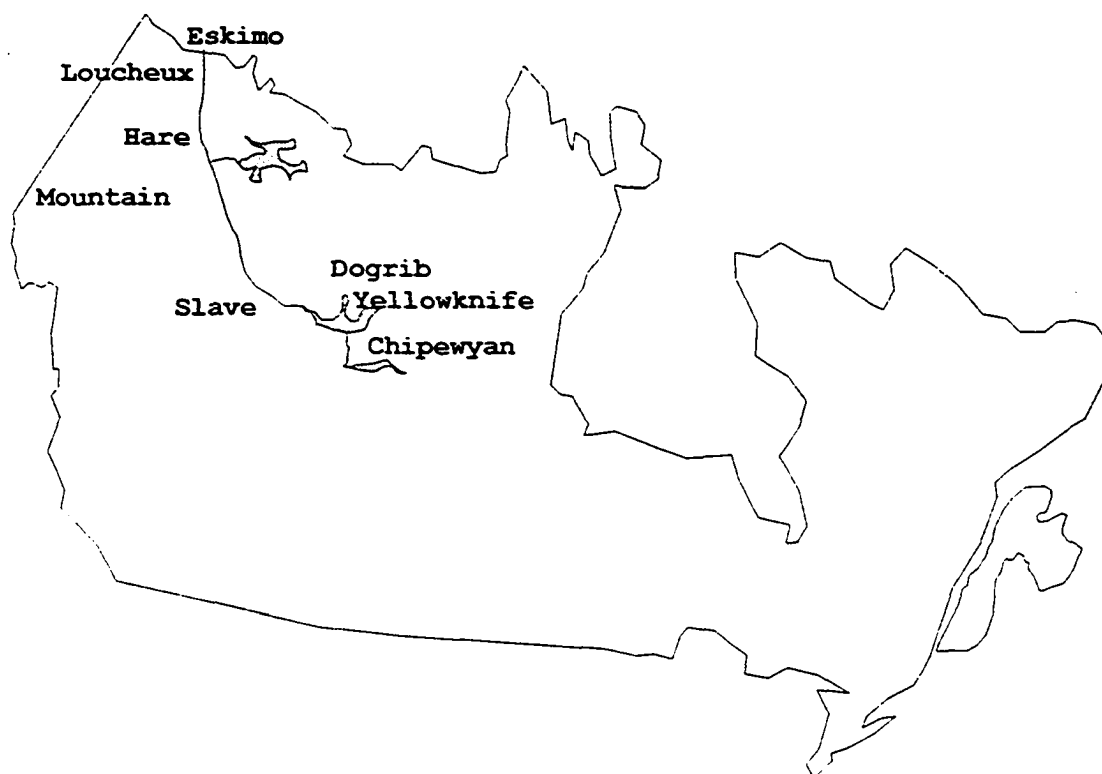


Fig. 2. The Mackenzie District tribes.

conversion for half a century, Indians quickly allied themselves with the Christian churches. Within a decade, ninety percent joined the Roman faith. Only the Loucheux, the

northernmost tribe, and two small groups of Slaves became Protestants. Chapter Two shows how these Anglican islands fostered an atmosphere of intense inter-denominational hostility, each side hoping to win converts from the other. Health services played a prominent role in the conflicts that followed.



Fig. 3. Mission posts in the Mackenzie District.

Chapter Three outlines the very limited role of government-sponsored and private physicians in the North until the late 1920s. The rest of the study focuses on care supplied by clerics and mission women. Five of the Mackenzie District's fifteen mission sites (Herschel Island, Fort Providence, Fort Simpson, Hay River, and Aklavik) serve to

illustrate major themes; what transpired at these posts holds relevance not only to the history of the North, but of native-white relations in other times and places.

Chapter Four, set at Herschel Island, in the Beaufort Sea, describes the use of western health care both for compassionate reasons and for the purpose of gaining "heathen" souls to the Christian cause. Here, from 1896 to 1901, Isaac and Sadie Stringer, a young Anglican clerical couple, combined therapeutic skill and personal charm to befriend the Eskimos. Their diaries highlight how patients sought European remedies while maintaining belief in their own spirit-laden cosmology, and how native visitors to the mission benefited from its many services while constantly testing how far they could push the white newcomers.

Although the Stringers made little progress at gaining converts, their presence blocked Oblate attempts to open a mission in the region. Catholic resentment (and persistent Anglican fears of Roman incursion) fueled inter-church hostilities throughout the Mackenzie District for the next three decades. Thus, what transpired on the Arctic Coast in the late nineteenth century set the tone for many other stories in this volume.

To explore children's experience of the mission world, Chapter Five documents the role of illness in the lives of

Catholic boys and girls at the Fort Providence convent. The constant presence of tuberculous youngsters shaped students' incorporation of Catholic beliefs; conversely, bedside rituals moulded experience of illness. The sisters' physical care of ailing pupils receives close attention, as do the warm bonds they formed with their charges.

Chapter Six examines the use of medicine in Protestant-Catholic battles at Fort Simpson, where each side tried to draw long-Christianized Indians away from the other. The competitive atmosphere worsened after 1916, when the Grey Nuns opened a hospital, giving one side an apparent (but ultimately hollow) advantage. Contentious interactions between patients and worried Anglican clerics reveal how Indians turned an often hateful situation to their own advantage.

How, in 1924, events in the remote South caused an epidemic of galloping consumption at the Hay River Anglican boarding school is the subject of Chapter Seven. Numerous causes, all preventable, led to the disaster. Declining support for missions directly affected student health. Protestant clergy, the story reveals, responded differently to illness in white and indigenous communities. At the very time that pupils lay dying, the bishop's own son developed symptoms of consumption. How different levels of prayer, medical aid, and close family support applied in the two situations makes for one of the most heart-wrenching accounts in this study.

Ecclesiastic politics and propaganda played an especially important role in the founding of competing Anglican and Catholic hospitals for Eskimos at Aklavik, a small settlement in the Mackenzie Delta, in 1925. Chapter Eight emphasizes how prelates pleaded for support to church executives, solicited donations from southern congregations, lobbied government officials, and deployed their own very limited resources. The reality of penniless and understaffed Christian missions, the story brings home, differed greatly from the "triumphal" one so often pictured in contemporary religious publications.

For most of this study and well beyond, Bishop Gabriel Breynat, born and trained in France, was at the helm of the Catholic mission effort. His forceful personality, diplomatic skills, and genius at lobbying are a constant throughout. Aside from Aklavik, where mission zeal and personal ambition temporarily got the best of him, he accomplished a great deal. He played a crucial role in the development of northern health care. Between 1914 and 1945, he built five of the nine hospitals in the entire Northwest Territories. Those at Fort

Simpson and Fort Smith, both constructed during World War I, were the first medical institutions in the Far North.<sup>3</sup>

Breynat's vicariate held a special place in the hearts of church officials in Europe, including the Pope. A mixture of romantic interest and religious novelty (taking Christ to the Pole, as it was pictured in mission literature) captured the imagination of religious and lay groups alike. In Canada, the prelate's importance far exceeded what the small number of souls in his domain might suggest. The bishop became the nation's foremost Catholic spokesman with respect to the medical and social needs of Indians, and his order's most effective lobbyist in Ottawa. Other church leaders looked up to him. "You have much greater experience than I," wrote the Oblates' national coordinator of Indian missions in 1939, "no one else has greater influence with the Department of Indian Affairs. . . . What you obtain for your missions will serve as precedent for the support I will be able to obtain for other religious provinces and vicariates." Thus, what happened along the Mackenzie River reveals much about Catholic

---

<sup>3</sup>Breynat's later hospitals include Fort McMurray, in northern Alberta (1938), Fort Rae (1939), and Fort Resolution (1939). Another Catholic vicariate operated a hospital at Chesterfield, on Hudson's Bay. At some point, Anglicans owned hospitals at Fort Norman, Aklavik, and Pangnirtung (on Baffin Island).

and government attitudes to native health care for the entire country.<sup>4</sup>

### **Independence and Community in the Mackenzie**

How Mackenzie Indians dealt with missionaries related closely to their nomadic, so-called "contact-traditional" lifestyle. Only briefly, for a fortnight or less, and rarely more than two or three times a year, did families visit white settlements to trade and socialize. Out on the land, most traveled in groups of two or three families. Regional bands, which rarely counted more than several hundred people, remained fluid in composition, with hunters leaving as wildlife diminished or joining on hearing of abundance. No one owned land and all had the right to hunt where they chose. Such rules rewarded independence, yet fostered a strong sense of belonging.<sup>5</sup>

Everyone possessed relatives in many camps, some at great distance. Since sharing formed a central tenet of life, such widespread ties provided maximum protection from need. Yet there was no sense of distinct nation or tribe, nor were

---

<sup>4</sup>J. O. Plourde, O.M.I. to Breynat, 28 April 1939, ARCY, file: 1951 Review of Hospital History and Current Status.

<sup>5</sup>Edward S. Rogers and James G. E. Smith, "Environment and Culture in the Shield and Mackenzie Borderlands," in Subarctic, ed. June Helm, Handbook of North American Indians vol. 6 (Washington: Smithsonian Institution, 1981), 130-145.

there formal mechanisms of rule. No chief laid down the law. Local leadership fell to the best hunters, especially if they showed generosity and good judgment, qualities that often came into play in the North's harsh environment.<sup>6</sup>

In late winter and early spring, families often experienced a period of hunger. Cyclic diminutions of wildlife brought an extra dose of hardship. When rabbits, hares, and other small animals disappeared, so did larger predators. Some years, for undetermined reasons, moose could scarcely be found or caribou herds failed to make an appearance. If those changes overlapped or if trail conditions precluded travel to better hunting grounds, humans got neither calories nor essential nutrients. Tissues shrank and physical powers declined, making it difficult to engage in long-range hunting for large game. As increasing want lowered the body's ability to resist infection, opportunistic pathogens such as the tubercle bacillus did their harm. And that, in turn, brought western religious and medical intervention into play.<sup>78</sup>

---

<sup>6</sup>Michael J. Asch, "Slavey," in Subarctic, ed. Helm, 338-349.

<sup>7</sup>For early accounts of especially severe famines see W. F. Wentzel to Roderic Mackenzie, from Mackenzie River, 30 Apr. 1811; George Keith to Roderic McKenzie, 5 Jan. 1812, 19 Nov 1812, from Great Bear Lake, all in Les Bourgeois de la Compagnie du Nord-Ouest: Récits de Voyages, Lettres et Rapports Inédits, Relatifs au Nord-Ouest Canadien, ed. L. R. Masson, vol. 2, (First published 1889-1890; Repr. New York: Antiquarian Press, 1960), 107, 96, 118-119.



For ailing Indians, the range of accessible remedies expanded and shrank with the seasons. During warm weather, one might readily reach a Catholic priest or Anglican minister able to dispense medications and a meal; during the cold, reliance on prayer and indigenous therapies constituted the only resort. In summer, when river steamers traversed great distances in a day or two, mission hospitals saw patients from posts up to six hundred miles away. In winter, only those living within a four- or five-day dog-sled voyage dared test the elements.

### **The Post-Contact Medical Historiography of Native Peoples**

In placing the medical aspects of northern mission work in historiographic context, this study points to several areas of scholarly neglect and possible misperception. Although an infectious "holocaust" is said to have followed Europeans' first arrival on this continent, the subsequent role of disease in Indian and Eskimo history has attracted little

---

<sup>8</sup>For details of terrain and barren-ground caribou herds see J. G. E. Smith, "The Biological Basis of Chipewyan Socio-Territorial Organization" in Proceedings: Northern Athapaskan Conference, ed. A. Clarke McFadyen, Canadian Ethnology Service Paper No. 27, National Museum of Man Mercury Series (Ottawa: National Museums of Canada, 1975), 389-461.

attention. An extensive literature on native-white contact rarely mentions western medical care.<sup>9</sup>

Most accounts of Indian missions, if they say anything at all about provision of healing, briefly mention that it brought new converts. In the United States, mission historians' lack of interest in medical interactions follows from the fact that the Bureau of Indian Affairs built and staffed most reservation hospitals. But even in Canada, where churches played a key role in providing medical care (they built, owned, and staffed hospitals, while Ottawa provided subsidies and the services of physicians), the subject is largely ignored. John Webster Grant, whose justly acclaimed Moons of Wintertime provided a wide-ranging overview of the

---

<sup>9</sup>p. M. Ashburn, The Ranks of Death: A Medical History of the Conquest of America, ed. Frank Ashburn (New York: Coward McCannn, 1947). Russell Thornton, American Indian Holocaust and Survival: A Population History Since 1492, The Civilization of the American Indian Series, vol. 186 (Norman: University of Oklahoma Press, 1987).

nation's Indian missions, said not a word about health services.<sup>10</sup>

---

<sup>10</sup>John Webster Grant, Moon of Wintertime: Missionaries and the Indians of Canada in Encounter since 1534 (Toronto: University of Toronto Press, 1984). For a hagiographic study of mission-linked healing see R. Geddes Large, Drums and Scalpel: From Native Healers to Physicians on the North Pacific Coast (Vancouver: Mitchell Press, 1968). Much of the book concerns the author's father, Dr. R. W. Large and the Anglican Church hospital at Bella Bella. Studies of American Indian missions that give the medical aspect of culture contact virtually no attention include R. Pearce Beaver, "Protestant Churches and the Indians," 430-458; John A. Price, "Mormon Missions to the Indians," 459-463; Lucien Campeau, "Roman Catholic Missions in New France," 464-471; Sherburne F. Cook and Cesare R. Marino, "Roman Catholic Missions in California and the Southwest," 472-480; Clifford M. Lewis, "Roman Catholic Missions in the Southeast and the Northeast," 481-493; Robert I. Burns, "Roman Catholic Missions in the Northwest," 494-500; Louis-Jacques Dorais and Bernard Saladin d'Anglure, "Roman Catholic Missions in the Arctic," 501-505; Sergei Kan, "The Russian Orthodox Church in Alaska," 506-521; all in History of Indian-White Relations, ed. Wilcomb E. Washburn, Handbook of North American Indians vol. 4 (Washington: Smithsonian Institution, 1988). R. Pierce Beaver, "The Churches and the Indians: Consequences of 350 Years of Missions," 275-331 in American Missions in Bicentennial Perspective, ed. R. Pierce Beaver, (South Pasadena: William Carey Library, 1977). Robert M. Rapoport, Changing Navaho Religious Values. A Study of Christian Missions to the Rimrock Navahos, vol. 41, no. 2 of Papers of the Peabody Museum (Cambridge, Peabody Museum, 1954); R. Pierce Beaver, Church, State and the American Indians, Two and a Half Centuries of Partnership in Mission Between Protestant Churches and Government (Saint Louis: Concordia Publishing House, 1966); Henry Warner Bowden, American Indians and Christian Missions, Studies in Cultural Conflict (Chicago: University of Chicago Press, 1981); Michael C. Coleman, Presbyterian Missionary Attitudes toward American Indians, 1837-1893 (Jackson: University Press of Mississippi, 1985); William G. McLaughlin, Cherokees and Missionaries 1789-1839 (New Haven: Yale University Press, 1984). American studies that give medical care fleeting attention include Robert F. Berkhofer, Salvation and the Savage, An Analysis of Protestant Missions and American Indian Response, 1787-1862 (University of Kentucky Press, 1965), 115; Ann Fienup-Riordan, The Real People and the Children of Thunder, The Yup'ik Eskimo Encounter with Moravian Missionaries John and Edith Kilbuck

The historiographic vacuum includes government initiatives. The history of medical undertakings by the U.S. Bureau of Indian Affairs was the subject of a 1994 dissertation; its Canadian equivalent remains to be written. Similarly, no overview of post-contact health care among the original peoples of the United States or Canada existed prior to T. Kue Young's marvelous 1994 work, The Health of Native Americans: Towards a Biocultural Epidemiology. Local and regional studies have remained scarce.<sup>11</sup>

The dearth of materials applies to the North as much as any other area. Erwin Ackerknecht, a well-known medical historian, briefly turned his attention to the Eskimo fifty years ago. In subsequent decades, anthropologists reconstructed the course of epidemics among the Northern Athapaskans. In 1989, Robert Fortune wrote about the history

---

(Norman: University of Oklahoma Press, 1991), 106. The only biography of a medical missionary among American Indians concerns Susan La Flesche: see Jerry E. Clark and Martha Ellen Webb, "Susette and Susan La Flesche: Reformer and Missionary," 137-159 in Being and Becoming Indian, Biographical Studies of North American Frontiers, ed. James A. Clifton (Chicago: Dorsey Press, 1989).

<sup>11</sup>T. Kue Young, The Health of Native Americans: Towards a Biocultural Epidemiology (Oxford: Oxford University Press, 1994). Todd Benson, "Race, Health and Power: The Federal Government and American Indian Health 1909-1955" (Ph.D. diss., Stanford University, 1994). For an outstanding (and exhaustive) external study of Western medical care as an agent of culture change in southern Canada see Sally M. Weaver, Medicine and Politics among the Grand River Iroquois: A Study of the Non-Conservatives, National Museum of Man Publications in Ethnology No. 4, (Ottawa: National Museums of Canada, 1972).

of health and disease in Alaska, including a chapter on missions. Until very recently, my own publications and a few hagiographic works constituted almost the entire northern medical history opus for Canada. Martha McCarthy's just-published study of Oblate activities among the Dene includes many details about illness. Missions to Eskimos on the Atlantic coast (then part of the Commonwealth of Newfoundland and Labrador), have attracted separate attention.<sup>12</sup>

---

<sup>12</sup>Erwin H. Ackerknecht, "Medicine and Disease Among the Eskimos," chap. in "The Eskimo," Ciba Symposia, 10 (1948): 916-921. Terry Alliband, "Epidemics and Population Patterns During the Contact-Traditional Stage," 329-337 in June Helm et al., "The Contact History of the Subarctic Athapaskans: an Overview," in Proceedings: Northern Athapaskan Conference, vol. 1, 303-349 -- an important article, with chart showing all major documented epidemics since first contact; also map showing inception of contact-traditional stage by temporal intervals and regional zones. Robert Fortune, Chills and Fever: Health and Disease in the Early History of Alaska (Univ. of Alaska Press, 1989), see especially chaps. 7, "The Health Care System of the Russian-American Company"; 8, "Health Care and the United States Government"; 9, "Whalers, Traders, Fishermen, and Prospectors"; 10, "Medicine and Missions"; 15, "Tuberculosis: The Scourge of Alaska". Dudley Copland, Livingstone of the Arctic (Privately printed, 1967; n.p.: Canadian Century Publishers, 1978). C. Graham Cumming, "Health of the Original Canadians, 1867-1967," Medical Services Journal of Canada, 23 (1967):115-66. C. Graham-Cumming, "Northern Health Services," Canadian Medical Association Journal 100 (1969):526-31. B. H. Brett, "A Synopsis of Northern Medical History," Canadian Medical Association Journal 100 (1969): 521-26. J. D. Martin, "Health Care in Northern Canada: An Historical Perspective," 80-87 in Proceedings of the Fifth International Symposium on Circumpolar Health, ed. J. P. Hansen and B. Harvald, Nordic Council for Arctic Medicine Report Series 33 (Copenhagen: 1981). J. D. Martin, "History of Medicine in the North West Territories," Annals of the Royal College of Physicians and Surgeons 22 (1989): 315-320. Walter J. Vanast, "The Death of Jennie Kanajuq: Tuberculosis, Religious Competition, and Cultural Conflict in Coppermine, 1929-31," Etudes/Inuit/Studies 15, 1 (1991): 75-104; Vanast, "'Ignorant

In 1988, T. Kue Young published Health Care and Cultural Change: The Indian Experience in the Central Subarctic.

Although much of that volume concerns events after 1945, it includes informative sketches of the North's early history, tracing the successive arrival of fur traders, missionaries, and government agents. James B. Waldram, editor of Canada's Native Studies Review, found Young's work "a solid, abbreviated medical ethnohistory." It showed that archives remain "a largely untapped source of excellent historical data on Indian health." Waldram called for "more comprehensive explorations" to recover a full account of native health. Medical ethnohistory was "wholly underrepresented in academic

---

of Any Rational Method:' European assessments of Indigenous Healing Practices in the North American Arctic," Canadian Bulletin of the History of Medicine 9 (1992): 57-69; Vanast, "Compassion, Cost and Competition. Factors in the evolution of Oblate health care provision in the Canadian North," Western Oblate Studies/ Etudes Oblates de l'Ouest 2 (1992): 179-195, ed. Raymond Huel, Centre for the Study of North American Religion Series 1, (Lewiston: Edwin Mellon Press, 1992); Vanast, "'Hastening the Day of Extinction': Canada, Québec and the Medical Care of Ungava's Inuit, 1867-1947," Etudes Inuit/Inuit Studies 15 (1991): 55-84. Martha McCarthy, From the Great River to the Ends of the Earth: Oblate Missions to the Dene, 1847-1921 (Edmonton: University of Alberta Press and Western Canadian Publishers, 1995), especially Appendix B, "Sickness and Medicine," 195-209. Ronald Rompkey, Grenfell of Labrador, A Biography (Toronto: University of Toronto Press, 1991). David Scheffel, "Modernization, Mortality, and Christianity in Northern Labrador," Current Anthropology, 24 (1983): 523-524.

research" and he hoped work in this important area would be forthcoming.<sup>13</sup>

The present study answers that call through extensive interplay of multiple archival sources, demonstrating in the process how patients' voices can be partially reconstructed. In the retelling of native experience of illness, the stories show if and how Christian beliefs guided conduct. At the same time, they treat the tubercle bacillus as a powerful determinant of events. Remarkably, very few works on native history pay that microscopic actor any attention.

### The Social Context of Tuberculosis

Tuberculosis cut a wide swath through Indian and Eskimo populations in the first half of this century. As my work on Canada's Copper Eskimos demonstrated, it may have been the single most important factor in determining the fate of some native communities. But historical studies of the illness among North America's original peoples have been surprisingly scant. Stephen J. Kunitz's recent publication about the impact of Europeans on native health barely gives it a mention. Fortune, in his book about Alaska, accords it a

---

<sup>13</sup>T. Kue Young, Health Care and Culture Change: The Indian Experience in the Central Subarctic (Toronto: University of Toronto, 1989). James B. Waldram, Book Review of Young, Health Care and Culture Change, in Native Studies Review 5 (1989):279-283. Waldram, "Documents," Native Studies Review 5 (1989):33-35.

chapter. Only Pat Sandiford Grygier, who looked at the southern sanatorium treatment of Eskimos from the Eastern Arctic after World War II, makes tuberculosis the focus of her monograph.<sup>14</sup>

In European societies, poverty marked the settings in which tuberculosis flourished. That relationship led historians to speculate about the relative value of medical and social intervention in the era before the discovery of effective antibiotics. Isolation in sanatoria and surgery, some suggested, had little impact on the overall prevalence and morbidity of the disease. Others wondered which aspect of

---

<sup>14</sup>Vanast, "Death of Jennie Kanajuq," and the documentary film based on that study, Coppermine, Consequences of Contact, directed by Jerry Ray Harper, produced by J. Krepekevich, 60 minutes, National Film Board of Canada, 1992. Stephen J. Kunitz, Disease and Social Diversity: The European Impact on the Health of Non-Europeans (New York: Oxford University Press, 1994). Fortune, "Tuberculosis: The Scourge of Alaska," chap. 15 in Chills and Fever, 255-264. Pat Sandiford Grygier, A Long Way From Home: The Tuberculosis Epidemic Among the Inuit (Montreal: McGill-Queen's University Press, 1994). For American attempts to control tuberculosis among the Indian population, see Diane Therese Putney, "Fighting the Scourge: American Indian Morbidity and Federal Policy, 1897-1928" (Ph.D. diss., Marquette University, 1980).



human want--inadequate nutrition or small living quarters--played the greater role in empowering the tubercle bacillus.<sup>15</sup>

Many of these studies were of necessity highly statistical and addressed large populations; their panoramic scan disembodied the disease as it removed patients from view. Tuberculosis became, in a sense, a disorder of nations, districts, and disadvantaged urban wards. The account given here complements that approach in two ways. Following the recent example of Barbara Bates and Sheila M. Rothman, it tells what happened to individual patients. At the same time,

---

<sup>15</sup>See especially Linda Bryder, Below the Magic Mountain. A Social History of Tuberculosis in Twentieth Century Britain (Oxford: Clarendon Press, 1988); F. B. Smith, The Retreat of Tuberculosis, 1850-1950 (London: Croom Helm, 1988); James J. Collins, "The Contribution of Medical Measures to the Decline of Mortality from Respiratory Tuberculosis: An Age-Period-Cohort Model," Demography 19 (1982): 409-27; Simon Szreter, "The Importance of Social Intervention in Britain's Mortality Decline, 1850-1914: a Reinterpretation of the Role of Public Health," Social History of Medicine 1 (1988): 1-37. Linda Bryder, "The First World War: Healthy of Hungry?" History Workshop Journal 24 (1987): 141-157. Neil McFarlane, "Hospitals, Housing and Tuberculosis in Glasgow, 1911-51," Social History of Medicine 2 (1989): 59-85. Much of this work plays off against Thomas McKeown's contention that decline in mortality had little to do with medical or social intervention, but resulted from a general improvement in living standards. See T. McKeown, R. G. Record, and R. D. Turner, "An Interpretation of the Decline of Mortality in England and Wales during the Twentieth Century," Population Studies 29(1975): 391-422; McKeown and Record, "Reasons for the Decline of Mortality in England and Wales during the Nineteenth Century," Population Studies 16 (1962): 94-122 (the comments about tuberculosis are on p. 96).

it brings the etiology debate home to this continent's most remote settlements.<sup>16</sup>

### The Dual History of Indian Boarding Schools

That the sparsely settled North provides insights into what is often considered a "crowd" disease is but one of many ironies in its history. The absence of children from accounts of culture change is another. Youngsters rarely appear in contact studies, even though they formed the most significant group absorbing European ways; what they learned would shape behavior when they themselves had families. Very few works, such as Growing Up Native American, a collection of short stories and book excerpts by Indian writers, highlight children's experience of a dual world. The exception, of course, is a sizable body of works, often confrontational and emotion-laden, on residential schools in Canada and the United States.<sup>17</sup>

---

<sup>16</sup>Barbara Bates, Bargaining for Life: A Social History of Tuberculosis 1876-1938 (Philadelphia: Univ. of Pennsylvania Press, 1922); Sheila M. Rothman, Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History (New York: Basic Books, 1994). See also Nan Marie McMurray, "'And I? I Am In A Consumption:' The Tuberculosis Patient 1780-1930" (Ph.D. diss., Duke University, 1985).

<sup>17</sup>Patricia Riley ed., Growing Up Native American: Stories of Oppression and Survival, of Heritage Denied and Reclaimed (New York: Avon Books, 1993).

Many boarding-school studies treat the period from 1890 through the recent past in a single sweep. A few credit adult success with training at these institutions. Others blame problems in later life, such as alienation from the native community, lack of self-esteem, depression, and alcoholism, on the awfulness of the school environment. In 1973, for example, a Canadian woman told how she had been "brainwashed into believing that Indian was synonymous with sub-human, savage, idiot, and worthless." A 1993 look at American female graduates reported similar soul-destroying experiences. By telling their stories they had overcome shame and were now the "wounded healers" for the rest of the Indian community, the "wounded hearers."<sup>18</sup>

---

<sup>18</sup>Brenda Joyce Child, "A Bitter Lesson: Native Americans and Boarding School Experience" (Ph.D. diss., University of Iowa: 1993), 289-290. Jane Willis, Geneish: An Indian Girlhood (Toronto: New Press, 1973), 199. For another account by a Canadian woman who attributes her severe adult problems to boarding-school education, see Edna Manitowabi, "An Ojibway Girl in the City," This Magazine is About Schools, 4, 4 (1970): 8-24. The Willis citation and the Manitowabi source are from Kimberley Tisan Lomawaima, "'They Called it Prairie Light': Oral Histories from Chilocco Indian Agricultural Boarding School, 1920-1940" (Ph.D. diss., Stanford University, 1987), 22. Debbie Ann Lacroix, "Indian Boarding School Daughters Coming Home: Survival Stories as Oral Histories of Native American Women" (Ph.D. diss., University of Oregon, 1993), 400-402. For Indians' positive views of boarding-school training see Sally J. McBeth, "Ethnic Identity and the Boarding School Experience of West-Central Oklahoma American Indians," (Ph.D. diss., Washington State University, 1982), 5. For a scholar's positive view of American federal boarding school policy see Patrick Michael McKeehan, "The History of Chemawa Indian School" (Ph.D. diss., University of Washington, 1981), 4.

A second line of criticism takes an opposite tack: kindness on the part of educators seduced students into abandoning traditional ways. Philanthropy in the form of schooling equated "the soldier's bayonet," since both sought "ultimate extinction." The more fostering the environment, the more harm it inflicted. One American study, noting that graduates of a famed boarding school often became leaders in Pan-Indian organizations, attributed that honor to their having absorbed "a heavy dose of white culture." Similarly, if students and parents expressed support for a school, it was due to the fact that teachers had made a "most effective onslaught" on Indian culture. What made that possible was "the devotion of the staff and the genuine concern it had for those in its charge."<sup>19</sup>

If such reasoning is valid, religious sisters may have been among white society's most destructive weapons. A 1981 boarding-school history by an American nun suggested that, in comparison to secular teachers, sisters "were more likely to give greater amounts of love and concern for their Indian charges." Statements from 1909-1956 graduates "confirmed" this had indeed happened. Many expressed affection towards

---

<sup>19</sup>Richard Clyde Ellis, "To Change Them Forever: Schooling on the Kiowa-Comanche Reservation, 1869-1920" (Ph.D. diss., Oklahoma State University, 1993), iv, 1. David Wallace Adams, "The Federal Indian Boarding School: A Study of Environment and Response, 1879-1918" (Ph.D. diss., Indiana University, 1975), 251-252.

former teachers, whose dedication they fondly remembered. My own interviews with several dozen students who had lived at Mackenzie District Catholic boarding schools between 1914 and 1950 obtained similar responses.<sup>20</sup>

The present study tests scholars' divergent views of boarding schools against events at two northern institutions, centering its enquiry on medical events. That approach, however, brings into play even more scholarly controversy. The role of disease at Indian boarding schools has received scant attention, little of it balanced. Authors often assume that high mortality among students was due to "unwholesome" enclosed conditions, in sharp contrast to the healthy open-air life of Indians in their homeland. That children died unnecessarily because Europeans packed them into schools has become a truism, backed by quotes passed on from one scholar to the next.

In a recent history of American Indian health services, for example, Todd Benson speaks of school superintendents

---

<sup>20</sup>Sister Carol Jean Berg, "Climbing Learner's Hill: Benedictines at White Earth, 1878-1945" (Ph.D. diss., University of Minnesota, 1981), iv-v, 184, 188. For another nun's study of her own order's approach to Indians, see Sister Francis Mary Riggs, "Attitudes of Missionary Sisters Toward American Indian Acculturation," (Ph.D. diss., Catholic University of America, 1967), 20. Riggs found "holistic" attitudes toward Indians wanting in her order, the Sisters of the Blessed Sacrament, between World War I and the 1960s. Interviews with Métis and Indian elders by W. Vanast, Fort Smith and Fort Resolution, August 1991, tape-recordings in the author's possession.

"admitting anyone they could find, allowing even students whose health was poor to attend. The result was disastrous, as those with tuberculosis or other communicable diseases quickly infected their classmates." The stories presented here show that type of claim to be valid only under certain circumstances; under others, schools may have saved lives.<sup>21</sup>

### **Culture-Contact and the History of Children's Bodies**

Because the Mackenzie's boarding-school stories relate to consumption and other tissue-destroying forms of tuberculosis, the body occasionally moves to center stage. The emphasis is deliberate; without knowing the ways in which illness physically changed patients, what complications they suffered, and how they died, it would be difficult to comprehend sickroom interactions. This focus relates to a wide resurgence of interest in the "flesh and bones" aspects of existence.

As Catherine Bell has pointed out, scholars are returning to the views of early anthropologists who considered the body "an image of society and a microcosm of the universe." The new emphasis came from feminists who studied

---

<sup>21</sup>Putney, "Fighting Tuberculosis in the Schools," chap. 4 in "Fighting the Scourge," Todd Benson, "Race, Health and Power: The Federal Government and American Indian Health, 1909-1955" (Ph.D. diss., Stanford University, 1993), 5; he cites Putney, "Fighting the Scourge," 1-22 as basis for statement.

"women's lived experience," from linguists who showed how bodily structures define thought, and from sociologist Michel Foucault, who spoke of the body's seventeenth-century emergence as an arena for "rituals of power." Torture, incarceration, forced confession, and hospital care reflected a "technology" of the body meant to dominate or alter. "Bio-power" became political reality.<sup>22</sup>

Control over bodies played a major role in colonial situations. Cultural hegemony, wrote the Comaroffs, "has its natural habitat in the human frame." Because people express self-awareness through appearance, whites ensured that European goods converged on the native anatomy. By altering clothing, grooming, and physical comportment, missions created a "new moral empire." With that perspective in mind, the boarding-school stories told here provide close detail of pupils' dress, and of ribbons, medals, and cloths pinned to the body in life and death.<sup>23</sup>

---

<sup>22</sup>Catherine Bell, "The Ritual Body," chap. 5 in Ritual Theory, Ritual Practice (New York: Oxford University Press, 1992), 94-97.

<sup>23</sup>John and Jean Comaroff, Ethnography and the Historical Imagination (Boulder: Westview Press, 1992), 39-43. Three of the Comaroffs' chapters relate to colonial invasion of the body or to bodily measures adopted by indigenous cultures to create a new but independent identity: "Bodily Reform as Historical Practice," 69-91; "Medicine, Colonialism, and the Black Body," 215-233, and "The Colonization of Consciousness," 235-263.

Which brings us to another point: what young patients experienced at Fort Providence relates not only to northern history, but to the larger religious and medical history of southern European society. The symbols and rituals used at the children's bedside were identical to those employed in white sickrooms on both sides of the Atlantic. In homes and institutions, spiritual and medical care meshed to make suffering understandable and the leaving of this world less painful. A majority of hospitals was owned and operated by churches. Few historians have looked at this medicine-religion continuum.<sup>24</sup>

Similarly, the Fort Providence stories open a window on another much-ignored aspect of medical history: apart from a few accounts of children's hospitals, childhood diseases, and infant nutrition, scholars have given the early decades of life a wide birth. No "patient-oriented histories," have emerged, nor has a childhood equivalent of Sherwin B. Nuland's Pulitzer-prize-winning How We Die seen publication. Little has been written about the way youngsters experience illness, participate in treatment, or face their own demise. Indeed, youthful encounters with fatal illness have found their best

---

<sup>24</sup>For the history of religious hospitals in the United States, see Charles E. Rosenberg, The Care of Strangers: The Rise of America's Hospital System (New York: Basic Books, 1987), 109-13, 178, 219, 240-241, 265, 272, 279, 306, and Rosemary Stevens, In Sickness and in Wealth: American Hospitals in the Twentieth Century (New York: Basic Books, 1989), 21, 23, 29, 40-46, 94-95, 123, 147, 152, 235, 303-44.



expression in film. Yet, until quite recently, children's deaths were among the most common of "life events" in many western societies.<sup>25</sup>

Wherever tuberculosis wreaked its havoc in the world, most of its victims were among the young, from babies through preschoolers to teenagers, but only rarely do they receive mention in social histories of the disease. Studies that look at context usually discuss adult perspectives, based on personal diaries and letters; children seldom left such personal documents. The Mackenzie's remarkably rich archival records allow at least a partial way around that problem.

### **Narrative History and the Native Past**

The use of narrative suits this account of medical interactions between missionaries and native peoples particularly well. William Cronon describes it as the "best and most compelling tool for searching out meaning in a conflicted and contradictory world." He demands, however, that historians adhere to three rules: their stories must not be fictions, they must not contravene known facts about the

---

<sup>25</sup>For an outstanding example of a patient-oriented history, see Judith Walzer Leavitt's Brought to Bed: Child Bearing in America 1750-1950 (New York: Oxford University Press, 1986), the story of women's own role in determining birthing practices. For a recent film about the way adolescents experience cancer, see Just Kids, directed by Doug Cole, produced by Jerry Krepekewich, National Film Board of Canada, 1994, 60 min., documentary film.

past, and they must make ecological sense. Those very features, counters anthropologist Raymond de Mallie, make the method inappropriate to native history, which includes happenings that are not "true" from a western rational perspective. Indians apply a different measure of reality to their past, producing an "ethno-ethnohistory" whose distinguishing feature is the inclusion of "concrete exhibitions of supernatural power that shape and motivate the course of events." People turning into animals, for example, would never be acceptable as valid history by Cronon's standards.<sup>26</sup>

Surely de Mallie is correct only in the sense that spiritual forces and transformations play a part in many cultures, even though scholars often ignore them. Such happenings are as real to European Christians as to Native Americans. William Robert Orsi, for example, examined the

---

<sup>26</sup>William Cronon, "A Place for Stories: Nature, History, and Narrative," The Journal of American History 78 (1992): 1347-76. Raymond J. de Mallie, "'These Have No Ears': Narrative and the Ethnohistorical Method," Ethnohistory 40 (1993): 515-538. Raymond D. Fogelson, "The Ethnohistory of Events and Nonevents," Ethnohistory 36 (2): 133-47. de Mallie cites a transformation of warriors into buffalo described in John Powell, People of the Sacred Mountain: A History of the Northern Cheyenne Chiefs and Warrior Societies, 1830-1879, with an Epilogue, 1969-1974, 2 vols. (San Francisco: Harper and Row, 1981). For a perspective on how the presentation itself influences and controls the story see Hayden White "The Question of Narrative in Contemporary Historical Theory," in White, The Content of the Form, Narrative Discourse and Historical Representation (Baltimore: Johns Hopkins University Press 1992), 26-57.

annual religious feast of the Madonna of Mount Carmel in New York. "In the sacred theater of the festa," as he put it, "the men and women of Italian Harlem revealed their deepest values and perceptions, their cosmology--the way they understood the world to work." By seeing ritual through the participants' eyes, Orsi illuminated "the inner meanings of the urban landscape." In similar fashion, he explored the role of sacred beliefs in Catholics' response to illness.<sup>27</sup>

Christian missions, where two spiritually loaded cultures interacted, require the same treatment. If de Mallie is right, and the world of Indians was greatly ensconced in supernatural matters, that propensity surely did not end when they added new precepts to long-held beliefs. In the present study, white and native actors' perception of divine intervention receives full weighting with other happenings, while Christian ritual is presented as crucial context to medical contact history.

De Mallie's concern that native perspectives of reality be a "legitimate part of the story" opens a special role for mission diaries. Of the Europeans who first visited Indian

---

<sup>27</sup>Robert Anthony Orsi, The Madonna of 115th Street: Faith and Community in Italian Harlem, 1880-1950 (New Haven: Yale University Press, 1985), xiii, xxi. Orsi, "The Cult of the Saints and the Reimagination of the Space and Time of Sickness in Twentieth Century American Catholicism," in The Cultures of Medicine, ed. Kathryn Allen Rabuzzi and Robert W. Daly, Literature and Medicine 8 (1989): 63-77.

communities, it was the missionary who most closely recorded indigenous beliefs. Opposed to the "forces of darkness," he kept close tabs on evidence of "heathen" thought, especially in matters related to medical care. As my early work on indigenous arctic remedies has demonstrated, Christian clerics watched closely for aspects of therapy based on appeasing spirit entities. In the present study, such was the case at Herschel Island in the 1890s, where the Stringers labored among unconverted Eskimos.<sup>28</sup>

A corollary to this take on mission diaries is that, in general, they accurately reflect the amount and intensity of indigenous religious activity encountered by white religious workers. If little information of that sort found its way into the record, it was either because non-Christian practices had waned or because they were conducted well away from the missionary. In the case of the Mackenzie River Indians, for example, one can read the daily record of half a dozen Catholic missions for the first three decades of this century, as well as the priests' correspondence, and find but a few references to native beliefs.

The explanation may lie in the almost total separation of the native world from that of the missions. During the Indians' brief visits to white settlements, they attended

---

<sup>28</sup>Vanast, "Ignorant of Any Rational Method."

church services, confessed their sins, and partook of daily communion. Priests were busy day and night. The rest of the year, with everyone far off in the bush, clerics saw little of their flock. What occurred in distant camps only rarely reached their ears. Undoubtedly, indigenous spirituality still played an important role in Indian lives, but clerics witnessed almost none of it; the same holds true for healing methods.<sup>29</sup>

### **Ethnology and its Limits in the Mackenzie District**

Anthropologists, too, have had difficulty reconstructing traditional aspects of Northern Athapaskan life. Thirty years ago, James Vanstone noted that "relatively little" was known about native cures. Explorer and furtrader Samuel Heaven had written of shamanistic practices in the 1770s, as had Sir John Franklin fifty years thereafter. Later observers had "failed to add anything significant." Nor did it seem possible to recover past knowledge through fieldwork. At Snowdrift, on the southern shore of Great Slave Lake, in 1963, Vanstone found that shamans had long ceased to be active. Indeed,

---

<sup>29</sup>For detailed descriptions of Indian life during the contact-traditional era, see Helm, "The Contact History of the Subarctic Athapaskans," 303-317, 322. This includes a map showing inception of the contact-traditional stage by temporal intervals and regional zones. Also see David M. Smith, "Cultural and Ecological Change. The Chipewyan of Fort Resolution," Arctic Anthropology 13, 1 (1976): 35-42.

people appeared "to have no theories, magical or otherwise, to account for illness." It was "simply accepted."<sup>30</sup>

Glimpses of highly effective indigenous remedies, however, do appear here and there in the North's early travel literature. One need only read the journal of George M. Mitchell, a Klondike-bound Montrealer who lived among the Loucheux in the late 1890s, to share his wonder at women's skills in treating wounds. When he broke a patella, they sewed it together; on other occasions, he saw them remove deep-seated bullets and use drains to let the track close from the inside out. They "got just as good or better results with their herbs and poultices" as he did with southern "salves and bandages." Very quickly, he abandoned attempts to act as first aid officer.<sup>31</sup>

The Loucheux's surgical expertise should not surprise in a setting that frequently triggered injuries. Wood chopping led to gashes in legs and feet; tree felling, to fractures; cold injury, to gangrene; campfire mishaps, to burns; bear hunts (conducted by an ever narrowing circle of hunters), to gunshot wounds. Dog-sled accidents produced crushed tissues

---

<sup>30</sup>James Vanstone, "Health, Sickness and Cures," in The Snowdrift Chipewyan, NRCRC 63-4 (Ottawa: Northern Coordination and Research Center, 1963), 84-89.

<sup>31</sup>Angus Graham, recorder, The Golden Grindstone: The Adventures of George M. Mitchell (Toronto: Oxford University Press, 1935), 264-266.

and unforeseen threats to life; Mitchell described how a man thrown in the air landed on an ax, which pierced the abdomen. An experienced female healer "cleared out all dirt and pieces of cloth out of the wound, shoved his bowels back in place, sewed up the gash, and then strapped him with *babiche* [sinew] all over his belly from the crotch to the waist." Very shortly, the patient was up and about, and resumed trapping.<sup>32</sup>

Such reports, while rare, may explain patterns of therapeutic consultation at missions. Not just distance kept ailing and injured Indians away from white posts; availability of long-trusted methods made medical journeys unnecessary. In only a few instances, where indigenous aid had failed, did patients seek cure at missionaries' hands. Most such cases involved a lingering illness, such as tuberculosis. But here especially, missionaries could do relatively little.

In matters of spirituality, too, anthropologists have done surprisingly little work along the Mackenzie. Richard Slobodin, writing in 1971, noted a lack of studies on "religion, cosmology, ideology, both pre-Christian or early contact, and modern." Shepard Krech III, ten years later, made the same complaint, although he cited several praiseworthy new studies. Using "memory reconstruction," D. M. Smith had put together a profile of Inkonze, or

---

<sup>32</sup>Ibid., 265.

"enabling knowledge," that allowed Chipewyans to cure sickness, to predict the future, and to ensure success in hunting. T. Ridington had written about the Beaver, or Dunneza, a Northern Athapaskan group living just below the Mackenzie District border. Symbolism pervaded children's "every level of experience"; isolation in the bush effected communication with animal spirits during puberty; dreams and singing permeated tribal existence.<sup>33</sup>

Scarce as these reports are, anthropologic studies of Christian aspects of Mackenzie Indian life are even harder to find. In the entire 1981 Subarctic volume of the Handbook of North American Indians, only a half-dozen paragraphs relate to the role of western churches. Most go no further than to mention that Indians became "nominal" Christians shortly after the arrival of missionaries, or that this event "marked the inception of a way of life that was to endure for 100 years." Except for the fact that Christian feasts (Christmas, Easter,

---

<sup>33</sup>Richard Slobodin, "Northern Athapaskan Research: Some Comments," in Proceedings: Northern Athapaskan Conference, 1971, vol. 2, 787-795. S. Krech, III, "Northern Athapaskan Ethnology in the 1970s," Ann. Rev. Anthropol. 9 (1980): 83-100, p. 93. David Merrill Smith, Inkonze: Magico-Religious Beliefs of Contact-Traditional Chipewyan Trading at Fort Resolution, N.W.T., Canada, National Museum of Man Mercury Series, Canadian Ethnology Service Paper No. 6 (Ottawa: National Museums of Canada, 1975). R. Ridington, "Beaver Dreaming and Singing," in Pilot Not Commander: Essays in Memory of Diamond Jenness, ed. P. Lotz, J. Lotz, Anthropologica 13 (1970): 115-128. R. Ridington, T. Ridington, "The inner eye of shamanism and totemism," Hist. Relig. 10 (1970): 49-61.



the mid-August Assumption of the Virgin Mary) reinforced seasonal ingatherings at white posts, no details about the dynamics of this singularly important era in Indian history emerge.<sup>34</sup>

The hiatus may be due to an impression that Christianity had been of no import. Ethnologist June Helm found a lack of interest in religion among Mackenzie Indians. Vanstone suggested that a long mission presence on Great Slave Lake had made little if any impact on native spiritual life. "Outward signs" of faith were rare; many people thought of Catholicism "as being something basically unrelated to their way of life." By implication, it appeared that matters had long been so.<sup>35</sup>

These perceptions may have had something to do with scholars' negative views of missionaries. As James Axtell put it in 1982, anthropologists are prone to a form of "cultural relativism" that prompts them to "bend over backwards for the natives without extending the same gyration to the Europeans."

---

<sup>34</sup>June Helm, "Dogrib," 291-309; Joel S. Savishinsky and Hiroko Sue Hara, "Hare," 314-325; Michael J. Asch, "Slavey," 338-349, all in Subarctic, ed. Helm.

<sup>35</sup>June Helm, The Lynx Point People: The Dynamics of a Northern Athabaskan Band (Ottawa: National Museum of Canada, Bulletin No. 176, 1961), 115-116. June Helm and Nancy O. Lurie, The Subsistence Economy of the Dogrib Indians of Lac La Martre in the Mackenzie District of the Northwest Territories (Ottawa: Northern Coordination and Research Centre, 1961), 53. James Vanstone, "Some Aspects of Religious Change Among Native Inhabitants in West Alaska and the Northwest Territories," Arctic Anthropology 2, 2, (1965): 21-24, p. 23.

In the process, they come up "with the wrong conclusions for reasons that are more than half right." Vanstone, for example, pointed out the Catholic Church's many failures at Snowdrift. It might have held greater prestige if only it "had done something to improve its position in the community." In the past, it had "not concerned itself with social problems," nor had it helped to develop "a sense of community cohesiveness." Priests "had simply gone through the motions of fulfilling their duty," making church activities "an end in themselves rather than a service for the village."<sup>36</sup>

Be that as it may, works that deny the importance of Christian beliefs contain evidence to the contrary. At Lac la Martre, where June Helm and Nancy O. Lurie spent four months in 1959, the village's only shaman recommended "holy pictures and medals to effect a cure as well as native medicines." Vanstone mentions that on Sundays, out of a total Snowdrift population of 150, eighty or ninety attended high mass; others, later services. Infants accompanied parents, creating much noise; people entered and left as they pleased. Although the picture evokes chaos, it shows not alienation from religion but complete comfort, with exposure of even the youngest family members to Christian ritual. The scene had

---

<sup>36</sup>James Axtell, "Some Thoughts on the Ethnohistory of Missions," Ethnohistory 29(1982):35-41. James Vanstone, "Religious Institutions and Concepts," chap. 7 in Snowdrift Chipewyan, 98-104.

been typical of Catholic services in the North for a hundred years. The church, in many ways, was like home.<sup>37</sup>

Where anthropologists have side-stepped the effects of Christian missions on Mackenzie District Indians, this study makes it a primary focus. And, where ethnologists have largely confined their use of archival materials to those of the fur trade, this work draws most of its stories from ecclesiastic records. In that respect, it compares to recent Mackenzie mission histories by Kerri Abel and Martha McCarthy; it differs in its medical theme and its focus on the early twentieth century.<sup>38</sup>

Although mission records from the 1900-1930 period do not permit reconstruction of traditional ways, they provide extensive detail about conduct related to western religious and medical practices. That emphasis makes them highly useful

---

<sup>37</sup>For Snowdrift population figure, see Vanstone, The Economy of a Frontier Community: A Preliminary Statement, NCRC 61-4 (Ottawa: Northern Coordination and Research Center, 1961). Helm, Subsistence Economy, 53.

<sup>38</sup>D. M. Smith, "Cultural and Ecological Change," 35-42. Kerry M. Abel, Drum Songs, Glimpses of Dene History (Montreal and Kingston: McGill-Queen's University Press, 1993); Abel, "The Drum and the Cross: An Ethnohistorical Study of Mission Work Among the Dene, 1858-1902," (Ph.D. diss., Queen's University, 1984 ); Abel, "Prophets, Priests and Preachers: Dene Shamans and Christian Missions in the Nineteenth Century," Historical Papers/Canadian Historical Association 1986: 211-224. Martha McCarthy, From the Great River to the Ends of the Earth: Oblate Missions to the Dene, 1847-1921 (Edmonton: University of Alberta Press and Western Canadian Publishers, 1995).

vehicles for studying not only Indians or Eskimos but the missionaries themselves. As ethnologists John and Jean Comaroff put it, "To understand the colonizing process, anthropology must turn on itself." European ways must be seen through the same lens used to examine "tribal" peoples: "The West and the rest . . . cannot but be interrogated together." Such an approach makes westerners' activities seem as "exotic" as those of any other community, while what was once called "primitive" behavior on the part of others turns out to be sophisticated conduct.<sup>39</sup>

In that spirit, what follows here is a look at missionaries in the fashion anthropologists long applied to cultures very different from their own: it documents rituals, symbols, and cosmology; notes mechanisms of power; defines gender roles; describes response to illness, and highlights inconsistencies. The North's isolated missions become, to borrow Marshall Sahlin's term, "Islands of History." Each

---

<sup>39</sup>Comaroff, Ethnography, 45.

mission functioned as an island not only of white values and Christian faith, but of medical care and economic aid.<sup>40</sup>

### Scholarly Perspectives on Medical Missions

In examining bedside interactions at Anglican and Protestant outposts in the Canadian North, this study also sheds light on the larger history of world-wide Christian medical missions. A few biographies of famed doctor-explorers brush against the subject of medical proselytization; no monograph headlines the subject. Some recent social histories of missions accord medical endeavors a chapter, but none explore patient response or document the effect of western therapy in drawing new members. Church-based publications

---

<sup>40</sup>Marshall Sahlins, Islands of History (Chicago: University of Chicago Press, 1985). For details of current anthropologic approaches to history see George E. Marcus and Michael M. J. Fischer, Anthropology as Cultural Critique: An Experimental Moment in the Human Sciences (Chicago: University of Chicago Press, 1986), 39-40, 78, and esp. "Historicizing the Ethnographic Present," 95-108; Aletta Biersack, "Local Knowledge, Local History: Geertz and Beyond," The New Cultural History (Berkeley: University of California Press, 1989), 72-96; Kirsten Harstrup, "Introduction," in Other Histories (London: Routledge, 1992), 3; William Roseberry, Anthropologies and Histories: Essays in Culture, History, and Political Economy (New Brunswick: Rutgers University Press, 1989); Comaroff, Ethnography, 45.

demonstrate similar blind spots. Only one work concerns the role of treatment in interdenominational conflict.<sup>41</sup>

---

<sup>41</sup>Dorothy O. Helly, Livingstone's Legacy: Horace Waller and Victorian Mythmaking (Athens: Ohio University Press, 1987). Oliver Ransford, David Livingstone, The Dark Interior (New York: St. Martin's Press, 1978). Terence Ranger, "Medical Science and Pentecost: The Dilemma of Anglicanism in Africa," in Church and Healing, ed. W. J. Shields, (Oxford: Ecclesiastical History Society, 1982), 333-365. For mission histories that devote a chapter to medical work, see Alvyn J. Austin, "Clinical Christianity: Medical Missions," chap. 9 in Saving China. Canadian Missionaries in the Middle Kingdom 1888-1959, (Toronto: University of Toronto Press, 1986); Geoffrey Johnston, "To Heal the Sick," chap. 7, Of God and Maxim Guns, Presbyterianism in Nigeria, 1846-1966 (Waterloo: Wilfred Laurier University Press, 1988); Edmund M. Hogan, "The Development of Medical Missions," chap. 10 in The Irish Missionary Movement, A Historical Survey, 1830-1980 (Washington: Catholic University of America Press, 1990). For examples of recent church-affiliated publications on medical missions, see David Hilton, "The Future of Medical Mission," International Review of Mission 76 (1987): 78-81. Christoffer Grundmann, "Proclaiming the Gospel By Healing The Sick? Historical and Theological Annotations on Medical Missions," International Bulletin of Missionary Research 14 (1990): 120-126. M. Scheel, "Missionary Work and Healing," International Review of Missions 53 (1964): 265-271. Dorothy Clarke Wilson, "The Legacy of Ida S. Scudder," International Bulletin of Missionary Research 11 (1987): 26-30. For examples of material in American church publications geared to the laity, see S. M. Crane, "A Century of PCUS Medical Mission, 1881-1983," American Presbyterian 65(1987): 135-46. F. T. Fowler, "The History of Southern Baptist Medical Missions," Baptist Hist. Heritage 10 (1975): 194-203. J. U. Reedy "A History of the Mennonite Medical Work in the Muria Mountain area of Java, Indonesia, 1894-1971," Mennonite Q. Review 47 (1973): 31-53. N. J. Lecourt, "Clinique 'La Lignière': The First Seventy Years of Seventh Day Adventist Medical Work in Switzerland, 1896-1966," Advent Herit. 9 (1984): 3-11. A valuable publication about medical missions by a religious organization (with much statistical fact about doctor motivation and training) is Edward M. Dayton, Medicine and Missions, A Survey of Medical Missions (Wheaton: Medical Assistance Programs, 1969).

Until the 1970s, most articles on medical missions consisted of glowing reports by on-site or retired physicians. Hagiographic sketches of the best known medical men (and a very occasional woman) made up the remainder. Theron Kue Young, then a Canadian medical student, broke this pattern in 1972. Assessment of medical missions, Young suggested, must include consideration of professional agendas at home; overseas healing projects served as a source of pride in the sending country and boosted physicians' status. A.F. Walls developed a similar "reflex" theme with an article entitled "'The Heavy Artillery of the Missionary Army': The Domestic Importance of the Nineteenth Century Medical Missionary." Doctors abroad enhanced home-church interest in evangelization and thereby increased donations. By 1890, as Peter C. Williams noted, the doctor had become "a better and more accurate symbol of the superior [Western] civilization than the clergyman."<sup>42</sup>

Tension between the Christianizing and "civilizing" aspects of mission often marked the hiring of medical personnel; evangelical groups expressed concern that God's

---

<sup>42</sup>Theron Kue-Hing Young, "A Conflict of Professions: The Medical Missionary in China, 1835-1890," Bulletin of the History of Medicine 47 (1973): 250-272. A. F. Walls, "'The Heavy Artillery of the Missionary Army': The Domestic Importance of the Nineteenth Century Medical Missionary," in Shields, Church and Healing, 287-297. C. Peter Williams, "Healing and Evangelism: The Place of Medicine in Later Victorian Protestant Missionary Thinking," in Shields, Church and Healing, 271-287.

Word might take second place to bodily care. When confidence in the Gospel's power to draw "heathens" ran high, as in America in the 1850s, physical aid took a backseat. If medical aid was sent at all, it was for the benefit of mission staff. Only in later decades, as faith in medical science grew in the home society, were doctors and nurses seen as a means of gaining converts. By the turn of the century, Social Gospel concepts favored their deployment; medical care bore witness to Christian charity.<sup>43</sup>

---

<sup>43</sup>For overview of changing mission ideologies in America, see William R. Hutchison, Errand to the World, American Protestant Thought and Foreign Missions (Chicago: University of Chicago Press, 1987), 102. A much earlier work about American mission ideology, equally eloquent, and well worth reading is Paul A. Varg's Missionaries, Chinese, and Diplomats, The American Protestant Missionary Movement in China, 1890-1952 (Princeton: Princeton University Press, 1958). For overviews of the historical relationship between mission and healing see Ronald L. Numbers and Ronald C. Sawyer, "Medicine and Christianity in the Modern World," in Health/Medicine in the Faith Traditions: An Inquiry into Religion and Medicine, ed. Martin E. Marty and Kenneth L. Vaux (Philadelphia: Fortress Press, 1982), 133-160. Also Timothy P. Weber, "The Baptist Tradition," especially the section "Medical Missions: Organizing for Medical Care," in Caring and Curing, Health and Medicine in the Western Religious Traditions, ed. Ronald L. Numbers and Darrell Amundsen (New York: Macmillan, 1986), 288-316. For conflicts between civilizing and conversion functions see Torben Christensen and William R. Hutchison, "Introduction" and "Concluding Remarks" in Missionary Ideologies in the Imperialist Era, ed. Christensen and Hutchison (Stuer, Denmark: Aros, 1982), 5-10, 241-243. Also, in the same volume, Hutchison, "A Moral Equivalent for Imperialism: Americans and the Promotion of 'Christian Civilization,' 1880-1910," 167-177; Clifton J. Phillips, "Changing Attitudes in the Student Volunteer Movement of Great Britain and North America, 1886-1928," 131-145.



Still, doctors' function in breaking down hostility and "prejudice" remained a prominent aspect of their work. Medical missionaries, observed American psychologist Maurice Price in the 1920s, represented "the very genius of Christianity and its founder." Possessed of both "incalculable power" and good will, physicians succeeded in gaining converts in the most obstinate communities. By saving lives and relieving pain, they gained patients' confidence. A period of "being-intimate" accompanied medical transactions; it was then the Christian message could be planted to good effect.<sup>44</sup>

The mix of humanitarian and proselytizing motivation held true at North American missions. Moravians John and Edith Kilbuck, who administered amateur health care to the Yup'ik Eskimo off the Alaska coast in the first decades of the twentieth century, saw it "reaping a rich harvest." Treatment of bodily ailments, they reported, "contributed not a little to the winning of the people." Eventually, they arranged for a physician to join their work. When they began charging

---

<sup>44</sup>Maurice T. Price, Christian Missions and Oriental Civilizations, A Study in Culture Contact, The Reactions of Non-Christian Peoples to Protestant Missions from the Standpoint of Individual and Group Behavior: Outline, Materials, Problems and Tentative Interpretations (Shanghai: n.p., 1924), 31, 82, 260-261, 309-311, 327-328.

Russian Orthodox Eskimos for medical services, many became "instant Moravians."<sup>45</sup>

### Conflicting Views of Native Conversion

Such reports have misled some historians of North American missions to adopt what Kerry Abel disparagingly calls the "disaster and deprivation" theory of conversion, which holds that the continent's original peoples turned to Christianity because of want. After the arrival of Europeans, waves of acute infectious disease and widespread tuberculosis followed the arrival of Europeans. When traditional ceremonies failed to heal, Indians and Eskimos turned to missionaries for care.<sup>46</sup>

Recurrent contact, goes the reasoning, broke down suspicion, permitting clerics to instill their teachings and wipe out indigenous beliefs. What actually happened, counters Abel, differed greatly from that picture. Her own study of nineteenth-century Mackenzie District Indians suggests they did not accept Christian beliefs wholesale, even after visiting missions repeatedly. References to dramatic conversions in mission literature notwithstanding, native

---

<sup>45</sup>Fienup-Riordan, The Real People, 106.

<sup>46</sup>Kerri Abel, "Of Two Minds: Dene Response to the Mackenzie Missions 1858-1902," in Interpreting Canada's North, ed. Kenneth S. Coates and William R. Morrison, (Mississauga, Copp, Clark, Pittman, 1989), 77-93.

people adopted only those European ways they perceived as advantageous.

Abel found certain trends in mission historiography highly deceptive. "Anti-colonialist" authors were targeting missionaries as imperialist agents who practiced "cultural genocide" and built institutions designed to "wipe out all vestiges of cultural, religious and economic values." Missionaries were painted as partners in crime with fur traders; they took over souls and thereby destroyed "one of the cornerstones of native cultures." Such studies by non-native authors, Abel posited, are themselves ethnocentric in that they assume the superior strength of their own culture. A proper balance in historical writing required "a clearer understanding of both the native and missionary sides of the contact situation."<sup>47</sup>

Other voices have also called for a more balanced examination of events in the field. Anthropologists asked for greater attention to the European component of culture contact; until the 1980s, much of their research had examined "the native side." Colonial administrators, traders, and

---

<sup>47</sup>Abel, "Of Two Minds", 78. For a most unsatisfactory 1960s survey of mission tactics based on interviews with northern clerics, see Antonio R. Gualtieri, Christianity and Native Traditions: Indigenization and Syncretism among the Inuit and Dene of the Western Arctic, Church & the World Series, ed. Cyriac J. Pullapilly and George H. Williams, no. 2 (Cross Cultural Publications, 1984).

clerics at the grass root level deserved equal attention. Church historians such as Lamin Sanneh urged that mission studies place less emphasis on motivation and more on actual conduct. At the same time, sociologists provided new insights about religious conversion. Shifts in spiritual outlook, as Mary Joe Neitz pointed out, seldom occur in the dramatic fashion experienced by Paul on the road to Damascus. Rather, conversion caps a drawn-out process of social and material reinforcement. New believers are not so much "brainwashed" victims as active agents.<sup>48</sup>

### Primary Sources and Their Disputed Uses

Of elders who remember the 1896-1926 period clearly, I was able to interview only four: two white and two native. The primary sources came from church and government archives

---

<sup>48</sup>T. O. Biedelman, Colonial Evangelism: A Social Historical Study of an African Mission at the Grass Roots. (Bloomington: Indiana University Press, 1982). Lamin Sanneh, "Mission and the Modern Imperative--Retrospect and Prospect: Charting a Course," in Earthen Vessels, American Evangelicals and Foreign Missions, 1880-1980, ed. Joel A. Carpenter and Wilbur R. Schenk (Grand Rapids: William B. Eerdmans, 1990), 301-316. Mary Jo Neitz, "Studying Religion in the Eighties," in Howard S. Becker and Michal M. Michal, Symbolic Interaction and Cultural Studies (Chicago: University of Chicago Press, 1990), 90-118. For studies that emphasized interactions in the mission field even before Sanneh's admonition see esp. Darrell L. Whiteman, Melanesians and Missionaries, An Ethnohistorical Study of Social and Religious Change in the Southwest Pacific (Pasadena: William Carey Library, 1983); Diane Langmore, Missionary Lives, Papua, 1874-1914 (Honolulu: University of Hawaii Press, 1989). A recent outstanding study of field work is Hogan, Irish Missionary Movement.

at Yellowknife (in the Northwest Territories), Edmonton, Toronto, Ottawa, and Québec City. Some chapters draw on church publications, police files, government correspondence, hospital ledgers, and annual reports to Parliament by various agencies active in the North. The greatest reliance, however, is on field-notes taken by Catholic and Anglican missionaries who lived in the Mackenzie District for decades and who, in many cases, spoke the local language. Private diaries, mission journals, boarding-school records, and ecclesiastic letters, each with a wealth of detail about cultural interactions, bring the story alive.

The missionary, as ethnohistorian Darrell Whiteman has pointed out, was both observer and participant, a situation close to what anthropologists long considered crucial to the study of cultures. The cleric's daily life equated the ethnologist's "*sine qua non* of fieldwork." Mission diaries, as a result, contain much valuable information. Although such records filter what transpired through a European

consciousness, they come as close as one can get to what was actually said apart from speaking with witnesses.<sup>49</sup>

How one uses mission records, however, has become the focus of recent scholarly conflict about the "otherness" or "likeness" of different ethnic groups and "the way we make each other up." The debate follows from views first expounded by Lucien Lévy-Bruhl, who claimed the coexistence of two mentalities, mystical and logical, the first being highly dominant in "primitive" peoples. Critics such as E. E. Evans-Pritchard and Bronislaw Malinowski pointed out that the cultural distinction was not so easy: both whites and "natives" behaved religiously in one context, empirically in

---

<sup>49</sup>Darrell L. Whiteman, "Missionary Documents and Anthropological Research," in "Missionaries, Anthropologists and Cultural Change," ed. Whiteman, Studies in Third World Societies 25 (Sept. 1983): 295-322, esp. 302-303. For the way missions altered correspondence for publication, see Allan R. Tippet, "Towards a Technique for Extracting Anthropological Data From Oceanic Missionary Records," paper presented at the 1974 Annual Meeting of the American Society of Ethnohistory, mimeo, 3-4, and Tippet, Aspects of Pacific Ethnohistory (Pasadena: William Carey Library, 1973), 129, both quoted by Whiteman, "Missionary Documents," 305-306. For instructions to Oblates on how to write an article for publication and what it should contain see Germain Lesage, O.M.I., "Le rôle éminent de la plume du missionnaire," Etudes Oblates 1943 (2): 23-44. For instructions on what Oblates should put in the daily mission record, the *Codex Historicus*, see Eugène Nadeau, "Aux sources de l'histoire des missions: codex historicus, correspondance, souvenirs des anciens," Etudes Oblates 1943 (2): 83-88.

another. Inter-cultural comparison, they argued, should address ordinary, day-to-day reasoning.<sup>50</sup>

Two ethnologists, Marshall Sahlins and Gananath Obeyesekere, have recently stoked the debate. Sahlins conceives of early-contact societies (such as those on the Sandwich Islands) as "living within a distinctive 'schema,' . . . thoroughly discontinuous with 'modern bourgeois rationality.'" Obeyesekere disagrees, claiming that these people were "'calculating,' 'strategizing' rationalists, rather like ourselves, indeed rather like everybody...."<sup>51</sup>

---

<sup>50</sup>Stanley Jeyaraja Tambia, Magic, Science, Religion, and the Scope of Rationality (Cambridge: Cambridge University Press, 1990), 84-85, 91-92. Lucien Lévy-Bruhl, Les Fonctions mentales dans les sociétés inférieures (1920), translated by Lilian Clare as How Natives Think (New York: Washington Square Press, 1966). This paragraph relies entirely on Tambia's discussion.

<sup>51</sup>Clifford Geertz, "Culture War," New York Review of Books, vol. 42, no. 19, 30 Nov. 1995, 4-6. Marshall Sahlins, Historical Metaphors and Mythical Realities: Structure in the Early History of the Sandwich Islands Kingdom (Ann Arbor: University of Michigan Press, 1981). Gananath Obeyesekere, The Apotheosis of Captain Cook: European Mythmaking in the Pacific (Princeton: Princeton University Press, 1992). Marshall Sahlins, How Natives Think, About Captain Cook, for Example (Chicago: University of Chicago Press, 1995). The "make each other up" quote is from the backcover of Richard A. Schweder, Thinking Through Cultures: Expeditions in Cultural Psychology (Cambridge: Harvard University Press, 1991). For other works on the way one culture creates illusory images of another, see Jack Goody, The Domestication of the Savage Mind (Cambridge: Cambridge University Press, 1977) and Adam Kuper, The Invention of Primitive Society: Transformations of an Illusion (London: Routledge, 1988).

The quoted passages come from Clifford Geertz, who outlined why the "Culture War," as he calls it, has become so nasty. Obeyesekere, a native Sri Lankan offended by white perception of certain colored races as basically different, acts as an "Enlightenment universalist." Sahlins, the outside observer and "relativizing historicist," seeks to illuminate "deep particularities" in order to preserve a people's unique past. Part of the argument relates to the trustworthiness of mission diaries, with Obeyesekere feeling that their inherent prejudices contribute to "mythmaking."<sup>52</sup>

The present study is uniquely situated between the two protagonists. The author is white and an outsider to his chosen geographic and ethnic field of study. As in Sahlins's case, the work relies on exquisitely detailed mission records to effect its "thick description" and to make its points. The main subject is conduct relating to illness, where one might expect to see the greatest difference in "conceptual schemas." Yet the findings tend to Obeyesekere's views.

The availability of records from two competing churches, and of separate journals from nuns and priests, often allows multiple perspectives on the same events. Some Fort Simpson stories, for example, depend on information from the Anglican mission's daily journal, the Grey Nuns' convent diary (the

---

<sup>52</sup>Geertz, "Culture War," 6.



*Chroniques*), and the Catholic hospital's patient register. On occasion, the Oblate Fathers' daybook (the *Codex Historicus*) adds yet another voice.

To define pervasive and long-term patterns of conduct, I abstracted the archives of ten Catholic and Anglican missions for medical content for the period 1896-1926. A computer search by name revealed numerous instances where the same person was involved with European care-givers over an extended period of time. Those whose stories best illustrate larger issues are presented here. In contrast, a search by subject for each Christian ritual and symbol revealed consistent experiences best told through multiple actors. To keep the cast to a minimum and to reproduce the mission atmosphere as closely as possible, I framed the themes that emerged through stories from the five locations mentioned earlier.

All five sites were located at some distance from the southern point of entry into the Mackenzie District and witnessed the least influx of whites. Four were what one might call medically "naïve" at the time their stories unfold: no physician lived on site. Western medical care was delivered by clerics with little, if any, medical schooling and by nurses, either Anglican missionaries' wives or nuns at the local convent.

Native people at the five featured locations did not enter a treaty with the Canadian government or were among the last to do so. In 1900 the Indians living south of Great Slave Lake (those who traded at Smith or Resolution) signed Treaty 8. From then on the government held formal responsibility for their well-being. Not until 1921 did tribes further north agree to such an arrangement. The Eskimos never signed any treaty at all. It is these last two groups that receive most of the scrutiny.<sup>53</sup>

#### **A Personal Note About Writing This Study**

The reasons for writing this study were not entirely historiographic. In large part, they followed from my early visits to the North, which inspired a strong affection for this mystical, boundless land and a profound respect for its original peoples. In the 1950s, as an apprentice fur-trade clerk at Moosonee, Moose Factory, and Great Whale River (on Hudson's Bay), I first experienced severe weather conditions and met Indian and Eskimo families who still lived on the land. After an accident, I returned south and eventually attended medical school. Two decades thereafter, as a government physician briefly based on northern Baffin Island,

---

<sup>53</sup>Hay River, although in the Treaty 8 region, was included in this study because most of the students at its boarding school came from points further north, especially Fort McPherson.

I paid medical visits to the settlements of the high Eastern Arctic. In 1978, I had the good fortune to do a winter's *locum tenens* in the Mackenzie Delta and to see patients at posts mentioned in subsequent chapters: Aklavik, Fort McPherson, Arctic Red River, Fort Norman, and Fort Franklin.

Later, practicing neurology in Edmonton, I relaxed from a demanding headache practice by teasing medical history out of the extensive book holdings of the Canadian Circumpolar Institute at the University of Alberta. In that process, I came across the haunting story of Jennie Kanajuq, a delightful young Copper Eskimo woman who first met whites when she was around twelve and who died of tuberculosis in 1931, shortly after Catholic and Anglican missionaries had vied for her allegiance. Knowing she would be buried underground in Christian fashion, but (because of the scarcity of wood) without a coffin and wrapped only in a sheet, she asked her husband to put a small box upside down on her face so she would not be short of breath after the soil covered her body.<sup>54</sup>

A once-in-a-lifetime streak of historian's luck made it possible to locate the Scottish physician (Dr. R. D. Martin) who had cared for Jennie prior to her demise, the Protestant minister who had laid her in the grave, and several Eskimo

---

<sup>54</sup>Vanast, "The Death of Jennie Kanajuq."

elders who had known her charm. The National Film Board of Canada helped me make a documentary about the story, some of which had been captured with the earliest movie cameras in the region.<sup>55</sup>

Much of the background related to the 1913 killing of two Catholic priests during a first attempt to evangelize the Copper Eskimos. The duo responsible for their deaths were later convicted, kept in open confinement in a Mackenzie District Indian community far to the south, and eventually allowed to go home. Prior to returning, so the story went, they contracted tuberculosis, which then spread to other members of their tribe. The disease hit hardest among families that had known about the murders. Thus, in 1916, when police first arrived on the scene to investigate the crime, Jennie was seen to be wearing a rosary belonging to the murdered clerics; fifteen years later, she became one of many who succumbed to an illness that, as some Catholic priests perceived it, was exacting communal punishment for an evil deed.

Further research after completion of the film made parts of the story seem increasingly implausible. Tuberculosis had been present among Indians near the Central Arctic Coast for a century and a half prior to Jennie's death, for three to four

---

<sup>55</sup>Coppermine, Consequences of Contact, National Film Board of Canada.

decades among the Eskimo population further west, and for at least ten years among the Copper Eskimos themselves. That reality, so different from what we had presented, made me question other aspects of the film's approach, such as the painting of native people as victims of mission intrusion and white neglect. Much northern history did not fit dynamics of that sort.

Moreover, I wondered how it was that competing Christian clerics had only just settled at Coppermine in 1929. What was the prior history of missions in the Mackenzie District? What had led up to the interdenominational competition for souls so evident in Jennie's case? And if Dr. Martin was one of the first physicians in the North, who provided medical care before? If it was the missions, how did that affect proselytization? How did provision of medical care shape or reflect inter-church rivalry?

This study began as an effort to answer those questions and to reconstruct native history based not on emotion and intuition, but on the best available data. Those, as it happened, became available through the Oblate Fathers' gracious sharing of their most sensitive files, the Grey Nuns' full cooperation in making convent diaries available, and the Anglican Church's foresight in preserving its northern records. Yet facts alone could not possibly shape an account of the Mackenzie's past.

Of the thousands of contact events in the Mackenzie's archives, the ones selected here and the manner of their presentation mirror my medical background, my early loves, and my historical training at a time of great emphasis on gender and ethnicity. Many reflect my sense of the narrow line between goodwill and the follies that take all of us, native and white, in other directions. Each reader will see the hazy border separating those forces in a different place. But at least they will have the stories.

## CHAPTER 2

### "TOBACCO CHRISTIANS": EARLY ANGLICAN-CATHOLIC COMPETITION IN THE NORTH 1850-1900

The term "mission" often implies European entry into unexplored terrain, a new meeting of cultures, and a first bringing of the Word of God to what Christians once referred to as "heathen" tribes. In 1900, only the last of these held true in the Mackenzie District, and that only along a narrow strip on the Arctic Coast, among the Eskimos. Below the treeline, where the Indians lived, virtually all bands had joined the Anglican or Catholic church decades earlier. Here, missionaries had been present for fifty years, and contact with white traders dated back still further.

From the early eighteenth century on, Chipewyans, the southernmost of the Mackenzie District Indians, traded with the British on Hudson's Bay, and became middlemen to other tribes. By 1750, merchants from Montreal were competing for the Indians' business as they sent French-speaking canoe crews, or *voyageurs*, ever further into Northern Athapaskan terrain. Unions between these Catholic men and native women resulted in a small but influential Métis population. Their

religious practices gave many northern residents acquaintance with Roman prayer and ritual well before the arrival of Anglican and Catholic clerics in the 1850s.

Very shortly after missionaries entered the Mackenzie District, ninety-four percent of the Indians became adherents of the Roman faith. The rest, who traded at posts where Scottish, fervently anti-Catholic traders held sway, joined the Protestants. Thereafter, the churches' "mission" work among the Indians consisted primarily of pastoral care and of attempts to gain converts from each other. As well, both denominations hoped to garner Eskimo souls on the Arctic Coast.

It would be difficult to imagine two clerical groups more stridently opposed to one another's presence. Catholic priests, born and trained in France, were members of the order of Oblates of Mary Immaculate. The organization adhered to a strict ultramontanist agenda: total allegiance (and submission) to the Pope. Its credo centered on the intermediary role of the Mother of Jesus in heaven. Its name derived from her special state of grace: she was known as Mary Immaculate because, from the moment of her conception (in the womb of her mother, St. Anne), she remained free of the mantle of original sin inherited by other humans. Pope Pius X declared that teaching as official dogma in 1854, just before



the Oblates joined battle with the Anglicans in the Mackenzie.<sup>1</sup>

Anglican ministers, many of them from England, despised all they thought the Oblates stood for: popery, ritual, and the cult of Mary. The Church Missionary Society in London, which sponsored Protestant efforts in the Mackenzie, had emerged in 1799 from the Church of England's evangelical wing. Members of that group viewed Catholics with intense distrust. From 1830 on, they did battle within the church against an increasingly powerful movement to embrace "Romish" traditions (pre-Reformation ceremony and decor).<sup>2</sup>

When, early in the twentieth century, modernism began to have influence, evangelicals felt betrayed on both flanks. Their insistence on the immutability of Bible truths became stronger and louder. More than ever, they stood firmly on guard against rituals and teachings that altered the direct,

---

<sup>1</sup>Pius IX pronounced the Immaculate Conception as official dogma in 1854. For an (occasionally polemic) explanation written for the general public, see Marina Warner, Alone Of All Her Sex. The Myth and the Cult of the Virgin Mary (New York: Vintage Books, 1963), chap. 16, "The Immaculate Conception," 236-254.

<sup>2</sup>For background, see David L. Edwards, "The Evangelical Revival" part 2, chap. 2, in Christian England (London: Fount Paperbacks, 1989); Peter Toon, Evangelical Theology 1833-1856. A Response to Tractarianism (Atlanta: John Knox Press, 1979).

simple message of Scripture: the Word of God provided all one needed to attain salvation.<sup>3</sup>

This chapter reviews the Indians' early experience of competing fur traders; the arrival of missionaries (Oblate Fathers and Grey Nuns on one side; Anglican ministers on the other); the rapid linking of Indian groups to Christian churches; the inter-denominational battles that followed, and the turn-of-the-century emergence of two mission leaders, Anglican Archdeacon James R. Lucas and Catholic Bishop Gabriel Breynat, who figure prominently in later portions of this study.

#### The early fur trade: 1720-1850

In 1670 the London-based Hudson's Bay Company opened its first trading post on the western shore of Hudson's Bay, at Port Nelson. Soon thereafter, its agents learned of "Northern Indians," the Chipewyans, who lived beyond the Churchill River. By the 1720s, direct contact with these people had been established and, over the next three decades, a months-long summer canoe trip from Lake Athabasca to Hudson's Bay became an integral part of the Chipewyan economy. Very

---

<sup>3</sup>See Alan M. G. Stephenson, chaps. 5 and 6, The Rise and Decline of English Modernism (London: SPCK, 1984); Randle Manwaring, "The Defensive Years," chap. 2 in From Controversy to Coexistence, Evangelicals in the Church of England 1914-1980 (Cambridge: Cambridge University Press, 1985),

quickly, these Indian entrepreneurs became middle-men to more northerly tribes on Great Slave Lake and the Mackenzie River.<sup>4</sup>

To take advantage of the best weather and the longest period of open water, the Chipewyan brigades followed a route to Hudson's Bay that included a giant southern loop onto the Saskatchewan River. It was here, in the 1750s, that French traders from Montreal intercepted the Indians. From then on, the Chipewyans learned the benefits of white competition for their allegiance.<sup>5</sup>

After the fall of New France to the British in the ensuing year, English-speaking merchants took over the Montreal-based fur trade. By the 1780s, they were battling one another for business on Lake Athabasca and beyond. A certain Leroux opened a post for the Northwest Company on

---

<sup>4</sup>For details of the furtrade history summarized here see E. E. Rich, The History of the Hudson's Bay Company 1670-1870, vol. 1, (London: The Hudson's Bay Record Society, 1958) 7, 55-58, 66-67, 74-75, 255, 296, 265, 289-90, 441-3, 436, 448, 638-9, 632, 646.

<sup>5</sup>Arthur S. Morton, A History of the Canadian West to 1870-71 (Toronto: T. Nelson, 1939), 205. For details on the French trading posts and their advance towards and along the Saskatchewan River, see Hubert G. Smith, The Explorations of the La Vérendryes on the Northern Plains 1738-43, ed. W. Raymond Wood (Lincoln: University of Nebraska Press, 1980), 5-6, 130-131; Antoine Champagne, Les la Vérendrye et le poste de l'ouest (Québec: Univ. Laval, 1968); Antoine Champagne, "Lieux historiques de l'ouest," in Champagne, Nouvelles études sur les la Vérendrye et le poste de l'ouest, (Québec: Univ. Laval, 1971), 5-110, map after p. 6.; Champagne, "Chronologie des Gaultier de la Vérendrye et du poste de l'Ouest," in Champagne, Nouvelles études, 183-240.

Great Slave Lake in 1787. Harassed by Chipewyan traders, he moved further north to Marten Lake where he dealt directly with Dogrib and Yellowknife customers.<sup>6</sup>

In 1789, Alexander Mackenzie, Leroux's superior, followed the giant stream later named in his honor to the Arctic Coast. Seven years later, the first post on the Mackenzie opened a day's travel downriver from Great Slave Lake; others, near sites now known as Liard, Simpson, Norman, and Good Hope, followed. By then, the Chipewyans had lost their intermediary role, and a white monopoly kept fur prices

---

<sup>6</sup>Roderic McKenzie, "Reminiscences by the Honorable Roderic McKenzie, being chiefly a Synopsis of Letters from Sir Alexander Mackenzie," in L. R. Masson, Les Bourgeois de la Compagnie du Nord-Ouest: Récits de Voyages, Lettres et Rapports Inédits. Relatifs au Nord-Ouest Canadien, vol. 1, (1889-1890; repr. New York: Antiquarian Press, 1960), 21, 23-24, 26-28, espec. footnote 2, p. 27. A. Mackenzie to Agents of the Northwest Company, 22 May 1789 in Masson, Bourgeois, 30. W.F. Wentzel to Roderic Mackenzie, 27 March 1807, in Masson, Bourgeois, 95. A. Mackenzie to Roderic Mackenzie, 2 Mar. 1791, in Masson, Bourgeois, 35-36. For an early account of a trader's travel to the terrain between Lake Athabasca and Great Slave Lake see Philip Turnor, "Journal of a Journey from Cumberland House North America . . . towards the Athapiscow Country and back to York Factory by Philip Turnor" in Documents Relating to the Early History of Hudson's Bay, ed. J. B. Tyrrell (Toronto: Champlain Society, 1931), 195-258; also Peter Fidler, "Journal of a Journey with the Chepewyans or Northern Indians, to the Slave Lake, & to the East and West of the Slave River, in 1791 & 2, by Peter Fidler," in Tyrrell, Documents, 493-555. For the first white account of travel on the Barren Grounds northeast of Great Slave Lake see Samuel Hearne, A Journey from Prince of Wales's Fort In Hudson's Bay to the Northern Ocean: Undertaken by Order of the Hudson's Bay Company for the Discovery of Copper Mines, a North West Passage, &c. In the Years 1769, 1770, 1771 & 1772 (London: A. Stahan and T. Cadell, 1795; reprint, Rutland, Vermont: Charles E. Tuttle, 1971).

low. However, the entry of a new competitor, the XY Company, in 1799, once again made it possible for Indians to get the most for their pelts.<sup>7</sup>

After the Northwest and XY companies merged in 1805, lowly treatment of Indians became the norm at several Mackenzie Valley posts. When, a few years later, a decline in wildlife led to widespread hunger, native patience with such conduct came to an end. At Liard, an inconsiderate post manager was murdered along with all his staff, the native wives, and their children. At Fort Good Hope, the Loucheux created an "uproar" because the store lacked goods they wanted. Below Great Slave Lake, traders learned of a "conspiracy" to massacre all whites.<sup>8</sup>

By 1815, Indians brought in so few pelts that the Northwest Company closed its Mackenzie River posts. Furbearing animals, it seemed, had permanently disappeared. Trader George Wentzel, however, was not so sure. Passive native resistance, he suspected, had led to a boycott of

---

<sup>7</sup>For examples of trader insolence toward Indians see James McKenzie, Fort Chip. Journal, 15 Jan., 20 May 1800, in "Mr. James McKenzie, Extracts from his Journal 1799-1800," in Masson, Bourgeois, 379-380, 389. For an example of Indians taking advantage of the competition to gain the best advantage, see McKenzie, Fort Chip. Journal, in Masson, Bourgeois, 390.

<sup>8</sup>George Keith to Roderic McKenzie, 15 Jan. 1814, in Masson, Bourgeois, 125-6. Wentzel to McKenzie, 28 Feb. 1814, in Masson, Bourgeois, 109-110. Wentzel to Roderic McKenzie, 6 Mar. 1815, in Masson, Bourgeois, 114.

traders. Low returns were due as much to Indian hostility as to "the pretended ruin of the country." The perception proved right. That very year, the Hudson's Bay Company sent men into the region to break the Northwest Company's hold. At once, prices paid to Indians increased and clerks began to treat clients with respect. So promising was the fur catch, the Mackenzie River department was reopened.<sup>9</sup>

In 1821, the Hudson's Bay Company absorbed the Northwesters. A period of commercial monopoly followed, and remained in place until 1869, when the company surrendered its charter. Lack of competition, however, did not lead to the egregious abuses of previous years. Post managers encouraged Indians to trap, but also supported them at times of need, making advances of food and ammunition on future earnings. Although eager to cut costs, the company's North American governor insisted that goods be of high quality and that Indians be treated fairly. In the main, that turned out to be the case.<sup>10</sup>

---

<sup>9</sup>Wentzel to Mackenzie, 6 Mar. 1815, in Masson, Bourgeois, 114. Wentzel to Mackenzie, 28 May 1816, in Masson, Bourgeois, 117; Wentzel to Mackenzie 4 Aug. 1818, in Masson, Bourgeois, 152.

<sup>10</sup>For HBC history in this period see Rich, History of the Hudson's Bay Company 1670-1870, vol. 2, 1763-1870 (London: The Hudson's Bay Record Society, 1959). For events at Great Slave Lake and nearby Lake Athabasca in 1820-1821 from a Hudson's Bay Company officer's perspective see George Simpson, Journal of Occurrences in the Athabasca Department by George Simpson, 1820 and 1821, ed. E. E. Rich, (Toronto, Champlain Society, 1938).

When, in 1846, Christian missionaries first appeared on the northern water highways leading to the Mackenzie, a period of remarkable stability had lasted a quarter century. The people these clerics hoped to evangelize had long known how to make the best of a situation where newcomers competed for their allegiance. In dealing with European actors of many stripes, Indians had honed bargaining skills already in use when dealing with other tribes. In the process, they had learned to take an accurate measure of whites with different stories and alliances. In short, the newly arrived missionaries were not entering an "innocent" world of indigenous peoples, incapable of choosing what they considered in their own best interest.

**"The supreme value of a soul":  
The Grey Nuns of Montreal and the Indian missions of the Far  
Northwest**

The French soldier-traders who intercepted the Indians on their way to Hudson's Bay in the 1750s had a direct link to mission endeavors a century later. Pierre Gaultier, Sieur de la Vérendrye, the most famous of them all, and the man most responsible for constructing the cordon of posts that cut off access to the English, was a cousin to Margu rite d'Youville, founder of the Grey Nuns of Montreal. The explorer's second-in-command was her brother.<sup>11</sup>

---

<sup>11</sup>Champagne, "Chronologie," 192, 222, 226, 236.

In later years, Grey Nuns proudly drew attention to the parallel careers of La Vérendrye and Madame d'Youville, although in very different domains. The former journeyed in the vast landscape of the West; the latter in the backstreets of Montreal. Yet their voyages had much in common: both pursued lofty aims. Patriotic "ambition" drove the first; selfless negation the second. The uncle, restless at home, sought a "rich domain" for his homeland and a route to the Pacific. The niece, who felt emotionally confined, longed for rewarding spiritual terrain and "an ocean of peace" to give her heart repose. Buffeted by sorrows, she, too, faced "thorns and rocks" as she pursued a difficult route; equally daring, she endured "to the end." Happily, Providence linked the two journeys: Marguérite's nuns would later serve on the very rivers traveled by her cousin.<sup>12</sup>

In June 1731, La Vérendrye bade Madame d'Youville goodbye to begin his first northwestern journey. Shortly afterwards, when her youngest child was buried beside its deceased father, she gave herself "entirely to God." Six years later, with three companions, she formally vowed to serve the poor. In 1753, just when Vérendrye's sons completed the cordon of French trade posts, the King of France recognized the religious community as the Sisters of Charity

---

<sup>12</sup>Anon., The Missionary Work of the Sisters, Grey Nun recruiting pamphlet (n.p.: n.d., [1927]), 2, GNAE.



of Montreal and handed them the work formerly undertaken by the old order of *Frères Hospitaliers*. The group took over the *Hôpital Général*, until then a crumbling, virtually defunct hospice for orphans and destitute patients; the order still occupies the site today.

Some affluent Montrealers referred to the first sisters as *grises*, or drunkards, in reference to their unusual behavior--despite their origin in the upper stratum of society, their lives rotated around the poor. As the term also means gray, Madame d'Youville adopted that color for her followers' clothing and thereby turned the sobriquet into a source of pride. Since then, the order has been known as the Grey Nuns of Montreal.<sup>13</sup>

Devotion to Mary played a central role in the sisters' lives. Founding members pronounced their first vows before a statue of the Virgin. When, in 1765, the *Hôpital Général* in Montreal burned to its foundations, the image miraculously survived. Ever after, the Mother of Jesus was felt to have a special role in guiding the sisters' work and in offering protection. A replica of the original statue adorns the entrance of every Grey Nun institution.

After 1840, the Montreal convent gave rise to units in Eastern Canada and the Northwest. By the end of the century,

---

<sup>13</sup>Ibid., 4

most large prairie settlements had a Grey Nun community. Other branches opened among French-Canadian immigrant communities in the United States. By 1927, the order counted 4000 members in 200 houses in North America. Wherever they went, the sisters operated schools and founded hospitals, developing in the process a cadre of highly skilled administrators and workers. In 1898, a nursing school opened at the order's *Hôpital Notre Dame* in Montreal. According to historian Pauline Paul, the unit began a system of training centers that matched the hospital "network" in extent and caliber. Grey Nuns took "a leading role" in the education of nurses in francophone Canada.<sup>14</sup>

From the start, the nuns sheltered abandoned infants. Haunted by the sight of a murdered newborn left on the ice of a Montreal river, Mother d'Youville opened the first hospice for foundlings in North America. By the turn of the twentieth century, close to fifty thousand "innocent victims" had received care. Without this facility, a 1927 recruiting pamphlet for the order pointed out, many would "never have received the grace of Baptism or contemplated the Beatific

---

<sup>14</sup>Fitts, Hands, 286-291. Pauline Paul, "The Contribution of the Grey Nuns to the Development of Nursing in Canada: Historiographical Issues," Canadian Bulletin of the History of Medicine (CBHM) 11 (1994): 207-17. For the importance of Paul's work on the Grey Nuns to nursing history, see Kathryn McPherson and Meryn Stuart, "Writing Nursing History in Canada: Issues and Approaches," CBHM 11 (1994): 3-22.

Vision." It was such work, said the author, that should motivate young women to enter the order: "The supreme value of a soul! Ah! there is the lever of action!"<sup>15</sup>

The order's concern for the physical and spiritual well-being of children, as well as its strong interest in education, led to involvement in the Indian missions of the far Northwest. That step, however, did not take place until almost a century after French traders had left the region. The English conquest of New France "paralyzed," in the words of Grey Nun author, "the religious consequences of the discovery of the West by M. de la Vérendrye." After 1757, his posts stood empty. Catholic priests did not reside beyond Lake Superior until 1818; few in number, they remained confined to the Red River settlement. Not until 1843 did the local bishop realize there was "something lacking" in his work, "something to complete it and to assure its success." He needed religious women "able to prepare young girls to perform the duties which God Almighty asks of Christian womanhood." The following spring four Grey Nuns left Montreal for St. Boniface, in what is now southern Manitoba. The voyage took two months.<sup>16</sup>

---

<sup>15</sup>Anon., Missionary Work, 2.

<sup>16</sup>Ibid., 4,6.

Fifteen years later, the nuns expanded into the upper portions of what are now the provinces of Alberta and Saskatchewan (a region sometimes called the "Middle North"). Sister Agnes, arriving at Isle-à-la-Crosse, in Chipewyan

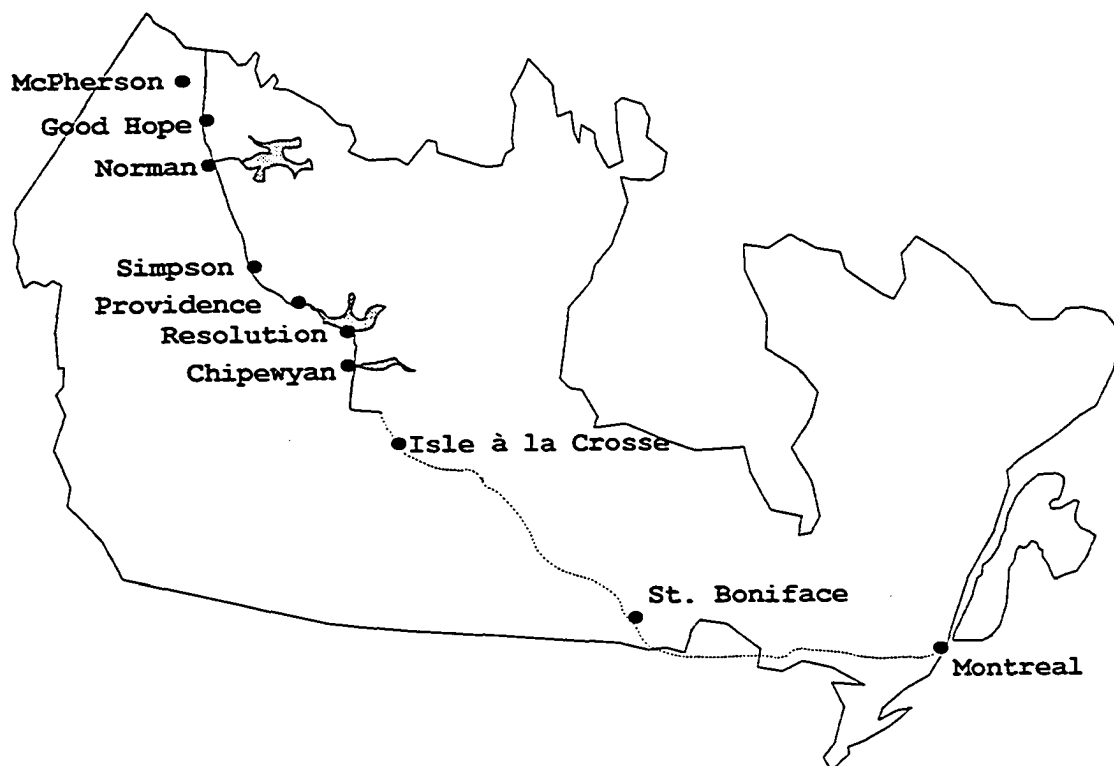


Fig. 4. Early missionaries' route to the Mackenzie District.

terrain, in 1860, vaccinated everyone in sight. A smallpox epidemic was making its way across the West, and she hoped to block its spread. Crawling into an Indian tent, she realized too late she had disturbed a group of "those who have dealings with the devil," as she put it, in the midst of a rite. After hearing her cause, they readily submitted to the protective medical procedure. Thus, she reached her "166th case."

Isle-à-la-Crosse, sixty days' canoe travel northwest of St. Boniface, stood directly on the fur traders' route to the commercial districts of Athabasca and Mackenzie. Very likely, French Canadian and Métis boatmen learned of the sisters' medical and teaching activities and took the news with them into the Far North. By the time four sisters occupied the newly constructed convent at Fort Providence, on the Mackenzie River, in 1867, some residents already knew what to expect.

At Providence, the nuns started an orphanage, a school, and a hospice for the sick. Later openings included boarding schools at Chipewyan (1874), Resolution (1902), and Aklavik (1925); day-schools at Smith (1917) and Simpson (1918); hospitals at Smith (1914), Simpson (1916) and Aklavik (1925). By that last date, almost sixty nuns from Quebec and the Northeastern United States staffed the Mackenzie institutions.<sup>17</sup>

---

<sup>17</sup>For details of the Grey Nun expansion into the Canadian northwest, see Albertine Ferland Angers, Les premières Canadiennes missionnaires (Montreal: Hôpital Général des Soeurs Grises, 1938). For an internal history of Grey Nun activities in the Far North, see R. P. Duchaussois, O.M.I., Femmes Heroïques. Les Soeurs Grises Canadiennes aux Glaces Polaires (Paris: Spes, 1928). Also R. P. Duchaussois, O.M.I., Les Soeurs Grises dans l'Extrême-Nord: Cinquante ans de Mission (Montreal: Grey Nun Printing House, 1917), which is identical to Femmes héroïques, but contains a few more photographs. The same material is available in a greatly condensed and simplified form as two booklets, Femmes heroïques, 1ère partie and Femmes heroïques, 2ème partie (Montréal: Rayonnement, [1959]). Also see Estelle Mitchell, Le soleil brille à minuit (Montreal, Librairie Beauchemin, 1970), an internal history of Grey Nuns at Fort Providence, Chipewyan, Resolution, Simpson, and Aklavik, 1867-1967.

Organized as the "*Province canonique de la Divine Providence*" within the Grey Nun order, the Mackenzie convents came under the control of the sister superior at Fort Smith, who was also the province's "mother superior." From time to time, a more senior officer, such as the "very reverend mother superior" from Montreal or her assistant, made a tour of inspection. Although Catholic priests functioned as *aumôniers*, personal spiritual guides and confessors to the sisters, they had no say in convent operations.

The local bishop paid the Grey Nun order an annual stipend for the sisters' presence, but could not interfere with convent finances. Religious brothers constructed and maintained the buildings, which remained the bishop's property. As well, they ran farms that supplied greens and milk, and assured a constant food supply through hunting and fishing. Still, inside the walls of schools and hospitals, nuns were entirely in charge.

Any deviation from that rule, or any hint that the sisters' interests were not fully served, led to reprimands from Grey Nun superiors to the prelate. Abject apologies followed. In 1923, for example, Bishop Gabriel Breynat backtracked from a decision to impose dietary restrictions during a campaign to save money and allocate resources toward founding a new mission on the Arctic Coast. The women's heavy

workload, he agreed, required "special attention"; otherwise, their health, "already too weakened," would suffer.<sup>18</sup>

**"Come and Wash us":  
Mission battles in the Mackenzie District:  
1850-1900**

In 1816, Abbé Eugène de Mazenod, concerned over the loss of faith among the poor in southern France, organized a few clerics to hold revival-like gatherings in rural settings. A decade later, the group received Rome's formal recognition as the order of Oblates of Mary Immaculate. One of its first foreign ventures involved the Diocese of Montreal, where, beginning in 1841, several members assisted in preaching to French-Canadian settlers. Father Alexandre Taché was among the handful of local clerics who soon joined the organization. When, in 1844, the bishop in charge of western missions asked for help, he and another Oblate answered the call.<sup>19</sup>

Within a year of his 1845 arrival at the bishop's seat in St. Boniface (in what is now southern Manitoba), Taché had opened a mission at the northern furtrade post of Isle à la

---

<sup>18</sup>Gabriel Breynat to Reverend Mother Girouard, 4 Sept. 1923, GNAE, file: Lettres pastorales, Mgr. Breynat. See also Father Duport's 1923 apologies to the local sister superior over a wrong of which the father had been unaware (OASA, file: Duport).

<sup>19</sup>Donat Levasseur, O.M.I., Les Oblats de Marie Immaculée dans l'Ouest et le Nord du Canada 1845-1967: Esquisse Historique (Edmonton: University of Alberta Press and Western Canadian Publishers, 1995), 21-36.

Crosse, directly on the route to the Mackenzie. There, he was soon joined by Father Henri Faraud, another Canadian. By 1850, the latter was staying at Fort Chipewyan, on Lake Athabasca, another five hundred miles to the northwest. It was here that a group of 150 Mackenzie District Indians "from near the Arctic Coast" approached him for details about his religion.<sup>20</sup>

The Indians, who had come to Chipewyan for purposes of trade, had heard of a faith that "makes people happy and allows them to live longer." By interrogating the Oblate, they hoped to learn more. Faraud happily complied, explaining, among other things, that his teachings would prevent their going to the "Devil's House." Delighted, his visitors promised to return. Shortly thereafter, elders representing "all the Indians" of Great Slave Lake requested the priest visit their homeland. Others, even more aged, they reported, refused to die without meeting the "Spokesman of the Powerful One"; they wanted the holy water that "cleans away evil actions." "Come and wash us," they asked, offering full compliance with whatever the cleric might request.<sup>21</sup>

---

<sup>20</sup>Levasseur, Oblats dans l'Ouest, 39-43, 73-76. Gaston Carriere, O.M.I., Dictionnaire biographique des Oblates de Marie Immaculée au Canada, vol. 2, (Ottawa: Editions de l'Université d'Ottawa, 1977), 19.

<sup>21</sup>Fernand-Michel, Dix-huit ans chez les sauvages: voyages et missions de Mgr. Henry Faraud (Paris: Régis Ruffet, 1866; n.p.: S.R. Publishers, Johnson Reprint Corporation, 1966), 112, 122-124.



In the spring of 1852, Faraud spent a month on Great Slave Lake with people from "every post" in the Mackenzie District: a crowd of well over a thousand. "No triumphant ruler arriving among his own people," he wrote, "ever received greater declarations of love and respect." Using multiple groups run by leaders, he taught them all to recite the Pater (the Lord's Prayer) and the Rosary. Polygamy posed a major problem to conversion, and Faraud spent "whole days and nights regularizing marriages." In the end, he baptized 168 people.<sup>22</sup>

Close to where Resolution stands today, the priest built a chapel and named it after Saint Joseph. Despite the brevity

---

<sup>22</sup>Fernand-Michel, Dix-huit ans, 150, 153-161. For the most egregiously hagiographic description of Faraud's first mission at Resolution, in which he is compared to the Messiah preaching to the Jews, see Mgr. Alexandre Taché, Vingt années de missions dans le Nord-Ouest de l'Amérique (Montreal: E. Sénécal, 1869; reprint, New York: Johnson Reprint Corporation: 1969), 51. Joseph-Etienne Champagne, O.M.I., Les Missions Catholiques Dans L'Ouest Canadien (1818-1875) (Ottawa: Institut de Missiologie de l'Université d'Ottawa: 1949), 83, 85. For another excellent "internal history" of Oblate activities in the Athabasca and Mackenzie Districts see Th. Ortolan, o.m.i., Les Oblats de Marie immaculée durant le premier siècle de leur existence: Cent ans d'Apostolat dans les deux Hémisphères. Tome IV. Au Canada 1861-1892 (Paris: P. Lethiellieux, 1932), especially chaps. XI, "Dans l'Athabaska, 1861-1890," 223-254; XII, "Au Grand Lac des Esclaves, 1861-1890" 243-254; XIII, "Au Mackenzie 1861-1892," 255-282; XIV, "Sur les rives de l'Océan Glacial Arctique, 1865-1892," 283-295; XV, "Au Yukon, 1861-1873," 297-308; XVI, "Perpétuels et dangereuses voyages, 1861-1892," 309-330, and XVII, "Autres tourments, autres misères," 331-344, focus on the missionaries' hardships and physical suffering. Chap. XVIII, "Les Missionnaires et la Science," 345-376, describes the missionaries' findings with respect to the physical world and the Indians, and how those contradict evolutionary science.

of his annual visits, the congregation continued to grow. Soon, the total of baptized Indians had reached three hundred. Many came for confession and communion. Devotion to the rosary remained strong. In 1858, the Oblates took up permanent residence at this post. The first priest was Father Henri Grollier, recently arrived from France, and a most eager apostle for the Catholic cause.<sup>23</sup>

Grollier had barely moved in when an Anglican minister crossed his path. Archdeacon James Hunter, the first Protestant missionary to enter the Mackenzie District, made a brief stop at Resolution. Determined not to let him be first to travel down the Mackenzie River, Grollier took passage on the same Hudson's Bay Company vessel. Cramped together, the two clergymen traveled to Simpson.<sup>24</sup>

Indians expressed delight at Grollier's presence. Many "already had some religious knowledge" because of contacts with Great Slave Lake residents, leading the father to expect high attendance at Sunday mass. His hopes were dashed when Mr. Ross, the Scottish and fervently anti-Catholic HBC chief

---

<sup>23</sup>Champagne, Missions, 114. Carrière, Dictionnaire, vol. 2, 114.

<sup>24</sup>Champagne, Missions, 119-120. For a biographical sketch of Hunter, see Archdeacon Mackay, "James Hunter," in Leaders of the Canadian Church, vol. 2, ed. Wm. Bertal Heeney (Toronto: Musson Press, 1920), 79-85; also Wilma MacDonald, Guide to the Holdings of the Archives of the Ecclesiastical Province and Dioceses of Rupert's Land (Winnipeg: St. John's College Press, 1986), 178.

factor ordered his immediate departure. The official vowed to keep Catholics out of the area for good, and requested support for that policy from Company headquarters. Anglicans stood to gain the entire Mackenzie. Quite the opposite, however, happened.<sup>25</sup>

Hunter, who only stayed a year, was replaced by the Reverend William W. Kirkby. As the latter made his way north, Father Grollier followed, this time armed with a pass from the HBC governor. At Simpson, the Oblate found most Indians still "faithful" to the Roman cause. At Norman, he baptized only five, against the Anglican's fourteen. At Good Hope, the opposite happened: people had already learned Catholic devotions from Métis oarsmen on HBC boats. As a result, Kirkby's visit had "not made much of an impression."<sup>26</sup>

From his Good Hope base, Grollier visited all sites where Anglicans had gained adherents. At Norman, in 1860, he convinced several Indians to shift allegiance. At McPherson, on the Peel River, his concern over Protestant victory was

---

<sup>25</sup>Pierre Duchaussois, O.M.I., Mid Snow and Ice. The Apostles of the North-West, translated from Aux Glaces Polaires by Thomas Dawson O.M.I. (Buffalo: Missionary Oblates of Mary Immaculate, 1937), 316, 275. Champagne, Missions, 115. Frank A. Peake, The Bishop Who Ate His Boots: A Biography of Isaac O. Stringer (Toronto: Anglican Church of Canada, 1966), 16. Duchaussois, Mid Snow, 316.

<sup>26</sup>Duchaussois, Mid Snow, 317. Champagne, Missions, 123. For a thumbnail biography of Kirkby, see MacDonald, Guide, 178. Gould, Inasmuch, 135.

such he "thought it prudent to baptize 65 Loucheux and 4 Eskimos," although he could not speak their language and spent little time with the candidates.<sup>27</sup>

Returning a year later, Grollier faced solid opposition. Influential Loucheux, previously sympathetic, voiced disgust with his precepts. The Reverend Kirkby, so the Catholic version of the story goes, had distributed tobacco and tea as he discarded Roman crosses and images. The French religion, he told Indians, was dead; a priest "would never come again." Through "promises, gifts, threats and actual constraint," he gained allegiance. The HBC manager helped by "refusing necessities" to all who had prayed with Grollier. Most capitulated.<sup>28</sup>

Refused lodging and food, Grollier survived on what he caught in the river. When, suddenly disabled by asthma, he entrusted his net to local boys, they deliberately "spread it where there were no fish." The priest could only fret while the Reverend Kirkby, "in robust health, with plenty of money and provisions, and favored by all the officials", made converts in remote bands. Returning to Good Hope, the father left behind what Oblates sarcastically referred to as "tobacco

---

<sup>27</sup>Duchaussois, Mid Snow, 320.

<sup>28</sup>Ibid., 320, 325; Champagne, Missions, 122.

Christians," Anglican converts supposedly purchased with material goods.<sup>29</sup>

Father Jean Séguin and Brother Patrick Kearney, arriving at Good Hope in 1861, found not the healthy, "chubby" Oblate they expected, but "a broken-down invalid who was only skin and bone, nearly always panting for breath." Grollier's fractured state, however, extended beyond the physical. His intense zeal and penchant for expiatory suffering made it difficult to relate to others. Even at Good Hope enthusiasm for his presence had dwindled; few Indians joined the Church. The priest died with little to show for his efforts.<sup>30</sup>

The Good Hope mission, Oblates latter told the outside world, had proven "extremely difficult because of the degradation of the Hareskins." The tribe still practiced infanticide. At times of hunger, they abandoned the elderly and the sick. Worse, they "did not hesitate to feed themselves on the meat of their children." Marital ties lacked substance, vows being easily broken by the "caprice" of the husband. No wonder Grollier's efforts to convert them had failed. "Apart from a few, all remained deaf to his calls."

---

<sup>29</sup>Duchaussois, Mid Snow, 317, 321, 325.

<sup>30</sup>Champagne, Missions, 120. Carrière, Dictionnaire biographique des Oblates de Marie Immaculée au Canada, vol. 2 (Ottawa: Editions de l'Université d'Ottawa, 1977), 179-180.

The priest, in the words of several popes in later years, became the "Martyr of the Cold."<sup>31</sup>

Be that as it may, Indians became much friendlier with Grollier's successor. Very shortly, numerous conversions took place. Father Séguin graciously credited his deceased colleague, certain he was interceding in heaven. The new priest's friendliness brought company where his predecessor had suffered isolation. Indeed, the Oblate was not averse to traveling with his Anglican opponent, sharing food and providing a helping hand during arduous voyages. In 1862, for example, he undertook a trip to the Yukon "in a friendly way" with Robert McDonald, who had just arrived to uphold the Protestant cause among the Loucheux.<sup>32</sup>

Every summer, from 1862 through 1868, Séguin journeyed to McPherson. Finally, a wise old woman told him there was no point. MacDonald had taken an Indian bride; her influence was such the Catholics stood no chance. Only the eastern Loucheux, from around Arctic Red River, forty miles closer to

---

<sup>31</sup>Champagne, Missions, 120. Duchaussois, Mid Snow, 275. Gabriel Breynat, O.M.I., Cinquante Ans au Pays des Neiges, I. Chez les Mangeurs de Caribous (Montreal: Fides, 1945), 103-104.

<sup>32</sup>Anon. [possibly Bishop Grouard], "Vicariat Apostolique d' Athabasca-Mackenzie," hand-written manuscript, p. 6, OAY, file 2A6, Casulo, Mgr. Andréa, Délégué Apostolique. Champagne, Missions, 122. For a biography of McDonald, see A.C. Garrioch, and Bishop Stringer, "Robert McDonald" in Heeney, Leaders of the Canadian Church, vol. 2, 111-132; also MacDonald, Guide, 181.

Good Hope, remained loyal to the Oblate. Séguin built a small chapel in their midst. While he soldiered at that northernmost Catholic mission, other Oblates labored in the Mackenzie's southerly reaches.

**Oblate Initiatives in the Southern Mackenzie District:  
Rae, Fort Providence, and Fort Resolution**

In 1861, Bishop Vital-Justin Grandin chose a site on the northeast shore of the Mackenzie, a day's travel from Great Slave Lake, for his episcopal seat. The new mission, named Fort Providence, was to include a school, an orphanage, and an inpatient facility. The Sisters of Charity of Montreal, or Grey Nuns, arrived six years later to staff those works of charity. Hardly had they set foot on shore when "sick and infirm people and little children" crowded their building, named the *Hôpital du Sacré Coeur*, the Hospice of the Sacred Heart of Jesus. Within weeks, Sister Saint-Michel-des-Saints was teaching eleven youngsters. By 1869, thirty-five children, twenty-seven of them orphans, lived at the institution. "Epidemic illness," whose exact nature was not recorded, had killed many adults.<sup>33</sup>

---

<sup>33</sup>de Vaulx, *Histoire*, 498. Carrière, *Dictionnaire*, vol. 2, 106-7. Martha McCarthy, "The Founding of Providence Mission," *Western Oblate Studies*, 1 (1990): 37-49. René Fumoleau, O.M.I., *As Long As This Land Shall Last: a History of Treaty 8 and 11: 1870-1939* (Toronto: McClelland and Stewart, [1975]), 323.

For fifty years Fort Providence remained the major Catholic center in the North. Until 1903, children from throughout the Mackenzie District lived in its dormitories. Then, with the founding of a Grey Nun residential school at Fort Resolution on Great Slave Lake, its drawing area diminished to the Mackenzie River proper. As before, a very high proportion of students came from Fort Good Hope, 642 miles to the north, whose Indians had become among the most devoted in the vicariate. The hospice, meanwhile, remained the district's only nursing facility until a hospital opened at Smith, in 1914, and at Simpson two years later. By that time, a new bishop had shifted his seat to Fort Resolution, within easier reach of the South.

Throughout the decades that it reigned supreme among the Mackenzie missions, Providence existed in an all-Catholic and almost entirely French-speaking world. No Protestant minister ever settled nearby, nor did transient clergymen try to proselytize the local population. The presence of Anglicans never went beyond their smiling visits as, during brief stops of Mackenzie River vessels, they paid courtesy calls to the sisters.

Fort Rae, on the north arm of Great Slave Lake, also became a solidly Catholic community. Father Grollier first visited the Dogribs at this site in 1859. To mark his fight against the first Protestant missionary the previous summer,



he called the mission after St. Michael, who had slain the dragon. He baptized eighty children and several dying adults. Three years later, when Monseigneur Grandin spent time at the post, it appeared to the prelate that "the Dog-Ribs were already Catholic before being Christian," in the sense that they earnestly desired access to the sacraments. They did not argue over dogma; it sufficed to "preach and instruct." In less than half a decade, virtually all underwent baptism. From 1871 on, a cleric stayed with them year-round.<sup>34</sup>

Within a very few years of Christian missionaries' arrival in the Mackenzie District, long-term patterns of religious allegiance were already set. Virtually all the Chipewyans, Yellowknives, Dogribs, and Hareskins joined the Roman faith. The majority of Slaves followed suit, except for two small Protestant pockets at Simpson and Norman, accounting for perhaps a hundred and fifty souls. Only in the very northern end of the Mackenzie Valley, at McPherson, did Anglicans obtain a solid following of, at the most, three hundred. Between 1867 and 1927, within the borders of what is today the Northwest Territories, the total number of Indians allied to the Anglican church barely reached that of a small-city church. The total figure never exceeded six hundred.

---

<sup>34</sup>Champagne, Missions, 117, 183. Fumoleau, As Long, 324.

Geography and nomenclature camouflaged the vastly inferior Anglican position. In 1862, the Catholics organized their missions into an apostolic vicariate that included the terrain of two HBC commercial districts: Mackenzie and Athabasca. Nine years later, the Anglicans followed suit, creating a diocese with the same boundaries. The total population, said Protestant publications, came to 10,000, "of whom half were Roman Catholic, 3,000 Anglican, and the remainder heathen." The wishful figures hid the very small size of the Anglican congregation on Great Slave Lake and beyond.<sup>35</sup>

A person entering the Mackenzie District from the south, just below Fort Smith, would have to boat over six hundred miles before coming to a Protestant mission. Approaching Simpson, he would see from afar the spire of the only Anglican church in the North, just completed with help from the HBC Factor. Here, the Reverend and Mrs. Kirkby made their home. Another 750 miles separated them from their nearest colleague, the Reverend McDonald, at McPherson (if he was not off in the Yukon, as was most often the case). A third cleric, William

---

<sup>35</sup>H. A. Cody, An Apostle of the North: Memoirs of the Right Reverend William Carpenter Bompas D.D., First Bishop of Athabasca 1874-1884, First Bishop of Mackenzie River 1884-1891, First Bishop of Selkirk (Yukon), 1891-1906 (New York: E. P. Dutton, 1908), 182. Eugene Stock, The History of the Church Missionary Society: Its Environment, its Men, and its Work. In Three Volumes, vol. 2 (London: Church Missionary Society, 1899), 609-611. Gould, Inasmuch, 136-7.

Carpenter Bompas, who arrived from England in 1865, had a "roving commission," permitting travel throughout the diocese as conditions demanded.<sup>36</sup>

**The Anglican Campaign to take back Catholic-dominated missions: 1876-1892**

Very quickly, the churches' work had little to do with primary evangelization, but with capturing souls already garnered by the other side. Although such conversions remained extremely rare, the battle became a central driving force of mission activity for three-quarters of a century. Oblates always dreamed of returning to McPherson; Protestants, of making of inroads on solidly Catholic communities.

In 1876, Bompas, now the Anglican bishop, organized the first diocesan meeting. In terms of breaking Catholic dominance, he faced a daunting task. It remained "a melancholy fact" that there was still but one Anglican church in his domain. Meanwhile, Roman consolidation was everywhere

---

<sup>36</sup>Cody, Apostle, 166, 223. For Bompas' calling and early mission activities see Gould, Inasmuch, 135, 231; Stock, History, 605, 609. For a biographical sketch of Bompas, see H. A. Cody, "William Carpenter Bompas," in Leaders of the Canadian Church, vol. 2, 253-284; MacDonald, Guide, 174; Owsley Robert Rowley, The Anglican Episcopate of Canada and Newfoundland (London: A. R. Mowbray, 1928), 63. A hagiography geared to children, which largely rehashes material from Cody's Apostle, is R. M. Nigel, Bishop Bompas of the Frozen North: The Adventurous Life Story of a Brave & Self-Denying Missionary Amongst the Red Indians & Eskimos of the Great Northwest (New York: George H. Doran Co., 1925); it contains numerous fanciful illustrations.

evident. At Fort Smith a trading post had recently opened and a priest made regular visits. At Fort Norman, Oblates had recently installed a missionary. Nevertheless, the Protestant prelate exuded confidence.<sup>37</sup>

Several years of "deputation work," preaching for the missions in Britain, had brought Bompas staff and funds. Three ordained men, and seven "catechists," four of native origin, spread the gospel. The lack of training bothered Bompas little; his evangelical perspective made an expert of anyone who could read a Bible and was willing to spread the Word. At the 1876 Simpson gathering, each man was assigned a northern settlement already well in Oblate hands. Little, however, came of it; a decade later, Anglican adherents had not increased. At Norman, not a single family transferred allegiance. Father George Duçot, who had built a lovely Catholic church, nurtured a congregation of "fervent Christians." At Liard, Oblates kept their following intact. At Rae, the Protestant congregation, if it ever really existed, remained minuscule. At Resolution, Anglican adherence consisted of a few Métis families of Scottish background. All in all, it was a most discouraging picture.

---

<sup>37</sup>Cody, Apostle, 162, 185. See Gould, Inasmuch, 138, for hagiographic comments on Mrs. Bompas. For Anglican activities between 1874-76, see Gould, Inasmuch, 138, and Cody, Apostle, 162-170.

Just then, however, a rush of evangelical energy from the south injected new enthusiasm.<sup>38</sup>

In 1886, the Student Volunteer Movement, dedicated to dissemination of Christ's message around the world, originated in the United States. As the fervor spread to Protestant campuses and church organizations in Canada and England, eager young men offered themselves for mission work. David N. Kirkby (son of the Kirkby who had worked in the region thirty years earlier) and John W. Ellington, soon joined the diocese. At a special Simpson service, with all Mackenzie staff present, the recruits were admitted to the diaconate. Buoyed by the new mission spirit, Anglican staff set out once more to expand their church's following.<sup>39</sup>

A diocesan school, all agreed, would do wonders. Placed at Fort Resolution, it would have a positive influence on other posts in the region. The task of founding the institution went to the Reverend W. Spendlove. Another young man, John Hawksley, went to Liard. Catholics would no longer have sole run of the place. The Anglican diocese, it seemed,

---

<sup>38</sup>Duchaussois, Mid Snow, 299. For details of 1876-86 Anglican staff names, sites and buildings see Cody, Apostle, 166 (footnote), 180-182, 217, 219, 224, 229, 230, 237, 248 and Gould, Inasmuch, 140-141.

<sup>39</sup>Cody, Apostle, 238, 241.

would finally prosper. That hope, however, once again proved false.<sup>40</sup>

Ellington lost his mental composure and had to be shipped back to England. The mission at Rae, unable to gain converts, closed its doors in 1888. At Liard, Hawksley lasted but briefly. His affable replacement, Thomas J. Marsh, had an easier time of it, and got along famously with the priest. Still, he obtained few converts; by 1892, he too had left the post. No Anglican remained on site thereafter. At Resolution, the schoolmaster-cum-missionary made little headway. Henry Toke Munn, traveling through, found the Catholic mission "well installed" and the caliber of the priests "remarkable." The Anglican mission, however, was a "very sorry affair, run by a common little man called named Spendlove."<sup>41</sup>

The Catholics, meanwhile, made a new assault on Fort McPherson. In 1889, Father Constant-Alarie Giroux, fresh from France, built a chapel-cabin in the Anglican stronghold, and made it clear he meant to use it as a base for missions among the Eskimo on the nearby Arctic Coast. Thirty years had elapsed since Father Petitot first visited these people. Now,

---

<sup>40</sup>Ibid., 243.

<sup>41</sup>Ibid., 248. Duchaussois, Mid Snow, 281. Henry Toke Munn, Prairie Trails and Arctic Byways (London: Hurst and Blackett, 1932), 53.

the Roman Church hoped to resume that work. Indeed, in 1890, the Catholic Auxiliary Bishop, Monseigneur Emile Grouard, scouted the Mackenzie Delta in the company of a young Canadian priest, Father Camille Lefebvre.<sup>42</sup>

Every year thereafter, Lefebvre made a summer voyage to Herschel Island, at first from his base at Good Hope, and later, when he moved in with Father Giroux, from McPherson. The journey brought contact with Eskimos and allowed trade with whalers based on the island since 1889. It was cheaper to purchase goods here than to have them shipped the full length of the Mackenzie by HBC steamer. Moreover, the whalers paid top prices for the furs Oblates obtained each year from Indians through donations and barter. At Good Hope, Arctic Red River, and McPherson, as at many other posts, the Catholics maintained a store in the mission.<sup>43</sup>

The Oblates' new endeavors and the failed Protestant conversion campaign probably pushed Bishop Bompas into leaving this frustrating mission field. Despite lofty rhetoric in Church publications, the size of his congregation had not changed a whit in decades. For reasons that remain obscure, but hint at unpleasant relations with Simpson's white community, the prelate moved away to more isolated Fort

---

<sup>42</sup>Duchaussois, Mid Snow, 334-335.

<sup>43</sup>Ibid., 335.

Norman. When, in 1890, his enormous domain was split into three dioceses--Athabasca, Mackenzie, and the Yukon--Bompas assumed leadership of the last. He now lived among an exclusively Anglican population of Indians. The Reverend William Day Reeve became the Mackenzie's new prelate.<sup>44</sup>

Two bright spots fueled Reeve's enthusiasm. The Student Volunteer Movement brought him several highly motivated, bright young men from the University of Toronto. Foremost among these was Isaac Stringer, who arrived in 1891. Father Camille Lefebvre's challenge on the Arctic Coast had fired his zeal. Determined to block an Oblate advance, the young minister wanted nothing more than to be sent to Herschel Island. Three years later, he first visited that location and made arrangements with the whalers to rent their on-shore quarters. In time, he became the year-round guardian of their property as well as their storekeeper. In company with his wife, a registered nurse, and her uncle who conducted a trading post out of the mission, Stringer lived on the island

---

<sup>44</sup>Gould, Inasmuch, 141. MacDonald, Guide, 183. For Bompas' residence at Norman, see Cody, Apostle, 249, 252. For a female hagiographic perspective on Bompas's tenure in the Mackenzie District see [Mrs] S. A. Archer, A Heroine of the North: Memoirs of Charlotte Selina Bompas (1830-1917), Wife of the First Bishop of Selkirk (Yukon) (London: Society for Promoting Christian Knowledge, 1929), 1-122; for comments on division of the diocese into three, see 120-121. For episcopal history of the Dioceses of Athabasca and Mackenzie, see Rowley, Anglican Episcopate, 272, 274, and A. R. Kelly and D. B. Rogers, The Anglican Episcopate of Canada (Toronto: Anglican church of Canada, 1961), 187, 189. For a biography of Reeve, see Rowley, Anglican Episcopate, 98 (photo) and 99.



until 1901, catering to multiple needs on the part of the Eskimo. In the process, he put an end to Catholic hopes of gaining adherents in the region.

Hostility to Fathers Lefebvre and Giroux became so intense at McPherson, open violence seemed certain. When, early in 1897, Indians tried to burn down their mission, the Oblates could take no more and withdrew. Giroux continued to minister to fifty or so loyal Loucheux at Arctic Red River. Lefebvre moved on to more southerly posts. In time, he became the Mackenzie Vicariate's purchasing officer and accountant; based at Edmonton, he coordinated each new Oblate undertaking. Between 1924 and 1926, he played a major role in planning for a Catholic hospital at Aklavik, in the midst of the very region he had been forced to abandon thirty years earlier. It was a sweet victory; one suspects he relished it thoroughly.<sup>45</sup>

In the early 1890s, of course, no one could have predicted that turn of events. At the time, fortune appeared to favor the Protestants. At McPherson, a jubilant Bishop Reeve reported to mission headquarters in London, there were 410 Anglican Indians, 120 of them communicants. The high figure included all the Loucheux who traveled between the Yukon and the Mackenzie District. In what was surely an excessive claim, he described how, despite difficult

---

<sup>45</sup>Carrière, Dictionnaire, vol. 2, 291.

circumstances, the local missionary gave school classes. There were eighty children "whose desire to learn overcame all obstacles."<sup>46</sup>

In addition to the McPherson and Herschel Island victories, an initiative at Hay River was rapidly bearing fruit. The Reverend Marsh, transferred from Liard, found a receptive audience among Indians who had never treated Oblates kindly. In the late 1860s, a first Catholic mission had ended in tragedy when Brother Hand "drowned" while tending nets; the body was never found. Not until later did a local Indian admit to being responsible. Meaning to shoot a wild duck, so his story went, he had gunned down the cleric instead. The remaining Oblate "missed the brother so much" he returned to Fort Resolution. Worry about further "accidents," one suspects, may also have played a role.<sup>47</sup>

For the next ten years, Oblates paid Hay River only brief annual visits; in 1878 they stopped entirely. While, from time to time, Anglican catechists worked among the local population, the Catholic cause went undefended. In 1893, Marsh opened a permanent mission and, within twelve months, a

---

<sup>46</sup>Peake, Bishop, 16.

<sup>47</sup>Duchaussois, Mid Snow, 292.

boarding school. That same year, when the Catholic bishop stopped in to address the Indians, they refused to hear him.<sup>48</sup>

**Consolidating the final mission pattern:  
The Oblate victories of 1894-1900**

The 1894-1896 period was the Anglicans' most glorious. For the first time they possessed an unopposed mission on Great Slave Lake. Their boarding school matched the Catholic one at nearby Fort Providence. Oblate doggedness and Protestant scandal, however, soon spoiled the happy picture. During the last six years of the century, Oblates made a number of bold counter-moves. In 1894, they opened a permanent mission at Simpson, seat of the Anglican bishop. Father Laurent-Anaclet Brochu was the first, as one church history put it, "to be nailed to the Cross" in that difficult posting. Despite opposition from the entirely Protestant white community, the father slowly succeeded "in bringing back many sinners to their duty and repentance." Half the Indian population had been baptized earlier by an Oblate priest; most returned to the fold. By 1900, the Roman congregation numbered over 125.<sup>49</sup>

---

<sup>48</sup>Fumoleau, As Long, 327; Mid Snow, 292.

<sup>49</sup>Duchaussois, Mid Snow, 274-275. Carrière, Dictionnaire, vol. 1, 139-140.

Over the years, the standing of Simpson's Anglican mission declined from harboring a bishop to housing a minister, and at times, a mere catechist or even no one at all. In contrast, the Catholic undertaking gained in importance. By 1916, the Oblate staff included a priest, several Oblate brothers, a half dozen Grey Nuns, and a number of native helpers. Beside a new, large Oblate residence stood a day-school, farm buildings, and a hospital that served the entire Mackenzie River population.

At Fort Resolution, where an Anglican missionary competed unsuccessfully with Oblates for twenty-two years, the Protestant effort came to an abrupt and embarrassing end in 1895. In consonance with his unusual name, Spendlove's relations with the unmarried Protestant schoolteacher exceeded contemporary Christian norms. The two left the North very suddenly. The Anglican manse later became a place of ill repute, where liquor and other delights were available at a price. In time, the Catholic father purchased the building and used it as a residence for native employees.<sup>50</sup>

The Oblates maintained their virtual monopoly on Great Slave Lake and the Mackenzie River. In 1897, they tightened their grip with the opening of a new mission at Fort Wrigley, 134 miles north of Simpson on the Mackenzie. Three years

---

<sup>50</sup>Res. Codex, 26 Nov. 1902, n.d. April 1910, 4 June 1918.

later, two Oblates settled in at Hay River, and found only "three aged half-breed women" openly loyal to the Catholic faith. Still, there was cause for optimism: the habits of Anglican adherents were not as solidly anti-Roman as the minister might have hoped. Indeed, someone reported that many fingered the rosary as Marsh "preached to them in English." Within a decade, half the population of 140 attended Catholic services.<sup>51</sup>

Oblates clearly held the allegiance of the vast majority of Mackenzie Valley Indians. Between Fort Smith and Fort Good Hope, no more than 150 to 200 Indians attended Anglican services, while 3,000 adhered to the Catholic Church. Anglican ministers functioned at just three missions: Hay River, Simpson, and McPherson. Only the last stood unopposed by a Roman cleric. In contrast, Oblates functioned unopposed at seven sites: Smith, Resolution, Rae, Providence, Liard, Wrigley, and Fort Good Hope. Anglican efforts at proselytization had gotten nowhere.

**Changes in Mission Administration:  
Gabriel Breynat and James R. Lucas**

In 1901, the Catholic Vicariate of Athabasca-Mackenzie split into two, each with its own bishop. The more northerly jurisdiction became the Vicariate of the Mackenzie. Gabriel

---

<sup>51</sup>Duchaussois, Mid Snow, 292-3.

Breynat, its newly named prelate, controlled nine permanent missions, a combined boarding school and orphanage, and a staff of thirty-seven: twelve priests, thirteen brothers, and a dozen Grey Nuns. On the Anglican side, an opposite process took place.

Separate bishops had headed the Anglican Dioceses of Athabasca and Mackenzie for a dozen years. Now, lack of money made it necessary to assign oversight to a single leader. In 1902, Bishop Reeve of the Mackenzie assumed responsibility for both. When he resigned five years later, no one took his place. For the next six years, the Mackenzie had no resident Anglican prelate. Instead, it was "under commission" to a distant archbishop in Winnipeg.<sup>52</sup>

The situation allowed a lackluster minister, the Reverend James Richard Lucas, then posted at Simpson, to become the region's most senior cleric and its *de-facto* administrator. In 1906, he was named Archdeacon of the Mackenzie Diocese and, shortly afterwards, secretary-treasurer. In 1913, when endowment funds once again permitted appointment of a local bishop, he received the nod. The assignment would have startled prior Anglican prelates, had

---

<sup>52</sup>Elizabeth McCrum, A Register of Service: The Centennial History of the Anglican Diocese of Athabasca (Peace River: Diocese of Athabasca, 1976), 45-46.

they still been alive. The new prelate's early career had shown little evidence of leadership qualities.

Lucas first arrived at Fort Chipewyan in 1891. Two years later, his English fiancée traveled north for the wedding, as did her sister. While the two women ran the small mission day school, he wrote his sermons. In every other respect, however, the young minister disliked work. He refused, for example, to keep weather records for the federal government, a chore performed by his predecessors for a dozen years. In return for this small duty, the cash-strapped diocese received "welcome remuneration." The Anglican bishop of Athabasca had to take over the job, collecting weather data in a more southerly location.<sup>53</sup>

Lucas also hated to travel; only rarely did he leave home. During an eight-year stay at Chipewyan he made "very few trips" to native camps, and brought not a single new member into the congregation. Content to preach to a small flock of English-speaking Métis, descendants of Orkney fishermen employed by the Hudson's Bay Company, he built no bridges to the Indian community.<sup>54</sup>

Very likely, Lucas' transfer to Simpson had something to do with his lack of mission fervor. Service to Indians, while

---

<sup>53</sup>Rowley, Anglican Episcopate, 178-179.

<sup>54</sup>McCrum, Register, 31-32.

important, did not play a primary role in this important fur-trade post, headquarters for the entire HBC Mackenzie District. The community of European males, with their "half-breed" wives and children, supported a small English-speaking congregation. If he possessed the right personality, the clergyman functioned much like a parson in a British hamlet. As we will see, Lucas failed to meet the requirement.

Lucas remained at Simpson for a dozen years. Very quickly after becoming a bishop, he arranged to have a panhandle-shaped area, the so-called "Chipewyan pocket" (at the most southerly extremity of his domain, outside the Northwest Territories, in the Province of Alberta), added to his domain. Then, he moved the episcopal seat from Simpson to Fort Chipewyan. During the next twelve summers, dressed in his episcopal suit, he traveled north in a passenger cabin on a river steamer, stopping briefly at Hay River, Simpson, Norman, and McPherson. In 1926, disgraced by Catholic advances in the Mackenzie District, he resigned.

Throughout his career, Lucas faced Gabriel Breynat, Catholic Bishop of the Mackenzie. Indeed, circumstances pitted two men of identical age, with remarkably similar early careers against each other. The two men were born just six weeks apart in 1867, the former in France, the latter in England. Each grew up believing in the superiority of his own nation, and the perfidy of the one across the Channel. Both



pursued formal theologic training in their home country, Breynat in the highly structured setting of an Oblate seminary; Lucas at an evangelical mission training center.

Both men were ordained to the priesthood at age twenty five. Both headed for posts on Lake Athabasca, in northern Alberta: Breynat at Fond du Lac, Lucas at Fort Chipewyan. By 1902, each had moved north to the Mackenzie River, where they lived in adjacent posts. Before age forty, they had attained top positions in the region--Breynat because of his remarkable skills at organization and staff management; Lucas because he happened to be available at a time of Anglican near-collapse.

By 1926, Breynat had achieved international recognition and was a favorite with the Vatican. Lucas, discouraged and humiliated, utterly devoid of prestige within his church, had resigned. No one was appointed to replace him. Shortly, the Anglican Diocese of the Mackenzie disappeared from the ecclesiastic map. Work above the treeline went to a newly established Diocese of the Arctic, which catered almost entirely to Eskimos. The Mackenzie and its Indian missions became a mere backwater to the Diocese of Athabasca. Meanwhile, the Catholic Vicariate of the Mackenzie flourished. In large part, the vastly different course of the Roman and

Protestant jurisdictions paralleled their role in providing medical care to the region's native peoples.<sup>55</sup>

---

<sup>55</sup>Ibid., 80-81. The formal transfer of the Diocese of the Mackenzie to that of Athabasca took place on 21 Dec. 1933.

## CHAPTER 3

**"FOR HUMANITY'S SAKE ALONE":  
PHYSICIANS IN THE MACKENZIE DISTRICT  
1890-1930**

According to some authors, the Mackenzie District presented an extreme case of "governmental lag," with no federal agencies taking a direct role in health or education until after World War II. That impression, however, ignores the sizable financial support given to missions for providing such services, the inspection of schools by government agents (both for the quality of the teaching and the healthful environment), and the presence of medical men employed by the North West Mounted Police and the Department of Indian Affairs.<sup>1</sup>

Government physicians among the Indians and Eskimos, in the North as elsewhere in North America, have received almost no scholarly attention. In Canada, a single hagiography (of Leslie Livingstone, who worked at Aklavik after 1938, and who

---

<sup>1</sup>R. A. Philips, Canada's North (Toronto: Macmillan, 1967), Chapter 12, quoted by June Helm et al., "The Contact History of the Subarctic Athapaskans: an Overview," in Proceedings: Northern Athapaskan Conference, 1971, vol. 1, ed. Clark McFadyen, Canadian Ethnology Service Paper No. 27. National Museum of Man Mercury Series (Ottawa: National Museums of Canada, 1975), 303-349, p. 326-327.

was in fact a poorly trained physician and alcoholic) constitutes the entire *opus*. In the United States, the findings are no greater. The deficit surprises, since physicians' attitudes toward native peoples had a great deal to do with the theoretical and practical aspects of health care policies.<sup>2</sup>

What follows here are descriptions of the character and conduct of most of the sixteen medical men, including those not on government payrolls, who worked in the Mackenzie District prior to 1929. It is folk knowledge among northerners that the area has long attracted southern "losers," people who could not make it elsewhere; the gallery of physicians certainly includes several of that ilk. However, it also showcases some of the finest people one might ever hope to meet. As was so often true of clerics, their ability to get along and to defuse conflict influenced events far more than did their professional expertise. All are presented here in geographic order by the site at which they practiced, proceeding from near the Alberta border northward to Great Slave Lake, the Mackenzie River, Fort McPherson, and the Arctic Coast.

---

<sup>2</sup>Dudley Copland, Livingstone of the Arctic (Privately printed, 1967; n.p., Canadian Century Publishers, 1978).

**"Catering to an Occasional Invalid":  
Medical Officers Employed in the Fur Trade**

Medical men served in Canada's North from the earliest days of the fur trade. In 1669, the Hudson's Bay Company hired Peter Romulus, an apothecary (a contemporary term for general practitioner) in London and sent him across the Atlantic on the Wivenhoe. In 1693, a doctor at Fort Albany was killed by a deranged blacksmith. Another surgeon kept busy at Fort York during its French occupation. After a massacre by hungry Indians in 1712, he was one of the few survivors.<sup>3</sup>

Given the small size of the European population at fur-trade posts, and the long seasons when Indians remained in far-away hunting grounds, it does not surprise that surgeons filled non-medical roles. In 1717, at Fort York, Governor Knight put the doctor in charge of selecting a permanent trading site on the Churchill River. Other medical men rose through the hierarchy, eventually taking charge of an entire

---

<sup>3</sup>Agnes C. Laut, The Conquest of the Great Northwest. Being the story of the Adventurers of England known as the Hudson's Bay Company. New pages in the history of the Canadian Northwest and Western States, vol. 1 (New York: Outing Publishing Co., 1908), 125, 232. J. B. Tyrrell, ed., Documents Relating to the Early History of Hudson's Bay (Toronto: Champlain Society, 1931), 19. Father Gabriel Marest, S.J., "Letter from Father Marest," in Tyrrell, Early History, 109. [Nicolas] Jérémie, Twenty Years of York Factory, 1694-1714: Jérémie's account of Hudson Bay and Hudson Strait, trans. R. Douglas, J. N. Wallace (Ottawa: Thorburn and Abbott, 1926), 40.

fort. Thomas Hutchins, a surgeon at York in 1763, was later in command at Albany.<sup>4</sup>

When no doctor was on staff, medical duties went to other officers. In 1821, at Fort Widderburn on Lake Athabasca, George Simpson requested of Mr. Oxley, who thought a lot of himself because he held a military commission, "the favor of his Dressing a Blister which had been applied to one of the Indians." Oxley objected, claiming that was not part of his duties; others "should take their turns of the Surgical operations." Simpson reminded the laggard he had precious little to do apart from "occasionally administering to an invalid."<sup>5</sup>

Long practice at amateur healing made some traders comfortable in dealing with many problems. Well-trained medical men, to the contrary, gradually lost expertise. Dr. Mackay, known to the Indians as "One-Bye," began his fur-trade career at Simpson, the chief post in the Mackenzie District, around 1860. When regional headquarters moved to Chipewyan late in the century, he was the senior trader. Numerous outstanding qualities made him a superb manager. Other

---

<sup>4</sup>Knight, "Knight's Journal," in Tyrrell, Early History, 33, including footnote 1. Tyrrell, Early History, 263, footnote 1.

<sup>5</sup>George Simpson, Journal of Occurrences in the Athabasca Department by George Simpson, 1820 and 1821, ed. E. E. Rich, (Toronto, Champlain Society, 1938), 234.

employees praised him as "a staunch H.B.C. man, sound and reliable with first-class judgment and long experience in the management of districts and posts, as well as accounts and medicine." Such glowing tribute, however, lost sight of the fact that the doctor's therapeutic skills no longer measured up, as he himself well knew.<sup>6</sup>

In 1893, when Gabriel Breynat, then still a priest on Lake Athabasca, froze a toe, Bishop Emile Grouard recognized the need for immediate amputation of the gangrenous digit and declared "It'll be nothing!" The procedure had become almost commonplace. Mackay, however, refused to do the deed, feeling incompetent because he had not practiced medicine for a long time. Moreover, instruments and anesthetic agents were lacking. An Oblate brother quickly got the job done "with an old razor."<sup>7</sup>

---

<sup>6</sup>Captain Henry Toke Munn, Prairie Trails and Arctic Byways (London: Hurst and Blackett, 1932), 51. Munn met Mackay between 1894 and 1895. N. M. W. J. McKenzie, Men of the Hudson's Bay Company (Fort William: privately printed, 1921), 177. McKenzie, a Hudson's Bay Company employee, met Mackay in 1909, when the latter was already retired. For brief references to the doctor by an American who met him in 1892, see Frank Russell, Explorations in the Far North. Being the Report of an Expedition under the Auspices of the University of Iowa during the years 1892, '93, and '94 (Iowa City: University of Iowa, 1898; repr. New York: AMS Press, 1976), 61. None of these sources mention the doctor's initials.

<sup>7</sup>Gabriel Breynat, O.M.I., Cinquante Ans au Pays des Neiges. I. Chez les Mangeurs de Caribous (Montreal: Fides, 1945), 123.

Mackay, a Protestant, appears to have had the best of relations with Catholic missionaries. In his early years on the Mackenzie, he witnessed the chief trader's virulently anti-Roman campaign. Yet, that experience did not prevent him from cooperating with priests and nuns. Perhaps he recognized that the vast majority of Indians attended Catholic services and that friendly liaisons with the church might well help business. In any case, as one observer noted, "his religion was 'The Company.'" Although his employers had given up their Royal Charter, he used every means possible to keep free traders out of the country. One of the few ways Oblates aroused his ire was through their private trade in furs.<sup>8</sup>

**"To give oneself to the North":  
Dr. James F. Rymer at Fort Resolution, 1908-1912**

Dr. James F. Rymer, from London, England, turned up in Canada late in 1907. Why the forty-six-year-old physician had left his practice remains unclear, as do his reasons for wanting to practice in a remote setting. Son of an alderman, and great-grandson of an admiral in Nelson's navy, he appears to have cut all ties with family and friends. From the start, he cloaked his desire to live in the Mackenzie with philanthropy, claiming that the Indians at Fort Good Hope, "suffering from syphilis," needed help desperately. He was

---

<sup>8</sup>Munn, Prairie, 51.



not, however, entirely happy at having to "practically give" his services to an impoverished people.<sup>9</sup>

In letters to heads of the Royal Northwest Mounted Police and the Department of Indian Affairs, Rymer asked for a salary and compensation for the costs of medications already sent north. Both turned him down. The former had no men stationed in the area, hence saw no point in hiring a police surgeon. Indian Affairs, as yet, lacked interest in the Indians who lived beyond the Treaty 8 region. Rymer, still hopeful, asked that funds be wired at once to his Edmonton bank account, but got the same negative response. As it turned out, the drugs were lost en route and the doctor never made it past Resolution. There is little doubt, however, that he took his medical work seriously.<sup>10</sup>

Settled in a small log hut, Rymer saw many Indians. Although life was hard, he would "not give way" as he felt "wanted." The Oblates, pleased at having a doctor nearby, did "all in their power" to assist. An epidemic of rapidly fatal

---

<sup>9</sup>Pierre Duchaussois, O.M.I., Mid Snow and Ice. The Apostles of the North-West, translated from Aux Glaces Polaires by Father Thomas Dawson, O.M.I. (Buffalo: Missionary Oblates of Mary Immaculate, 1937), 227. Amis Grutilly to William [correct name is Frederic] 16 Dec. 1907; James F. Rymer to Fred. White, 3 Apr., 22 May, 17 June, 26 June, 1908 NAC, RG 18, vol. 357, file 302.

<sup>10</sup>Frank Oliver to Rymer, 27 Mar. 1908; Department of the Interior to Rymer, 18 Apr. 1908; Frank Pedley to White, 28 Apr. 1908; White to Rymer, 6 and 18 May, 3 June, 1908. All NAC RG 18 vol. 357, file 302.

meningo-encephalitis soon kept him busy over the course of two months as it claimed many victims. Priests found the doctor "of great help," since he alerted them as soon as hope of cure faded. Among local victims, only a single one "passed away before receiving the last rites." When, a year later, a new convent building opened, Rymer was allowed to move into the old one.<sup>11</sup>

The doctor's work received high praise from Inspector H.A. Conroy of the Department of Indian Affairs, in charge of Treaty 8 bands. During his 1909 summer visit, he noted how Rymer had been "very energetic" in looking after sanitary conditions. Indeed, with Departmental backing, the doctor "persuaded" several Indians to pull down their run-down shacks, considered breeding grounds for tuberculosis. His "splendid work" would surely bring about a lowering of the appalling death rate of seven per cent. It was time to recompense him for such services. Frank Oliver, Minister of the Interior, whose responsibility included Indian Affairs, promised to do just that after meeting Rymer during a 1910 trip north.<sup>12</sup>

---

<sup>11</sup>Resolution Codex Historicus (hereafter Res. Codex), OASA, n.d. Sept. 1908; n.d. Dec. 1909; 21 June 1910.

<sup>12</sup>Inspector Conroy, Treaty 8 Report, Department of Indian Affairs Annual Report for 1910 (Ottawa: 1911), 188, 190. Res. Codex, 21 June 1910.

The doctor's devotion to the Catholic cause brought equally high praise from Bishop Breynat. In turn, Rymer wrote laudatory articles about the prelate for international mission journals. Not all, however, was as blissful as the publications suggested. By 1911, trouble with local residents made the doctor's life miserable. Conceivably, something about his private life (he lived with Henry Ya''a, an Indian boy who had been a pupil at the mission school) offended some families. Or, he acted too aggressively in his sanitation campaign. Whatever the cause, night-time pranks outside the doctor's house became so frightening, police sought the culprits on their January 1912 visit to Resolution. No one owned up to being involved, and suspects' friends provided ready alibis. The conflict surely contributed to the doctor's premature death. In October 1911, he had a first attack of angina. Just days after the police investigation, he succumbed to a second episode.<sup>13</sup>

Resolution priests grieved profoundly over the loss. The doctor's goodwill and commitment had been "boundless." They owed the deceased "a great deal," and made sure to

---

<sup>13</sup>J. Francis Rymer, "Fête de Noël passée avec Mgr. Breynat, O.M.I. au pays des Indiens dans l'Extrême Nord." 19-34, in Petites Annales des Missionnaires Oblats de Marie Immaculée (Janvier 1912): 19-24. An anonymous hagiographic note that quotes Bishop Breynat introduces the article. Constable L. M. Lloyd Walters to Officer Commanding, Athabasca Landing, 16 Jan. 1912, in Royal Northwest Mounted Police, Annual Report to Parliament (Ottawa: 1913), 222. Res. Codex, 26 Oct. 1911, 11-13 Jan. 1912.

express their thankfulness by saying "numerous masses for the quick repose of his soul." Necrologies in Oblate journals spoke glowingly of the doctor and his decision to "give himself to the North," and to become "the first doctor to live among the Indians." Later accounts embellished the story, implicitly comparing Rymer's abandonment of riches to New Testament figures who had made similar sacrifices to find salvation. No account, however, explained what Rymer had done during the fourteen years prior to his northern sojourn, nor has any appeared since.<sup>14</sup>

The doctor left his estate to Bishop Breynat, who used the proceeds to purchase a small mission steamer, the Dr. Rymer; it served for close to a decade. In other ways too, the doctor's name continued to live. Henry Ya''a moved into the mission until, three months later, an uncle from Fort Rae picked him up. He would, said the father superior, "get a little taste of life in the wild." Later known as Henry Rymer, he frequently served as translator in the Great Slave Lake region, forming a link between Indian and white communities. In April 1924, he accompanied a priest "to visit the Christians at the Little Buffalo River."<sup>15</sup>

---

<sup>14</sup>Anon., "Note," Missions O.M.I. 50, No. 197 (Mar. 1912): 228. Roland Cluny, L'Evêque des Neiges (Paris: Centurion, 1954), 78-79.

<sup>15</sup>Res. Codex, 1 July 1917 (boat); 23 Apr. 1912; 14 July 1915; Resolution Chroniques (hereafter Res. Chr.), GNAE, 6 Jan. 1922; 3 Apr. 1924.

**"Notre bon grand papa":  
Dr. A. MacDonald: Fort Smith, 1911-1930**

In April 1910, Dr. A. MacDonald, a graduate of McGill University, was named "medical superintendent of the Mackenzie" for the Department of Indian Affairs, with residence at Fort Smith. He was then fifty-two years old. One of the most affable white characters in the North, he remained until 1930. Fifteen years later he died at his birthplace, his parents' homestead in Glengarry, Ontario.<sup>16</sup>

Located at the very southern margins of the Mackenzie District, just above the sixtieth parallel, MacDonald served both the local Indian population of around 250, most of them nomadic, and the men who, in summer, worked on the twenty-mile portage south of Fort Smith. In summer, he traveled north to Fort Resolution with the government party that made the annual payment to Indians in the Treaty 8 zone.

Most years, MacDonald proceeded on to Fort Providence on the Mackenzie. In 1913, for example, he spent from August 17 to 22 at the Catholic mission, paying frequent calls at the convent school. After 1916, when the treaty group reached the Fort Nelson Indians via the Mackenzie and Liard Rivers, he

---

<sup>16</sup>Gabriel Breynat, O.M.I., Cinquante Ans au Pays des Neiges, II, Voyageur du Christ (Montreal: Fides, 1947), 248, footnote 7, where the details are reproduced from the Edmonton Journal, 1 Aug. 1945.

also stopped at Simpson. In winter, to the contrary, he traveled rarely. Only in 1911 and 1921 did he make the journey to Resolution; by the later date, he was sixty-three years old. The aging doctor's reluctance to travel by dogsled may explain why police reports called for a "young man" should another doctor be appointed.<sup>17</sup>

Catholic mission records at Resolution, Providence, and Simpson contain many happy references to MacDonald's visits. His presence induced confidence and the sense that the very best was being done for the ailing, even if they were on their way out of this world. The man combined a charming personality with excellent medical skills. In November 1912, after he had spent almost a month at Resolution, the father superior called him a "fine man" and a "friend of the mission." His stay had provided "*précieux secours*," precious help.<sup>18</sup>

MacDonald had rendered numerous services to the convent school and the mission staff. Brother Josso, in particular, benefited from the doctor's surgical skills. Bishop Breynat watched him operate successfully with his pocket knife, in an

---

<sup>17</sup>Prov. Chr., 16-18, 22 Aug. 1913. Simpson Chr., 10 Aug. 1916. Simpson Journal, 5 Aug. 1917, 22 Sept. 1919. Simpson Chr., 23-29 Sept. 1919, 17-19, 24 Sept. 1920, 30 July 1921, 31 July 1923. Simpson Journal, 5 Aug. 1923. Res. Codex, 1-2, 28 Nov. 1912.

<sup>18</sup>Res. Codex, 1-2, 28 Nov. 1912.

"exceedingly delicate case" involving painful, protruding hemorrhoids. The patient, a religious brother, lay extended across a living-room table as a nun administered chloroform. The procedure was a "perfect success."<sup>19</sup>

At times, MacDonald used one of Bishop Breynat's boats to make his way from Resolution to Providence. On August 16, 1913, accompanied by the prelate, he arrived at the latter settlement. Over the next few days, physical examination of students and private medical consultations with sisters followed. By August 22 the two men headed south. At Resolution, the doctor stayed a week to care for a priest with a badly infected, injured leg. Then the voyage continued home to Fort Smith.<sup>20</sup>

In 1917 MacDonald also traveled north to Simpson with Breynat, performing medical inspections while the prelate conducted his annual visit. As usual, the doctor's pockets were filled with pills of many colors, all of them cathartics, which he administered "for real and imagined suffering." Breynat understood the routine well. "Our Indians," said his autobiography, "have great faith in these medications, which flush away all forms of illness."<sup>21</sup>

---

<sup>19</sup>Breynat, Cinquante Ans, II, 248, footnote 7.

<sup>20</sup>Prov. Chr., 16-22 Aug 1913; Res. Codex, 5, 11 Sept 1913.

<sup>21</sup>Breynat, Cinquante Ans, II, 346.

MacDonald had an endearing way, often leaving gifts of money or delicacies for the sisters and children. At Resolution, in December 1914, he donated five dollars to buy the children sweets at the Hudson's Bay Company store. The following year, he sent a letter with a similar donation. In July 1918, when a sister lay ill, he sent her both money and a box of oranges, then a great luxury. Within weeks, to everyone's pleasure, several boxes of fine chocolates also arrived.<sup>22</sup>

The doctor employed his gifts to children and nuns to good purpose. By gaining the youngsters' trust, he could more easily examine them and perform unpleasant procedures. On September 23, 1919, for example, he made the rounds of all classrooms at the Resolution mission as he distributed candies. Two days later, he vaccinated the pupils. Similarly, the convent nurse and the sister superior each received money to buy something extra for the religious community. At the same time, the doctor was seeing the nuns for their medical problems. Thus, through generosity and kindly disposition, he dispelled any shyness these women might have had about being examined by a male physician. When he left on September 29, the sisters found it "painful" to watch

---

<sup>22</sup>Res. Chr., 29 Dec. 1917; 20, 26 July 1918.



the little boat with their "*bon grand papa*" disappear in the distance.<sup>23</sup>

MacDonald's medical situation was unique in the Territories. He benefited from an arrangement whereby his employment by Indian Affairs concerned medical matters only; a separate agent, also posted at Smith, took care of other issues. Similarly, when the Northwest Territories established its administrative branch in 1921, officials set up headquarters in this settlement. Hence, the doctor was never asked to take on bureaucratic functions related to whites or Métis, and could concentrate entirely on his practice. No other northern physician experienced such freedom in that era.

In addition to his Indian Affairs salary, MacDonald received a considerable supplement from the police to look after their men, a duty that rarely involved more than a few visits per year. As well, he charged non-Indian patients directly for his services. From 1914 on, he had access to the new Catholic hospital with its operating room and dedicated Grey Nun staff. Since one of the nuns knew how to operate the dental chair, MacDonald needed to do little drilling and pulling of teeth. In short, he could practice a wide range of medical and surgical care, make a decent living, and not have

---

<sup>23</sup>Res. Chr., 23, 25-26, 28-29 Sept. 1919.

to concern himself with very much paperwork. Little wonder, perhaps, that he stayed for twenty years.

The main problem with MacDonald's posting was its location at the southernmost margin of the Northwest Territories. The doctor lived too far away from most of the Mackenzie Valley population to be of help. Unless he happened to be in a settlement on a brief summer voyage, his presence in the North remained irrelevant. In winter, even Resolution, just four or five dogsled days' travel to the north, lay too distant to save severely ill or injured patients. In a sense, Smith was more a part of Alberta than of the Territories. Better trails, shorter distances, more frequent boat schedules, and close community ties linked the settlement to Fitzgerald and Chipewyan, just below the Territorial boundary in the Province of Alberta. Indeed, it was not unusual for MacDonald to travel to these points to hold a clinic.<sup>24</sup>

On those occasions when a Resolution patient attempted the arduous winter voyage to Smith, there was no assurance the doctor would be present. In January 1920, for example, an Oblate brother with a strangulated inguinal hernia arrived at Smith only to find MacDonald had left for the South. Fortunately, the nursing sister at the Catholic hospital was able to treat him with skilled conservative measures. In

---

<sup>24</sup>R.A. Gibson to Lucas, 23 June 1926. AAT M75-1, box 2, Lucas Papers, file: Gibson.

1923, in part to overcome the problem of accessibility, Indian Affairs appointed a second physician to the Northwest Territories.<sup>25</sup>

**"An exemplary French-Canadian Family":  
Dr. Clermont Bourget, Fort Resolution, 1923-1934**

Dr. Clermont Bourget graduated from Laval University in Quebec in 1907. Shortly afterwards, he married and moved to Vancouver. His limited English, however, impeded development of a clientele, so he tried his hand at pharmacy. After serving as a medical officer in Europe during World War I, he worked briefly in Montreal, but left when his house burnt down. Next, he opened a combined medical practice and pharmacy in a small francophone Saskatchewan town. When that failed (people paid for neither housecalls nor drugs), he tried yet another village and soon faced disaster there, too.<sup>26</sup>

While much liked and capable from a medical point of view, Bourget lacked the iron resolve needed to collect bills from cash-strapped customers. The position he took with Indian Affairs in 1923 ensured a regular, decent salary, thus bystepping his major problem. In addition to free housing,

---

<sup>25</sup>Res. Codex 14, 19, 24 Jan. 1920.

<sup>26</sup>Yvette Bourget, interview by author, Tape Recording, Nicolet, Quebec, 15 Sept. 1991.

light, fuel, and rations, he earned \$1,440 annually as Indian Agent, and another \$1,560 for his medical work. In 1924, an additional \$500 was added when the Territorial government appointed him Medical Health Officer. As well, the RCMP paid a supplement for care of its men.<sup>27</sup>

Bourget took up his duties at Resolution on June 1, 1923. None of his prior restlessness surfaced while he labored at Resolution, where he remained a dozen years. His happy personality at once made him friends at the Catholic mission. Constantly joking, he had a way of compelling everyone to laugh. The father superior found him to be "a good Christian," and thought his simplicity and openness augured well for the future. While waiting for his residence to be completed, Bourget lived with the Oblate fathers. A month or so later, his wife and daughter joined him.<sup>28</sup>

Within days of his arrival, the doctor inspected classes at the convent, having the children perform calculations and

---

<sup>27</sup>O.S. Finnie to Cory, 18 Jan. 1924, NAC RG85, vol. 593, file 735. For Bourget's own account of his northern stay, see Clermont Bourget, Douze Ans Chez Les Sauvages, au Grand Lac des Esclaves, comme médecin et agent des Indiens (1923-35) (St-Anne-de-Beaupré, Québec: privately published through IML Press, Montréal, 1938). In 1935, a back problem drove Bourget to Montreal; after surgery, he entered a long period of convalescence. Later, he retired to an apple orchard in the Okanagan. Charming to the end, he married a woman his own age as he approached his nineties. She was his third wife, and in that instance, too, he outlived his partner.

<sup>28</sup>Res. Codex, 1 June 1923.

grammar exercises. In the process, he observed their health. Soon thereafter, in his role as Indian Agent, he made the annual government treaty payments at Hay River, Rae, and Providence. That fall, his presence at Resolution was greatly appreciated as the school children came down with diphtheria. Bourget kept the local outbreak to a minimum and sent serum to assist affected children at Simpson.<sup>29</sup>

The Bourgets, themselves fervent Catholics, spent much time with the Resolution mission staff. The family accompanied nuns and brothers on outings. Yvette, the only white child at the school, became a favorite with the sisters. On her birthday, they made her a cake and delivered it to the doctor's house. It was during these years that she developed a fondness for the religious life she later chose as a vocation. Although, in the course of his life, Bourget buried three wives, none of the losses would strike him as hard as having his only child enter a cloistered convent.<sup>30</sup>

None of the actors at Resolution in the 1920s, of course, knew of this outcome as the Bourgets and the mission staff visited back and forth. The doctor often went fishing with one of the Oblates. He also played a prominent role at church processions and feasts. When he imported a car, he

---

<sup>29</sup>Res. Codex, 21 Nov. 1923; Simpson Chr., 29 Nov. 1923.

<sup>30</sup>Yvette Bourget interview by author.

lent it to the sisters on special occasions. To the religious community the presence of this loyal and "exemplary" French Canadian family provided a boost in morale.<sup>31</sup>

The staff went out of its way to support Bourget by providing a medical office at the convent and making space for the care of a few inpatients. He got along well with everyone, and the mission records frequently refer to him as "the good doctor." In winter, Oblate brothers often arranged his journeys to posts such as Providence and accompanied him on the way. He was "a most likable traveling companion."<sup>32</sup>

Still, Bourget's role *vis-à-vis* the mission was fraught with potential conflict. His medical presence was clearly of benefit to the convent. He provided excellent care; at times he personally transported a youngster to the Smith hospital. As well, he went out of his way to help students reach the Resolution school, picking them up during his travels to other settlements. Yet his prime responsibility was not to the Catholic church but to the Indian community.<sup>33</sup>

When, in July 1926, the Dogrib Indians at Rae refused to send two dozen children back to school after a visit home, the

---

<sup>31</sup>Res. Codex, 24 Apr., July 6, 1924; Res. Chr., 14 Sept., 15 Nov. 1924.

<sup>32</sup>Res. Codex, 21 Jan., 10, 22 Feb. 1924, 19 May 1926.

<sup>33</sup>Res. Chr., 23 Aug. 1925, 18 May 1926.

mission staff was outraged. Bourget, however, would not intervene. Apart from speaking to the parents about the value of education, he would not force the youngsters back, much to the disgust of Resolution's father superior. That Bourget was able to defuse the cleric's anger says a lot about his style.<sup>34</sup>

Bourget's posting at Resolution meant little to communities along the Mackenzie River. Only in summer did they see the doctor as he made a brief stop with the treaty party. Early in 1924 he made a single winter visit to Providence but ventured no further northward; nor did he repeat the dogsled trip subsequently. In effect, Bourget served only the south shore of Great Slave Lake. No doctor cared for the population along the twelve hundred miles of the Mackenzie River.<sup>35</sup>

**"A National Disgrace":  
The police demand a doctor for Mackenzie River Indians  
1922-1926**

It was the police who, in 1922, raised alarms about poor health conditions along the Mackenzie. "For humanity's sake alone," said Inspector G.L. Jennings's 1922 report, "if not

---

<sup>34</sup>Res. Chr., 15 June 1927; Res. Codex, 22 July 1926.

<sup>35</sup>References to Bourget visits beyond Great Slave Lake in mission records: Prov. Chr., 23-25, 27-28 July 1923, 5-7 July 1924; Simpson Journal 14-15 Sept. 1924. On the 1924 visit to Providence, Bourget had his wife and Yvette with him.

from a sense of absolute duty," Canada should provide more care to the Indians. White influence had dramatically changed their lives. No longer able to provide for themselves, Indians looked to the government for medical services and sustenance. It was "pitiful to see them coming and asking for relief for themselves and their children when no relief was to be had." Medical supplies were inadequate. A doctor should travel the complete length of the Mackenzie in summer, staying long enough at each settlement to ensure people were "properly treated and cared for."<sup>36</sup>

Dr. W.A. Richardson, the only medical man along the entire Mackenzie, was an Imperial Oil employee, whose responsibilities did not extend beyond white workers at the exploratory wells near Fort Norman. It was high time the government installed a physician and hospital at Simpson, midway between the northern and southern borders of the Territories. Would it not be possible to hire "strong energetic young men" just after graduation, give them "a substantial salary," and place them in the employ of the police? Surely the government could somehow arrange to have a physician on site by the summer of 1923.

Hiring a doctor for the Mackenzie, members of the Northwest Territories Council agreed, was a good idea.

---

<sup>36</sup>Jennings to Commissioner, RCMP, 20 Jan. 1922, NAC RG85, vol. 593, file 735.



However, they would not foot the bill. Already, their department was laying out \$6,000 a year for northern health care under arrangements made by Bishop Breynat with the Department of the Interior in 1914 and 1916. That sum included subsidies of 50 cents per day for each patient, regardless of race, and \$1.50 for indigent whites or Métis. It would be improper to raise expenses further.<sup>37</sup>

If there were to be further costs, Indian Affairs would have to bear them, since the Mackenzie population consisted mostly of Indians. Only the previous summer they had "signed treaty." They were now "the particular charge" of Indian Affairs. But that department showed little interest. Duncan Campbell Scott, the man in charge, let it be known he "was not disposed to increase the medical staff."<sup>38</sup>

O.S. Finnie, in charge of the Territories' administrative branch, deemed one action eminently reasonable. He was "rather inclined" to appoint Dr. Richardson, the Imperial Oil doctor, as Medical Officer of Health (hereafter MOH), with responsibility for the area between Wrigley and Good Hope. "Practically his sole duty" would be to represent the government in case of an outbreak of smallpox or other

---

<sup>37</sup>Finnie, memorandum to file, 20 Jan. 1922, NAC RG85, vol. 593, file 735.

<sup>38</sup>Finnie to Gibson, 6 Mar. 1922; D. L. McKeand to Finnie, 3 Mar. 1922. Both NAC RG85, vol. 593, file 735.

infectious disease. Paying him just \$500 or \$600 a year would be "quite sufficient." The arrangement was "the only additional medical service the Northwest Territories Branch might be justified in furnishing just now." Finnie asked Richardson to accept the MOH post as of July 1, 1922, and sent him a copy of the relevant health ordinances.<sup>39</sup>

Richardson had already become aware of the high prevalence of tuberculosis among Indians living near the oil-well camps. During his first winter, in 1921, he saw a girl die of consumption and found several other cases. To decrease the spread of disease, he tried "to inculcate a more sanitary mode of living." Several women who followed his medical advice "improved greatly." Some patients responded to emulsion of cod liver oil. Accordingly, he asked Indian Affairs for a generous supply, as well as a large quantity of chloride of lime, which he persuaded people to use in washing out their cabins.<sup>40</sup>

Richardson was already well aware of the enormous medical needs. On several occasions, he had saved a life

---

<sup>39</sup>Finnie to Cory, 24 Mar. 1922, NAC RG85, vol. 593, file 735. Finnie to W. A. Richardson, 27 Apr. 1922, NAC RG85, vol. 593, file 735. Section 7 of the NWT Public Health Ordinances. In 1905, when the Prairie provinces were carved out of the NWT, health-related portions of the old NWT Act were incorporated verbatim into a new NWT Act.

<sup>40</sup>Richardson to Finnie, 5 July 1922, NAC RG85, vol. 593, file 735.

because an emergency occurred as he traveled through a community. In summer, desperate patients had traveled long distances on the Mackenzie to reach him at the oilfield. Such occasions pointed to the many others where distance from the doctor and winter weather precluded access to medical help.

From the moment he entered the Northwest Territories, Richardson had applied his surgical skills to good effect. When he passed through Fort Smith on his way north in July 1921, a local Oblate priest was suffering greatly with a badly mangled thumb. As MacDonald was out of town, Richardson removed the useless digit. The following year nuns transported fifteen-year-old Christine Mayouli, suffering with a gangrenous arm, from Providence to the Simpson hospital. Despite two weeks of intense nursing care the necrosis kept spreading.<sup>41</sup>

When the regional mother superior, herself a nurse, came through on a tour of inspection, she realized the young woman would die unless the arm was removed at once. Fortunately, Bishop Breynat happened to be in town, so she borrowed his gasoline boat to travel the two hundred miles to Richardson's camp at the oil wells. As she administered an anesthetic,

---

<sup>41</sup>Smith Chr., 1 July 1921.

Richardson amputated the limb. The sister stayed at the camp for a fortnight until Christine was well enough to travel.<sup>42</sup>

A month later, dogs badly mauled an Indian boy near Great Bear Lake, inflicting deep lacerations and tearing off large portions of flesh. Richardson did what he could at the oil-well camp, then set off with the child for Simpson, where he spent hours in the hospital's operating room mending the youngster's wounds. He returned in a few weeks to perform more surgery, giving the sisters a lesson in skin grafting in the process. Then he continued on to Fort Providence, whence news had come of illness among the children. Typhoid fever, the doctor found, had broken out and several pupils hovered near death.<sup>43</sup>

On occasion, Richardson also cared for injured whites other than those working at the oil site. In such cases the patient himself was responsible for payment, but chances of collecting were not good. Fullerton Waldo, an adventurer traveling down the Mackenzie in 1921, witnessed Richardson's treatment of a down-and-out European trapper who had unsuccessfully tried to amputate his own frozen toes several months earlier. Unable to move, the man lay in his cabin with nothing to eat but a bag of flour until the police found him.

---

<sup>42</sup>Simpson Chr., 30 June, 11, 24 July 1922.

<sup>43</sup>Smith Chr., 22 Aug., 1, 12 Sept. 1922.; Prov. Chr., 22 Aug. 1922.

He was by then "the very picture of a corpse." The doctor's medical and surgical ministrations brought him back to health. The bill came to \$600, but it was not clear if the government would pick up the tab.<sup>44</sup>

Despite the uncertainty over payment, Richardson happily offered help wherever he detected need. The moment he felt that duties were imposed by others, however, he balked. Finnie saw a far greater role for the doctor than the appointment of Medical Officer of Health suggested. In August 1922, he advised senior police officials that the physician's medical services would "at all times be available" to their men or "any other inhabitants" of the North. Richardson, however, would have none of it. It was inappropriate, he pointed out, for Finnie to refer to him as a "physician" in relation to the MHO appointment, as there was no such entity in the health ordinance. Moreover, it said nothing about medical treatment of government officials or local citizens. Had he known such was part of the job, he "would not have accepted the position at the remuneration offered."<sup>45</sup>

That summer, Richardson made his first health inspection trip northward on the Mackenzie. Tuberculosis was highly

---

<sup>44</sup>Fullerton Waldo, Down the Mackenzie Through the Great Lone Land (New York: MacMillan, 1923), 189-90.

<sup>45</sup>Richardson to Finnie, 28 Feb. 1923, NAC RG 85, vol. 753, file 735.

prevalent at each settlement, including Good Hope and McPherson. "Out in the woods" Indians experienced healthier conditions. At trading posts they lived in "dirty, ill-ventilated cabins." When someone became sick, friends and relatives crowded in along with all their children. Under such conditions infection was "sure to spread."<sup>46</sup>

Richardson thought the Territorial health ordinances, while appropriate to prairie settlers, "hardly suitable in the case of the Indian." The Mackenzie situation called for larger, better ventilated cabins and police-enforced cleanliness. Rapid spread of disease demanded isolation of tuberculous patients. In that connection, Richardson advised removal of a number of cases of scrofula and consumption to the Catholic hospital at Simpson. Its nurses were "willing to do all they could for these patients."

Hoping to trigger government action, Richardson painted the medical crisis in economic terms. In just one year, despite the small population, he had treated twenty-seven advanced cases of tuberculosis. It was unfortunate the nation did not realize its loss in the matter. Indians were "a valuable asset in the country." They were better fitted than whites to endure the winter's hardships. The control of tuberculosis "would be of great benefit to the fur industry."

---

<sup>46</sup>Richardson to Finnie, 14 July 1923, NAC RG85, vol.593, file 735.

Having written that appeal, Richardson felt he had had enough of northern medical work. Whether out of disgust with government inaction, or for reasons known only to himself, he left the North. Finnie, furious at not being warned, reported the man's small stipend to the Taxation Commissioner for any action the latter might "deem necessary under the circumstances." But the doctor, it turned out, had followed rules and paid his dues.<sup>47</sup>

Thus, almost two years after Jennings's alarming report about medical conditions, no physician practiced between Great Slave Lake and the Mackenzie Delta. Appearances were saved to some extent by the 1923 appointment of Bourget as doctor-agent for the Department of Indian Affairs at Fort Resolution. Finnie quickly made him a Medical Officer of Health. But the police were not fooled.<sup>48</sup>

Resolution, the RCMP Commissioner pointed out, was but a day's travel from Smith, which had its own physician. The government had put two doctors side by side, leaving huge stretches of terrain unserved. Both communities lay at the very southern extremity of the Territories. Dr. Richardson had worked out of Fort Norman, eight hundred miles to the

---

<sup>47</sup>Finnie to John A. McDougal, 3 Oct. 1923. Finnie to R. W. Breadner, Commissioner of Taxation, 24 Nov. 1923, NAC RG85, vol. 593, file 735.

<sup>48</sup>Finnie to Cory, 18 Jan. 1924, NAC RG85, vol. 593, file 735.

north. Now, not a single physician serviced the entire length of the Mackenzie. That summer, a certain Dr. Hammond, an American tourist on one of the river steamers, had found it necessary to care for many patients in communities along the vessel's route. Why, he had wondered, was Canada not sending in more government doctors?<sup>49</sup>

The most striking anomaly on the twelve-hundred-mile doctorless stretch was the Catholic Hospital at Simpson. It functioned with full wards and numerous outpatient visits, yet no physician lived nearby. By contrast, Resolution had a doctor but no hospital. Clearly, federal bureaucracies had failed to coordinate their medical efforts. Commissioner Courtland Starnes of the RCMP asked that the situation be corrected at once.<sup>50</sup>

At an Ottawa meeting between top officials, total agreement reigned. Indian Affairs would hire an agent-doctor for Simpson; the Territorial administration would make him a Medical Officer of Health; the RCMP, an Acting Assistant Surgeon. But Indian Affairs balked shortly afterwards. Scott claimed he could not move T.H. Harris, the Indian agent, the

---

<sup>49</sup>Partial copy of report of Commanding Officer, RCMP, Edmonton, 2 Sept. 1924 attached to letter from Courtland Starnes, RCMP Commissioner, to Director of NWT, 19 Sept. 1924, NAC RG85, vol. 593, file 735.

<sup>50</sup>Report attached to letter from C. Starnes to Director, NWTYB, 19 Sept. 1924, NAC RG85, vol. 593, file 735.



agent already at Simpson to make room for a medical man. In fact, was unwilling to lay out the higher salary paid to a physician. By delaying the appointment, his budget more easily stayed within prescribed limits.<sup>51</sup>

Unfavorable publicity about the Mackenzie situation briefly changed Scott's mind. In December 1924, at the annual dinner of the Edmonton Medical Association, a certain Colonel Cornwall, president of a northern transportation company, spoke of violations of Indian treaties. Native health had plummeted in a few decades. Tuberculosis, scrofula, and venereal disease were "rife." Medical men and hospitals were needed. To withhold them represented a "national disgrace." The doctors, reported the Edmonton Journal, promised to express concern "in the form of a resolution to be forwarded to Ottawa."<sup>52</sup>

The Minister of the Interior soon called Scott, Finnie, and the Police Commissioner into his office and demanded action. Scott agreed to install a doctor at once, but his consent was merely a way of ending the meeting; twelve months later, he had taken no action. "The need for a medical officer for the district between Fort Simpson and Good Hope,"

---

<sup>51</sup>Finnie to RCMP Commissioner, 18 Nov. 1924; Scott to Cory, 23 Nov. 1925. Both from NAC RG85, vol. 593, file 735.

<sup>52</sup>Edmonton Journal, 7 Dec. 1924.

Finnie advised him, "was never more urgent than at the present time." As always, the plea had no effect.<sup>53</sup>

What galled Finnie was that Harris, the Simpson agent, privately expressed a desire to move. For reasons he would not state, probably related to the unpleasant atmosphere inside the Department of Indian Affairs, he would not let his superiors know of those feelings. "I should be glad of a change," he confessed to Finnie, "as thirteen years at Simpson is enough for one man, but I will never ask for a change."<sup>54</sup>

Finnie now considered a tactic he had so far avoided: he possessed information that discredited Harris. The man's heavy drinking and apparent acts of immorality had become "unacceptable" to whites and Indians alike. Perhaps it was time to leak the accusations; publicly revealed, the charges would harm Indian Affairs and lead to the agent's transfer.<sup>55</sup>

One final time, Finnie asked to meet with senior Indian Affairs officials. If nothing came of it, he advised the Deputy Minister of the Interior, "it will be my duty to hand to you the letter from Rev. Franklin Clarke and from Antoine,

---

<sup>53</sup>Finnie, Memorandum for file, 19 Jan. 1925; W. W. Cory to Scott, 17 Nov. 1925; Finnie to Cory, 17 Nov. 1925; Finnie to Scott, 21 Nov. 1925, all from NAC RG85 vol. 593 file 735.

<sup>54</sup>T. W. Harris to Finnie, 4 Jan. 1926, NAC RG85, vol. 593, file 735

<sup>55</sup>Finnie to Harris, 24 Nov. 1925, NAC RG85, vol. 593, file 735.

the Chief of the Fort Simpson Indians, regarding Mr. Harris." Whether those damning missives were ever used is not clear, but shortly afterwards, when the police again expressed ire over the absence of Mackenzie River doctors, Scott was forced to live up to his promises. Under pressure from the Minister, he agreed to transfer Harris and install Dr. W.A.M. Truesdell, a promising candidate.<sup>56</sup>

By late June, Truesdell's appointments as Indian agent, Indian doctor, medical officer of health, and acting assistant surgeon were all confirmed. Still, acrimony over money continued. Indian Affairs asked the Northwest Territories to assist in paying Truesdell's transportation costs. Finnie, probably grinning as he wrote his answer, replied that since the doctor's MOH appointment was not effective until he assumed duties, "we cannot grant him an allowance for traveling." Despite the pettiness, Fort Simpson finally got its doctor: Truesdell arrived on August 25, 1926.<sup>57</sup>

---

<sup>56</sup>Finnie to Cory, 22 Dec. 1925; Finnie, Memorandum to File, 24 Mar. 1926. Both NAC RG85 vol. 593, file 735.

<sup>57</sup>Scott to Finnie, 30 June 1926; Finnie to Cory, 7 July 1926; Finnie to Scott, 8 July 1926. All from NAC RG85 vol. 593, file 735.

**Physicians in the Mackenzie Delta,  
1898-1928**

The first physicians near the Arctic Coast were goldstruck southerners headed for the Yukon during the Klondike gold rush. By following the Mackenzie River to the Peel and then crossing the mountains westward, they hoped, like hundreds of other men, to reach Dawson. Thus, at least six medically trained men spent time at McPherson in the late 1890s. Five found the voyage too daunting and soon headed home. A Dr. Gilman, for example, lost all he owned traversing rapids on the dangerous Porcupine River.<sup>58</sup>

Dr. MacDonald, whose first name never appears in the record, arrived at McPherson in November 1897 and accompanied Anglican missionary Isaac Stringer on a trip to Herschel Island. There, an old Eskimo wanted his useless leg amputated; tuberculosis had destroyed the bone. The doctor refused, as it would "kill" the man. Just then, an urgent call sent MacDonald rushing several hundred miles back to McPherson. Happily, the patient there responded to his care.

---

<sup>58</sup>The six men identified as "Dr." who turned up at Fort McPherson during the Klondike rush include Dr. MacDonald (IOS 28-30 Nov., 1-2, 5, 15-17 Dec. 1897; 13-14 Jan. 1898); Dr. Brown (IOS, 7-10, 16-17, 21-22 July 1898); Dr. Lares; Dr. Mason (IOS, 21 July 1898; 2, 7, 10, 13 July 1899); Dr. Gilman (IOS, 5, 7 July 1899); Dr. Marten (IOS, 26 Aug. 1899). Only the first four are clearly depicted as performing medical duties. Marten left the North via the whaler Hume in 1899 (IOS, 26 Aug. 1899). Brown, Mason, and Gilman left McPherson on a Mackenzie River steamer.

The doctor later made it to Dawson, where he did a thriving business. Whether he was the same person as the A. MacDonald who opened a practice at Fort Smith thirteen years later, in 1911, is not entirely clear.<sup>59</sup>

To missionaries and traders, the doctors were a godsend in terms of their medical skills and the company they provided. On July 7, 1898, when a dozen miners arrived at McPherson, a Dr. Brown was among them. Two weeks later, when the Mackenzie steamer appeared from the South, a Dr. Mason was on one of the eleven miners' boats being towed behind. The Reverend C. E. Whittaker's bride was also aboard the steamer, and the physicians assisted at the wedding as if they were long-lost friends. Stringer, who suffered a painful eye disorder, benefited from the visitors' ministrations.

In the spring of 1899, Stringer and his wife Sadie, then living on Herschel Island, enjoyed the lengthy company of Dr. Lares. He, too, had come to ruin crossing a river; disappointed and discouraged, he was trying to get home. The captain of the whaler Hume gave him a berth and, more than likely, the position of ship's surgeon. That way the crew had

---

<sup>59</sup>IOS, 28-30 Nov. 1897; 1-2, 5, 15-17 Dec. 1897; 13-14 Jan. 1898; 5 July 1899.

a medical man on board, while the doctor was assured of passage to San Francisco.<sup>60</sup>

For the Stringers, Lares became a welcome friend who ate at their table, stayed to play dominoes, and helped with accounts. Functioning as the family doctor and dentist, he looked after Isaac's eyes and cared for the children. He was there when Rowena, the young daughter, developed whooping cough. As Stringer could no longer stand the discomfort of a rotten tooth, Lares opened it up, and filled it with creosote and cobalt "to kill the exposed nerve." Happy to have a medical expert about, Stringer introduced the doctor to native families. Indeed, Lares seems to have taken over the medical care of whalers and Eskimos alike. He remained until the Hume broke loose from the ice and resumed whaling; in August, when she left for San Francisco, he was on his way home.<sup>61</sup>

---

<sup>60</sup>IOS, 21 Mar 1899. Lares' first name never appears in the record.

<sup>61</sup>IOS, 17-18, 26 Apr.; 2, 4, 10, 14, 18, 27-28 May; 26 Aug. 1899. The evidence that Lares took over care of illness of Eskimos and whalers, supplanting Stringer as the primary local source of medical assistance, is of the negative kind: between his arrival on Herschel Island on March 21 and Stringer's departure on a trip in late May, there are no treatment entries in Isaac Stringer's diary.

**"Degrees from Two Colleges":  
Dr. T.H. Toynbee Wright, whaler on the Beaufort Sea,  
1905-6**

Whaling ships carried their own medical kits, and captains gained considerable skill dispensing proprietary medications, setting broken bones, and amputating frozen extremities. At times, a member of the crew, most of whom were down-and-outers from the San Francisco dockyards, turned out to be well-educated and to have a knowledge of pharmaceuticals or medicine. In 1906, for example, a physician, T.H. Toynbee Wright, M.D., with "degrees from two colleges," was among the foremast sailors of the Bowhead.<sup>62</sup>

Having discovered the man's talents, Captain A.H. McGregor recognized a novel way to make money: other ships could have the doctor attend in return for a seasonal fee. All availed themselves of the service, which appeared to have clear benefits. When Inspector D.M. Howard of the Northwest Mounted Police visited the fleet, he found a remarkably healthy group of sailors. There had been but one death: a "boat-steerer" had died of consumption. A few whalers had scurvy, but that was already clearing up. Cases of syphilis were also evident. The officer, impressed with the doctor's

---

<sup>62</sup>Agnes Dean Cameron, The New North: Being Some Account of a Woman's Journey Through Canada to the Arctic (New York: Appleton, 1910), 292.

skills, left all the drugs that could be spared from his own medicine chest.

Roald Amundsen, then on the last leg of his historic first voyage through the Northwest Passage, also praised the doctor's skills. A member of his crew had a grain of sand in one eye and could not get it out. Doctor Wright quickly relieved the discomfort. Captain McGregor and his wife kept the patient on board several days and showed exemplary "hospitality." Sometime later, when Amundsen wanted Wright to come to his own vessel, the Gjoa, he learned the doctor was already "overwhelmed with work." Several "poisoning cases" were claiming his attention day and night. Most likely, an episode of deadly botulinum poisoning, the result of eating spoiled whale meat, had affected a group of Eskimos.<sup>63</sup>

Before long, however, the police inspector reprimanded McGregor for his cynical exploitation of the medical service. The captain, a man of "curious disposition," created a sudden uproar. When the whaling fleet ran short of provisions, and especially fresh food, he suddenly raised the fee to thirty pounds of meat for each medical visit to another vessel. When no one could afford to pay that sum, he forbade the doctor to leave the ship. The disgusted physician deserted, joining the crew of the Alexander. Asked to force Wright's return, the

---

<sup>63</sup>Roald Amundsen, The North West Passage, vol. 2, (London: Archibald Constable and Company, 1908), 180, 185.



inspector refused, pointing out to McGregor "the foolishness of his action in trying to deprive the other ships of the doctor's services."<sup>64</sup>

What happened to Wright is not certain. He had somehow learned, or so he claimed, that there was "illness in his family." In that connection, he asked if he could take a birth on the Gjoa. Amundsen agreed, but later changed his mind after taking on several new crewmembers. There would be no room for the doctor. The decision seems strange, given that Wiik, an original member of the expedition, and one of Amundsen's favorites, had just died of appendicitis. One would have thought the commander would want to avoid further medical catastrophes.<sup>65</sup>

If Wright stayed on the Alexander, as seems likely, he spent a most difficult year. The vessel struck a reef in fog and sank very quickly. The men escaped in whaleboats, without any supplies, and eventually made their way to Herschel Island. Inspector Howard gave them what supplies he could as

---

<sup>64</sup>D. M. Howard to Commissioner RNWMP Regina, 3 May 1906, RNWMP Annual Report (Ottawa: 1907), 128. Howard to Commissioner, n.d. August 1906, RNWMP Annual Report (Ottawa: 1907), 129-131.

<sup>65</sup>Amundsen, North West Passage, 200.

they left for Point Barrow in Alaska. From there, presumably, they made their way home.<sup>66</sup>

**"Held in contempt by the population":  
Dr. Charles A. Wilson of the North West Mounted Police, Fort  
McPherson, 1911-1914**

Early in 1911, Sir Wilfred Laurier, Prime Minister of Canada, chose Dr. Charles A. Wilson for a posting at the small Royal Northwest Mounted Police detachment at McPherson. The patronage appointment must have pleased Senator W.C. Edwards, who had promoted the doctor's cause. Wilson himself, however, responded angrily. He sought work in a congenial southern setting, not at this "desolate post." He would go, but needed a thousand dollars to "pay obligations" and buy supplies. "Wire funds," said a nasty telegram to the senator, "must not be an absconder, answer immediately."<sup>67</sup>

After arriving at McPherson, Wilson soon demonstrated the broad range of his skills. A severely burned Indian matron survived despite delirium, high fever, and kidney problems. Twice Wilson performed large skin-grafts, "nearly

---

<sup>66</sup>Howard to Commissioner RNWMP, 26 Aug. 1906. RNWMP Annual Report (Ottawa: 1907), 132.

<sup>67</sup>Wilfred Laurier to Col. Fred White, Comptroller, RNWMP, 12 May 1911. Comptroller RNWMP to W. C. Edwards, 31 Mar. 1911; C. A. Wilson, telegram to Edwards, Ottawa, 18 May 1911. For police response to Wilson's demands, see Perry to A. R. Cuthbert, Supt. RNWMP, Edmonton, 12 July 1911; White to Asst. RNWMP Commissioner Z. T. Wood, 11 July 1911; White to Wilson, 11 July 1911. All in RG 18 vol. 463, file 252-254.

all of which took beautifully." The surgery "accelerated matters materially." The death of Jane Justin, a tuberculous Indian, allowed the doctor to apply his skills in pathology. At autopsy, he tracked pus from groin muscles to necrotic spine, and found kidney changes typical of prolonged infection.<sup>68</sup>

That first year, Wilson developed a close working relationship with the Reverend Charles E. Whittaker, the Anglican missionary, who had long served the region as an amateur physician. Like other missionaries from the Toronto region, the cleric had taken several months of medical training prior to leaving for the North. Despite that early goodwill, however, the surgeon was soon the object of ill will on the part of whites and natives.<sup>69</sup>

Wilson resented looking after Indians because his contract only referred to the care of police officers. As there were only two or three of these at McPherson, they required little attention. Indians, to the contrary, constantly sought advice. Temperature fluctuations and wet weather caused rheumatic pains, sniffing noses, and sore

---

<sup>68</sup>McPJ15, p. 94. Wilson, Medical Report to Officer Commanding N Division, 21 Jan. 1912, NAC RG 18, vol. 425, file 258.

<sup>69</sup>Wilson to Officer Commanding "N" Division, 16 Feb 1912, NAC RG 18, v. 463, file 252-254. McPJ15, 4 and 9 Dec. 1911; 1 Jan. 1912.

throats. Switching willows on the trail injured eyes. Thus, illness and injury kept the doctor busy. Knowing that police surgeons in the Yukon received fifty dollars monthly from the Department of Indian Affairs, he wanted the same. In the five months since entering the Territories, he informed the Department, he had seen 293 native patients, provided 349 initial disease consultations, made 321 follow-up visits, dispensed 574 medications, and performed thirty-seven minor surgical procedures. The appeal succeeded; by April 1912, Wilson, too, was on the DIA payroll.<sup>70</sup>

Despite the extra income, money remained a sore point with the doctor. Longtime creditors pursued him for payment, sending letters directly to police headquarters. He paid no one, and proved a tightwad in his new setting. He would not follow the custom of paying an emolument to the post interpreter, a native man, for cleaning his room and bringing hot water in the mornings. When the police sold excess supplies for personal profit, a standard northern procedure,

---

<sup>70</sup>Wilson to Officer Commanding "N" Division, 16 Feb. 1912; Supt. N Division to Commissioner, Regina, 6 Apr. 1912; L. D. McLean to White, 14 May 1912, all in NAC RG 18 vol. 463 file 252-254. The DIA's practice of paying RNWMP for the care of Indians and Eskimos in the North West Territories began in 1908, when it awarded Dr. O. Lacroix, at Churchill, \$250.00 for his care of numerous consumptive patients. He was to supply his own medicines and surgical needs. See NAC RG18 vol. 357, file 256.

the doctor accused the staff of cheating him of a full share. By then, the officers disdained him.<sup>71</sup>

The doctor's prickly demeanor caused no end of problems. During his first and only trip to Herschel Island, in December 1911, he complained bitterly of conditions. Thereafter, he refused to go out on patrol. Sullen, morose, and cantankerous, he was perceived as "the only wet-blanket at the detachment." His righteous tone, moreover, failed to match his actions. He often slept with an Indian woman, Louisa Teedehook. When she got pregnant early in 1914, no one doubted Wilson was the father. He vigorously denied it even as he made arrangements to leave on the first summer vessel.<sup>72</sup>

After his departure, the Reverend Whittaker and many other whites reported the doctor had lacked people's confidence. Indians had made "numerous complaints" against the surgeon, whose aggressive attitude had made him "absolutely obnoxious." Time and again they had spoken of his derision and harshness when they sought treatment. Wilson had

---

<sup>71</sup>Mrs. Alice Blair Willcocks, Brighton, Sussex, England to Comptroller, RNWMP, 27 Feb. 1913; comptroller to Willcocks, 11 Mar. 1913, both RG 18 vol. 463, file. 252-254. J. W. Phillips to Sgt. Clay, Fort McPherson, 13 July 1913; Phillips to Perry 10 Feb. 1915, both RG 18, vol. 486, file 282.

<sup>72</sup>Arthur N. Blake, statement before Insp. J. W. Phillips, 8 Feb. 1915; Phillips to Perry, 6 Feb. 1915, both RG 18, vol. 486, file 282. Wilson to Comptroller, 14 Feb. 1914; Comptroller to Edwards, the Senate, 31 March 1914; Commissioner Perry to White, 30 Mar. 1914, all RG 18 vol. 463, file 252-254.

"grossly neglected many needy and deserving cases." His activities, "both socially and professionally" had earned him "utter contempt" from Indians, Eskimos and Europeans. Clearly, the doctor's personality took away from his diagnostic and therapeutic skills, even if they were as good as he imagined.<sup>73</sup>

The importance of Wilson's stay in the North lies in the way he was perceived by the Loucheux Indians. Many sought his services, although they were delivered in an entirely secular context. Western medical care was just another commodity available at the settlement. Secondly, his story demonstrates that the delivery of care *per se* brought neither allegiance nor respect. His ministrations never clouded native patients' perception of Wilson the man. Put another way, provision of healing was not of itself a path to people's hearts or minds. No one discovered that truth with greater disappointment than the Reverend Whittaker himself.

---

<sup>73</sup>Perry to Officer Commanding, RNWMP, Athabasca, 11 Sept. 1914; Perry to Laurence Fortescue, Comptroller, RNWMP, Ottawa, 29 Sept. 1914; Perry to Comptroller, 20 Nov. 1914; C. E. Whittaker, G. Eldon Merritt, Arthur N. Blake, John Firth, W. G. Phillips, sworn statements before Inspector J. W. Phillips, 8 Feb. 1915, all in RG 18, vol. 486, file 282.

**"Labor not only vain, but even detrimental":  
The amateur medical services of Archdeacon Whittaker,  
McPherson 1914-1917**

By 1914, the year Wilson left, Whittaker had lived among the Loucheux Indians for almost two decades. Throughout that period, he had offered medical advice, provided drugs, lanced boils, pulled teeth, delivered babies, and performed a host of other therapeutic interventions. Once the doctor had gone, he resumed that work in full. Yet he was constantly disappointed in the scant respect patients showed for his religious teachings.

Whittaker never earned native people's warm trust. His imperious side interfered with communication. At the turn of the century, during a stay of several years at Herschel Island, he never overcame the Eskimos' wariness. Indeed, they tried to kill him. The Loucheux also evinced negative sentiments about the missionary. His aloofness showed even in his own home; not once did he enter a kind word in his diary about his wife's role in the mission task. At the most, he found room for curt notes about her debilitating migraines.<sup>74</sup>

Like Wilson, the archdeacon had a way of being too righteous, of imposing his standards on natives and whites

---

<sup>74</sup>McPJ15, 14 Sept. 1914; 13 Dec. 1914; 26 Apr. 1915; 10 May 1916; 18 July 1916; 19 July 1916; 22 May 1917; 26 May 1917. Fry to Lucas 10 Dec. 1916, AAT M75-1, box 3, LP, file: Fry (attempt to kill Whittaker).

alike. Often, Whittaker pursued the European fathers of Indian children. When he helped bring an infant into this world, his roles as healer and moral avenger became indistinguishable. In May 1916, for example, the archdeacon assisted at a difficult delivery. The patient, a teenager named Jane, had completed a five-year stint at the Hay River Anglican boarding school the previous summer. All her Christian training, as Whittaker saw it, had come to naught. Unmarried, she carried the child of a white man whose company she had been keeping with her father's consent. Applying obstetrical forceps, the minister extracted the infant and thereby saved the mother's life. But he sent an angry letter to the illegitimate partner, demanding that matters be put aright from the religious point of view.<sup>75</sup>

In his battle against "Romish" incursion, Whittaker was equally patronizing and rigid. Thereby, he inevitably eroded his authority. When, late in 1916, an Anglican parishioner wished to give her child to a Catholic couple from another settlement, Whittaker blocked the transaction. Very shortly, behind his back, the child changed hands anyway. Explaining the defiance to himself, the minister referred to the mother as "a half-witted woman."<sup>76</sup>

---

<sup>75</sup>McPJ, 17, 22 May 1916.

<sup>76</sup>McPJ, 3 Oct. 1916.



In January 1917, Whittaker discharged an Indian maid from his household, ostensibly because she was "unreliable." The real reason was likely that she was having an affair with the Hudson's Bay Company manager's bachelor son. Little of what then transpired made its way into the record, but the firing appears to have had unpleasant consequences for the minister. A week later, completely "disenchanted", he penned his resignation.

While the Loucheux appeared "devout in attitude," religion made little impression on their lives. "My labor seems not only vain," Whittaker lamented, "but even detrimental, as they are going worse, and going more and more aloof." By July he had left the Mackenzie. Installed in a southern Ontario congregation, he began work on a book about the North, plagiarizing much of the material from other sources. Although, at times, he proclaimed willingness to return to the Arctic, he blamed his wife's persistent medical symptoms for his inability to follow up on that desire.<sup>77</sup>

---

<sup>77</sup>McPJ, 16, 22 Jan. 1917. C. E. Whittaker, Arctic Eskimo: A Record of Fifty Years' Experience and Observation Among the Eskimo (London: Seeley, Service, 1937). For examples of Whittaker's frequent references to his wife's illness and her inability to tolerate cold, see Whittaker to Lucas 9 Jan. and 16 Nov. 1923, PAA 70/387 MR 200/160.

**"Suffering From Frightful Delusions":  
Dr. Philip Doyle, police surgeon, Herschel Island  
1916-1924**

For two years the McPherson detachment did without a trained police surgeon. Then, in 1916, Dr. Philip Ernest Doyle, a recent medical graduate from McGill, took up the posting vacated by Wilson. The doctor traveled widely, spending much of his time in the Mackenzie Delta and on the Arctic Coast. At Herschel Island, where no medical man had visited since Wilson's brief stay in 1911, he found the people "in a very sick condition" and stayed as long as he possibly could.

Several Eskimos died during his stay. Diagnoses included pneumonia, diphtheria, and meningitis. Children suffered with sores on the head, face, and neck; a little boy was covered with boils. In several cases, the doctor identified what the Reverend W. Henry Fry, the local Anglican missionary, called "that loathsome disease, hereditary syphilis." One patient, eight months pregnant, died of burns complicated by "premature parturition." Another pregnant woman lay weakened by tuberculosis, unable to get out of bed. As well, an epidemic of inflammation had affected the Eskimos' eyes, the surrounding flesh becoming "inflamed and raw."<sup>78</sup>

---

<sup>78</sup>Fry to Lucas, 10 Dec. 1916, AAT, M75-1, box 3, Lucas Papers, file Fry.

After the doctor's departure, Fry and his wife tried to carry on his work but lacked the necessary medications. Doyle had not been able to spare any from his dwindling supplies. The couple lamented the absence of proper therapeutic means. Did Christians in the South know the mission received no medical aid from the government? Their surgical supplies had been paid for out of their own pocket. The Anglican church provided nothing of the sort.

His marital partner, Fry reported to the Anglican bishop, had been of great help, "a good wife, and a true missionary." There were "some things only a woman can do". In many cases she recognized the need for assistance long before he did. She succeeded where he "should have failed utterly." Doctor Doyle had quickly recognized her skills; now the police brought her many cases.

A few years later, after Doyle moved to Herschel Island, his dedication waned. He became an alcoholic and reveled in liaisons with native women. By 1922, when his base of operations moved to Aklavik, those problems had become public knowledge. Fortunately, Mrs. Hoare, another Anglican mission wife, and also a "qualified nurse," offered assistance in

dealing with patients. Two years later, ill health forced the doctor's resignation.<sup>79</sup>

"Seriously affected in his mind, suffering from frightful illusions," Doyle believed himself responsible for spreading "a horrible disease," probably syphilis. Indeed, the doctor's symptoms suggest he suffered from the tertiary, cerebral stage of that disorder. Whites at Aklavik, unable to ship him out until the arrival of the summer steamer, wearied of listening to his rantings and reached the point where they wanted to "put him down through a hole in the ice into the river, deport, hang, or shoot him."<sup>80</sup>

Doyle was replaced by another acting assistant surgeon, who stayed but a year, and then by Dr. A.E. Ward. The Department of Indian Affairs paid him a supplement of \$750 a year on top of his salary of \$1750 from the RCMP. The Territorial government supplied another \$500 for his work as Medical Health Officer. By 1928, however, senior police officials grumbled. Their men, especially those sent to the Far North, enjoyed outstanding health, and only rarely needed care, yet the police paid for the largest fraction of the

---

<sup>79</sup>G. E. Jennings to Commissioner, RCMP, 18 Jan. 1922; Finnie to Gibson, 6 Mar. 1922; Finnie to Cory, 23 Sept. 1924. All in RG 85 vol. 593, file 735.

<sup>80</sup>Memorandum to Finnie, signature illegible, 18 Feb. 1928, RG85 vol. 781, file 5878.

doctor's salary. The RCMP Commissioner let it be known that the arrangement was "somewhat disappointing and expensive."<sup>81</sup>

Between 1924 and 1927 the total number of police visits to the doctor came to two. Now that the churches had built two Aklavik hospitals, Ward spent most of his time serving them. Both here and on his travels to Herschel Island, Eskimos took up most of his time. Clearly, it was time that the Northwest Territories Branch, which held responsibility for these people, hire its own physician. Dr. Ward wanted to leave the North in the spring of 1928, and the police warned they would not replace him.

If the Territorial government would hire its own doctor, RCMP officials agreed to "pay a small fee" of \$600 to have him care for its men. As well, it would allow him to take over Dr. Ward's almost new living quarters at Aklavik and to let him travel on police boats to Eskimo communities along the coast. Indian Affairs, meanwhile, agreed to continue its financial contribution. However, since it was no longer responsible for Eskimos, and few Indians visited the Delta, its stipend would be halved to \$300.<sup>82</sup>

---

<sup>81</sup>Cortland Starnes to Director, NWTYB, 13 Feb. 1928, RG85 vol. 781, file 5878. For earlier RCMP complaints see Finnie to Cory, 23 Sept. 1924, NAC RG85, vol. 593, file 735.

<sup>82</sup>Memorandum to Finnie, signature illegible, 18 Finnie to Cory, 21 Feb. 1928. Both in RG85 vol. 781, file 5878.

As Ward began to pack, it appeared there would soon be no doctor to serve Aklavik and its two mission hospitals. No physician would care for the Eskimos of the Mackenzie and the adjacent Arctic Coast. As it happened, the Northwest Territories Branch obtained funds from parliament at the last possible moment. A sudden interest in the North on the part of large mining conglomerates made it possible to get the necessary government funding.

**"A healthy and contented population":  
Mineral discoveries spur medical care for the Eskimo  
1921-29**

In 1921, when Finnie became director of the Northwest Territories administration, he considered concern over Eskimos' welfare outside his purview. The Department of Indian Affairs, he assumed, was responsible for their care. When that turned out not to be the case, the federal government introduced legislation to bring these people under the Indian Act. Strong voices, however, resisted the measure. Many southerners held to a "noble savage" image of Eskimo life. Whites, it followed, should not intervene.<sup>83</sup>

The government, inveighed Arthur Meighen, leader of the opposition, was "degrading" the Eskimo into "wards of the nation." These hardy dwellers of the North, unlike Indians,

---

<sup>83</sup>Diamond Jenness, Eskimo Administration: II. Canada (n.p.: Arctic Institute of North America, 1964), 32-33.

had signed no treaties. The nation should leave them alone. The 1924 bill, as a result, was amended so that the legal status of the North's original people remained unaffected. In ethnologist Diamond Jenness' words, it "merely placed on the Superintendent of Indian Affairs the added burden of Eskimo Affairs."

Failings in the arrangement quickly surfaced. Indian Affairs, loath to incur new costs, failed to install agents or to extend its activities beyond the treeline. As stories of poor Eskimo health reached the South, the government became concerned about its image. Moreover, when large corporations took a sudden interest in northern mineral deposits, the entire nation turned its eyes on the Arctic. Its rock formations, said newspaper headlines, held the "Secret of Future National Wealth." A million square miles of "dormant" territory lay waiting. The Far North, "a vast land, a virgin land, a world as yet untapped," could draw millions of dollars of investment, and the government ought to do everything in its power to make that possible.<sup>84</sup>

The Minister of the Interior, Charles Stewart, determined to make the Arctic medically safe for survey

---

<sup>84</sup>Toronto Saturday Night, "Can We Use Our Barren Lands?" 12 May 1928. Walter J. Vanast, "'Hastening the Day of Extinction': Canada, Québec and the Medical Care of Ungava's Inuit, 1867-1947," Etudes Inuit/Inuit Studies 15 (1991): 55-84.

parties. He knew that the death of even a single white man, especially one on a southern payroll, would create problems for his department. Such had been the case in 1927, with the demise of Harold Luca, a white man injured in the Coppermine region. His passing had brought the government no end of trouble. Southern correspondents had insisted on an explanation. Why, they asked, had the man not been properly cared for? The incident brought home "the urgency of having one or two doctors in this remote region."<sup>85</sup>

Having decided to provide physicians for Europeans, Stewart thought it reasonable to extend their services to Eskimos. Tuberculosis among the latter, if not controlled, would pose a threat to prospectors and miners. Besides, whites needed physically capable, strong natives to show the way across arctic tundra and to help with backbreaking work. "The successful development of the North," said a government publication, "will depend to a large degree on the cooperation of a healthy and contented population." In 1928, in the context of such sentiments, the Commissioner of the Northwest Territories received, through an Order in Council, specific responsibility for Eskimo well-being.<sup>86</sup>

---

<sup>85</sup>Finnie to Gibson, 15 Feb. 1928, NAC RG85, vol. 593, file 5917, part 1.

<sup>86</sup>Finnie to Gibson, 15 Feb. 1928, NAC RG85, file 5917, part 1. The NWT (a periodic publication of the Dept. of the Interior) 1930, NAC, RG85, vol. 593, file 5917. Jenness, Eskimo Administration II, 33.



For the first time ever, the nation hired physicians to care for Eskimos. That work, however, constituted just one aspect of their many duties. As representatives of the Territorial administration, they were also coroners, fisheries officials, provisioners of welfare, and the means of liaison with other federal agencies such as the police or the wireless operators. As mining inspectors, they controlled prospectors' activities and ensured licenses were paid for. "New Doctor To Be A Utility Man," reported the press, "Must Pull Teeth, Inspect Sanitation, Fit Glasses, and Act as Warden."<sup>87</sup>

For Aklavik, Finnie engaged a mining camp doctor from Northern Ontario, a man obsessed with physical prowess. He claimed to be well suited to arctic work because he ran several miles each morning no matter how cold the weather. En route to his posting, however, he died of a heart attack in an Edmonton hotel room. In great haste, as a devastating influenza epidemic swept down the Mackenzie and into the Arctic, another physician, Dr. J.A. Urquhart was found to replace him. Other physicians were posted in the Central Arctic and Hudson's Bay the following year.<sup>88</sup>

---

<sup>87</sup>Toronto Daily Star, 2 Apr. 1930.

<sup>88</sup>W. M. Wilkinson, telegram to NWTB, 19 July 1928; L. E. Bliss to NWTB, 17 May 1928; Wilkinson to NWTB, 17 July 1928; Finnie to G. D. Murphy, 26 July 1928; E. M. Phillips to Finnie, 25 Aug. 1928, all in N.A.C., RG 85, file 5917, part 1. Walter J. Vanast, "The Death of Jennie Kanajuq: Tuberculosis, Religious Competition, and Cultural Conflict in Coppermine, 1929-31," Etudes/Inuit/Studies 15 (1991): 75-104.

Press coverage was highly positive. The Kingston Whig praised Ottawa's medical initiative. As civilization moved towards the Aurora Borealis, it brought mixed blessings. One of the white man's gifts to "dark-skinned natives" was usually a variety of new diseases. It was to offset that "almost invariable result" that Canada was "seeking to provide medical services and skilled care for the sick. "Other journals emphasized the link between scientific care for the Eskimo and the advance of civilization.<sup>89</sup>

Airplanes would shrink enormous distances and allow medical evacuations. Radio communication would make it possible to give advice when blizzards prevented travel. Wireless contact, Toronto's Mail and Empire noted in the summer of 1929, had already proved a boon to surveyors. Perhaps northern doctors, who had not "the prospectors' lure of wealth," might benefit from the same technology. It would make the long arctic winter brighter; in emergencies, it might even save lives.<sup>90</sup>

The collapse of financial markets put an end to the happy speculation, and the number of doctors in the Mackenzie District remained at just under a handful. As had long been the case, people in large areas did without a physician. The

---

<sup>89</sup>Kingston Whig Standard, 20 June 1929.

<sup>90</sup>The Mail and Empire, "Medical Service in the Far North," Toronto, 20 May 1929.

stories that follow concern such "medically naïve" communities, ones in which no doctor had ever made his residence, and where missionaries provided the only source of western health care.

#### CHAPTER 4

##### **"THE EVIL OF CONJURING": ANGLICAN MISSIONARIES BATTLE TRADITIONAL HEALING METHODS, HERSCHEL ISLAND, 1897-1901**

In 1896, Anglican missionaries Isaac and Sadie Stringer took up residence at Herschel Island, in the Beaufort Sea, in an effort to convert the region's Eskimos from "paganism" to the Christian faith. Their five-year stay represents the only occasion in this study when missionaries were engaged in primary evangelization rather than in efforts to draw members away from the opposing Christian church. How the Eskimos responded to the couple's presence and, in particular, their medical ministrations, is the subject of this chapter. Traditional beliefs remained strong even as native patients experienced Western remedies, which they sought in much the same fashion as other consumer items.

Here, more powerfully than in any other northern situation, one sees how clerics were at the mercy of potential converts. Although the Protestant couple became the best of friends with many people, served frequent meals, treated numerous ailments, offered overnight accommodation, and provided rations through periods of want, they obtained not a

single adherent. No individual abandoned faith in spirits or confidence in divination. Not until fifteen years later, when entire bands perceived it in their best interests to adopt the Christian faith, did the first baptisms on the Arctic Coast take place.

Sadie Stringer provided crucial functions. Her role as marital partner, mother of two toddlers, cook, hostess, link to Eskimo women, nurse, and schoolteacher demonstrates the importance of women to mission endeavors. Without them, none of the church enterprises studied in this volume could have existed. Yet, until recently, female staff have received

little attention in mission literature; in discussions of the North, clerical wives are virtually absent.<sup>1</sup>

What transpired at Herschel Island holds implications for later chapters in this study. The Stringers' stay began a long Anglican presence on the Arctic Coast that frustrated Catholic hopes to found a mission of their own, and thereby fueled inter-church hostilities throughout the North. The bitter conflict came to a head three decades later, when

---

<sup>1</sup>For recent studies of women in the mission field, see Barbara J. Malinsky, "In Recognition of the Woman Physician as Medical Missionary," Women and Health 5 (1980): 1-8. Ellen J. Smith, "Medical Missionaries: Ourselves Your Servants for Jesus' Sake," in "Send Us a Lady Physician": Women Doctors in America, 1835-1920, ed. Ruth J. Abram (New York: Norton, 1985), 199-204. Ruth A. Tucker, "Women in Missions: Reaching Sisters in 'Heathen Darkness,'" in Earthen Vessels, ed. Carpenter, 251-280. "Leslie A. Flemming, "Introduction: Studying Women Missionaries in Asia," in Women's Work for Women, ed. Leslie A. Flemming (Boulder: Westview Press, 1989), 1-10. Flemming, "New Models, New Roles: U.S. Presbyterian Women Missionaries and Social Change in North India, 1870-1910," in Women's Work, 35-57. Marjorie King, "Exporting Femininity, Not Feminism: Nineteenth-Century U.S. Missionary Women's Efforts to Emancipate Chinese Women," Women's Work, 117-135. Sara W. Tucker, "A Mission for Change in China: The Hackett Women's Medical Center of Canton, China, 1900-30," Women's Work, 137-157. Ruth Compton Brouwer, "Opening Doors Through Social Service: Aspects of Women's Work in the Canadian Canadian Presbyterian Mission in Central Asia, 1877-1914," Women's Work, 11-34. For a British view of women's mission presence (with great data on the relative number of mission wives and unmarried women, including nurses) see M. Louise Pirouet, "Women Missionaries of the Church Missionary Society in Uganda 1896-1920," in Missionary Ideologies, ed. Christensen, 231-240. An outstanding early (although hagiographic and prescriptive) work about women's overseas medical missions is Belle J. Allen, Caroline Atwater Mason, A Crusade of Compassion for the Healing of Nations. A Study of Medical Missions for Women and Children (West Medford, Mass.: The Central Committee on the United Study of Foreign Missions, 1919).

Oblate Fathers opened a hospital at nearby Aklavik in the Mackenzie Delta, and began a direct campaign to gain Eskimo adherents. By then, Stringer had become one of the region's Protestant bishops, and was very much involved in efforts to halt the "Roman" advance.

**"Scenes of Riotous Drunkenness and Lust":  
Whaling Activities at Herschel Island, 1890-1914**

Herschel's importance as a whaling center in the 1890s offers a unique opportunity to see how what actually happened in contact situations sometimes became distorted in southern perceptions, a process that may have had a modern parallel in relation to mission endeavors. Two American whaling ships first overwintered at the island in 1890. Their phenomenal catch the following summer--the Hume alone captured thirty-seven whales, with baleen worth \$400,000 (many millions in 1995 dollars)--quickly enticed others. Within two years, up to ten ships anchored in the protected setting; up to five

hundred men endured nine months of immobility between open-water seasons. Native women often served as sexual partners.<sup>2</sup>

Although large fleets stopped coming after 1906, after the price of baleen had fallen sharply, whalers added trade to their other functions; most years until just before the First World War, one to three ships still visited the Beaufort Sea. When visitors to the North heard stories about early whaling days, they often included an embellished account in their travel accounts. Drinking and feasting had become a way of life, reported explorer Ejnar Mikkelsen, who briefly stayed at Herschel Island in 1907. Food, fine clothes, sweets, and baubles fueled orgies. Eskimo playmates "got all their hearts desired." After the fleets stopped visiting, the women were left behind, "spoiled bodily and mentally by their insatiable

---

<sup>2</sup>For accounts of whaling activity at Herschel Island and other points near the Mackenzie Delta see John R. Bockstoce and Charles F. Batchelder, "A Chronological List of Commercial Wintering Voyages to the Bering Strait Region and Western Arctic of North America, 1850-1910," Musk-Ox 20 (1977): 3-8; Also Bockstoce, "Herschel island," chap. 12, 255-289, "Decline of the Fishery," chap. 14, 337, and "Epilogue" with appendices, 339-349 in Whales, Ice and Men: The History of Whaling in the Western Arctic (Seattle: University of Washington Press, 1986); Daniel Francis, "Whaling in the 'Forbidden Sea,'" chap. 4, and "The North Transformed," chap. 6 in Arctic Chase: A History of Whaling in Canada's North (St. John's: Breakwater Books, 1984); Thomas Stone, "Atomistic Order and Frontier Violence: Miners and Whalemen in the Nineteenth Century Yukon," Ethnohistory 30,4 (1987): 203-16; Anne Keenleyside, "Euro-American Whaling and its Effects on Eskimo Health," Arctic Anthropology 27, 1 (1990): 1-19.



cravings for the luxuries they had a few years ago."

Survivors dragged on "a miserable existence."<sup>3</sup>

Raold Amundsen, who traversed the Northwest Passage in 1907, claimed that syphilis was highly prevalent among Herschel Island's Eskimos. American reporter Agnes Deans Cameron, who briefly saw the Mackenzie Delta from the comfort of a steamer a year later, accused the whalers of introducing numerous "white men's diseases," including venereal ailments, consumption, scarlet fever, and measles. Two thousand Eskimos, she wrote confidently, had peopled the region before the coming of the San Francisco fleet; less than five hundred remained.<sup>4</sup>

Hudson Stuck, an Alaskan Protestant missionary who spent a few days at Herschel Island in 1917-1918, at a time when no whalers were in the harbor, described how crews drawn from the worst of San Francisco society had "scoured the coast for Eskimo women." Throughout the 1890s, the island had provided a paradise for rejecting "all restraint upon appetite."

---

<sup>3</sup>Ejnar Mikkelsen, Conquering the Arctic Ice (London: William Heinemann, 1909), 312.

<sup>4</sup>Agnes Dean Cameron, The New North: Being Some Account of a Woman's Journey Through Canada to the Arctic (New York: Appleton, 1910), 225. Roald Amundsen, The North West Passage (London: Archibald Constable, 1908), 261-2.

Scenes of "riotous drunkenness and lust," had "rarely been surpassed" elsewhere.<sup>5</sup>

Accounts of Herschel Island's whaling days became more sensational over the years, and increasingly depicted Eskimos as hapless victims. Missionaries, said Mikkelsen's 1955 retelling of the story, had vainly "tried to stop the rot which was leading the silly credulous Eskimos to their destruction." Only the infirm, "no longer able to take part in the debauchery and love-making of the whites," attended services. Even as they heard the gospel, they "listened longingly to the drunken noisiness" of orgies outside. After the whaler's departure, dirty sod huts, no longer used for carousing, housed a declining people "ravaged by disease and avid for [alcoholic] spirits."<sup>6</sup>

Officers of the North West Mounted Police, who lived year-round on the Arctic Coast and made extensive patrols to Eskimo encampments, saw an entirely different picture. "With regard to immorality" reported Inspector D.M. Howard in 1906, "the customs of the Esquimaux lend themselves very easily to that sort of thing." Men had long been used to trading and

---

<sup>5</sup>Hudson Stuck, A Winter Circuit of Our Arctic Coast: A Narrative of a Journey with Dog-Sleds Around the Entire Arctic Coast of Alaska (New York: Charles Scribner's Sons, 1920), 320.

<sup>6</sup>Ejnar Mikkelsen, Mirage in the Arctic (London: Rupert Hart-Davis 1955), 101.

loaning wives and daughters; the practice had merely been extended to whites.<sup>7</sup>

During the winter, observed Inspector G.L. Jennings, a whaler used the woman's sod dwelling, made it comfortable, and put in a stove. He fed not only his temporary partner, but her husband and children. In return, she made his skin suits, washed his laundry and mended his clothes. When the ship left, the lady obtained ten sacks of flour, as well as tea, bacon, tobacco, and cloth. Sailors repeatedly took the same mate. During years when they could make it to Herschel Island, they sent in a winter's supplies by another vessel. Children were "well cared for" and, when old enough, sent to schools in Alaska. Some were taking instruction in San Francisco and other large cities.<sup>8</sup>

What seemed "unnatural" to southerners, concluded the inspector, was entirely "natural" to the Eskimo. Moreover, it was a matter of survival. In the past, when food was difficult to obtain, female children had often been killed, as they "would only be a drag rather than a help." Now, that practice had disappeared. Since their association with the

---

<sup>7</sup>Insp. D.M. Howard to Commissioner NWMP Regina, n.d. Aug. 1906, North West Mounted Police Annual Report to Parliament (hereafter NWMP ARP) (Ottawa: 1907), 131.

<sup>8</sup>G.L. Jennings, "Annual Report of Inspector G.L. Jennings, Commanding Mackenzie River Subdistrict," Feb. 16, 1910, in 1 George V., A., 1911, Sessional Paper 28, NWMP Annual Report, Appendix K, 148-161, p. 151-152. .

whalers, the coastal native had "never lived or dressed so well."<sup>9</sup>

In Jennings's estimation, a government school was an urgent necessity; men, women and children would all attend, as there was a great desire to learn. Jennings had heard a father who could speak little English teaching his girl the alphabet. Clearly, these people were positioning themselves to deal effectively with the increasing presence of traders. Corporal J. Somers, in 1911, noted how the Eskimos would not let anyone take advantage of them. They carried fur around "like money, looking for the best bargain." No one could "sell a Huskie anything he does not want."<sup>10</sup>

The Delta Eskimos enjoyed remarkably good health. Somers saw "no sickness" among 167 individuals he visited. From Herschel Island, another constable reported four births and no deaths. Dr. Charles A. Wilson, the police surgeon, expressed "agreeable surprise" at finding no syphilis. The absence of such illness was all the more striking "after hearing the tales of the ravages of this disease."<sup>11</sup>

---

<sup>9</sup>Ibid.

<sup>10</sup>Corp. J. Somers to Officer Commanding (hereafter OC) N Division, 7 July 1911, NWMP ARP (Ottawa: 1912), 167.

<sup>11</sup>Ibid. Corp. J. Somers, to OC N Division, 3 May 1911, NWMP ARP (Ottawa: 1912), 176-177. Const. F.L.R. Wissenden to OC N Division, 5 July 1911, NWMP ARP (Ottawa: 1912), 169. Dr. Charles A. Wilson, Medical Report to OC N Division, 21 Jan. 1912, National Archives of Canada, RG 18, vol. 425, file 258.

Isaac and Sadie Stringer's experience at Herschel Island as this chapter will show, backs up the police impression of the Eskimos' outstanding ability to handle newcomers to their own best advantage. None of that seemed evident, however, in the 1890s, when stories of the whalers' arrival first reached Toronto. Drinking and fornication appeared to be the sole form of interaction. To Victorian Christians, these sinful ways spelled damnation for both invaders and natives.

Stopping debauchery in the "Sodom and Gomorrha" of the Far North became a major goal for Isaac Stringer, who had just volunteered as an Anglican missionary to the Eskimos. Little did he realize he would soon establish his mission in the whaler's main on-shore building, serve as the guardian of their belongings, and look forward to their visits in his home. Nor did he know just how expert the Eskimos were in playing up to newcomers, getting all they could out of each social transaction while retaining their traditional ways.<sup>12</sup>

**"A Great Feast":  
The Happy Marriage of Isaac and Sadie Stringer**

Stringer was born in 1866, and grew up in a staunchly anti-Catholic rural Ontario household. Swept to the podium at a revival gathering during his teens, he "accepted a convert's

---

<sup>12</sup>Thomas Stone, "Whalers and Missionaries at Herschel Island," Ethnohistory 28, 2 (1981): 101-124.

card." Three years later, he entered Wycliffe College, an Anglican divinity school at the University of Toronto. God's Word, the evangelical curriculum emphasized, gave Christians all they needed to embrace their Saviour. The Bible sufficed to learn the divine message. Accordingly, anti-Catholic sentiment ran high. In large part, the institution had been founded to counter the influence of the so-called Oxford movement, in which Anglican theologians openly embraced pre-Reformation ritual and dogma.

Large, jovial, and a "good mixer," Stringer knew how to make a point even as he defused opposition, qualities that put him on the executive of several college societies. In 1891, while president of the Missionary Society and the YMCA, he met Bishop William Day Reeve of the Diocese of the Mackenzie. News of the Oblates' recent travels into the Mackenzie Delta convinced the student minister to volunteer for work among the Eskimo: he would counter the Roman threat. At once he dropped classes to learn medical and dental techniques that would stand him well in the North. Showing off newly acquired skills just before his departure, he pulled his father's aching teeth.<sup>13</sup>

---

<sup>13</sup>Frank A. Peake, The Bishop Who Ate His Boots: A Biography of Isaac O. Stringer (n.p.: Anglican Church of Canada, 1966), 1-10.

When, later that summer, Stringer arrived in McPherson, he met Father Giroux, who had reopened the local Catholic mission two years earlier. Before long, he also encountered Father Lefebvre, just three years older than himself, and also new to the North. It was Lefebvre who made an annual summer trip to meet the Eskimos of the Beaufort Sea. Stringer's job was to counter those measures. Each year, accordingly, he made a journey to Herschel Island.

Stringer likely suffered from what today is called an autoimmune or inflammatory multi-system disorder. Intermittently, it pained his eyes, preventing reading and writing for weeks on end. At those times, intense sensitivity to light kept him inside the mission. As his temperature mounted, the throat became sore while muscles and joints ached. Wrists and shoulders swelled up, added to the misery.

During some of his bouts, Stringer developed an encephalopathy, or alteration in brain function, with thoughts racing through his head, confusion, sleeplessness, and acute awareness of sounds. Overwhelmed by fatigue, he arose late and left mission chores to others. On occasion, as we will see, the illness played a major role in his interaction with the Eskimos. As well, it gave a prominent role to Sadie,

Isaac's wife, who added his duties to her own already hectic schedule.<sup>14</sup>

Sadie, although raised on a farm in Upper Canada, had extensive experience in the larger world. Intelligent, optimistic, generous, and exuding good-will, she made friends easily. Her diaries, written a century ago, still sweep the reader along with a charmed way of seeing the world at its best. After highschool, she learned shorthand, then "the coming occupation for girls," and landed a top secretarial job in a New York law firm. Boarding at the YWCA on Washington Square, a "delightful place of abode," she developed close ties with the matrons, and met numerous women pursuing careers in medicine, art and music. Much as she cherished life in America's most sophisticated city, she dropped it all to be with the man she loved.<sup>15</sup>

As a teenager, Sadie had fallen for Stringer, then a freshman at theological school. The affection was mutual, and it never stopped. For years, afraid of censure because of her youth, they kept the liaison a secret. But when, in 1891, Isaac volunteered for the Eskimo missions, he summoned his

---

<sup>14</sup>IOS, 8-9, 13, 18-23, 25-29 Jan., 13, 19, 20, 21-22 Feb., 1, 30 Oct., 1-3, 28, 30 Nov., 15-28 Dec. 1897; 3-26 Feb., 16 July 1898; 7-9 Mar., 17-18 Apr., 30 June, 13-14, 28 Oct., 20-21 Nov 1899; 22 Mar., 8 June, 1, 4-5 Aug. 1900; 1 Feb. 1901.

<sup>15</sup>SAS diary 13, n.d..



future wife from New York. It would be best, they agreed, if she became a nurse. They would, after all, be settling in an area two thousand miles away from the nearest physician. At once, she entered Toronto's Grace Hospital as a lowly, ill-paid trainee. Making that transition, she later recalled, was "one of the hardest things" she had ever done. In 1896, now married, the couple settled at McPherson mission, where Sadie had her first baby. The following year, they moved to Herschel Island, where, in May 1900, she had another, far-more-difficult child whose constant demands made her life all the more frenetic. Isaac alone assisted with the delivery.

Contrary from the moment of his precipitate arrival, Frederick Herschel Stringer tore his mother's perineum in the process of entering this world. Stringer sewed up the laceration two days later. "Not very comely," the baby maintained a pattern of constant crying and irritability that kept his father busy around the clock for three weeks, as Sadie passed through a worrisome period of high fever. Isaac, bathing mother and child, remembered the smooth arrival of his charming first-born. Staying up with his screaming son throughout the night, he expressed surprise at the difficulties; he had "no idea there was so much work about such a case."<sup>16</sup>

---

<sup>16</sup>IOS, 25 May-13 June 1900.

The most repeated words in Isaac's diary are "My wife and I," as he gave her full credit for her constant help and support. When he was close to Sadie, his spirits remained high despite crushing disappointments in the mission work. But when he traveled alone to distant camps, the lack of progress overwhelmed him. Then, he could not wait to get back. Although his record of daily events was somewhat curt and businesslike, deep affection for Sadie always shone through. He kept a close watch on her well-being, noting her every cold, the monthly days when she felt ill, and the rare times during her pregnancy when constant bedlam in the mission made her "tired and discouraged."<sup>17</sup>

Each year, on their wedding anniversary, Sadie laid out a "great feast" of delicious country foods, such as caribou tongues and the tenderest meat of goose and grouse. Supplementing it with carefully hoarded canned delicacies, she would add a grand finale of creamed cake and secretly made ice cream. Over the years, her marriage never lost the same touch of gourmet delight and happy surprise. When, in 1932, Isaac passed away, her grief was unbounded. Surviving alone into old age, she never got over the pain.<sup>18</sup>

---

<sup>17</sup>IOS, 13 Mar. 1898; 25 Apr. 1899; 25 Feb., 7 Apr., 25 May 1900; 24 Jan. 1901

<sup>18</sup>IOS, 10 Mar. in 1898, 1899, 1900, and 1901. SAS diary 16, n.d..

When they lived at Herschel Island, Isaac and Sadie dealt together with the live-in staff (several Indians from McPherson) and with numerous visitors, both whalers and natives. As a couple, they made social calls and visited the sick. Occasionally, they found precious moments for themselves, using bright spring days to take long walks away from the village for what the Victorian Stringer called "a good talk." In the evenings, after the house had emptied of strangers, Sadie read books to her husband, sharing the stories of long tomes such as Les Misérables, Quo Vadis, and Vikings of Today.<sup>19</sup>

Sadie's days rushed by as she gave lessons to an Indian boy the Stringers had brought from McPherson, classes to Eskimos, and evening shorthand courses for the whalers. She led choir practice, assisted with Sunday school, and sang at church services. She looked after her own children, ran the kitchen, organized the help, and dealt with a constant flow of women and their little ones through the house. Frequently, she helped her uncle, Will Young, who lived at the mission, and who ran the trade operation that formed a major attraction to Yukon Indians from further south and Eskimos on the Arctic Coast. When Isaac felt too ill to hold church services, Sadie led devotions. When his eyes hurt, she became his secretary,

---

<sup>19</sup>IOS, 6 Mar., 10 Oct. 1898; 9 Oct. 1899. On 18 Mar. 1899, to give an example, Sadie and Isaac visited seven of the nineteen houses at Herschel Island.

taking dictation, finishing letters, and, occasionally, filling in his daily diary. In addition, she kept her own journal; unfortunately, most of it has disappeared.<sup>20</sup>

**"Years Spent in Vain":  
The Stringers' Campaign Against Traditional Beliefs**

As, early one Sunday in October 1897, the ailing Nachook sank into unconsciousness, his son-in-law Inyoolook dressed him in a new fur suit and carried him outside. A demise within the dwelling would have invested it with harmful spirits and made it uninhabitable. Stringer, who witnessed the scene, determined to put an end to the practice. At church, addressing an audience of more than fifty, he decried "the evil of conjuring" and the error of catering to denizens of the netherworld. But it had little effect.<sup>21</sup>

After the funeral Inyoolook cared for the deceased's youngest boy, who was also fading. Deeply concerned, he negotiated for a cure with two shamans, Ithillik and Toopik,

---

<sup>20</sup>IOS, 17 May 1899: "My wife wrote her journal on the typewriter today." These typed pages have disappeared as far as I can determine. Only 638 days of Sadie's handwritten diaries survive for the period May 1896-1901. Of these, 60 days relate to her initial journey from Ontario to Fort McPherson; 332, to her time at Fort McPherson; 65, to trips between McPherson and Peel. Only 181 days concern her stay at Herschel Island: 21 days in 1896 (a visit from 25 Aug.-15 Sept.); 3 in 1897 (26-29 Aug.); 12 in 1899 (22 Oct.-3 Nov.); 3 in 1900 (1-3 Jan.); 142 in 1901 (1 Jan.-22 May).

<sup>21</sup>IOS, 17 Oct. 1897.

who demanded alcohol as payment. The minister, secretly informed, gave them all "quite a lecture on the evil proposed." Ithillik protested, saying he had only pretended to have special powers. The conjuring scheme was merely a scam so he could get something "to dull the pain" of a sore throat. Stringer offered a bottle of cough syrup. His intervention, however, did not diminish frequent recourse to diviners.<sup>22</sup>

To the contrary, the Anglican minister's open denigration of spirits led to a powerful show of their capacity for revenge. Ilek, a local woman who was about to deliver a baby, left her family to spend the perinatal period in a small snowhouse, as was then the custom. When the baby arrived two weeks later, it lived but briefly. The little girl, according to Ilek, succumbed to the cold, as she lacked deerskins and blankets. Others, however, had seen her bury the infant in the snow. No one would admit to what Stringer called "complicity." The Eskimos, he confided to his diary, had "no compunction" about killing a female child.<sup>23</sup>

Although the baby had died, proscriptions still applied to the mother, who had to stay in her snowhouse for five post-natal days. During that period, no family could offer

---

<sup>22</sup>IOS, 30 Oct. 1897.

<sup>23</sup>IOS, 26 Jan. 1898.

shelter; breaking the taboo, all knew, would offend spirits and bring misfortune. The Stringers, however, chose this moment to demonstrate open disdain for the rule. Time and again, as Ilek complained of the cold, they let her gather strength by the kitchen stove. Angered spirits, as any native would have recognized at once, soon demonstrated their fury.<sup>24</sup>

From the moment he let Ilek in, Stringer felt unwell. A sweatbath failed to reduce discomfort as chest pain increased and rheumatic aches pervaded his body. Soon, his temperature rose dangerously high. At times he slept; at others, he "raved." In clear moments, Isaac realized the illness must remain a secret. If the Eskimo learned how sick he was, they would "superstitiously think it was because of Ilek coming into the house." Hiding in his room, he created the impression he had left the mission. The ruse allowed a tragedy to play itself out a few hundred yards away.<sup>25</sup>

David Copperfield, an Eskimo who worked as translator for missionaries and whalers, had become embroiled in conflict. When a grudge with a sailor exploded, the Captain ordered him off Herschel Island, and warned that failure to leave would bring imprisonment in a dark cabin. Old Annie, the young man's mother, at once sensed danger in his despair,

---

<sup>24</sup>IOS, 28-29 Jan. 1898.

<sup>25</sup>IOS, 2-5 Feb. 1898.

and ran to the mission for help. Isaac, however, was nowhere to be found. Informed of the missionary's absence, David lay down on his bunk, reached for a gun, and shot himself. This time when Annie came screaming into the house, Stringer emerged from the bedroom. Running across the snow, he found that a bullet had pierced the heart. David Copperfield, who knew more about the Bible than any other Eskimo, and who had served for years as conduit between missionary and potential converts, had taken his life. Stringer, "nervous and upset," did not sleep well.

The next day, whalers and Eskimos carried David to the graveyard. Given the circumstances, he could not be accorded the Christian rites reserved for believers. For in the southern moral context of the time, suicide was both a criminal offense and an act against God. Stringer was not present: even sicker than before, he remained in bed. For weeks, he could not rise. Two months elapsed before he resumed his mission duties and medical visits to Eskimo homes. On March 17, he once again dressed Aviloktok's foot, as he had on a daily basis before falling ill.<sup>26</sup>

For half a year, David's body lay above-ground, as had been the Inuit way before the arrival of missionaries. Then, on September 23, 1898, almost stealthily, Isaac gave him a (by

---

<sup>26</sup>IOS, 26-27 Feb., 6, 13, 17-18 Mar. 1898.

European standards) more decent burial. Accompanied only by Old Annie, he and an Indian mission employee dug a shallow grave; the shovels hit frozen soil two and a half feet down. Stringer's notes do not mention if he said a prayer. But in giving shelter to these mortal remains, he was surely coming to terms with a difficult year. Although well liked, he had made little progress in eradicating "heathen" concepts. The Eskimos' frequent attendance at his services had not led them to abandon belief in spirits. People listened intently to God's message, but retained belief in a pagan cosmos. Medical work had done much good, yet recourse to "conjuring" had not diminished.<sup>27</sup>

As was his wont, Isaac Stringer did not dwell on defeat. His upbeat interpretation of events slipped into almost juvenile *naïveté*. That winter, when a seemingly doomed child recovered under his care, he felt God was clearly on his side. Progress would soon be on the way. To the Eskimos, however, that solitary survival may have paled against the many cases where Christian prayer and southern remedies had no effect on the fatal outcome. As an influenza epidemic swept through the community, some even blamed the minister for bringing it about.

---

<sup>27</sup>IOS, 23 Sept. 1898.



Five weeks after burying David Copperfield, Stringer began his annual winter voyage to the Yukon mainland and the Mackenzie Delta. On November 5, he stayed with a group of recently arrived American miners, street-car employees from Chicago, who had come north after gold. Soon thereafter, sickness spread in each of the camps visited by the mission party. What initially seemed a mere "cold" worsened into life-threatening illness. As symptoms progressed, sufferers approached the minister for white-man remedies; at the same time, they sought relief through traditional healing methods.<sup>28</sup>

While Stringer delivered a sermon in a snowhouse in Kokhlik's camp, a "medicine-making performance" took place in an adjacent dwelling. Modligunna, a shaman, was driving away the rapidly spreading disorder. Suddenly, highly excited, he burst into the Christian service, proclaiming he had found the malady's cause. The minister's sled was responsible; it was "bad" and would have to be discarded. Isaac did nothing of the sort; events that followed, however, proved the excellence of Modligunna's advice. The epidemic continued to spread.<sup>29</sup>

After Stringer's return to Herschel Island, most of the community fell ill. Making medical rounds from house to

---

<sup>28</sup>IOS, 6 Nov. 1898.

<sup>29</sup>IOS, 27-28 Nov. 1898.

house, the Stringers had little time to rest. Isaac was so busy he lacked time to maintain his journal. Only later, remembering those harried days, did he fill in the details. Neither medications nor requests for divine intervention stopped the onslaught. On December 17, 1898, Jaggs' wife died. A week later, the man Ingavinia passed away. Within forty-eight hours, Kayioon became a widower; although he was well enough to help with the funeral, he passed away himself the following day. Okervik, an old woman, expired shortly thereafter.<sup>30</sup>

Despite the losses, Stringer may have felt his medical work was helping to make inroads on "pagan" beliefs. Clearly, some Eskimos had faith in his therapies. Angakina had come from far away on the mainland to get pills for ailing relatives. Some families, it appeared, were abandoning recourse to the *toongoks*, or helping spirits, and relying entirely on his treatments. The situation, however, was far more complicated than Isaac and Sadie suspected. Indeed, it was a *toongok* who permitted the Eskimos to seek medical expertise at the mission.<sup>31</sup>

In the midst of the epidemic, the Stringers looked after two ailing boys, Tagithok and Okpik. Tagithok's parents

---

<sup>30</sup>IOS, 15, 17-31 Dec. 1898, 1-3 Jan. 1899.

<sup>31</sup>IOS, 17 Dec. 1898.

cooperated fully. Without a murmur, promptly on time, they administered medications. When the patient failed to improve, they readily consented to his transfer to the mission. In Okpik's case the story differed entirely, as his mother and father rejected the use of drugs. When Sadie, recognizing want, brought them some food, they refused the offer. Rebuffed, the Stringers thought it best "to leave them to their own devices."<sup>32</sup>

Okpik's illness had become the focus of divination procedures on the part of four healers, Tooloowuk, Ithillik, Koomak, and Munilook. At the family's request, each sought advice from their *toongoks*. Tooloowuk consulted two spirits through a form of divination known as *krilaq* or, as Stringer disparagingly called it, the "stick and foot" method. The healer tied a cord around the patient's foot and lifted it while posing a question. The answer came from the weight of the leg: if heavy, it was "yes"; if light, "no." A helping spirit, which determined the limb's response, sometimes materialized in the mouth or breast of the healer. Occasionally, it entered the patient "to find out where the illness was." Rarely, it allowed itself to be seen; although powerful, it was tiny, measuring no more than the end of a finger.

---

<sup>32</sup>IOS, 4 Jan., 13 Feb. 1899.

Ithillik's *toonguk* ordered the young patient not to eat food from other people's houses. Koomuk's warned the boy not to accept medicines while the Stringers were treating her own son, Tagithok. Munilook saw four spirits at once, all naysaying the counsel of the others and voicing no objection to the use of European therapies. Despite the contradictions, Okpik's parents accepted all findings with gravity and respect, rewarding each diviner with a substantial payment. Tooloowuk got a sail; Muniluk, two deer skins; Koomuk, another. Ithillik, Stringer scathingly noted, was to be rewarded by Okpik's mother through "the charms of her own person."

Initially, Okpik's parents listened to the shades who had told them to stay away from the mission. To do otherwise might have caused offense and invited calamity. But when the boy failed to improve, they began to see the wisdom of Munilook's otherworldly helpers; some spirits, after all, were stronger than others. Soon, they called Isaac. By then the boy's breathing had become labored and the illness had progressed to a point where the Stringers felt reluctant to take over treatment. If Okpik succumbed under their care, it would set back the Christian cause. Only after much "prayer and consideration" did they agree to step in. As the patient

had no chance in the cold, damp setting of the family's sod house, they brought him into their own home.<sup>33</sup>

Over the next few weeks, Okpik's father worried if he had done the right thing. Stringer chided him for his faith in spirits, pointing out how evil they must be if they went as far as denying drugs and a good meal to a failing child. But that argument held little water with the distraught parent. The malign entity that was harming Okpik, he retorted, was clearly a most dangerous one. Despite close care at the mission, the boy "did not seem to get better." The missionary, knowing all too well the justice of that assessment, realized he had best drop the argument. "I could say nothing at the time," he confessed later. He dared not raise the issue again until, a month afterwards, the youngster began to improve.

Taking Okpik and one of his older brothers aside, Isaac impressed on them "the foolishness of their medicine and their medicine-making performances and beliefs." Sadie, writing about the episode decades later (when she thought she was writing for publication), remembered the youngster's survival as "a great victory for us." In restoring health, God had "blessed our efforts." From then on, when medicine men said someone was going to die, the Eskimos would say "How about

---

<sup>33</sup>IOS, 13 Feb. 1899. SAS, diary 12, n.d.

Okpik?" Indeed, Sadie Stringer gave the story the title "A case where we scored." But, there is little evidence that the cure led to decreased use of divination.<sup>34</sup>

Even as Okpik emerged from the shadow of death, the family of the ailing Nachooaluk (son of the deceased Nachook, and the same young boy whom Stringer had "saved" from shamanic procedures sixteen months earlier) sought help from Applejack, a native healer. The renowned shaman, who possessed special skills in understanding the universe and had prophetic visions to prove it, agreed to take on the treatment. A rifle, a payment commensurate with his sizable reputation, bought his attendance. On this occasion, however, his helping spirits brought no improvement. Only when all hope seemed lost did the family appeal to Stringer. European pills and Christian invocations, however, had no more success. By the next day, Nachooalook left this world.<sup>35</sup>

On occasion, the Stringers' treatments clearly proved superior to those of native healers. Kootkooina's wife, who had "suffered a great deal," asked for help after she failed to respond to ministrations by the shaman Avumnuk. After diagnosing gonorrhea, the mission couple paid daily calls for

---

<sup>34</sup>SAS diary 12, n.d. Sadie wrote the late diaries in preparation for publishing her memoirs, a project that did not come to fruition.

<sup>35</sup>IOS, 2-3 Feb. 1899.

a full six weeks to ensure the treatment (which probably consisted of internal applications of ointment) was being followed. Still, despite their success in this case, the Eskimo did not diminish their recourse to divination.<sup>36</sup>

By now, Stringer's approach to native healing had changed, as had his overall approach to relations with the Eskimos. In his first years at Herschel Island, frustrated by the mission's lack of progress, he had often indignantly insisted on changes in behavior. But as he had learned so well during his leadership days at college, dudgeon and confrontation seldom produced results. Early in December 1899 Stringer gave the woman Agmigollik a piece of candle to make gum. Seeing a full, untouched candle nearby, she insisted on having the "fresh" one. At that, Stringer blew up. Annoyed at her lack of grace in taking the first offering, he accused her of holding out for a larger gift. But he regretted his behavior almost at once, reminding himself it was "foolish to show one's impatience to the natives." He could accomplish far more by deploying his sense of humor.<sup>37</sup>

A month later, Isaac stopped in at a nearby household and surprised the father, who was conducting a "stick and foot" séance over the oldest boy. The latter had, some time

---

<sup>36</sup>IOS, 2-31 Dec. 1899, 1-19 Jan. 1900.

<sup>37</sup>IOS, 3 Dec. 1899.

earlier, lost his lower legs to frostbite, so the *krilag* cord had to be tied around his head. Stringer's benign reaction (he found the image "very comical") says a great deal about his changed ways. Although he still expressed dislike for divination, he never made abandonment of the practice a condition of friendship. The Eskimos, in turn, accommodated that approach by minimizing (if only in conversations with Isaac) their role in divination practices. While acknowledging that numerous appeals to the spirit world were still being made, they cheerfully claimed not to believe in the procedures: they merely performed them to please others.<sup>38</sup>

Early in 1900, for example, the Stringers decided to hire a full-time helper at the mission to cut wood, haul ice, and perform a host of other chores around the house. "Old Jaggs," a widower, seemed the perfect candidate. There was but one problem: he indulged, it was rumored, in occasional medicine-making activities. When Stringer asked him directly if he was a healer, Jaggs scoffed at the idea. It was true he had "doctored" old Koonalook before he died and had received a big polar bear skin from the family for his efforts. But it had all just been a show; he had merely "told them some lies."<sup>39</sup>

---

<sup>38</sup>IOS, 4 Jan. 1900.

<sup>39</sup>IOS, 4 Jan. 1900.



"Old Annie," the Stringer's maid and seamstress, was more honest about her frequent resort to divination. Perhaps a long and warm relationship with Sadie made her feel she need not dissemble. Although constantly exposed to white practices, she had not lost pride in her own people and their ways. In May 1900, she tried to convince her European mistress of the many useful applications of the "stick and foot" procedure. When Sadie laughed to dismiss the idea, the elderly servant insisted she try it right then and there. The leg, as Isaac Stringer confided to his diary, "would only go up and down when my wife permitted." But rather than cause distress, the unwilling limb made Annie laugh. The failure did not reduce her confidence in *krilag* one bit; it just would not work with a white woman.<sup>40</sup>

Similarly, other beliefs entered the mission with native employees. Being on the church payroll did not stop adherence to native religious rules, even within the Stringer's home. Oonline, who in February 1900 began making a fur coat for Sadie's daughter, suddenly stopped work. Someone had killed a polar bear and scraping of deer skins was prohibited for the next four days. One could not mix activities relating to land animals with those from the sea. Breaking such rules would surely bring retribution.<sup>41</sup>

---

<sup>40</sup>IOS, 7 May 1900.

<sup>41</sup>IOS, 16 Feb. 1900.

A month later, as Munikchuk cleaned foxes at the mission, he slit the throats of all the carcasses. Animals, he told a perplexed Stringer, possessed a spirit or *toongok*; unless it was given a way to leave, it could not enter the body of other creatures. Failure to perform this act of kindness led to adversity in the hunt; animals, offended by such discourtesy, failed to present themselves.<sup>42</sup>

The Eskimos had good reason to fear retribution if they ignored these long-established regulations. The *toongoks* watched constantly for transgressions; at times, they revealed their presence in spectacular fashion. Frightened Eskimos reported seeing an unhappy spirit, in the form of a "ball of fire," in the sky. The trajectory, at least on some occasions, indicated the source of its displeasure; Avumnuk and Kootkooina saw one cross directly over the mission.<sup>43</sup>

Such convictions reflected how strongly the Eskimo continued to hold to their own beliefs. Not a single Eskimo had reached a point where Isaac felt comfortable administering the sacrament of baptism. Nor would he let any partake of Holy Communion. To some extent, the missionary could tolerate that situation while he remained on Herschel Island. The constant coming and going of visitors, the busy mission social

---

<sup>42</sup>IOS, 12, 20 Mar. 1900.

<sup>43</sup>IOS, 20 Jan. 1900.

life, and the presence of Sadie protected the missionary from facing what amounted to defeat.

In the summer of 1900, on a long foray to the Mackenzie Delta, Stringer became "completely discouraged." Visiting the camp of Chief Takochikina, he met several men who recently had taken a second wife. Although it was the Sabbath, none of the tribe paid any attention. Twice the Eskimos went after belugas (white whales) that had just arrived off the coast. Respect for God's laws, the missionary concluded, had not progressed since he first came to help these people. "Where is the fault?" he wondered. "In what have I failed?" He wanted so much to discover "why these years seem to have been spent in vain so far as outward and visible signs are concerned."<sup>44</sup>

As Stringer approached the Baillie Islands, his spirits improved. Close to two hundred members of the Kogmolliit and Noonatagmiut tribes had set up temporary homes on a sandspit. As usual, the cleric dispensed medicines and offered a panoply of mission activities, including hymn singing ("English and Husky") and looking at pictures. He sensed the people's enthusiasm. Praying with the Kogmolliit, whose participation was "heartier than usual," he seized the occasion to address "the evils and dangers of liquor drinking." The audience

---

<sup>44</sup>IOS, 23 July 1900.

seemed much impressed. The Noonatagmiut, remarkably attentive at a service in their communal dwelling, asked for daily devotions. To top it all off, Stringer knelt with a group from the Anderson River he had never met before. Seldom had he experienced the flush of such unlimited success. His mood soared, but the euphoria did not last long.<sup>45</sup>

The whaler Jeannette tied up nearby a few days later. Tooloouk bought alcohol from the crew and shared it with friends, one of whom turned up drunk at the missionary's tent in early morning. Shortly thereafter, a stupefied sailor from the William Baylies addressed the cleric with "a lot of rubbish." Only later did the reason for the man's visit to the Eskimo camp become clear. As more and more Kogmolliit waved bottles, Stringer learned that they had received the liquor in payment for loaning wives. To make matters worse, husbands showed "no shame" and made no attempt to conceal the "atrocious double traffic."<sup>46</sup>

In their eagerness for more inebriants, Eskimos traded furs that should have gone for food or durable goods. Much-prized wolverine hides fetched "three bottles of whiskey and a little tobacco." A native named Anderson made such an exchange in hopes of buying a rifle from another hunter with

---

<sup>45</sup>IOS, 7-8 Aug. 1900.

<sup>46</sup>IOS, 10, 13 Aug. 1900.

the booty. But he soon drank it all. Unik, who had similar plans, got through one flask before someone stole the rest. Stringer spoke "severely" to both, but neither regretted the adventure. When he pushed the matter too hard, Anderson told him to get lost. If all this drinking was really so bad, the angered native argued, why had whites brought them this delight in the first place?

The taunt may have reminded the missionary of his own close alliance with the sailors. He was, after all, in the employ of the whaling companies that funded these ships. The house he occupied at Herschel Island belonged to them. Not only was he the region's Anglican missionary, but he also functioned, assisted by Will Young (Sadie's uncle), as caretaker of the whalers' buildings and trading interests. How could Stringer distinguish his prescription for a godly life from the offerings of other white men on these shores? He may not have seen any of this, but there can be no doubt he was deeply wounded by Anderson's taunt. The contrast between that hostile rejection of his counsel and the Eskimos' seeming devotion a few days earlier struck the anguished missionary hard. Utterly demoralized, he stayed well off to the side as heavy drinking continued through the next three days.<sup>47</sup>

---

<sup>47</sup>IOS, 15, 18 Aug. 1900.

On August 19, when a whaler offered a berth to Herschel Island, Stringer jumped at the chance even though it left his work "incomplete." Moreover, it was Sunday, which forbade travel. He would set a poor example. The Eskimos would see him rush off to the ship while services already agreed on would not take place. But he had begun to miss Sadie's warmth. "I must take my chance home," he told himself. Compounding errors, he accepted gifts of baking supplies and flour from the captain of another ship. He disliked such Sunday transactions, but "it meant to take them now or do without." It was only "for my wife's sake as I believe we are very short."<sup>48</sup>

#### **The last winter on Herschel Island**

The Stringers' last winter on Herschel Island, in 1900-1901, was in many ways their most successful. More people than ever visited the mission, stayed for a meal, or lodged overnight. The mission couple's hospitality created an enormous amount of work, but served useful purposes. While at the mission, the Eskimos traded meat and furs for southern staples and consumer goods; at the same time, they were exposed to a Christian lifestyle, meal-time prayers, communal sing-songs, evening devotions, and slide-shows of Jesus and the Holy Land. However, what was for one side an earnest

---

<sup>48</sup>IOS, 19 Aug. 1900.

attempt to save lost souls from damnation, may have been for the other no more than a form of enjoyable entertainment, the contemporary equivalent of what today would be a stay at a fancy hotel and an evening at the movies.

Although the constant flow of visitors impinged on privacy, the Stringers had found means to minimize friction, while good humor on both sides stopped minor irritants from billowing into conflict. The Stringers insisted, for example, that they be allowed to eat in private in their own rooms and that no one enter those quarters until they was finished. Native staff and visitors took their meals separately in the kitchen. While a common arrangement in southern households at the time, such separation was foreign to Eskimo concepts. One day, when Stringer happened to walk in on the native diners, Amigollok (a hunter who had just traded furs) ordered him out. Laughing, Stringer quickly stepped back to his own side of the door, much to everyone's merriment. In the process, both sides made a point.<sup>49</sup>

Similarly, humor helped the Stringers deal with the constant probing that defined how far they could be pushed or how easily deceived. Time and again, the Eskimos sought ways to gain the maximum possible material advantage from the mission's presence. At a big Christmas celebration, fifty-

---

<sup>49</sup>IOS, 15 Jan. 1901.

nine celebrants joined the Stringer household. Many people had come from afar for this happy occasion. Sadie and Isaac knew all of their guests intimately. But despite their long acquaintance with local custom, they had never seen tea consumed in such enormous quantities. Two large boilers could not keep up with the demand. Soon thirty gallons had been consumed. Finally becoming suspicious, Stringer saw the libations disappear into containers hidden under the guests' clothes. Out of twelve households on the island, eleven had brought kettles.

At the moment of their discovery, the Eskimos became "very quiet." Stringer, however, saw the funny side of the episode. Over the next few days, both he and the Eskimos "had many a laugh over it." Continued dissembling made them laugh even harder, as each claimed they had had no part in the fraud or "that others did worse." A few days later, when Isaac invited them to the New Years' feast, he suggested smilingly that they "bring their cups not their kettles." And so they came, in equal numbers, and "enjoyed this even better than the Christmas treat." Stringer had turned a potential rift into a cause for even greater camaraderie.<sup>50</sup>

During that cold, dark season, both the mission and the Eskimos had good reason to maintain friendly relations. Many

---

<sup>50</sup>IOS, 25 Dec. 1900; 1 Jan. 1901.



households had run short of food. Wildlife was scarce, and severe weather hampered the hunt; there were few hides to trade for southern staples. Catering to the need, the mission couple offered warm hospitality. Inyooalook, Yexana, Omigloo, and others came for helpings on January 3. Murtoolik soon returned for more as she had only an old seal head to feed her family. Puniyuk, a hungry child, asked "for something to eat." A little boy sought food for his starving grandmother. Pie Face got bread for a son who would not stop crying. For days on end Sadie Stringer handed out flour, fish, coffee, and tea. Sometimes she provided a meal on the spot. The traffic rarely stopped as needy natives came "for this and that and the other." Yet the mission couple avoided the frictions of prior famines, when incessant "sponging" had spiraled into an intolerable situation.<sup>51</sup>

Hiring women to make gifts and replenish the depleted mission wardrobe, Sadie provided a source of income. Oonilena mended; Pie Face made mukluks; Anagoniak, deer-skin pants; Agnouchiak scraped furs; Conellie produced dolls; Laura applied wolf-skin trimming; Tootouk crafted water boots. As work progressed, the women received food as payment, or

---

<sup>51</sup>SAS, 1, 3-4, 9, 11, 19, 22, 23 Jan. 1901. For the conflict about food a year earlier, see IOS, 17 Jan. 1900.: "I visited every house today and we gave out something to every house to eat. We gave out nothing after dinner today although there were about twenty people in. Some of them were no doubt disappointed but some 'sponge' on us too much and we thought it time to 'draw in a little.'"

brought their families to dinner. The Stringers and the Eskimos had found a way to maintain dignified relationships while ensuring all got fed.<sup>52</sup>

Sadie played a major role in building bonds. Time and again, her three-year-old in tow, biscuits and jelly in hand, she visited women in their homes. These gatherings, where children sang Christian songs in English and Eskimo ("Jesus Loves Me", "I am So Glad") and played games, were not deliberately evangelizing in character. In content, they differed little from what happened in any contemporary southern gathering of neighborhood women and their youngsters. No doubt Sadie was happy to get out of her own quarters. Her visits reciprocated for the many times when mothers had come to enliven her existence at the mission. Indeed, she had by then become good friends with several. They called Sadie their "sister" and expressed grief that she would soon be leaving.<sup>53</sup>

Whenever Isaac left the Island, Sadie ran the church services and catered to visitors' needs. Often she was so busy "giving out medicines and things in one way or another"

---

<sup>52</sup>SAS, 10, 19, 23 Jan, 5, 15, 18, 20 Feb., 10, 15-17 Apr. 1901.

<sup>53</sup>SAS, 2, 3, 8, 10, 16, 22, 28 Jan., 4, 12, 19, 21-22 Feb, 4-6 Mar., 8, 30 Apr. 1901. Between Jan. 1 and Mar. 6, Sadie entered 18 homes. During that period, on average, she left the mission once every seven days to make visits.

she could hardly tell how fast the days slipped by. As always, she spent much time at making house calls as she wove her nursing skills into numerous other duties. When she treated Conellie for an injured hand, she good-naturedly included some flour as "a poultice for a hungry stomach." Braving a snowstorm a few weeks later, she called on Oonilena, who had "vomited" a quart of blood (most likely a lung hemorrhage due to tuberculosis). One busy day, she "baked loaf bread and two batter cakes and did all the cooking for the crowd." Then, taking a warm dinner with her, she left to care for Kookik, who had pains in his leg and felt generally unwell.<sup>54</sup>

By early spring, the mission had become a madhouse of constant social activity. Indian and Inuit hunters, wives and children in tow, came from the mainland to trade. Camping in the Stringer house, they took their meals with the "kitchen family." The Indians, in particular, had suffered greatly from hunger; it seemed impossible to slake their appetite. Several had incurred severe frostbite during the trek to Herschel Island. Applying daily dressings, gently cleansing exposed tendons on damaged feet, Sadie put up with the whirlwind of adults and children around her.

---

<sup>54</sup>SAS, 2, 22 Jan, 12, 21 Feb., 1, 30 Apr. 1901.

For more than a month, almost without a break, overnight visitors required attention. At times Sadie had twenty-five mouths to feed. Only rarely did the constant intrusions on her home life annoy her. On certain days, when she felt ill, probably at the time of her menstruation, she found it hard to deal with noise. The sound of hammers, as sleds and other equipment underwent repairs, set her "nearly crazy." Occasionally, exhausted, she handed her guests what they needed for breakfast and told them "to make their own." Only once, when Ipektoak and Kunoowuk parked their families in her already overcrowded house, did she come close to losing her public composure.<sup>55</sup>

Between April 15 and May 22, 1901, Sadie served almost 400 extra meals. During that busy spring, close to four dozen Eskimos enjoyed, on average, five repasts each at the mission table. Only rarely did the Stringers have the house to themselves. Irony was, none of that close exposure to the mission couple--to their charm, their way of life, their religious practices, and their medical skills--made any

---

<sup>55</sup>SAS, 21 Feb., 14 Mar., 15 May 1901.

visible difference in the extent to which the Eskimos held to their own spiritual concepts.<sup>56</sup>

In that bitter-sweet season of lengthening days, as the Stringers prepared to leave for home, a number of incidents reminded them how small their impact had been. Their presence had made no dent in Eskimo faith in the *toongoks*. Nenagona, early in February, would not carry a freshly killed seal home because the women were working at deerskins. When, despite his observance of the rule, success in the hunt eluded him in the following days, Stringer pointed out the uselessness of adhering to taboos. The man, however, remained unshaken in his conviction that animals held special powers. The seals, he insisted, "understand much"; they could cause harm "even when dead."<sup>57</sup>

Stringer had hoped that teaching his flock to read would increase their knowledge of the Bible and thereby hasten disappearance of pagan tenets. To that purpose, he and Sadie had given frequent classes. What happened, however, was opposite to what they intended. The Bible as physical object became an object of awe, and a source of power. Written words

---

<sup>56</sup>SAS, 2, 4, 5, 11-14, 26-30 Mar., 10, 15-17, 29-30 Apr., 1, 6-7, 13-15, 17-22 May, 1901. Between 3 Jan. and 22 May 1901, Mrs. Stringer served at least 552 extra meals at the mission. Two sizable Indian families, who stayed for more than a week, account for 319. Sadie identifies 46 Eskimos who consumed a total of 236 meals.

<sup>57</sup>IOS, 22 Feb. 1901.

were thought capable of influencing events, much like amulets. Thus Avumnuk asked Stringer to write down the name for seal (*nachuk*) on a piece of paper. The cleric, perhaps ascribing the request to a desire to learn, happily complied. Then, to his horror, he discovered that the hunter wanted the word "as a charm to put on his net so that he might get more seals."<sup>58</sup>

Similarly, the Eskimo admixed concepts about the Bible with perceptions of the Stringers' healing skills. The Word of God provided, like *krilag*, access to supernatural forces that rewarded the good and harmed the undeserving. If, on occasion, the missionary had kept someone from dying, then surely he was also capable of causing death. Following that line of reasoning, the woman Anagoniak asked Isaac if he would "work the book" in order that Yexana would come to a rapid demise. His death, the general feeling went, was long overdue. Often violent, he was widely disliked. He had once murdered a man and almost done in a widow. "It would be good," Anagoniak entreated, if the missionary "would pray to God for him to die soon."<sup>59</sup>

Worse, the making and drinking of alcohol, one of the sins the mission couple most detested, had continued right under their noses, with supplies taken from their own stock by

---

<sup>58</sup>IOS, 19 May 1901.

<sup>59</sup>IOS, 24 Feb. 1901.

one of the staff. Two years earlier, when Stringer had found Old Jaggs intoxicated, he accepted his story that the brew had come from a whaling officer. In February 1901, caught Jaggs became inebriated once again, the cleric ascribed it to the bad influence of Yexana, who was also drunk. The latter, he concluded, had "probably made some vile beer." But Yexana, upset at bearing all the blame, soon told the truth: Jaggs had started the brew. Only later had it been brought to his own home for distilling.<sup>60</sup>

As it took molasses to get the fermentation process going, it was likely that Jaggs had taken this and other brewing needs from the Stringers. That he was not averse to such deceit emerged when a large supply of timber, all pilfered from the mission, was found at his house. Understandably, the thief looked "very dejected." Still, discovery of his wrongdoings did little to change his alcohol-making ways. Two weeks later, Isaac had to speak to him once more. If the brewing did not stop, Jaggs would be discharged from the mission. With that, the old man not only promised to behave, he promptly identified all others who had a hand in liquor-making. Avumnuk, the center of it all, owned the distilling pipes numerous people had borrowed.<sup>61</sup>

---

<sup>60</sup>IOS, Aug. 24 1898, 6-8, 11 Feb. 1901.

<sup>61</sup>IOS, 11, 23 Feb. 1901

Stringer, deciding on bold action, purchased Avumnuk's alcohol apparatus. By the standards of the day, the man struck a hard bargain, demanding large quantities of flour, tea, coffee, and, ironically, a gallon of molasses. Three days later, in public, the contraption was delivered. Then, in front of all, Stringer destroyed the still with an axe. The former owner, clearly impressed, promised to make no more homebrew. No shortage of liquor, however, resulted. Between the sale and the delivery, Avumnuk had made a supply that lasted for some time. And when that ran out, another Eskimo, Ootooayok, on a sandspit well removed from the village, made a new batch with his own equipment.<sup>62</sup>

A few months later, boarding a whaler for San Francisco, the Stringers bade a tearful farewell to the Eskimo community. Despite occasional conflict, their good humor and caring disposition had made them many friends. For five years, through example and close association, they had broadcast the Christian message. Indeed, it would be hard to imagine a brighter, more capable pair of southerners for the job. Yet they had not gained a single convert.

For Herschel Island's Eskimos, the Anglican mission had become a site of employment, a hedge against hunger, and a center of social activity. By running a fur-trade operation

---

<sup>62</sup>IOS, 6, 11 Mar. 1901



and catering to weary travelers, the young couple had maximized the drawing power of their home. Journeys to the mission had become the equivalent of a trip to town for isolated southern farmers. The place offered good company, exciting novelty, fancy entertainment, European wares, and promising remedies for medical complaints. Most people participated in sing-songs and worship; no one, however, abandoned traditional beliefs.

Provision of medical care had not helped the Stringers a whit. Isaac had often brought his medical skills into play; Sadie, in her role as nurse, had visited many a bedside. Although such occasions had seemed ideally suited to proselytization, no shifts in faith took place. For months on end, the couple had harbored dreadfully ill patients inside the mission; cures, they had hoped, would prove the inferiority of indigenous treatments. But even when the mission couple effected improvement where shamans had failed, no one embraced Christianity.

Whenever one side, Eskimo or white, perceived supernatural intervention and the other did not, the conflict strengthened each party's confidence in its own beliefs. If a woman in the post-partum state left her isolation igloo and entered a home, calamity was sure to follow; those who aided the transgression would suffer for the deed. Hence, when Isaac Stringer broke the rule, the death of his most promising

adherent followed; the missionary himself was soon delirious and confined to bed. To native observers, the spirits surely appeared as powerful as the Christian God espoused by the newcomers. To the Anglican couple, the affair illustrated the sad influence of unfounded "superstition"; turning to prayer, they requested Isaac's quick improvement so he could resume the task of bringing the Good Message.

Yet whites and natives alike readily adjusted the cosmic to the concrete, and vice versa. Camped far away from his family, longing for Sadie, Isaac broke strict Christian prohibitions against trade and travel on the Sabbath; offered badly needed supplies and a voyage home by a whaler, he eagerly accepted. Although his actions might offend God, the missionary felt that circumstances permitted the transgression. Similarly, Eskimos were willing to risk a certain level of displeasure on the part of the spirit-world. Although denizens of that realm sometimes showed unhappiness with the presence of a competing ideology, native families eagerly sought goods and services at the Anglican post.

Eskimos did not, however, abandon all caution. Important as it was to stay on the Stringers' good side, mission employees would not ignore long-held taboos. To avoid offending animal spirits during a change of season or after the killing of certain creatures, seamstresses refused to work and could not be cajoled into resuming the task. Better to

risk the missionaries' anger than to precipitate adversity for the entire community.

While it may be true that, under certain circumstances, Eskimos perceived Isaac Stringer as a source of authority and a mediator in disputes, they never allowed him to override their own wishes. Similarly, while native people cultured warm relations with the Anglican couple, they seldom lost sight of material advantage. When they enjoyed a free Christmas feast at the mission, families arranged to take home as much as possible. While working for the Stringers, some individuals appropriated wood and staples for the making of alcohol.

That the mission couple "failed" to bring souls to the Christian fold is a measure of their honesty and of their closeness to the people they had come to convert. Recognizing how extensively traditional beliefs permeated the lives even of those dearest to their hearts, they refused to baptize for the sake of padding conversion figures. While the hope of gaining a soul was never far from their mind, the two applied most of their western therapies in a spirit of compassion. Thus, how medicine fit into evangelization becomes clear only if one sees it in the context of the highly practical (yet cosmologically shaded) conduct of both the Stringers and the people they had come to change.

CHAPTER 5  
"LE GRAND VOYAGE":  
DEATH, DISEASE, AND THE DIVINE  
AT THE FORT PROVIDENCE CATHOLIC BOARDING SCHOOL,  
1900-1920

In August 1908, Monique, a teenager, and one of the most capable pupils at the Fort Providence convent school, began to feel increasingly weak. The sister superior at once recognized tuberculosis. The "*grand voyage*," she noted, had begun; the patient had taken the first steps on a journey to heaven. Six weeks later, she received the last rites. At mass, nuns and children prayed for her well-being in the realm she was about to enter. Supplication continued while, hours on end, they recited the rosary. But, as sometimes happened, the patient's decline slowed of a sudden.<sup>1</sup>

When, in December, Monique received the sacraments of the dying yet again, she apologized for the extra work caused by her lingering demise. The priest would not hear of it and waited until midnight to celebrate the *Saint Viatique*, her last communion--the sacred bread and wine would fortify on the *grand voyage*. Calmly, without a trace of fear, the patient

---

<sup>1</sup>Prov. Chr. 4, 18, 1908. Monique was president of the girls' student association, the *Enfants de Marie*.

now awaited the final moment. Conscious until evening, she suddenly slipped away. Two nuns and a student took turns as they prayed at her side through the night.<sup>2</sup>

Disease, as Monique's case illustrates, played an enormously important role in boarding-school life. Death was ever present. At Providence, almost invariably, several consumptive youngsters lay in bed, slowly declining over months (and sometimes years) to a premature end. On average, four pupils breathed their last each year. Illness forged contact with the sacred; conversely, religion shaped experience of disease.

Each *grand voyage* also had a major impact on other students. As they watched a companion fade away, youngsters learned searing lessons about conduct and piety. Time and time again, they witnessed a colleague's last moments. In 1911, all convent girls gathered around the dying Catherine, fingering their rosaries in prayer until she left this world. In 1917, the boys knelt around Lazare as he took his final breath. Two years later, Pierre gave up the ghost "surrounded by his companions."<sup>3</sup>

---

<sup>2</sup>Prov. Chr. 30 Sept., 1, 26 Oct., 21-23 Nov., 1-3 Dec., 1908.

<sup>3</sup>Prov. Chr. 10 May 1911, 24 Jan. 1917, 9 March 1918.

This chapter examines the day-to-day religious environment of convent school life and the use of special appeals for divine aid at times of crisis. As well, it details the many ways in which tuberculous children declined, identifies who cared for them, and describes the physical setting. The focus then shifts to the Christian ritual that helped dying youngsters face an end to their earthly existence. Finally, the story centers on Sister Superior Eugénie, whose faith was tested by the many deaths among her charges, and who responded by bringing them into the haven of her private room. Installing them in a bed beside her own, she cared for them through their final moments.

What the convent's daily journals reveal are two main points. The first is that in dealing with illness, the community functioned very much as a family. The picture that emerges is one of deep affection between nuns and ailing children, of heartfelt loss at a pupil's demise, and of recurrent despair as yet another boy or girl began the *grand voyage*. Secondly, the stories confirm that one cannot possibly fathom students' experience of illness and death without constant reference to the Catholic rites and symbols that accompanied every step of their passing.

By the onset of the twentieth century, a stay with the religious sisters at Fort Providence had stopped being a novelty for Mackenzie River children. Founded in 1867, the

Grey Nun convent had taken in pupils from the start; several generations of Métis and Indian children had now sat in its classrooms. Pre-schoolers, it followed, heard about the school from relatives or older children who had themselves been students. Each year, they watched a new group of first-year pupils leave for the convent.

Education at Providence had become so much a part of growing up in some communities that children felt cheated if they could not attend. Emilie, from Fort Simpson, whose father was a non-practicing Catholic and whose mother was Protestant, determined to enroll despite their objections. When older siblings begged to go, the parents scolded until they stopped complaining. Only Emilie persisted; in July 1910, she arrived at the convent.<sup>4</sup>

Fort Good Hope accounted for over half, if not more, of the school population. Each year, the community sent a dozen children to first-year classes; another twenty or so attended at higher levels. A northern equivalent of "keeping up with the Joneses" enhanced the flow. The most prominent family in town, the Gaudets, who operated the Hudson's Bay Company trade post, enrolled almost every one of their offspring for decades. The aging Métis matriarch who ruled the clan held the nuns in high esteem. In 1914, just before her death, she

---

<sup>4</sup>Prov. Chr., 13, 17 July 1910.

sent them a magnificently decorated wooden case as a token of her longstanding friendship.<sup>5</sup>

Good Hope pre-schoolers were more likely to perceive a nun as a prized visitor to the family home than as a foreboding stranger. Each summer, a sister arrived on a trade company steamer to make the rounds of the women who had once been her students. Sister Marie or Sister Noélia, native nuns originally from the area, often came along. Impressively attired in religious garb, they spent time with relatives and assisted during the transfer of first-year children to the school. Consequently, students on their first trip south to Providence were not as isolated as first impressions might suggest. The escorting nuns knew their parents personally and were well acquainted with individual family circumstances; in most instances, at least one of them spoke the children's dialect. That background helped greatly in comforting a homesick child.<sup>6</sup>

By the time the boat approached Providence, the children became excited with anticipation. Soon they would meet older students (sometimes their own siblings) from home. Some had heard so much about the school, it seemed as if they already knew their future teachers. In 1918, for example, eighteen

---

<sup>5</sup>Prov. Chr., 18 July 1914.

<sup>6</sup>For examples of Sr. Marie's visits to Good Hope see Prov. Chr., 9 July 1902, 26 June 1924.



new arrivals happily shook hands with the sisters and ran about the grounds "as if they had been here a long time."<sup>7</sup>

Most students, it appears, found their stay at Providence reasonably pleasant. In the thirty years after 1896, only three tried to escape. All the episodes occurred in 1902, within five weeks of one another, suggesting some transient nastiness or personality conflict triggered them. In far more instances, students expressed fondness for the sisters and the school environment.<sup>8</sup>

After completing the usual course of three or four years of grade-school instruction, some pupils asked to stay; most *grandes* had taken that route. The same boat that brought Emilie to Providence also carried the teenaged Délima, who had left the convent the year before and was "very happy" to return. Others expressed gratitude when they parted. Georges Bouvier, who had to leave because of family circumstances in 1906, thanked the sisters for the way he had been treated during his long sojourn in their midst. The nuns, certain God would keep him "pure and good," wished him well.<sup>9</sup>

Alexis Lanoix, who took his daughters out of school about the same time, did so against their wishes--they hated

---

<sup>7</sup>Prov. Chr., 18 July 1918.

<sup>8</sup>Prov. Chr., 22 Mar., 27 Apr. 1902.

<sup>9</sup>Prov. Chr., 13 July 1910, 15 Aug. 1906.

to leave. Conversely, staff lamented their departure. The youngsters had fit in extremely well and their conduct had been exemplary. The nuns, quite attached to these "dear and excellent children," hoped the siblings would "remember and apply to the good" all they had learned. On that occasion, as on many others, the sisters cooperated fully when relatives removed children. Often, such withdrawals followed the demise of a parent. When, in 1914, Théodore's mother requested he return home, the nuns agreed she had little choice. Her husband had died and the boy was now old enough to help the family survive.<sup>10</sup>

Not always, however, did the staff respond to removal with goodwill. The Villeneuve family reclaimed a *petit* in October 1904 because the grandmother could not stand having him away; she "had to have her boy," as the sisters put it. The departure triggered a rare burst of intemperate language in the *Chroniques*. The journalist thought it ridiculous to cater to a youngster's every whim, as she was sure would now be the case. "What softness!" she erupted, "What lack of energy these people have! He must be caressed, he must be allowed to sleep, he must be fed, he must have the breast at all hours of the day. How sad." Still, she admitted the parents had every right to keep the child.<sup>11</sup>

---

<sup>10</sup>Prov. Chr., 28 Sept. 1905, 5 Oct. 1914.

<sup>11</sup>Prov. Chr., 28 Oct. 1904.

In 1908, shortly after leaving two *petites* at the convent, an Indian couple found themselves miserable and took the children home. As before, the superior was thoroughly disgusted. "Poor Indians," she wrote, "how they arouse our pity!" When another family removed a student without warning, she felt it had been "stolen" from the convent. The parents later changed their mind, but the nuns refused to take the youngster back.<sup>12</sup>

Deception in removing a student enraged the sisters. In September 1924, they let Adèle Donalion leave the convent to spend a little time with her visiting parents. As soon as she entered the family tent, her father and mother decided to keep her. Although a priest tried to make them see their error, the family left for the bush, taking Adèle with them. "What a response," commented an angry sister, "to our willingness to cooperate . . . . May the Good Lord bring light into the lives of these poor souls and grant that they show more loyalty in their actions."<sup>13</sup>

Rather than illustrate the power of white society over Indians, these unpleasant incidents reflect just how dependent the convent remained on the goodwill of parents. At that time, no law forced families to let their offspring go. None

---

<sup>12</sup>Prov. Chr., 31 Mar. 1908.

<sup>13</sup>Prov. Chr., 28 Sept. 1924.

sent their children without having a say in the matter, and none who wanted them back saw their wishes frustrated by the convent staff. If parents enrolled their children in the school it was because they remained content with the education and with the environment in which that took place.

In most cases, trust and confidence marked the relationship between home and convent. The sisters' lack of qualms about allowing students home for a summer holiday reflected (and nurtured) that state of affairs. In 1918, for example, Sister Rose accompanied nine students downriver on the small mission steamer to Simpson and other posts "to see their parents and then to return." Relatives had every opportunity to retain the children, but none exercised the right; all the youngsters came back to the convent. A few weeks later, Sister Eugénie took a dozen older children home to Fort Good Hope for good; each had completed a full stay at the school. The nuns had no doubt but that the community would "thank them" by sending a new group of students. And, indeed, come autumn the Providence roster was once again full.<sup>14</sup>

Between 1910 and 1925 an average of 70 children lived at the convent, including up to forty girls and somewhat fewer boys. The term "little one" (*petit* for a boy; *petite*, a girl)

---

<sup>14</sup>Prov. Chr., 14 June, 6 July 1918.

applied to both a half-dozen orphaned preschoolers, and to youngsters in the early years of training. In 1919, for example, Sister Latremouille was said to have twenty-two *petites* in her classroom. Next came four to six *grands* and twice as many *grandes*, older students just completing their five-year stay or remaining beyond. In this study, when context fails to define age, the terms *petit(e)* and *little* are used interchangeably, while the term *grand(e)* alternates with teenager or related terms.<sup>15</sup>

The convent arrangement was such that one sister oversaw the *petits*, another the *petites*, and a third the *grandes*. The nun in charge of the *hôpital* also looked after the youngest orphans. Inevitably, close bonds came into play, especially in the latter situation. In 1911, after Sister Davy had mothered a baby for two years, she received an obedience to take over the duties of another nun, who in turn assumed another post, and so on. It was, complained the sisters, "like musical chairs" without the joy. The desolate women shed many tears, but followed instructions. As members of a

---

<sup>15</sup>Prov. Chr., 31 Dec. 1905, 5 Feb. 1919, 9 Oct. 1921; 6 July 1922. No definition of the terms *grande* or *petite* found its way into the record, and there was probably a grey zone in between. In 1905, there were thirty girls. In 1921, there were fifty-eight *enfants* or children, a figure that probably included the *grands* and *grandes*. In 1922, when four *grandes* left Providence for good, eight remained.

religious order, they had to accept that "God's will" backed the changes.<sup>16</sup>

Gender and age dictated student experience of the school and of the staff's attentions. Only when boys were still *petits* could nuns embrace them to stifle a tear or soothe an ache. As they grew, males increasingly spent time helping priests and brothers with outside chores. As *grands*, they were largely cut loose from the sisters; those still at the mission in their teens moved into the Oblate residence.<sup>17</sup>

Sexual tensions, inherent in a situation where children matured into teenagers, no doubt hastened the distancing. Nuns may have anticipated the disappointments and hostilities that time might bring. Adult males belonged to a world the sisters often perceived as hostile to the best interests of women. Men who had once been students at the school sometimes deceived their women, did them harm, and (in one case) killed when angry.

In marked contrast, female students often remained close to the nuns over time. The *grandes*, in particular, developed a very special relationship with their tutors. No longer required to attend classes, they assisted with cooking,

---

<sup>16</sup>Prov. Chr., 23 Apr. 1911.

<sup>17</sup>For an example of an older boy moving into the fathers' residence, see Prov. Chr., 23 Oct. 1904.

cleaning, oversight of children, and bedside care. As these young native women matured, their life of prayer and devotion increasingly emulated that of the nuns. In the process, they became like the capable, devout housewives then considered the ideal female in Québec mainstream society. It was a model followed by the sisters themselves; in their case, the head of the family was Jesus.

Not surprisingly, given that atmosphere, a number of *grandes* became nuns themselves. Sister Marie, originally from Fort Good Hope, completed her training in the late 1890s. A decade later, when a new bishop once again sanctioned such enterprise, three more entered a novitiate; two, Noélia and Céline, took permanent vows in 1912. For reasons not entirely clear, however, the novitiate remained closed thereafter.

The decision may have had something to do with the behavior of the third novice, Cécile, who simulated tuberculous symptoms to escape the religious life. Possibly, high mortality among young women also influenced the decision. Several *grandes*, long committed to starting their novitiate, succumbed to tuberculosis. Sisters Noélia and Céline all died of that disease while working in the Mackenzie missions.

Given such losses, the effort that went into training may have seemed pointless.<sup>18</sup>

### Imagery, Ceremony, and Supplication

When students arrived at the Providence school, they entered a world saturated with religious symbols. Allusions to Jesus and the Holy Family colored all aspects of life. The mission's full title, Notre Dame de la Providence, honored the Virgin Mary. The name of her husband Joseph, protector of virgins, was appended to the teenage girls' quarters; that of her mother, St. Anne, to the *hôpital*, or main infirmary. Outdoor spaces referred to sites once frequented by these figures. The picnic area at "the field of the Cross," was known as Nazareth, and so on.<sup>19</sup>

A gaze in almost any direction encountered a heavenly notable. Saint Joseph stood atop the school. The Mother of Jesus guarded dormitories and dining halls. New plaster representations from Europe (some fractured in transit and lovingly repaired) gradually filled niches and corners. In

---

<sup>18</sup>Sister Noélia, first lung hemorrhage 29 July 1921 (Simps. Chr.); final illness and death, 3 June, 17, 27-31 July (Smith Chr.). Sister Cécile, first hemorrhage 4 Aug. 1920, decline and death 6, 20, 25, 27 Aug., 1, 24-25, 28, 30 Sept., 1-3 Oct. 1920 (Simpson Chr.). Sister Marie, the only other native nun, died 15 June 1934 (Simps. Chr.)

<sup>19</sup>For various uses of the *salle St. Joseph* see Prov. Chr., 8 Dec. 1913, 31 Oct. 1919, 6 July 1922.



1908, an elaborate religious procession accompanied installation of a Madonna in the main portal, where she "could receive the honors of all who passed by."<sup>20</sup>

From 1919 on, framed images of the Sacred Heart of Jesus, divine rays streaming in all directions, beamed their message of love into the dormitories. When the picture was first appended to the wall, the priest performed the *intronisation*, the installation on the throne. The children, told that Jesus was taking up His place as King in their midst, solemnly promised to worship his Sacred Heart through virtuous conduct and special devotions.<sup>21</sup>

Religious images also came in forms worn on the body. Engraved on coin-like medallions, they were pinned to uniforms or kept in pockets. Embroidered on cloth, they were carried next to the shoulders in the form of scapulars, symbolic remnants of what had historically been full ecclesiastic robes. The church, recognizing that constant wearing made them unhygienic, permitted owners to restrict use to periods of distress, and to wear a medal with identical images at

---

<sup>20</sup>Prov. Chr., 21 Feb. 1908, 2 June 1914, 21 Nov. 1908.

<sup>21</sup>Prov. Chr., 24 Feb. 1919.

other times. The pair of matched objects was known as a *médaille-scapulaire*.<sup>22</sup>

The wearing of images, many Catholics had come to believe, protected from evil thoughts and external threats to virtue. The medal of the Miraculous Heart of Mary, which celebrated the appearance of the Holy Virgin at Lourdes in 1858, was considered particularly effective in shielding from harm. To young ears, no doubt, the shortened name, *médaille miraculeuse*, confirmed its power to prevent calamity.<sup>23</sup>

The safeguarding effect of images, students learned, also applied to entire communities, and persisted even when these objects were hidden in remote corners. In 1910, as construction began on a new convent wing, the sister superior put a medal of St. Joseph and a picture of Mother d'Youville (long-deceased founder of the Grey Nun order) under the foundation. The former was thought to play a special role as provider for the Mackenzie missions; the latter protected from fire.<sup>24</sup>

---

<sup>22</sup>A scapular consists of rectangular cloths in front and back, connected by narrow ribbons. A sacred image was sown into the breastband; on the back, smaller pictures formed a cross.

<sup>23</sup>Prov. Chr., 11 Sept. 1911, 13 Mar. 1914.

<sup>24</sup>Prov. Chr., 27 May 1910.

The beneficial effect of medals and scapulars extended into the hereafter. Their presence on the body led to an indulgence, a reduction of punishment for sins that decreased the time the owner's soul would have to spend in purgatory (an otherworldly place of expiation) before proceeding to heaven. In November 1913, for example, the convent faithful gathered at the altar "to obtain the indulgence due to those wearing the medal of St. Benedict."<sup>25</sup>

Although the aim of religious images was to link the believer to God, their acquisition had a great deal to do with the social life of the school. The days on which youngsters received them were among the most joyous of the entire year. Religious feasts, major anniversaries, and important visits provided occasion for their distribution. Thus, on July 4, 1917, the fiftieth anniversary of the sisters' arrival at Providence, all the children were given a *médaille miraculeuse* and a picture of the Virgin Mary.<sup>26</sup>

Like a corporal's stripes, possession of certain images indicated that a child had risen above the lowest ranks. This was especially true of the scapular acquired with first communion. Admission to this sacrament signified that staff had judged the student old and wise enough to grasp certain

---

<sup>25</sup>Prov. Chr., 2 Nov. 1913.

<sup>26</sup>Prov. Chr., 4 July 1917. See also 13 Mar. 1914 for handing out of scapulars.

basic tenets about Christ's death and resurrection. The advancement made the new communicant star for a day as many other convent residents enjoyed the celebrations.<sup>27</sup>

On August 15, 1910, after a half-dozen girls first tasted of the body of Jesus (in the form of the Host, the bread of communion), they enjoyed a special welcome in the nuns' private quarters. Later, each received a scapular. In the evening, together with all the other female students, they renewed their promises to the Virgin Mary. Festivities continued in the dormitory until well past the usual bedtime.<sup>28</sup>

The sacrament of confirmation followed within a year or so. Months before the event, the chaplain began teaching catechism, a standardized series of questions and answers about Catholic dogma. In a ceremony planned to coincide with Bishop Breynat's visit, students vowed to lead full Christian lives; the prelate then "confirmed" the youngsters' mature status before the entire congregation. As evidence of their new rank, children received another scapular.

---

<sup>27</sup>Girls received a scapular associated with the Immaculate Conception of Mary; boys, the Sacred Heart of Jesus. The scapular of the Association of Our Lady of Mount Carmel sometimes went to both sexes. In 1906, Bishop Breynat handed out the Sacré-Coeur scapular for the first time.

<sup>28</sup>Prov. Chr., 15 Aug. 1910.

Apart from signalling advancement in religious standing, admission to the sacraments brought happy social consequences. Children now became eligible for membership in the boys' and girls' associations, the *Ligue du Sacré Coeur* (League of the Sacred Heart of Jesus) and the *Enfants de Marie* (Children of Mary). In the small, closed world of the convent school, participation in those groups held enormous importance to the students. Probationary status came first; later, the youngsters asked for full standing, which required a vote by the entire society.<sup>29</sup>

The annual feast of the Sacred Heart, on June 11, was a favorite day for admission to the boys' association. Religious flags hung from the balconies and decorations transformed the chapel, while elaborate services gave the boys a sense that the extra activity related directly to them. At a splendid ceremony, the children sang carefully rehearsed hymns. In the midst of the proceedings, the aspirants became full members of their society. A reception followed, but the fun never put aside the central message. All their lives, the father superior urged, the boys should remain true children of the Sacred Heart.<sup>30</sup>

---

<sup>29</sup>Mgr. Breynat presided over the first Sacré-Coeur League inductions in 1906. See Prov. Chr., 6 Jan. 1906.

<sup>30</sup>Prov. Chr., 11 June 1915. For another version of the message, see 8 Dec. 1917.

In the case of the *Enfants de Marie*, staff emphasized the need to emulate the blameless life of the Mother of Jesus. If exemplary conduct continued into adult life, the father superior reminded the group in 1913, they would always be Mary's special children. Bringing the point home, he requested prayers for a former student. "To please her parents," the young woman was about to marry a Protestant. Should she proceed, she would lose the permanent title of *Enfant de Marie*.<sup>31</sup>

Both groups elected their own officers. Each year, on December 8, the feast day of the birth of Mary, the *Enfants* chose a president and two counselors; such offices provided the highest status a student could achieve. Special elections were held if officers left the convent, succumbed to disease, or entered a novitiate. Cécile Lenoir, for example, became an *aspirante* around 1896, advanced to full membership by 1898, and served as president from 1906 to 1909. In August of the latter year, when she became a novice nun, the *Enfants* elected a replacement.<sup>32</sup>

In winter, colorful pageants mounted by the two societies offered relief from the season's dark confinement. On March 12, 1916, for example, thirty boys with burning

---

<sup>31</sup>Prov Chr., 24 Mar. 1911, 26 June, 2 July, 10 Sept., 6 Dec., 8 Dec. 1913.

<sup>32</sup>Prov. Chr., 11 Aug. 1898, 15 Aug., 9 Dec. 1909.

torches entered the chapel and surrounded an image of the *Sacré Coeur* by the altar. Singing "You Will Take My Heart," each inserted his flaming cone into one of many red cardiac mockups waiting nearby. By now, the entire congregation had bright candles in hand. In unison, all recited the act of consecration. Installation of new members followed. It was truly "impressive," the sister superior noted; the children would "long remember."<sup>33</sup>

A formidable merit system, then, rotated around the *Enfant de Marie* and *Sacré-Coeur* organization. Good standing reflected a fine effort in earthly tasks, regular fulfillment of religious duties, and excellent moral conduct. Such outstanding behavior also indicated a readiness to meet one's Maker. Reinforced by mission staff, the values were soon internalized by students.

**"Touching God's Kindness":  
Ritual Supplication at Times of Crisis**

Inevitably, operation of a residential school in the Mackenzie Valley entailed numerous crises. Each season brought potential for disaster. In summer, delayed vessels created acute shortages; brush fires threatened mission buildings; crops wilted under cloudless skies or froze when temperatures dropped unexpectedly. In autumn, warm fronts

---

<sup>33</sup>Prov. Chr., 12 Mar. 1916.

rotted fish and other supplies. In winter, blizzards surprised employees outside. On all those occasions, students participated in prayer and ritual to invoke heaven's aid. Time and again, the happy outcome enhanced faith in the efficacy of such appeals.

On Oct. 11, 1909, for example, a storm trapped two priests on the Mackenzie River within sight of the mission. The clerics could neither use their boat nor walk across the ice floes. As evening fell, strong gusts put their lives at risk. Sisters and children at once made their way to the chapel, where intense supplication "touched God's kindness." Soon, the relieved Oblates came through the door.<sup>34</sup>

In 1912, tired of waiting for the year's first steamer, the sisters promised Saint Antoine of Padua six "Pater, Ave, Gloria" recitations in his honor if he would make the ship reach Providence within a day. The next morning, they placed a huge tome about his life out in the open, vowing to read the book aloud to the last page if their wish was granted. Just then, a whistle announced the vessel's proximity. Everyone raced to the riverbank, the children waving torches as the boat loomed larger.<sup>35</sup>

---

<sup>34</sup>Prov. Chr., Oct. 11 1909.

<sup>35</sup>Prov. Chr., 1 July 1912.



Repeatedly, youngsters experienced the close temporal relation between appeal and deliverance. When a brush fire approached the mission in August 1913, nuns and students repaired to the chapel to pray on their knees. In their midst, the superior placed images of Mother d'Youville, thought to have special power over fires. At nine o'clock, the threat abated as the wind abruptly shifted. Just weeks later, after an Oblate brother became lost in dense woods, the children prayed "with fervor" hours on end for his safe return. The following day, tired but otherwise well, the man arrived at the convent.<sup>36</sup>

Delay in the granting of a heavenly favor never diminished confidence in ritual supplication. If an initial appeal failed, repetition and addition of other procedures came into play. In 1914, as Oblate brothers struggled to repair a long-broken well, nuns and students gathered round the structure nightly to recite the seven *allégresses* of Saint Joseph. Moreover, they promised to continue the ritual for a year if the pump began to function. Seeing no progress after a week, the sisters lowered a small statue of the saint into the depths. When, two months later, water began to flow, there was no doubt but that St. Joseph was responsible. That

---

<sup>36</sup>Prov. Chr., 20 Aug., 4, 5 Sept. 1913.

evening, convent residents began the first of 365 devotions in his honor.<sup>37</sup>

Religious parades provided another means of seeking assistance. In a full procession, such as that of the *Fête-Dieu* (*Corpus Christi* in the English-speaking world), the smallest girls marched behind the first banners. The *Enfants de Marie* came next, followed by the flags of the *Ligue du Sacré-Coeur* and the older boys. Behind them, ten children in red gowns surrounded the father superior, who carried the blessed bread and wine of communion. Oblate brothers carried the *daïs*, the cloth canopy held over the priest and his precious vessels. The smallest boys appeared next, just in front of the sisters. Residents of Fort Providence and visiting Indians made up the rear. Proceeding from the church, the group slowly made its way northward beside the river to an open area where a large cross faced the current. Here, the gathering celebrated an outdoor mass.<sup>38</sup>

The "Procession of the Rosary," a less elaborate form of ritual display, was often mounted to seek relief from climatic threats to the harvest or garden pests such as grasshoppers.

---

<sup>37</sup>Prov. Chr., 28 May, 1, 3 June, 14 Aug. 1914.

<sup>38</sup>Prov. Chr., 2 June 1918, 29 May 1921. The 1918 procession was the first *Fête-Dieu* ceremony held in Fort Providence. The pageant is sometimes referred to as the *Procession du très Saint Sacrement*. Only during warm weather was it possible to mount outdoor processions.

Walking to the cross by the river, the faithful fingered the rosary as they prayed. In 1909, when high temperatures parched the fields, sisters and students used the procedure to ask for a good crop. Two months later, despite the still worrisome state of the soil, the fields yielded an amazing bounty of 975 sacs of potatoes.<sup>39</sup>

As with other rituals, lack of heavenly response raised no doubt in the process. Early in June 1913, the mission held a procession in hope of receiving "heaven's blessing on our fields." Despite the ceremony, not a cloud appeared in the sky for a week, and seedlings shriveled under constant sunlight. Very quickly, the staff arranged a second procession to ask for rain. The next day, skies looked so dark the *grandes* canceled a long-planned holiday. Very shortly, a mild sprinkle turned into a heavy downpour.<sup>40</sup>

Like processions, *neuvaines* (novenas) lent special weight to supplication. The exercise consisted of a devotion repeated nine days in a row, and was aimed at obtaining a specific request (the number nine is chosen because it is triple the figure three, which relates to the Trinity of God the Father, the Son, and the Holy Ghost). On some occasions,

---

<sup>39</sup>Prov. Chr., 9 July 1916, 23-25 Sept. 1909.

<sup>40</sup>Between June 1913 and Nov. 1914, the children walked in at least seven processions. See Prov. Chr., 1, 8-9 June, 3 Aug., 7 Sept., 2 Nov. 1913, 8 Feb., 31 Mar., 7 June, 4, 11 Oct., 1914.

the ritual involved the mass; on others, the evening benediction of the sacrament or an elaborate set of prayers. In 1910, when fields desperately needed water, and high winds threatened "to tear the shrunken vegetables out by the roots," the father superior ordered a neuvaine of masses to obtain a change of weather. On the ninth day, immediately after the service, the heavens turned gray; by evening, the rain had begun in earnest.<sup>41</sup>

Children's perception of God's quick response to all these forms of worship, it seems likely, boosted confidence when the same procedures were used to seek relief from illness. Not only did ailing youngsters accept ritual and ceremony when they hoped to get well; they embraced them just as fervently when the end of their earthly stay seemed inexorably near.

Spiritual care matched curative and palliative medical care seamlessly. Supplications to heaven sought either quick remission or a smooth passage to the hereafter. Processions and novenas sought improvement, especially for large groups of patients. Application of scapulars, medals, and other images dominated on the palliative side. Intense prayer and recitation of the rosary, maintained for hours on end, were used to either end.

---

<sup>41</sup>Prov. Chr., 13, 21 June 1910.

In 1903, the father superior lacerated his foot, rupturing a vein. Students looked on in horror as, surrounded by pools of blood, the Oblate fainted. The next day, he could not leave his bed to celebrate the morning mass. For hours on end, nuns and children recited the rosary before the stations of the Cross in the chapel, all the while asking that the wound be healed. At noon, the smiling cleric walked in. As the sisters expressed amazement at the "miracle," youngsters gathered round, proud of the good result of their prayers.<sup>42</sup>

Processions came into play after the arrival of summer boats, when epidemic infections often struck the convent. In 1913, after a "flu" had laid almost everyone low, a Procession of the Rosary asked for restoration of health. Despite good experience with this form of appeal, the staff considered it inadequate on this occasion. The unusually rapid spread of viral illness called for "a special means to protect ourselves from disease."

For the first time ever at Providence, the mission staged a procession in honor of Saint Roch, the heavenly intercessor most closely linked with preservation from disease. Father Superior Giroux led the slow march to the river's edge; at the Cross, he took time "to explain this type of devotion" to the children. The new form of resort proved

---

<sup>42</sup>Prov. Chr., 12-13 May 1903.

quite popular. Indeed, it was repeated every few months for the next year and a half, a period during which a persistent form of gastroenteritis (erroneously labeled cholera) continually infected students.<sup>43</sup>

*Neuvaines* were put to use almost exclusively for illness among mission staff. In 1910, when Bishop Breynat was said to be seriously ill, the sisters began a *neuvaine* of invocations to the Sacred Heart. A letter soon arrived advising them how well the intercession had worked. In 1919, after learning that Spanish Flu had killed many sisters at Grey Nun headquarters in Montreal, and that the disease was heading westward, the nuns began a *neuvaine* asking that Providence be spared. It was. A year later, they resorted to the same means to secure better health for Father Roure, the aging convent chaplain.<sup>44</sup>

Only very rarely was God asked for relief from advanced tuberculosis. Once stricken with progressive symptoms, there was simply no question but that the patient would die. Here, as we will see, comforting measures came to the fore.

---

<sup>43</sup>Prov. Chr., 3 Aug., 2 Nov. 1913, 8 Feb., 17 June, 11 Oct. 1914, 3 Oct. 1915.

<sup>44</sup>Prov. Chr., 8 Apr., 12 May 1910, 2 Feb. 1919, 15 Sept. 1920, 7-9 Jan 1924. Between 1896 and 1926, the only instance of a *neuvaine* for children took place between 7 and 9 Jan. 1924, after typhoid fever broke out in the school and two little boys, Michel and Vital hovered close to death.

**"Atrocious Suffering":  
How Tuberculous Students Died**

In its most common presentation, tuberculosis produced gradual wasting and progressive fatigue. Known as consumption, this form of the disease slowly diminished the patient's proportions as tissues thinned and the body took on a skeletal appearance. The victims suffered little if any pain, and remained entirely clear of mind. As was the case with Monique, the teenager described in the introduction, they were of surprisingly good humor and remained considerate of care-givers. Not always, however, did the infection follow a gentle course.

Cruelly deceptive, tuberculosis often induced an unexpected, profound deterioration. Quietly invading major organs, it impaired essential functions to the point where life suddenly became untenable. In the fall of 1912, for example, the ailing Sophie, a *petite*, spent many weeks in the constant care of the sister superior. One morning, quite unexpectedly, as she was being washed, a sudden weakness signaled the end. By the time a priest arrived to administer the sacraments, she had left this world.<sup>45</sup>

Pulmonary hemorrhage accounted for most such crises. As the disease took root in the lungs, it formed tuberculomas,

---

<sup>45</sup>Prov. Chr., 6, 23 Nov. 1912.

golf-ball sized masses of invading bacilli and dead cells that enveloped bloodvessels and windpipe branches. As it weakened walls, the bacterium created new openings and connections where none should be. When arteries or veins ruptured, blood gushed up the wind-pipe and into the back of the throat. Terrifying, breath-choking waves of bright red blood poured from mouth and nose. Little Joseph Baptiste, without any prior warning of illness, suffered a hemorrhage just after supper on November 15, 1904. So much blood poured from his lungs that it streamed down his gullet and filled the stomach. Prior to expiring, he repeatedly vomited basins-full of the life-giving fluid.<sup>46</sup>

Thankfully, such hemorrhage often killed quickly. Théodora, a few weeks after her arrival at the convent in 1912, suddenly bled abundantly from the nose. Very shortly, she had "taken her flight to the Fatherland." Little Julius, briefly alone in his sickbed that same year, suffered a catastrophic loss of blood that carried him away. A few months later, Marie-Agnes lost her life from a similar event.<sup>47</sup>

Not in all cases, however, did a first hemorrhage prove fatal. If the fistula between vessel and bronchus remained

---

<sup>46</sup>Prov. Chr., 15 Nov. 1904.

<sup>47</sup>Prov. Chr., 12 Aug., 18 Nov. 1912, 18 Mar. 1913.



small, or the leak came from a vein (which carries blood at low pressure) rather than an artery, patients suffered repeated bleeds before exsanguinating. Marie de Lasselle had an initial episode on May 24, 1902, just after helping with the planting of potatoes. Recurrences followed that evening and the next day. All seemed well until June 9, when renewed bleeds caused extreme weakness. A week later, a final episode killed her.<sup>48</sup>

Equally unpleasant were the forms of tuberculosis involving the central nervous system. Invasion of the meninges, the cellophane-like covering of the brain, produced changes in behavior and bodily function that made for difficult nursing. Margu  rite, a *petite*, showed signs of that complication shortly after arriving at the school in the fall of 1910; over a three week period, her agitation became increasingly difficult to manage. Despite tender round-the-clock care, she passed away after days of "intense suffering."<sup>49</sup>

In other patients, brain tuberculomas irritated neurons, triggering convulsions that interrupted consciousness and made limbs jerk violently. Rose Cayan, a *petite*, slid to the floor with such an episode on June 22, 1899, and did not recover for

---

<sup>48</sup>Prov. Chr., 24 May, 9, 15-16 June 1925.

<sup>49</sup>Prov. Chr., 8, 21, 25 Oct. 1910.

an hour. She lived for another twenty-two months. Little Nicolas followed a similar course. On January 3, 1908, he suddenly slumped from his dining room seat. Full perception gradually returned during the course of the evening. Three weeks later, he had another episode, biting his tongue and cutting it deeply. Coming to, he vomited digested food admixed with blood from the oral laceration. He lived until March 18, when, just after midnight, he expired.<sup>50</sup>

Agnes, a *petite* weakened by widespread tuberculosis, suffered a first convulsion in February 1912. During the following months, she still accompanied other children on outings, but always on a sled or cart, as she was too frail to walk. Repetitive seizures in the fall kept her partially paralyzed and unable to swallow even a spoonful of milk. After a brief respite, a final episode left her unconscious and dying.<sup>51</sup>

Tuberculous involvement of brain or spinal cord inhibited the numerous, almost automatic movements made by neurologically intact patients. Not surprisingly, in an era when the mechanism of bedsores was not well understood by the healing professions, constant pressure between bed and body

---

<sup>50</sup>Prov. Chr., 22 June 1899, 10 Mar. 1901, 3, 5 Jan., 12, 17 Mar. 1908.

<sup>51</sup>Prov. Chr., 21 Feb., 13, 18, 20 Mar., 30 Sept., 7-9, 13, 14, 17-18 Oct. 1912.

led to large, spreading ulcers. Gabriel, a consumptive petit, declined slowly after his disease declared itself in early 1906. Brain involvement became evident a year later, when frequent vomiting exhausted the boy. By early March he was completely blind; in May paralysis followed. For over a month, he experienced unremittingly "atrocious" suffering. Deep wounds festered where bone met mattress. The nuns could no longer turn him; every position merely put pressure on yet another open wound. A week later, the ugly areas had joined into a "single ulcer." The staff had never witnessed anything as dreadful.<sup>52</sup>

In many cases, other scents joined the piercing odor of necrotic skin to make the sickroom air unbearable. Lung abscesses produced a putrid sputum and made the breath fetid. Altered kidney function caused uremia with its own distinctive sour-sweet smell. Loss of sensation made the patient unaware that excreta had left the lower body. When Julie lay ill in November 1912, the revolting atmosphere was such that the sisters found it difficult to approach her bed.<sup>53</sup>

Sickroom smells of this sort permeated halls and dormitories. Hot weather heightened them beyond description, but also provided relief; open doors and windows vented the

---

<sup>52</sup>Prov. Chr., 29 Mar. 1906 ; 19 Feb., 3 Mar., 20 May, 4 June, 11-12 June 1907.

<sup>53</sup>Prov. Chr., 6 Nov. 1912.

convent, while residents spent more time outside. Tuberculous patients were now housed in tents to benefit from fresh air and prolonged sunlight, then considered therapeutic. In the summer of 1914, for example, the paralyzed Alphonse, covered with sores after years of bed confinement, was installed under canvas outside. Twice a day, the father superior endured the stench to change the dressings. The grateful nuns admired his performance of a task that nauseated others.<sup>54</sup>

On occasion, the tubercle bacillus caused widespread swelling. When it invaded the peritoneum (the interior lining of the abdomen), fluid poured from inflamed tissues, making the belly large and gradually bringing normal intestinal function to a halt. Jean, a *petit* who passed away in July 1916, was one of those who suffered that fate. In others, impairment of kidney function or blockage of central veins made tissues bloat even as muscle mass diminished. When Gabriel died in 1907, such complications (in addition to other pathologies) had made his body grotesquely inflated.<sup>55</sup>

In the case of Georgina, a *grande* who fell ill in January 1909, the distortion of tissue was so marked (and the smell so strong) that other students were banned from her side. By the time she died, on March 11, the odor of decay

---

<sup>54</sup>Prov. Chr., 10 Aug. 1914.

<sup>55</sup>Prov. Chr., 12 June 1907, 15 July 1916.

was so intense her body could not be exposed for the usual vigil of prayer, and was placed in a coffin at once. Later that day, as if to defy both death and the bitterly cold weather, the sisters planted the year's first seeds in their indoor flowerpots.<sup>56</sup>

To a great extent, the seasons dictated where a youngster died and who was present at the bedside. Only during the brief summer, when vessels plied the Mackenzie River, and canoe travel on smaller streams was relatively easy, could the nuns send an ailing child home. Conversely, winter conditions made it difficult to get word to parents of a student's decline. In many cases, a dying child's only source of comfort came from within the mission.

Mail made its way along the Mackenzie Valley only twice during the long winter. Numerous things could happen while news traveled hundreds of miles in each direction. By the time parents heard a child was fading, the youngster may have already left this world. Often, news of a demise did not reach relatives until months later. Letters, in consequence, were both longed for and dreaded at each end of its trajectory. In February 1910, several students and a nun learned of the death of parents at far-away Good Hope. One of the Gaudet women, the correspondence also revealed, was beside

---

<sup>56</sup>Prov. Chr., 4, 9-10 Feb., 11 Mar. 1909.

herself with grief at the loss of a daughter. Even then, a letter was making its slow way northward to advise her another child had been dead for months.<sup>57</sup>

For pupils from the Simpson region, contact with relatives was somewhat easier, although not by much. Some Slave families contacted children several times a year, when Indian bands gathered at Providence to trade and socialize. Out in the bush, however, nomadic wanderings, great distances, and difficult trails prevented most parents from hearing of the sickness of a son or daughter. Occasionally, when such unpleasant news did make its way to a camp, the family returned to Providence to assist the dying youngster.

Marie-Anne Begon, a *petite*, had been ill for three months when, in September 1914, she took a turn for the worse. Two weeks later, the child's father joined her at the bedside. He had already lost his wife and all other relatives to disease; Marie-Ann was the only surviving member of the family. No one could dissuade him from staying in the sickroom around the clock. Three days after the onset of his vigil, the youngster passed away. Through his tears, the desolate father expressed intense gratefulness for the care she had received.<sup>58</sup>

---

<sup>57</sup>Prov. Chr., 26 Feb. 1910.

<sup>58</sup>Prov. Chr., 21 Sept. 1914.

For Joseph Canadien, just a month later, the end came without the comforting presence of a parent. The youngster had barely arrived at the school when he showed alarming symptoms. On October 28, as soon as he was placed in a sickbed, Indians carried the news to the bush. No relatives, however, had turned up at the mission when the boy gave up the spirit. Certain his family would eventually make it, the sisters kept the body exposed for viewing. Within a day, the father and several aunts arrived to succor the child they thought was still alive. Although deeply pained, the man "resigned himself to the loss as a good Christian."<sup>59</sup>

Elderly women, too, helped ailing students maintain links to home. The aging residents of the *hôpital St. Anne*, the adult infirmary, often came from the same extended families. Those of good mind were allowed to visit the bedside of young patients, where they employed the comforting strategies they would also have used at home. None better illustrates their role than the great-aunt who watched over Thérèse and Anastasie, both *petites*, in the fall of 1913.

At that time, epidemic diarrhea struck the entire mission population. Although everyone else soon recovered, Thérèse and her younger sister Anastasie continued to suffer. As the former sank, a priest administered the last rites,

---

<sup>59</sup>Prov. Chr., 28-31 Oct., 2 Nov. 1914.

heard her confession, celebrated communion, and pronounced the "indulgence of the good death." Much as Thérèse may have wanted those preparations for the *grand voyage*, she found them difficult to get through. Repeatedly, vomiting interfered. Her great-aunt provided solace as the "atrocious" suffering continued. On November 10, she passed away.<sup>60</sup>

All attention now focused on Anastasie, whose course suggested she "wanted to follow her sister." In fact, she was unaware of the older sibling's death. Given her frail state, the nuns thought it best to hide the dark news for the present. The great-aunt never left her. For days on end, refusing to eat or sleep, she recited the rosary and offered comfort and reassurance. If Anastasie regained her health, noted an admiring father superior, she would "owe it to her aunt." Before long, the child got up unassisted.<sup>61</sup>

The presence of native nuns also helped sick children enormously. Raised in Indian and Métis households, these women knew their charges' home communities intimately. Having advanced through the school ranks themselves, they were well acquainted with the fears and joys experienced by students at each level of training. That background, in addition to their

---

<sup>60</sup>Prov. Chr., 27, 29-31 Oct., 2-7, 8, 10 Nov. 1913.

<sup>61</sup>Prov. Chr., 10-12, 14-16, 19, 22 Nov. 1913.



fluency in Indian dialects, made them the warmest of sick-room companions.

Thus, early in 1909, Sister Marie cared for Marie-Rose, a recently arrived *petite*. The dying child, pleased at the sister's attention in her own language, chattered away "most happily." In some cases, nun and patient were directly related. In 1912, Sister Noélia took care of her ailing niece and namesake, *petite* Noélia. Providing care day and night, she became too exhausted to make it to early mass. When the girl "took her flight to the fatherland," the aunt herself prepared the body for burial.<sup>62</sup>

Youngsters received most of their bedside care at the hands of sisters of European background. As a youngster's helplessness increased, provision of care gave full expression to the nuns' maternal abilities. In 1902, little Vital "died in the arms of his nurse," as did Martine a few months later. When, that same summer, Alphonse developed a severe throat infection (the nuns feared it might be diphtheria), Sister St. Elzéar "spared nothing to make him feel better." When Anna, a *petite*, became sick early in 1914, Sister Yves tended to her needs day and night, ignoring her own fatigue. In a rare exception to the convent's long list of unpleasant medical

---

<sup>62</sup>Prov. Chr., 15, 17 Jan. 1909, 21, 27-28, 30, Nov., 2 Dec. 1912

outcomes, the patient improved. In the process, the youngster "became deeply attached" to her care-giver.<sup>63</sup>

Interestingly, the nuns' reserve toward males showed in the way they kept records. On the whole, their journal entries about dying boys are shorter, contain less detail about exemplary behavior in the final days, provide few details about burial ceremonies, and seldom mention the emotional cost of the child's death to the nuns. Through much of February 1909, for example, the sisters cared for Joseph-Marie, a *petit* who had begun the *grand voyage*. Installed in the kitchen, where he could be watched constantly, he made his quiet way to an inevitable demise. Apart from a note about catechism classes, the record remained lean, and his passing elicited but the briefest of comments.<sup>64</sup>

The sparsity of diary entries, however, belies the warm bonds that emerged between sisters and their young male patients in the sickroom. A child's illness, regardless of sex, brought the nuns' maternal tenderness to the fore. In March 1909, when little Timothée sank precipitously, Sister Davy began a constant vigil at his bedside. Two days later, frequent vomiting warned of the end. Despite her fatigue, the

---

<sup>63</sup>Prov. Chr., 12 June, 30 Sept. 1902, 18 Sept. 1902; 2-3 Feb. 1914. For an example of children saying goodbye to of a dying nun, see Prov. Chr., 2 Dec. 1903.

<sup>64</sup>Prov. Chr., 8, 24, 28, 31 Mar., 4 Apr. 1909.

nurse insisted she be there to assist at his last moment and would not let another sister take her place. Near midnight the rackings returned, and soon the boy was no more. Only after washing and draping the body did the nun retire to another room, far away from the site where the child had suffered. For the first time in days, she got some uninterrupted sleep.<sup>65</sup>

The location in which dying children received care said a great deal about their relationships with the nuns. The *hôpital Ste. Anne*, housed in the main convent building and a feature of the convent since its 1867 founding, catered primarily to adults. More hospice than hospital, it functioned primarily as a home for the aged and a refuge for the chronically ill. Ailing children rarely entered the place. Indeed, no female students beyond the infant stage ever received care in that setting. The presence of elderly men or the uncouth habits of demented patients probably raised issues of delicacy and sexual propriety. On rare occasions, perhaps because other quarters were full or under repair, sick *petits*, young boys, ended their lives here. Thus, Alexis died in the *hôpital* in July 1913, as did William two weeks later, and Joseph the following year.<sup>66</sup>

---

<sup>65</sup>Prov. Chr., 1, 3-5 May 1909.

<sup>66</sup>Prov. Chr., 13 July, 27 July 1913, 28 Oct. 1914.

Ailing children most often received care in their own beds in the dormitories. Only those needing constant attention or destined to part this world were transferred to a more private setting, such as the *parloir* of the *communauté*, the sisters' own living quarters. The outer door opened to the main convent corridor, while another closed access to the nuns' chambers, an arrangement that maintained strict decorum and facilitated around-the-clock nursing as senior sisters took turns. Joseph-Marie, a *petit* whose persistent tuberculous cough disturbed other students' sleep, was brought here in February 1908. Timothée received the same privilege early the next year, as did Charles a few months later, followed by Pierre (who had a sore leg and stayed a week) and little Louis.<sup>67</sup>

For several years, female students, too, received care in the parlor. In 1910, when Marguérite became delirious with tuberculous meningitis, the sisters watched her constantly in that setting. Similarly, in 1912, they nursed the dying Julie Sambezo. Unfortunately, the needs of such terminally ill girls, who required assistance with the most personal of body functions, clashed with other uses of the room. Outsiders

---

<sup>67</sup>Prov. Chr., 4 Feb. 1908, 20 Apr., 8-9 Oct., 16 Nov., 2 Dec 1909.

needing medical help sometimes used the parlor to await the sister superior's ministrations.<sup>68</sup>

Probably in response to that situation, the nearby linen room was transformed into an infirmary for female students. It was here, in 1913, that Anastasie died of gastroenteritis. Anna and Elizabeth, too, ended their lives in this quiet setting. No boys were ever admitted. The room's location, between parlor and sleeping quarters, put it too close to the nuns' most private world. Only the youngest of patients, the most innocent of the convent population, were occasionally allowed even further, into the private quarters of the sister superior. There, they received the most loving and personal care the convent could offer.<sup>69</sup>

**"Waiting for a visit from Jesus":  
The Many Functions of Bedside Ritual and Funeral Proceedings**

Given the long list of tuberculous suffering outlined earlier, it may seem startling that children experienced moments of bliss and contentment in their final days. Nicolas, fading rapidly, felt "very proud" after celebrating his first communion. Julie Noël, "happy to die," herself asked for the last rites. Marie-Anne Begon was delighted that

---

<sup>68</sup>Prov. Chr., 21 Oct. 1910, 4 Nov. 1912.

<sup>69</sup>Prov. Chr., 30 Nov. 1912; 27 Oct. 1913, 28 March 1914; 27 Oct 1915.

she would soon meet Jesus and his "good mother." Augustin kept repeating "Jesus, Mary, and Joseph" until the final agony took his breath away. Lazare celebrated mass "with fervor" just hours before the end. How bedside religious ministrations helped youngsters face death is the subject of what follows.<sup>70</sup>

Whenever children showed signs of beginning the *grand voyage*, staff advanced their religious stature to the maximum permitted by age and comprehension. The driving principle was to armor the patient as best as possible for the perilous transit to heaven. Religious mileposts that would not have been reached for months had the child remained healthy were now attained within days. For the youngest, that meant first communion; for others, confirmation. Since first-year students possessed only the vaguest of sacramental concepts, instruction began as soon as decline became evident. When, early in spring 1909, the health of Joseph-Marie went "from bad to worse," Father Andurand began bedside lessons so the boy "might celebrate his first communion before dying." A week later, during mass in the chapel, that hope came true.<sup>71</sup>

Some children found the theology too complex. Julie Sambezo, about to leave this world in October 1912, "could not

---

<sup>70</sup>Prov. Chr., 12 Mar. 1908, 9 Jan. 1913, 21 Sept. 1914; 22 July 1916, 24 Jan. 1917.

<sup>71</sup>Prov. Chr., 24, 28 Mar. 1909.

understand enough" to partake of the sacred meal. By contrast, Sophie showed unusual intelligence for her tender age. After several days' instruction, she mastered the basics. Very shortly, she celebrated communion. Still others were helped by the presence of a native nun who spoke their own language. Marie-Rose, a preschooler from the Fort Good Hope region, sank precipitously in 1909. Until then, her tender age and lack of understanding had precluded admission to communion. Sister Marie, who came from the same region, took her underwing and quickly acquainted her with the basics of sacramental decorum.<sup>72</sup>

Whenever it appeared that relatives might remove an ailing child from the mission, the patient was quickly admitted to first communion. To do otherwise would have been considered negligent--it was unthinkable that a youngster under the sisters' care should be denied every means of securing eternal happiness. In 1915, when Marie-Adèle's parents planned to take her away, she celebrated the sacrament at once. As it turned out, the girl remained with the sisters. Not until four months later did she pass away.<sup>73</sup>

Often, tuberculosis declared itself in slightly older children who had long attended communion on a regular basis.

---

<sup>72</sup>Prov. Chr., 31 Oct., 4-5 Nov. 1912, 17, 25 Jan., 3 Feb. 1909.

<sup>73</sup>Prov. Chr., 24 Nov. 1915, 29 Mar. 1916.

Many, however, had not completed the full series of catechism classes prerequisite to the sacrament of confirmation. Under those circumstances, the priest set aside the usual examinations and arranged the ritual at once. Confirmation, as a result, formed the largest group of sickroom ministrations recorded in convent journals.

The most prestigious way of being confirmed was by having the visiting Bishop Breynat perform the ceremony. However, few ailing children received that honor. In most cases, rapid deterioration precluded waiting for Breynat, whose own illness (psychosomatic, as it later turned out) made the timing of his visits increasingly erratic. Instead, the father superior administered the sacrament. Almost without exception, each year saw the salutary procedure applied to one or more dying children. In 1911, he confirmed Bruno and Emilie. The following year, within a period of five months, he did the same for Julius (long anemic and suddenly worse), Noélia, and the rapidly deteriorating Marie-Agnès. Mariette was confirmed in 1915; Theresa, in 1916; Joseph and Germain, in subsequent winters; and so on.<sup>74</sup>

---

<sup>74</sup>Prov. Chr., 12 Feb., 30 July 1911, 21 Feb., 10 Nov., 2 Dec. 1912, 9 Mar. 1913, 10 Feb. 1914, 16 May 1915, 10 June 1916, 13 May 1917, 16 Nov. 1919, 1 Apr. 1923. Walter J. Vanast, "The Softness of a Dove and the Cunning of a Snake': Illness and Power in the Early Career of Gabriel Breynat, Vicar Apostolic of the Mackenzie," unpublished article.



Very often, the ritual came into play with great haste. Josephine sank so precipitously early in 1920, she barely gave the staff time to administer the last rites. When, against all expectations, she rallied briefly to take a more "gentle way to heaven," she was immediately confirmed. Tommie, who "left this earthly exile for the fatherland" in 1923 experienced the religious procedure just twenty-four hours before taking his last breath.<sup>75</sup>

Illness dictated where a child celebrated the hastened sacrament. Slow deterioration permitted first communion in the main Fort Providence church. Indeed, every effort was made to have the new communicant partake before the altar, the holiest site in the mission, where the priest's incantations transformed bread and wine into the body and blood of Christ. Joseph, in 1917, celebrated the rite in the presence of the entire congregation "while he could still walk." In Sophie's case, tuberculosis had advanced to the point where she could no longer attend a full mass. At a brief private service in the chapel, the father placed the host on her tongue.<sup>76</sup>

Advancing debility precluded use of public worship spaces. Mariette, too weak to enter the chapel, received the host for the first time while seated in a wheelchair in the

---

<sup>75</sup>Prov. Chr., 30-31 Jan., 5 Feb. 1920, 4 Dec. 1923.

<sup>76</sup>Prov. Chr., 1, 4 May 1917.

sacristy. Jules, closer to death, experienced the ritual "on his bed of suffering." For older students, too, the increasing isolation in which they communed signaled the rate of decline. In 1913, Julie Noël stopped attending church; briefly, she celebrated communion in a nearby vestiary; within a week, she partook while supine in the only bed in the linen-room infirmary.<sup>77</sup>

Ritual and sacramental language directly countered the loneliness and despair of the sickroom. Dying children wore all the medals granted with first communion, confirmation, or admission to the student organizations. By donning their scapulars, they dressed for the *grand voyage* just as, on other occasions, they had donned a best outfit for special excursions. Placed like armor around the upper chest, close to the heart, the blessed cloth protected from evil forces in this world and the next. Children wore it into the grave and, so the perception went, into the realms beyond.

The language surrounding communion also lifted flagging spirits. Catholics believed then as now that God incarnate was present in the sacramental bread and wine brought to the bedside. Communion, it followed, amounted to a sickroom call by the most prestigious guest conceivable. When the hour for

---

<sup>77</sup>Prov. Chr., 9 May 1915, 8 Oct. 1923, 9 Jan. 1913. The sacristy is the storage and preparation room for priestly garments, sacramental vessels, and the bread and wine of communion.

the ritual approached, the patient was said to be "waiting for a visit from Jesus."<sup>78</sup>

The last communion prior to death was known as the *Saint Viatique*; the bread and wine, as the name reflected, provisioned the soul for the road to heaven. Thus, even as the body weakened, the spirit gained strength. In 1902, for example, Father Brochu "brought the St. Viatique to little Vital." Timothée, in 1909, celebrated communion "*en viatique*" just hours before taking his final breath. Samuel, on October 8, 1919, received the same privilege, as did Caroline, a petite, two days later.<sup>79</sup>

When death approached, the timing of communion changed. The Church considered it important that terminally ill patients taste of the divine food while still fully conscious, but on the last possible day before beginning the "flight to heaven." Since one could only partake of the body of Christ once daily, the priest now celebrated the sacrament during the first minutes of the day, just after twelve o'clock. Should a child leave this world suddenly later in the day, the soul would be fully protected. The midnight arrangement also took care of another important rule: participants in communion were obliged to fast from midnight on. From the moment dying

---

<sup>78</sup>Prov. Chr., 30 Nov. 1903

<sup>79</sup>Prov. Chr., 29 May 1902, 5 May 1909, 8, 10 Oct. 1919.

patients had received the host on their tongue, they could eat whatever they wanted.<sup>80</sup>

Admission to communion and confirmation, as discussed earlier, marked children as mature members of the school community. The first permitted *aspirant* status in the *Enfants de Marie* and the *Ligue du Sacré Coeur*; the second opened the way to full privileges. In the case of many tuberculous children, admission to these groups brought them a few joyful moments as they approached their demise. Aurélie, who received the last rites on July 1, 1908, was made a full *Enfant* a few hours later. Content, she "prepared herself happily for her death." Casta, after a difficult night on February 8, 1911, was made an *Enfant* just prior to leaving this world.<sup>81</sup>

The powerful mix of hastened sacred and social privileges sometimes overrode other considerations on the part of the children. When, on February 1, 1911, Bruno's father wanted to take the ailing boy home, he refused to go. The youngster "had his mind set on being admitted to first communion." He celebrated that sacrament three days later,

---

<sup>80</sup>For timing of bedside communion when death was not imminent, see Prov. Chr., 8 Apr. 1910. For another detailed example of midnight communion see case of Monique, in 1908. The longest sequence of midnight servings involved a dying nun. Between 28 May and 19 June 1898, she partook every second night.

<sup>81</sup>Prov. Chr., 1 July 1908, 8 Feb 1911.

followed by confirmation on the twelfth. In a solemn procedure, the priest placed the scapular of Mount Carmel around his shoulders. The following day, he received the last rites. By the seventeenth, barely alive, he was granted the "last indulgence." He gave up the spirit shortly thereafter.<sup>82</sup>

That same year, the recently arrived Emilie (the child who had fought so hard with her parents to come to the school) turned out to harbor a fatal tuberculous infection. She received the sacrament of confirmation in her dormitory bed in July 1911. A few hours later, she was made an *Enfant de Marie*. For the remaining weeks of her life she enjoyed the full religious and social status to which she had so strongly aspired. Dressed in white after her death, as was the custom for *Enfants*, she was laid out for viewing. The following day, four of the *grandes*, in white veils, carried her white-draped coffin to the grave.<sup>83</sup>

White played an enormously important symbolic role in the world of female students. The Marial color stood for the purity so exemplary in the mother of Jesus. Lessons about its significance, most of them implicit, began shortly after pupils' arrival at Providence, as girls were each fitted for a

---

<sup>82</sup>Prov. Chr., 2, 5, 9, 12, 13, 17, 19 Feb. 1911.

<sup>83</sup>Prov. Chr., 17 July 1910, 26 June, 30 July, 3, 7, 14, 26, 28 Aug. 1911.

white first-communion gown. It continued through numerous religious feasts and processions, when *petites* donned white dresses and crowns; *grandes*, white veils. Full membership in the *Enfants de Marie* came with the right to wear a thin white banner across the breast. Finally, white figured in every aspect of the death of an *Enfant de Marie*.<sup>84</sup>

Death, the color white suggested, was not a cause for mourning but for rejoicing at the patient's entry into a different existence. At the same time, it created an illusion of imperceptible transition between the world of the living and the deceased, the earthly and those who had passed to heaven. The young female patient donned her white robe as she awaited the last moment. After taking her last breath, she lay exposed in the same gown on a white sheet in an open coffin. Even the walls of the viewing room were covered with faultlessly bleached white drapes.

Time and time again, convent children witnessed these scenes of muted transition and death made attractive (if not entirely desirable). In September 1912 they visited Martina, laid out in white in the chapel. The following month, they spent time beside the similarly attired Agnès. The youngster "showed no sign of the suffering she had endured, and appeared so lovely one might have thought she was sleeping." Julie,

---

<sup>84</sup>Prov. Chr., 11 Sept. 1910, 11 Mar. 1916, 8 Dec. 1912, 4 June 1899, 14 June 1901.

who died in January, appeared to be smiling. It seemed she had not left this world at all, but was merely "resting." Thérèse, too, looked beautiful in her white dress and veil as students filed past her body the next year.<sup>85</sup>

Thus, post-mortem ritual comforted those who stayed behind. No doubt, the gentle staging helped youngsters deal with the trauma of losing a fellow student and reduced their fear of succumbing to a similar illness. At the same time, the symbolism taught them important lessons about the conduct of their own religious lives. To that purpose, mission adults fit their words to the age of the deceased.

If death had struck one of the younger children, the post-mortem lexicon emphasized blamelessness, first exposure to sacred rites, and instant access to celestial realms. After Joseph-Marie passed away, the sisters hoped the Good Lord would "accept this little angel" in paradise. Similarly, Victor became "one more angel in heaven." At times, the metaphor of budding plants served the same purpose. Pierre, killed by consumption, was "yet another little flower picked by our good Mother of Heaven."<sup>86</sup>

---

<sup>85</sup>Prov. Chr. 14 Sept., 18 Oct. 1912, 16 Jan., 10 Nov. 1913.

<sup>86</sup>Prov. Chr., 8 Mar. 1908, 18 Dec. 1912, 18 Jan. 1909, 9 Mar., 19 Aug. 1918.

Similar language accompanied bedside rituals even before a child gave up the spirit. When Marie-Rose sank, other convent girls gathered at her bedside. While the priest prepared the sacred vessels for her first communion, the oldest ones sang the hymn "*La posséder pour la première fois*" (to possess Him for the first time). Recumbent in her clean white bed, radiant in her new white dress, Marie-Rose already looked as if she had entered another realm. For several days, the happy child seemed slightly better. She lived another week, until, as the sister superior noted, "she left us for heaven." Very shortly, the children accompanied the wasted little body to the cemetery.<sup>87</sup>

In contrast to the terms of cherubic innocence applied to a dying *petite*, those used for a *grande* emphasized the full, mature strength of her faith. Ceremony reflected (and rewarded, in a sense evident to onlookers) the many years during which the deceased had so admirably performed her worldly and devotional duties. The proceedings, in effect, exhorted younger students to emulate the deceased and adhere to similar standards.

Funeral language also addressed the sisters, for the death of a teenager provoked deep sorrow on their part. Long association had fostered strong bonds, making *grandes* more

---

<sup>87</sup>Prov. Chr., 18, 25 Jan., 3 Feb. 1909.



daughters than students. Some had arrived as orphans and knew little of life outside the mission. Others had chosen to stay after the usual five-year residence. The nuns had been the most powerful influence in their upbringing; conversely, these youngsters filled a void in their guardians' lives. The longer a *grande* remained at the school, the less likely it seemed disease would cut her down. During her convent stay, she had seen numerous other students decline, and had accompanied dozens of bodies to the grave. Through it all, she had survived. When, out of the blue, a teenager showed signs of advancing tuberculosis, the sisters were devastated.

In addition to grievous loss, the death of a *grande* produced immense frustration. Years of instruction, religious guidance, and personal advice had gone into readying the young woman for the treacherous world outside. Premature death, it was true, allowed a much-loved student to attain her heavenly reward. But it also cut off the pious life that had seemed certain to follow her convent stay. The girl would never live among her own people, where her shining example would have influenced others. The sense of unfairness became especially acute when death took a *grande* who had declared her intention to become a nun and to spend her life in the Mackenzie missions.

Hence, it seemed almost beyond bearing when Julie Noël passed away early in 1913. "A model of charity and devotion,"

she had been the most promising *grande* at the school. Although timid, she showed remarkable determination. She spoke rarely, but her actions revealed intense devotion and strong conviction. Twice she had been president of the *Enfants de Marie*. For several years, she had planned to enter the novitiate.<sup>88</sup>

In August 1911, Julie had seemed perfectly well as she helped to carry Emily's body to its final resting place. In the subsequent year, however, she suffered steady decline. Dr. MacDonald, during his summer visit, found her weak, but still able to walk to the dining room and the chapel. That fall, as a half-score dying children occupied the sisters, the self-effacing patient almost went unnoticed. Only in December was the great advance of her disease detected. A few weeks later, as her life ebbed away, Father Moisan administered the last absolution and the indulgence of the good death.<sup>89</sup>

At early mass, during a moving eulogy, the priest asked that the deceased be remembered in prayer. The sisters washed her corpse and dressed it in white. In the white-draped pharmacy, the mortal remains were laid at the foot of a statue of the Mother of Jesus. That saint, the sister superior recalled, had long been the object of Julie's special

---

<sup>88</sup>Prov. Chr., 16 Jan. 1913.

<sup>89</sup>Prov. Chr., 28 Aug. 1911, 19 July 1912, 9-10, 14-16 Jan. 1913.

devotion; often she had spent long hours in prayer, kneeling below the gentle image in the chapel.<sup>90</sup>

Senior girls and nuns prayed at Julie's side throughout the night. At half past three, the levée, the transfer of the body to the church, took place. Father Moisan, hooded, led the solemn procession; Brother Olivier, accompanied by two Oblate novices, carried the cross; sisters, girls, and boys followed. The priest chanted the *Miserere* as Julie left the convent, her coffin carried by the *grandes*. All felt confident she was already in heaven. She had promised not to forget them; from her divine abode, they felt certain, she would do all she could to advance the convent's cause.<sup>91</sup>

**"While the Mouth Smiles, the Heart Sheds Tears":  
Sister Sainte Eugénie  
Deals with Sickness and Death among her Charges**

What was it like to be a religious sister at Fort Providence early this century? How did high student mortality affect the women that ran the residential school? To glimpse a partial answer, this section looks at three consecutive years in the private world of Sister Superior Sainte Eugénie. When discouraged, the sister seldom revealed her fatigue or sadness to the full. Constantly aware of her role as convent

---

<sup>90</sup>Prov. Chr., 16-17 Jan. 1913.

<sup>91</sup>Prov. Chr., 17 Jan. 1913.

superior, and of the importance of maintaining the morale of underlings, she tried to present an exterior serenity even as her heart cried tears. Only in her diary did she give vent to loneliness and despair. On such occasions, the well-read woman often drew on poets for an apt line or a telling aphorism.

Between January 1916 and December 1918, the frequent demise of ailing children sapped this sensitive nun's confidence and incited a near-rebellion in her faith. In part, the support of other sisters, especially their ability to inject laughter into the lonely existence of their northern lives, helped draw the superior out of her sometimes somber moods. At the same time, she confronted adversity by becoming ever more closely involved with the fading youngsters under her care.

At the very point where she was most discouraged, Sister Eugénie installed dying children in the quiet haven of her private room, in a bed beside her own. Repeatedly, she developed the warmest of bonds to her little wards, only to see them leave this world. That bitter-sweet experience, she came to accept, reflected the nature of all that life offered: a constant mixture of happy and mournful circumstances, an unending alteration of hope and despair. If her life's work was to emulate the virtues of the Mother of Jesus, she came to recognize, she had to accept both.

The sister's days barely provided time for her numerous responsibilities. As superior, she supervised the completion of endless tasks essential to the nourishment and clothing of students, the feeding of Oblate clerics (who ate in the convent refectory), and the conduct of classes. Trained as a nurse, she made all medical decisions and supervised the care of ailing staff and youngsters. Apart from occasional, very brief summer visits by Doctor MacDonald from far-away Fort Smith, she was on her own.<sup>92</sup>

In addition to providing medical services to the mission, Sister Eugénie functioned as physician for the entire region. Throughout the seasons, she made housecalls in the local village. Time and time again, ailing visitors came to the convent parlor to tell their story and ask for drugs. On occasion, she admitted the more serious cases for in-patient care. Several times a year, as Indians gathered at Fort Providence, she catered to their needs. In spring (when the first boats arrived) and at Christmas time (when the mail sled came through) an epidemic of influenza or severe colds almost invariably swept along the Mackenzie River. On those occasions, her load increased enormously.

In January 1916, the work was such that the sister could hardly keep up. Several tuberculous students needed extra

---

<sup>92</sup>For details about Dr. MacDonald see chapter 3.

watching. Father Roure, the elderly convent chaplain, fell ill. Many Providence families suffered with a virus brought north by the crew of the mail packet. For weeks on end, despite severe cold, the nun made housecalls in the village; often she went twice a day. In February, a wounded trapper arrived at the mission, adding greatly to her duties.<sup>93</sup>

For some time, the sister had drawn comfort from a respectful friendship with Father Duchaussois, a young priest who had come north to write about the Grey Nuns' work in the Mackenzie missions. The book-loving superior and the gifted scribe each recognized a kindred spirit. As the cleric gathered material, the nun became pleasantly accustomed to his presence. When, in late March 1916, the visitor took his leave, she resorted to another author's words to describe her pain. "Parting," a poet had said, "is a little death." Only now did she understand just what that meant. A few days later, the first of the ailing children under her care, Marie-Adèle, passed away. This time Sister Eugénie recalled Chateaubriand's comment that suffering is a form of prayer. "One feels," wrote the saddened nun, "the need to fall on one's knees when one is unhappy, to ask for God's grace and forgiveness."<sup>94</sup>

---

<sup>93</sup>Prov. Chr., 10, 11, 14, 17, 19, 23 Jan., 2, 12, 16 Feb. 1916.

<sup>94</sup>Prov. Chr., 23, 24, 26, 29 Mar. 1916.

April's lengthening days brought the sister little time to collect her thoughts. Father Roure caught a severe flu, as did most other Oblates. When the Indians arrived on their spring visit, demands for medications seemed unending. An elderly woman (deaf and blind in addition to being ill) needed in-patient care. Meanwhile, medical visits to town continued, as did the watch over ailing students. In the midst of it all, the church bells stopped ringing as a reminder of Christ's suffering on the Cross. "We find ourselves," noted Sister Eugénie, "in the silent week, as they used to say in the Middle Ages." The absence of peals from the church, one senses, matched the lack of joy in her heart.<sup>95</sup>

As the days warmed, the sister arranged for two ailing petites to be installed in a tent. Their tuberculosis had advanced too far, however, to benefit from open air and abundant sunshine. Very shortly, Marie-Anne was transferred back inside, as was Thérèse, who suffered a fresh lung hemorrhage. In the boys' quarters, David, also weakening, received the last rites. "Life" wrote the sister in her diary as clouds obscured the sun outside, "is full of sadness, yet no one wants to leave it." The comment referred as much to her own somber thoughts as to the ailing youngsters.<sup>96</sup>

---

<sup>95</sup>Prov. Chr., 8-9, 20, 25-26, 30 Apr. 1916 .

<sup>96</sup>Prov. Chr., 12, 26, 28, 30-31 May, 1-2, 4-5, 10, 12 June 1916.

For weeks on end, while the children sank, the sister's life remained a whirlwind of activity. On June 18, she tried in vain to catch some sleep as rain pelted the windows. The violent gale outside the walls reminded her of the onslaught of disease within. Equating the two tempests, she recalled words by Saint Thérèse: "Life is but a night of storms spent in a bad inn." As had long been her way, she put the situation in the best possible light. "When one finds in that lodging not only friends but obedient, pious, and loving children, it just isn't possible to complain of streaks of lightning, bolts of thunder, and blackened skies."<sup>97</sup>

Emphasis on the positive, one might have thought, would become all the easier as the rest of the month brought "radiant" weather. No amount of sunshine, however, could entirely lift Sister Eugénie's spirits. The balmy days, she brooded, like so many pleasant things, would "pass too soon." Thérèse died on June 20; David took his last breath a few hours later. "My God!" cried the anguished nun as she reached for a bright lining, "Since we must witness such deaths, how good it is--how necessary it is--to believe that one day we will see them again in another life." Two days later, dogs killed the convent cat, a creature that had long given her unstinting affection.<sup>98</sup>

---

<sup>97</sup>Prov. Chr., 18 June 1916.

<sup>98</sup>Prov. Chr., 16, 20-22, 24, June 1916.



On June 26, a visiting doctor confirmed that yet another *petite*, Mary-Céline, had advanced tuberculosis. Little Augustin, too, was beset with consumption, and soon received the last rites. This time, the superior found it hard to hide her pain. "When the mouth smiles," she recalled a poet saying, "the soul is shedding tears." Even as her self-composure began to crack, she dealt with a number of crises.<sup>99</sup>

Grasshoppers attacked the gardens, destroying vegetables needed for the winter. Several ailing and injured Oblate brothers required attention. The first river vessel brought a virus that laid most everyone at Providence low. Indians, struck by the illness, clamored for attention. Many students became so sick "as to evoke pity." All needed Sister Eugénie's ministrations. The tired superior, showing symptoms of influenza herself, felt not only ill to her stomach but "sick at heart."<sup>100</sup>

To put an end to illness, the community held a procession in honor of Saint Roch. Instead of abating, however, disease touched yet other victims. Little Jean, who should have gone home on the next boat north, suddenly came down with tuberculous peritonitis. "Again, my Lord!" almost an accusation, was the sister's cry when the boy passed away.

---

<sup>99</sup>Prov. Chr., 26 June, 9 July 1916.

<sup>100</sup>Prov. Chr., 9, 16 July 1916.

Catching herself, she added "Thy will be done." That God might want to take still more lives, her tone suggested, was almost beyond comprehension. That very day, however, the consumptive Augustin showed evidence of rapid decline. Forty-eight hours later, Sister Yves, a long-time mainstay of the convent, developed abdominal cramps that seemed certain to carry her off.<sup>101</sup>

At that point, Sister Eugénie could take no more. A hint of defiance colored the words she addressed to her Maker. "My God," she lamented, "we are almost tempted to say 'It is too much all at once.'" She longed desperately for a visit with the regional mother superior, the much-loved nun in charge of all sisters in the Mackenzie Basin. How good it would feel to tell someone else of the year's many worries, and to share the endless "tests of illness and death." It would be like "pouring the overflow into another vessel." Although the Northland Trader arrived as expected on July 19, the mother was not on board. Three days later, Augustin passed away.<sup>102</sup>

In the midst of her grief, Sister Eugénie tried to focus on aspects of her work that compensated for the pain. "To dry a tear," she reminded herself, "to trigger a smile, those

---

<sup>101</sup>Prov. Chr., 2, 13, 15-16, 18 July 1916.

<sup>102</sup>Prov. Chr., 18-19, 21-22 July 1916.

are pleasures one can readily procure." Recourse to such thoughts, however, did not lessen her increasing sense of isolation. The word "exile" repeatedly made its way into her diary. "How grateful we are to God," she wrote in September, "the Great Consoler of our exile." Not only was she far from her home in Québec; she had wandered away from the unquestioning trust in God that had made life in the north palatable. When the priest gave a sermon about the ten lepers, Sister Eugénie saw a direct link to her ailing faith. "We too, O Jesus," said her prayer, "we want to be healed. We want to return to the resolutions of our days of fervor."<sup>103</sup>

As the weather turned cold and the days shortened, Sister Eugénie's gloom deepened. An unhappy encounter with what had once been a favorite student (the young woman was mentally ill) disturbed her deeply. "Alas," she confided to her diary, "nothing offers peace, nor is there anything of which one can be certain on this earth." For weeks, the haunting cries of migrating birds filled the sky, beckoning the stranded nun to come with them. "I have lost my wings," she lamented, "and cannot fly along." How fortunate the travelers were to have all that open air and sunlight while those below faced "exile and isolation." She envied the ease with which they packed: they had "neither suitcases nor baggage," and God took care of their hotel bills. The fall's

---

<sup>103</sup>Prov. Chr., 13 Aug., 2, 10 Sept. 1916.

single mail delivery, in late November, brought only three letters, all for another nun.<sup>104</sup>

At the onset of winter's darkest month, two *petits*, Alphonse and Lazare, showed signs of rapidly progressive tuberculosis. "Must we really open still more graves?" was the sister's angry reaction, more accusation than question. Clothing her resistance in muted terms, she allowed that God always played by the rule. "My Lord," she intoned, "it is true that you measure each person for a cradle, a life, and a tomb." The two patients, such reasoning implied, had grown to the pre-ordained length of their coffins, and no amount of supplication could change the course of events.<sup>105</sup>

Alphonse, conscious until his last ten minutes, gave up the spirit a few days later. As he declined, it appears the nun made a conscious decision to involve herself more closely than ever with the mission's tuberculous youngsters. If she must lose them, said her actions, she would provide the most loving care possible. Like a mother hen gathering her threatened brood underwing despite impossible odds, the nun placed the smallest patients in a bed beside her own.

---

<sup>104</sup>Prov. Chr., 12 July, 20-21, 23 Sept., 16 Oct., 22 Nov. 1916.

<sup>105</sup>Prov. Chr., 11 Dec. 1916, 9 Jan. 1917.

On January 8, Sister Eugénie transferred Lazare to her private quarters. For two weeks, he continued the "gentle" voyage out of this world. One morning, he told the superior to stop fussing over him and to "run to breakfast" as it was already late. By the time she returned, the child was comatose. A few minutes later, he was gone. "We don't want to complain," the sister told her Lord, "but we know you are a good father, so please listen to our sighs and give us the grace of resignation." What the rebellious side of her really meant, one suspects, was "Please stop the killing."<sup>106</sup>

In mid-April, Sister Eugénie took the dying Joseph into her room, keeping him there until he passed away on May 17. Although she spent over thirty-five days and nights with the child, no lament escaped her pen. The surprising absence of commentary jumps at the reader from the journal page. Was the loss such that it could no longer find expression in words? Had she become inured to pain? Was her silence itself a form of protest, or did it reflect a maturing of her faith--a greater ability to suffer in silence and accept God's will?<sup>107</sup>

The muted response derived, in part, from the isolated context of the death. In contrast to previous periods of misery, when the superior was buffeted by a harried confluence

---

<sup>106</sup>Prov. Chr., 8-10, 24, 26 Jan. 1917.

<sup>107</sup>Prov. Chr., 17 May 1917.

of unpleasant events, the spring of 1918 presented fewer demands on her time. No other child lay seriously ill. Requests for housecalls had dwindled. The Indians' visit passed without the mad rush of previous years. No malady threatened the staff. Sister Eugénie, in short, got some rest. Under those circumstances, she could more readily cope with her emotions after little Joseph's demise.

Other factors, too, helped. Throughout that spring, the convent happily prepared for the golden anniversary of the nuns' arrival at Providence. To mark the event, the Montreal-based head of the Grey Nuns, the Very Reverend Mother Superior Piché, paid a rare visit. Joyful ceremonies, elaborate banquets, and evenings of entertainment by the children followed. The festivities boosted morale enormously.<sup>108</sup>

More than ever, Sister Eugénie felt strong ties to the Grey Nun organization, and especially to Margaret d'Youville, who had founded the order a century and a half earlier. Later, on that revered woman's birthday, the staff lit a candle in front her serene statue in their private *parloir*. The flame, wrote the superior, represented the thought foremost in everyone's mind: to work as hard as they could

---

<sup>108</sup>Prov. Chr., 3-4 July 1917.

under her gaze until, one day, they could join her in heaven.<sup>109</sup>

That same year, improved medical services in the North reduced demands on Sister Eugénie's time. A new Grey Nun hospital at Simpson served as a safety valve. Now, when nuns made their summer trip down the Mackenzie to gather students, they examined each for signs of tuberculosis. Those openly infected were left with the sisters at Simpson. When children already at Providence needed care, the superior shipped them to her colleagues. In October of that year, for example, she sent the ailing Joseph.<sup>110</sup>

Such transfers, of course, could not take place once the Mackenzie River closed to navigation. The long distance to Simpson prohibited transfer of patients by dogsled. As well, there was little benefit in sending hopeless cases to another institution. Sick and dying youngsters, it followed, remained a significant presence at the school. Indeed, 1918 once again brought a string of losses.

Pierre Andrew passed away March 9; Emile, July 20; Marguérite appeared about to follow. Throughout, the superior's inner composure held. In large part, she drew strength from a renewed determination to live up to her duties

---

<sup>109</sup>Prov. Chr., 23 Dec. 1917.

<sup>110</sup>Prov. Chr., 18 Oct. 1917.

as a religious sister. A sermon by Father Leguen touched her in particular. Addressing the nuns, he urged them to emulate the three virtues so prominent in the Virgin Mary during the Archangel Gabriel's visit: humility, purity, and obedience.<sup>111</sup>

Terrible news helped Sister Eugénie put the convent losses in perspective. Fire had destroyed the Grey Nun nursery in Montreal, killing fifty infants. Compared to that dreadful toll, the trickle of funerals at the school seemed minuscule. No reproach in relation to the latter entered her journal. Rather, the comments addressed the nature of human existence in general. "Life," she wrote that summer, "escapes painfully, drop by drop."<sup>112</sup>

Despite her distress, the sister performed admirably through the crises that followed. A virus once again swept through the region. The "dear little baby" of a former student fell ill and passed away. Sister Yves had a recurrence of her frightening cramps. She had barely recovered when Elisabeth Etchi, a petite, showed signs of rapidly advancing consumption. Sister Eugénie at once installed the child in her own room.<sup>113</sup>

---

<sup>111</sup>Prov. Chr., 9 Mar., 8 Apr., 20 July, 4 Aug. 1918.

<sup>112</sup>Prov. Chr., 22 Apr., 1 July 1918.

<sup>113</sup>Prov. Chr., 18 Aug., 15-16 Sept. 1918.



Not feeling well, the somber patient only rarely responded to the smiles of her nurse. One day, however, that suddenly changed. An alteration in brain function (perhaps due to a metabolic abnormality or a tuberculoma) produced constant activity and boundless euphoria. The giggling patient talked constantly and could not get enough of horseplay. Insisting she be put in charge of the convent, she donned the superior's headdress, as well as her glasses and cross. The nuns, gathered at her bedside, could not help but laugh along as the patient, black-rimmed spectacles at the end of her nose, ordered them about, demanding that someone get her "a sack of flour." In the midst of the gaiety, a sudden lung hemorrhage ended the little one's life.<sup>114</sup>

The abrupt death in the midst of joy must have evoked intense emotions on the part of onlookers. Still, no bitter note appeared in Sister Eugénie's journal. The superior, it seems, had learned to accept death even as she brought it closer. Somehow, she could now handle heart-rending losses such that they neither precipitated depression nor interfered with her acceptance of God's ways. Despite tragedy, she could laugh. Indeed, repeatedly that year, the sister recorded episodes of hilarity in her journal.

---

<sup>114</sup>Prov. Chr., 24, 29-20, 31 Oct. 1918.

In June 1918, after a boat trip down the Mackenzie, one of the Providence nuns was so happy to get back to the convent she kissed the convent walls and floors, causing great mirth among her colleagues. In October, at the very time that Elisabeth lay dying in Sister Eugénie's room, the superior and her staff found welcome relief from stress in an evening of banter. It was the king's birthday, and one of the group did an impersonation of Edward VII that made them all roar. Four weeks later, at a party in honor of the now fully recovered Sister St. Yves, that jovial nun had her colleagues laughing so hard they thought they were ill. Life at Providence, the much-needed release demonstrated, remained tolerable if one could balance extremes.<sup>115</sup>

That fall, parting birds evoked not a word of regret from Sister Eugénie; shortening days brought no lament. Not once did the word "exile" leave her pen. Late in December, she received both the best and the worst of news. The war in Europe had ended. "My God," offered the immensely relieved nun, "ask us no matter what sacrifice--we will do it in order to demonstrate how grateful we are." The same letter told of the westward sweep of the Spanish Flu and its thousands of victims. Several close colleagues, Grey Nuns in Montreal, had

---

<sup>115</sup>Prov. Chr., 23 June, 14 Oct., 8 Nov. 1918.

already succumbed. Before long, the disease would surely reach the Mackenzie.<sup>116</sup>

On New Year's eve, the sister reflected on her station at Providence. Sadness still colored her thoughts, but the words she put to paper reflected a growing equanimity. She lived between the future and the past, and realized how little she understood of either. "What remains of the one? What do we possess of the other? Nothing. Here, a few memories, there a few hopes carried off one by one, washed away in time. A fading day, a closing night--life is but a mixture of the two."<sup>117</sup>

Whether Sister Eugénie managed to hold that balanced view through subsequent trials is not clear; before long, she left the North. Behind her, one cannot help but suspect, remained a legacy of tender memories among children who had known her care. If, as testimony from Mackenzie elders suggests, nuns in subsequent decades showed similar compassion, then the atmosphere at boarding schools may not

---

<sup>116</sup>Prov. Chr., 28 Dec. 1918.

<sup>117</sup>Prov. Chr., 31 Dec. 1918.

have been as entirely dark as it is now commonly painted in the public press.<sup>118</sup>

Nor was the convent setting as foreign to the Indians as it might, at first glance, appear. Because no law compelled families to send children to school, the rolls reflected deliberate native choices about education. Often, parents themselves had attended classes, could remember the nuns by name, and knew what to expect when they left their offspring at the mission. In a way, the Providence population was part of the "extended family" so typical of Athapaskan life, youngsters finding connections to other students, to elders in the infirmary, and to native nuns on staff.

Rather than cause illness and high mortality rates, as is often presumed to be true of boarding schools, the Providence convent may have aided the survival of children who would otherwise have perished. When hardship and disease struck native camps, parents often left ailing offspring with the sisters. For those who succumbed despite improved nutrition, careful attention to physical comfort and spiritual succor helped ease the leaving of this world. Thus, Providence's searing images of childhood suffering provide an

---

<sup>118</sup>For negative depictions of church-sponsored Indian boarding schools see, for example, "The Schools of Scandal," Globe and Mail (Toronto), 28 Sept. 1991; Jerome Berthelette, "I am no Longer a Christian," Globe and Mail, 23 Jan. 1991; Jac Macdonald, "The Schools that Failed," and "The Schools That Taught White From Wrong," Edmonton Journal, 2 June, 1991.

unexpectedly positive view of the boarding-school setting. A medical perspective, it turns out, reveals emotions and bonds rarely mentioned elsewhere, yet essential to understanding the Mackenzie's contact history.

## CHAPTER 6

### "THE BABEL OF THE NORTH": MEDICAL CARE AND THE WORD OF GOD, FORT SIMPSON, 1912-1926

Provision of medical services formed an important aspect of mission duties at Fort Simpson early this century. Compassion and inter-denominational rivalry informed the endeavor. The region's Indians, "Christianized" five decades earlier, were evenly divided in their loyalty to the Catholic and Anglican cause. Clergy on each side hoped that bedside care would help draw converts from the other.

When, in 1912, the Oblate Fathers announced plans to open a hospital, the news caused Protestant clergy great concern. Although they tried to block construction, the building opened four years later, staffed by the Grey Nuns of Montreal, one of whom was a fully trained nurse. Anglican ministers feared the sisters' power over patients, both inside the hospital and during their frequent visits to Indian tents, but no Indian changed faith as the result of such ministration.

In part, the hospital's failure to effect conversions resulted from the low number of patients. Most beds were

taken up for years on end by chronically ill, blind, or demented residents, all of them Catholic. While destitute widows and their children sometimes occupied the wards, adult males rarely set foot in the place. The concept of a hospital was new, and people still preferred to deal with illness in their own tents. On the few occasions when an Anglican patient stayed with the sisters, efforts to obtain a permanent conversion proved fruitless.

Peer pressure played a far greater role in determining Indians' religious allegiance than missionaries realized. Without exception, entire bands adhered to one or the other church. The only occasions on which a man left the Christian faith practiced by those around him involved his marrying a woman from a band with opposite beliefs. In the cases cited here, the groom had already become a member of his future spouse's social group, hunting and traveling extensively with her relatives. But even then, conversion was not always permanent.

The tremendous power of childhood memories and of practices learned at a mother's knees often surfaced when a patient lay dying. An Indian who had become Protestant for marital reasons now longed for the prayers of the rosary, the protection of scapulars and medals, and the scented magic of Roman sacramental practice. With the full consent of

Protestant relatives, he invited the priest to see him through the final days.

Less seriously ill patients showed scant concern about the religious affiliation of their care-givers. If the Anglican minister and his wife (who was sometimes a trained nurse) appeared to offer better diagnosis and therapy than the nuns, Catholics readily sought help at the Anglican manse. Not uncommonly, they consulted the staff at both missions; if treatment provided by one proved disappointing, they turned to the other. Despite that pragmatism on the Indians' part, missionaries continued to believe that medical services opened a direct route to potential converts' hearts. Not surprisingly, bitter arguments over patients erupted between opposing clerics.

Intimidated by the Catholic hospital and frustrated by their failure to gain converts, several Anglican missionaries left the North long before their contracts had ended. Some resorted to illness (with spectacular, clearly psychosomatic manifestations) to provide an honorable excuse for abandoning their post. On the Catholic side, disappointment at not making greater inroads on the Protestants may also have contributed to low morale. Hostility among the staff was sometimes so intense, the father superior went out of his way to avoid contact with the sisters.



Medical conflict, the Simpson records show, had as much to do with missionaries' personalities as with formal church policies. Some Anglican ministers forbade parishioners from seeking medical care at the Catholic mission. Such tactics never worked, although they greatly heightened tensions. Other missionaries learned to work with the nuns, ensuring that patients obtained the best possible help, including hospital admission, regardless of their Christian affiliation. By such means, it was possible to minimize the unpleasant heritage of decades of intense local enmity between the two denominations.

**"Satan's Seven-Towered Fortress":  
Medical Care and Early Anglican-Catholic Conflicts**

In the nineteenth century, when Anglican ministers received much help from traders in establishing their mission, Oblate Fathers perceived Fort Simpson as a Godless place, catering to the sensual needs of newcomers and natives alike. Hudson's Bay Company headquarters for the Mackenzie District from the 1820s on, the settlement attracted adventurers of many backgrounds: English, Scottish, Irish, Norwegian, Canadian, Métis, and Indian. Members of many tribes came to barter. The place was soon known as the Babel of the North. Liquor flowed freely, while ready liaisons between local women and transient men became commonplace. Such, at least, was the

somewhat exaggerated picture later presented by Catholic mission historians.<sup>1</sup>

"Here at Fort Simpson, this little Paris on the Mackenzie" wrote Father Victor Nouël de Krangué, an Oblate priest, in 1884, "I am far too often, alas, the voice crying in the wilderness. Here, Satan has built his seven-towered fortress. To tear it down will take a John the Baptist, or the trumpets of Jericho." Nevertheless, he felt he was doing some good. Protestant Indians were gradually coming his way, despite the daunting presence of an Anglican minister and the hostility of local whites to Catholic endeavors.

His church, Kérangué liked to point out to native listeners, catered not to affluent whites (a reference to Anglicans and their close links with Hudson's Bay Company personnel), but to the poor and needy. As evidence of that concern for the underprivileged, the priest reflected on the "multiplication of medical care" provided by himself, while the Protestants had abandoned all interests in such activities. Before long, he claimed to hold the allegiance of half the area's Indians.

---

<sup>1</sup>Th. Ortolan, O.M.I., Les Oblats de Marie immaculée durant le premier siècle de leur existence: Cent ans d'Apostolat dans les deux Hémisphères. Tome IV: Au Canada 1861-1892 (Paris: P. Letheilleux, libraire-éditeur, 1932), 263.

In external appearance, Protestants remained Simpson's dominant force. The local Hudson's Bay Company men and their "half-breed" wives and children made up the core of the Anglican congregation. In reality, however, most whites cared little for matters of faith. Relations between the Anglican missionary and the fur-trade community often remained cool. When Archdeacon James R. Lucas served the community between 1904 and 1913, there were times when only a single white male supported the church.<sup>2</sup>

"One must remember," Lucas advised one of his successors at Simpson after he himself had become bishop, that whites "are not living in the North for the purpose of helping the Mission . . . if any of them do attend the services and, better still, do even volunteer to help, we must be grateful." Unless whites were handled with tact, it was far too easy to be "misunderstood" and to face opposition. Indeed, the worst blow to the Anglican mission, the opening of a Catholic hospital, came about because of the initiatives of Harold Card, the local Indian agent, a Protestant and an ordained Anglican minister.

Early in 1912, Card urged the Department of Indian Affairs to cooperate with Catholic Bishop Gabriel Breynat in

---

<sup>2</sup>Lucas to Blow, 30 Oct. 1920, AAT M75-1 Lucas Papers, file Blow. In this letter, Lucas reviews his experiences with Simpson's white populations between 1900 and 1913.

building a local hospital. Widespread illness, he explained, made the need obvious. In just one year, eleven deaths had occurred in the immediate vicinity. It was time to provide a place "where the sick can be taken away from the teepee or Indian cabin and nursed until recovery or death." In addition to active treatment wards, he envisioned a refuge for the aged. Indians, he reported, lacked concerns for elders; when parents became "too old to hunt or to be of any use," they did "nothing to support them."<sup>3</sup>

The Catholic bishop, Card revealed, agreed entirely with his suggestions. Provided Indian Affairs offered financial assistance, the prelate felt he could soon have a hospital built and functioning. Free labor (Grey Nuns as nurses, cooks, and aides; Oblate brothers as woodcutters, fishermen, and hunters) would keep costs low. A small grant of five hundred dollars would probably suffice, given Breynat's wish to retain ownership of the institution.

No one else, Card reminded Ottawa in a clear allusion to local Anglicans, had come forward to build the much-needed hospital. Despite their half-century-long sojourn at Simpson, Protestant missionaries had not responded to pressing medical needs. Their failure to act surely meant a lack of desire or

---

<sup>3</sup>Gerald Card to Asst. Deputy and Secretary, Dept. of Indian Affairs, Ottawa, 17 July 1912, ARCY, file: Fort Simpson.

resources (or both). If the government wanted to open an inpatient facility, they should go with the Catholics. "On behalf of the aged and the suffering and with a view to saving life," Card implored Ottawa to proceed at once.

The Indian Agent had carefully weighed the finances and personnel of the two Christian churches before entrusting it to the Catholics. No doubt, on his travels along the Mackenzie River, he had visited the Catholic boarding schools at Resolution and Providence and witnessed what a combination of Oblate labor and Grey Nun determination could accomplish. Card's measure of Simpson's Anglican archdeacon, James R. Lucas, may also have turned his hand. British-born, the missionary exuded an irritating sense of superiority. Far more skilled at spouting platitudes than at inspiring followers, the cleric had a way of creating problems without knowing how to solve them. Few local whites had become friends or supporters.

True to form, Lucas reproached Card for being "a false witness" for God and "a bad Protestant" in his support for a Catholic hospital. During twenty years in the region the archdeacon had "observed nothing that warranted a medical institution." Besides, Catholics had no interest in matters of health. He himself dispensed all medications when Indians visited Simpson. The priests, who lacked a drug supply, "did not pretend to meddle in the matter." That situation made

Card's action all the more "despicable." The angry cleric informed Ottawa of his objections to "any Catholic hospitals" whatsoever.<sup>4</sup>

Despite Anglican lobbying, federal officials agreed with Card. On hearing of tuberculous Indians living in crowded tents, sputum covering the floor, they thought it made eminent sense to provide a means of isolation. Without medical care, they concurred, the Mackenzie tribes would soon become extinct. In the spring of 1913, Parliament voted \$1,500 towards a Catholic hospital. Lucas tried unsuccessfully to block the funds.<sup>5</sup>

Support for the Simpson undertaking, the Minister of the Interior explained, followed a "well defined policy" long applied to denominational hospitals in the West. Ottawa would not assist with construction, but would provide a per-diem grant. In Breynat's case, that came to \$1.00 per day per occupied bed, a reasonable rate given the remote location. If the Church of England felt inclined to put up its own northern

---

<sup>4</sup>G. Andurand O.M.I. to Breynat, 12 Dec. 1912, ARCY, file: Fort Simpson. Lucas to Blow, 30 Oct. 1920, LP, file Blow. In this letter, Lucas retells the 1912 hospital conflict in some detail to a later missionary.

<sup>5</sup>J.D. McLean, Asst. Deputy and Secretary, Department of Indian Affairs (hereafter DIA), to T. W. Harris, Indian Agent, Fort Simpson, 12 June 1913, ARCY, file: Simpson hospital. The hospital was to include a "Home for the Destitute."

hospital, other bureaucrats added, they would be pleased to offer the same financial incentives.<sup>6</sup>

Indian Affairs realized that Simpson's Indians were "pretty evenly divided between the two sects." The new hospital, it was true, would allow Breynat to offer his flock excellent health services. However, Ottawa had "no doubt" but that such help would be offered to those of the other faith. In short, the institution would proceed. For Card, the victory was bitter-sweet. By then, Archdeacon Lucas's complaints about his "animosity" had led to the agent's dismissal.

To the chagrin of Anglican missionaries, the new Indian Agent, T.W. Harris, turned out to be a Catholic. Yet, Anglicans soon discovered the beneficial side of the appointment. Fluently bilingual, the man went out of his way to remain on the good side of both English and French-speaking clergy. Conscious of his predecessor's fate, and under orders to be "perfectly fair," he avoided all appearance of partisan allegiance. In the process, he bent over backwards to accommodate the needs of the newly appointed Anglican bishop.

---

<sup>6</sup>W.J. Roche, Minister of the Interior, to Lucas, 22 Nov. 1913; typed copy of a memo from the Deputy Superintendent General of Indian Affairs, Ottawa, 21 Nov. 1913, both in PAA MR 200/109. Roche, a French-Canadian, was undoubtedly a Catholic. For details of per-diem compensation rates see Duncan Scott (Deputy Superintendent, DIA) to Breynat, p. 2 (p. 1 missing) probably 1913, ARCY, file: YK.

That, as it happened, was Harold Lucas himself. Promoted in 1913 to the episcopacy (the first time that position had been filled by a resident cleric in a decade) he was now in charge of all the Mackenzie's Anglican missions.<sup>7</sup>

Lucas took full advantage of Harris' eagerness to please. In collusion with senior Protestant officials inside Indian Affairs, he ordered 50,000 board-feet of lumber from the government's Simpson sawmill, claiming to need it immediately for renovations at the Hay River school. A request of that size, he must have known, would prevent delivery of building supplies to the Catholics. The maneuver had its desired result: hospital construction was delayed by several years. However, the tactic backfired in that it mobilized Breynat's allies. His protests further drew Ottawa's attention to the paucity of medical services in the North. As a result, Indian Affairs agreed almost overnight to the need for a second Catholic hospital, at Fort Smith, just north of the Alberta border. Officials offered every cooperation in getting the structure built in record time. By 1914, the first patients entered its doors.<sup>8</sup>

---

<sup>7</sup>DIA memo, 21 Nov. 1913, ARCY, file: YK.

<sup>8</sup>Memorandum from Indian Agent at Fort Smith Agency entitled "Health of Indians", to his superiors (unidentified), 5 Apr. 1914, ARCY, file: Fort Smith.



The Simpson hospital opened two years later and faced far greater hazards. Supplies had to travel another six hundred miles north by summer boat. Because of its geographic location, gardens yielded fewer vegetables and potatoes. Winter contact with the South was far more difficult. Mail arrived but twice a year. Fewer visitors came through. No doctor lived in the area. In short, life at the more northerly institution added another whole dimension of social and medical isolation.

At first, the nuns cared for an average of fourteen inpatients monthly; a decade later, the figure had increased to twenty-four. Many cases, however, involved longterm medical and custodial care: patients with advanced tuberculosis, elders with dementia, blind or mentally retarded children, and orphans. As a result, total admissions for the nine-year period between 1916 and 1925 came to just 250.<sup>9</sup>

Virtually all hospital patients were Catholic. One half came from Oblate missions further north and from Liard to the west; one half, from the local area. A few ailing children were sent by the Providence convent. During the first decade of operation, the monthly inpatient count averaged fourteen in winter and rose briefly in spring, when families gathered in town to trade and celebrate Easter. After "break-up," when

---

<sup>9</sup>Simpson Hospital Patient Records (hereafter SHR), 1916-1925, GNAE.

lakes and rivers opened to navigation, the tally doubled. Similarly, weather dictated the timing of discharge. Between 1916 and 1925, only six patients left the hospital between New Years' Day and the end of March.

Although equal numbers of males and females stayed at the hospital in its first decade (125 of each), that figure hid important differences. Adult men, the pattern suggests, were extremely reluctant to enter the institution or to receive care from the nuns. Boys up to age 16 accounted for sixty-six percent of male inpatient days; men aged 17-35, for a mere one percent. In contrast, women in the latter age range accounted for a third of female bed occupancy. The difference had little to do with birthing: only a single maternity case was admitted between 1916 and 1925.<sup>10</sup>

A fourth of hospital stays related not to illness but to destitution, which always reached a peak during the coldest weather. Of fifty-five people admitted in winter between 1916 and 1922, thirty-two came for shelter and food. Most remained for three to six months; come summer, when berries ripened and fish abounded, they resumed an independent existence. Women and children accounted for almost every one of these sojourns. During the hospital's first decade, seventeen destitute females between age 15 and 60 stayed a total of 1,350 days; in

---

<sup>10</sup>SHR, 1916-1925

contrast, not a single male in that age group sought shelter.<sup>11</sup>

If a wife died, the husband left his children with relatives or dropped them off at the mission and continued to support himself through hunting. Women had no such choice. In winter, especially when small animals were rare, widows could not feed their families through snaring. At those times, some turned to the sisters at Simpson. In February 1921, for example, a starving mother walked sixty miles with her three children, the youngest on her back, to get aid at the hospital. In April of the following year, three hungry women (a grandmother, mother, and adult daughter) sought help; their plight suggests they had lost the only remaining hunter in the family.<sup>12</sup>

The Simpson hospital, then, served primarily as a hospice for chronically ill and disabled Catholic patients and as a refuge for starving women and their offspring. In addition, it functioned as a residence for children waiting for transportation to the school at Providence. Men, it appears, avoided admission at all costs. Even women stayed away if their lives or that of their children were not at risk. Whether a patient was Catholic or Protestant, it took

---

<sup>11</sup>SHR, 1916-1922.

<sup>12</sup>Ibid.

time before the idea of sick-care away from home took root. Also, Indians had a fear of places where death had taken place. Hence, they disliked sleeping in the wards.

As a result of these patterns of bed use, the hospital provided few chances to draw Anglicans to the Catholic faith. What few Protestant patients did enter the doors resisted proselytization. In ten years of operation, the facility did not lead to a single defection. If any change took place, it concerned not a shift from one Christian faith to another, but a small increase in Indian willingness to utilize inpatient care.

Surprisingly, that reality did not get through to Simpson's competing missionaries. Both sides credited the hospital with far greater proselytizing powers than the facts allowed. Catholic workers vainly hoped their medical facility would garner souls; Anglicans became obsessed with the danger posed by the new institution. The sense of failure experienced by both parties not only poisoned relations between them, it triggered conflict within each mission.

On the Catholic side, problems were accentuated by an extraordinary run of bad luck. In 1916, all hospital supplies were lost when a steamer sank in the Athabasca River in northern Alberta. When four Grey Nuns arrived with the first patients, they lacked mattresses and linen. The following

spring, floodwaters inundated storage sheds at the northern Alberta transfer site between railroad and river steamers, spoiling newly ordered bedding and pharmaceutical supplies. In 1921, a storm destroyed the mission's fishing scows and nets, severely reducing the food supply. Only seven patients could be accommodated that winter.<sup>13</sup>

Staffing problems, too, plagued the new institution. Several sisters were transferred to other posts shortly after it opened, leaving but a skeleton staff. A trained nurse did not arrive until 1917. Sister Cécile Lecou, a highly competent Métis auxiliary nun, died of tuberculosis in 1921, leaving no one who matched her skill in dealing with native employees. Conflicts among the sisterly staff may have contributed to a rapid turnover of superiors: between 1916 and 1925, four different ones took the reins.<sup>14</sup>

Character clashes became the norm at the Oblate residence. A religious brother would not speak to Father Andurand for months on end. The worker who succeeded him, the first native novice in the Mackenzie District, created an

---

<sup>13</sup>Sister Girouard (Provincial Superior), "Fort Simpson Hospital," manuscript, ARCY, file: Simpson Hospital 1912-44. Gouy to Breynat, 12 May 1921, OASA, file: Gouy.

<sup>14</sup>GNAB, files: Hôpital St. Marguerite, '16-'73; Fort Simpson Hospital 1916-46, statistics etc. For details of Sister's Lecou's illness and death see Simpson Chr. 24 Oct. 1919, 23 Jan., 14 Mar., 4, 6, 25, 27 Aug., 1, 24-25, 30 Sep., 1-3, 6 Oct. 1920.

entirely different set of problems. Friendly and happy-go-lucky, he spent much time visiting local homes and soon abandoned his vows. When a second Oblate priest was added to the mission staff, he constantly corrected the first, making life miserable for his partner.<sup>15</sup>

More so than at any other northern mission, relations between Oblates and sisters fell short of the ideal. In 1921, Father Edouard Gouy lamented both the lack of enterprise on the part of the women and the extent to which he had to put male staff in the breach. Oblates hauled water, looked after chickens, and performed many other chores the nuns refused to do. Sister Noélia cared for the cows so poorly, he was forced to put brother Latreille in charge. The priest was also unhappy with the medical service. Although he had trusted the previous nurse, the present one made him uneasy.<sup>16</sup>

---

<sup>15</sup>For references to Brother Joachim, the native Oblate who left the order while a novice at Simpson, see Andurand to Breynat 12 Dec. 1913, 15 Jan, 10 Feb. 1914, AOSA, file Andurand; also Moisan to Breynat 23 Feb. 1914, 21 July 1914, AOSA, file Moisan. For Father Andurand's dislike for his Simpson posting, and requests to leave or to go on furlough, see Andurand to Breynat, 15 Jan. 1914, 10 Feb. 1915, 15 Jan. 1916, 9 Feb. 1919, OASA, file Andurand. For early conflicts between Fathers Andurand and Moisan, and the latter's "desperate" unhappiness, see Moisan to Breynat, 7 July 1913, 21 July 1914, 20 July, 3 Aug. 1915, OASA, Moisan file; also Andurand to Breynat 12 Dec. 1913, OASA, Andurand file.

<sup>16</sup>For comments about Sister Cécile's supervisory skills see Gouy to Breynat, 12 May 1921. Gouy to Breynat, 12 May 1921, OASA, file: Gouy

Each month, the father's disgust increased. "As to my neighbors," he informed Breynat, "I can't count on them, whether it concerns singing during services or for anything else. What a bunch of nothings! As I told you last summer, I do my best to stay away, and to have as little to do with them as possible." Even the cooking drew Gouy's ire. But what concerned the priest most was the nuns' openness with outsiders. The sisters' parlor "was everywhere except in the parlor." There was so much visitation the hospital resembled a fair-ground. If this was the best the Grey Nuns could do, perhaps the Bishop ought to think of asking another order, such as the Sisters of Providence, to take their place.<sup>17</sup>

At the Anglican mission, the atmosphere was equally unhappy. Time and again, the tension made the minister or his wife (and sometimes both) physically ill. Bishop Lucas's poor choice of employees contributed to the misery. Incompetent at judging character, and beset with a shortage of qualified applicants (many young men were off to fight in Europe), Lucas repeatedly hired zealous Christians eager to help "poor Indians," but incapable of dealing with the stresses of northern life. Not having completed their religious training, they hoped for ordination after a short period of work in the field. Several spent a brief and unhappy tenure at Simpson as, overly worried about losing members of their flock, they

---

<sup>17</sup>Gouy to Breynat, 4 Mar. 1922, OASA, file: Gouy.

prohibited Anglican patients from using Catholic health services.

Although confrontations over patients were infrequent, missionaries invested them with enormous significance. Each altercation followed a challenge that could not be allowed to pass; the mission's future appeared to depend on the outcome. Every incident brought to the fore a whole universe of theologic wrong-doing on the part of the opposing cleric's church. The medical conflict is described here primarily from the Protestant side, through the eyes of Anglican ministers and ailing members of their flock. The story begins as the Catholic hospital's foundations were being laid and ends a dozen years later with the arrival of the first resident government doctor.

#### **The Reverend and Mrs. Bowring: 1914-1917**

In 1914, Father Germain-Marie-Joseph Andurand, a veteran Oblate priest on the Mackenzie, faced Mr. G.W. Bowring, a young Anglican minister and a neophyte to the North. The newcomer represented the type of Protestant missionary most detested by Catholic clergy. A member of the stridently evangelical branch of the Anglican Church, he viewed religious images and decorations with suspicion and minimized the role of sacraments; for him, the Word of God alone sufficed to open a path to salvation. "The minister here," noted Andurand, "is



about as fanatic as one can get. He conforms entirely to the type one sees in the Salvation Army. The man even calls himself a captain. . . . Everyone must be born again; nothing must get in his way."<sup>18</sup>

Bowring, who had apparently taken a few months of medical training, soon got the opportunity to establish an excellent reputation as a healer. Shortly after his arrival, he cared for a child's scalded hand with soothing soaks and narcotics. Faced with a baby that appeared dead, he "worked with it" until it got back some color and spent much of the next thirty-six hours at the bedside.<sup>19</sup>

Before long, the minister's home seemed more a clinic than a manse. Numerous patients, including whites, presented with ailments. Mr. Christie, a trader, had an infected finger; Mr. Taylor, a sore leg. David Mischel, attacked by a dog, needed sutures. Others had a flu-like illness. "Hospital work as usual," wrote the busy cleric in his journal on October 9. As well as seeing patients in the "native room" of the mission, he visited the sick at home. When Emily Hope

---

<sup>18</sup>Andurand to Breynat, 15 Jan. 1915, OASA, file: Andurand.

<sup>19</sup>SJ, 2, 16 Aug. 1914.

fell ill, he went four times daily until she improved a fortnight later.<sup>20</sup>

Not all of Bowring's medical interventions went well. Although his patients were unaware of the fact, the minister repeatedly bungled problems that might have been solved by a physician. After one of the Satch girls dislocated an elbow, he could not reduce it. When Annie Edwards complained of stomach pains that radiated to a shoulder (symptomatic of serious abdominal disease), Bowring prescribed pills for rheumatism. Only after her death did he realize it had been a case of "either peritonitis or appendicitis."<sup>21</sup>

Medical care, to Bowring, could not be dissociated from spiritual ministration. Determined to see his work relate to "body and soul," he insisted on "teaching as well" when dealing with a Catholic patient. Father Andurand, who recognized the minister's superior medical skills, initially showed no qualms in referring an occasional Catholic patient to Bowring, but was soon disabused of the practice. When he sent Wawa's wife for treatment of uterine bleeding, the minister quickly stopped the hemorrhage with ergot, and then used the occasion to preach to the patient.<sup>22</sup>

---

<sup>20</sup>SJ, 2, 4, 7, 9-14 Oct.; 5-6, 9-10, 13-14, 16-17 Nov. 1914.

<sup>21</sup>SJ, 13 Oct.; 28 Sept. 1914.

<sup>22</sup>SJ, 25 Sept. 1914.

Bowring would not allow the opposition similar tactics. Indeed, he was so afraid that Father Andurand might draw parishioners away, he forbade Anglican Indians from accepting medications from the Oblate. On learning the priest had prescribed for a Protestant's heart condition, the minister threatened to refuse assistance to anyone who accepted such help; he would give no medicine where the priest was "interfering."<sup>23</sup>

The over-zealous minister failed to recognize how much these methods harmed his work. Aggressive evangelism cost him friendship and trust that might otherwise have come his way. Whites stayed away from his church. Indians utilized his medical services only as long as they thought them better than those offered by others. Without exception, the dictates of their own social bonds and loyalties overrode the conduct Bowring sought to impose.

In December 1914, when Policeman, an Anglican Indian, broke a collarbone, the minister got out of bed to help him even though he was ill at the time. Just twelve days later, the patient joined the Roman Church and was married by the priest. Bowring could not believe the "deception." Policeman, who grew up Catholic and later joined the Anglicans, was returning to a "false religion" from which he

---

<sup>23</sup>SJ, 25 Sept. 1914.

had been "saved." The minister was so upset, he questioned the trustworthiness of the entire Slavey tribe. "I wonder what these people are?" he exclaimed. Thoroughly depressed, he remained in bed an entire day.<sup>24</sup>

Not until 1916, two years after his arrival at Simpson, did Bowring score an apparent victory over Father Andurand. That spring, he accepted Atsia, a local Indian and a widower, into the Protestant faith. Although raised a Catholic, Atsia wanted to marry a young Protestant woman, whose father insisted he become an Anglican. A few months after the wedding, he threw a huge dance from which Catholics were excluded. No statement of his new allegiance could have been more explicit.<sup>25</sup>

Bowring's joy was short-lived. Soon after the party, Mr. Walter Johnson, a mechanic for the Department of Indian Affairs, and the second-in-command, abjured his Anglican faith and joined the Catholics. To the frustrated minister, who had had no success in making friends among Simpson's white community, the man's conversion must have been a hard blow.

---

<sup>24</sup>SJ, 17 Dec. 1914.

<sup>25</sup>SJ, 16 Apr., 24 May 1913. 27 Mar., 27, 30 Apr., 6 May, 23 Aug., 17 Oct. 1916.

Both of Simpson's government officials now belonged to the Roman Church.<sup>26</sup>

Given that situation, Indian Agent Harris took pains to avoid any hint of partisanship. Before making decisions about people belonging to the Anglican Church, he consulted Bowring. Nevertheless, when the matter involved sending an Anglican patient to hospital, the minister's jaundiced eye could only see Catholic deception. The conflict concerning Denyenu, an elderly Indian who lived alone in her tent, illustrates his quarrelsome approach. Disabled by age, the woman required frequent assistance and depended entirely on government handouts. As winter advanced, Harris thought it best to place her with the nuns. "This," Bowring declared, "is proselytizing by the Government with a vengeance." His objections kept Denyenu in her tent, where she soon fell "very ill." Jordan, an Anglican parishioner, took her in.<sup>27</sup>

Although Bowring felt content caring for Denyenu through daily visits, others, who spoke her language, recognized increasing confusion and thought the arrangement was not in her best interests. When Jordan transferred the patient to the nuns' care, the minister excoriated him for wishing "to get rid" of his charge. At the hospital, Bowring demanded

---

<sup>26</sup>Andurand to Breynat, 14 Dec. 1916, OASA; Moisan to Breynat, 1 Jan. 1917, OASA.

<sup>27</sup>SJ, 6 Nov., 12-16 Dec. 1916.

access "as Denyenu was a Protestant," a request the Catholic priest flatly rejected.<sup>28</sup>

Only if invited by the patient, ruled Father Andurand, could the minister enter. The hospital was private property, paid for with Catholic money. Although Ottawa subsidized patient care, that did not equate with public access. When a sister intervened, however, the Oblate agree to a "single exception" and let Bowring in. Denyenu's new home, the Anglican cleric had to admit, was "comfortably warm." Unfortunately, the woman was comatose and it was "hopeless to try to speak with her." That evening, she passed away.<sup>29</sup>

Father Andurand insisted on burying Denyenu in the Roman graveyard. As she had been baptized into the Roman faith in childhood, that sacrament ensured her membership in the One True Church for all eternity. Besides, the woman had never set foot in an Anglican chapel. Bowring, who had to admit he had only seen the deceased in her own abode, still felt certain the body belonged to him. During his many housecalls, when he gave her drugs and prayed at her side, Denyenu had led him to believe she was a Protestant.<sup>30</sup>

---

<sup>28</sup>SJ, 27, 28 Jan. 1917.

<sup>29</sup>SJ, 29 Jan. 1917.

<sup>30</sup>SJ, 30 Jan. 1917

As Denyenu was buried, Catholic church bells rang loudly for over an hour. Alone with his wife in the Anglican mission, Bowring could not escape their maddeningly victorious peal. Thoroughly defeated, he felt physically ill. His stomach became upset, and he took to bed with a "bilious" attack. "May God in his mercy," he wrote in his diary, "bring these rc's to a saving knowledge of the truth as it is in Jesus."

Within a week, Bowring's world fell apart. His slide into dejection began following conflict with John Nadiya, an Anglican Indian who frequently sought help at the mission. Time and again, Bowring had treated members of the man's family or sent a supply of medications home with the father. Whenever John was ill, the minister supplied nourishment and allowed an advance against future chores at the mission. This time, too, he gave him four beaver skins' worth of food and a two-dollar credit at the Hudson's Bay Company store. Very shortly, John returned, furious because the flour contained mouse droppings. Bowring apologized, explaining that he had opened a new sack, so had not thought to check. But Nadiya would not soften his stance and stormed out.

Bowring was not entirely surprised. The man, he reminded himself, was "very crafty and needs watching closely." Allowing him to run up a bill at the mission had only produced ill feelings. Besides, Nadiya repeatedly bested

him in matters of trade. As the cleric saw it, the Indian had already cheated him out of eight skins' worth of food. Bowring's disgust, however, was a sign of his overall sense of frustration with mission work. The enthusiasm of his early days was long gone. "The more one does for these people," he brooded, "the more disappointing they are."<sup>31</sup>

Surprisingly, it was Walter Johnson, the DIA engineer, who briefly lifted Bowring out of the gloom. For a fleeting moment, it seemed the Anglicans might gain several converts through the man's actions. Johnson had convinced Zenaïde, a young Indian hospital employee, to become his wife's maid and to move into his home. The attractive Loucheux woman, originally from Arctic Red River, had been a *grande* at the Providence convent and was thoroughly trained in kitchen and household work. Her hospital position, however, had not worked out, as she chafed under orders. Attracted by Johnson's offer, she quit, saying she "had had enough."<sup>32</sup>

When Zenaïde fell ill just then, probably with a womanly complaint, neither she nor the Johnsons felt comfortable in seeking medical help from the nuns. Instead, they approached Bowring's wife, a registered nurse. The Protestant minister,

---

<sup>31</sup>SJ, 31 Jan. 1917.

<sup>32</sup>SJ, 4 Feb. 1918. For Catholic references to Johnson's hiring of Zenaïde away from the hospital, see Andurand to Breynat, 17 Feb. 1918, OASA, file Andurand.



thrilled with their visit, used the occasion to commit his intense dislike of the nuns to the mission journal. Zenaïde, said his bitter note, had suffered greatly at their hands. When first he met her, she was "as lively as a cricket--one of the brightest women I have seen." Since then, she had begun to look weak and anemic. Her decline was "a good example of what a few months in this R.C. hospital will do."

Bowring hoped the Johnson's visit to the Anglican manse would bring them back to the Protestant fold; even better, it might help Zenaïde find the one true faith. But such was not to be the case. From a therapeutic point of view, the young woman must have been thoroughly satisfied, as her condition soon improved. Successful therapy, however, did not translate into religious allegiance. To the minister's disgust, Zenaïde and the Johnsons "clung tenaciously to the Heathen Temple."<sup>33</sup>

Worse was about to happen. Atsia, Bowring's only convert, returned to the Catholic fold. Having fallen ill, the Indian began to fear for his life. Memories of childhood comforts suddenly took on enormous importance. Longing for prayers and rituals first experienced at his mother's knees, he asked for Father Andurand. His Anglican wife, Mary, fully supported the request. As the minister entered one evening, the priest was just leaving. Inside, Bowring faced open

---

<sup>33</sup>SJ, 3 Feb. 1917.

hostility. He had provided medical care from the onset of the illness, but Atsia wanted no more. Despite a fever, he had taken none of the prescribed "tabloids." Nor had he used the mustard plaster Bowring considered essential to improvement. When the cleric tried to administer quinine, Mary intervened sharply, saying "It's no use giving him it if he don't want it."

At his next visit, Bowring found Andurand keeping vigil. Pointing out "how serious a case it was," he warned the Oblate, who had a cold, that his presence might do harm. The admonition had no effect. As Atsia was delirious by then, there was little point in trying to make him understand the error of his ways. Disillusioned by what he considered treasonous behavior, Bowring went home, where he gave vent to words that contradicted all he had taught his flock about love and compassion.

Atsia's return to Catholicism, together with other recent setbacks (Denyenu's burial by the priest; Nadiya's insolence; Zenaïde's failure to join the Protestant cause), had made Bowring aware not only how much he hated his work, but how intensely he had come to dislike Indians. "What stupid people these Slavi are!" said his evening entry in the

mission journal. "Perhaps 'pig-hearted' is the best word to use."<sup>34</sup>

To a small extent, Bowring took satisfaction from the fact that numerous Catholics continued to see him for medical care. Often, they sought his advice after the nuns had failed. One woman, dissatisfied with the hospital's management of her constipation, asked the minister for another remedy. Napoleon Laferty's wife approached the Protestant minister after the sisters declared there were nothing to be done for her husband. Such visits increased the Anglican cleric's frustration as none ever led to conversion. At the same time, they fed his contempt for the nuns' medical skills. When a Catholic woman sought treatment for her severely burned hands, he could not help but crow at the sisters' failure to gain the patient's confidence. "My!" he exclaimed sarcastically, "We have a fine hospital!"<sup>35</sup>

In public, Bowring maintained his composure. On Sundays, he still gave fervent anti-sin sermons, although he was well aware how little difference they made to the gambling that occurred immediately afterwards. He was civil to Mr. Harris when he needed the latter's help, but continued to suspect the man's every move. When the agent employed a

---

<sup>34</sup>SJ, 5 Feb. 1917.

<sup>35</sup>SJ, 20 Feb., 11 May 1917.

Protestant boy to work outside the government buildings, the minister felt certain it was but another part of the Catholic game plan: a means of keeping the boy out of Anglican day-school. Nothing escaped his dark vision. When the congregation sang well at Easter, he reminded himself how poorly they performed on other occasions. "Well might they pray," he mused sarcastically, "O Lord, open thou our lips, so that our mouths may show forth thy praise."<sup>36</sup>

Difficulties and misfortunes at the new hospital offered Bowring a small measure of *schadenfreude* during his last months in Simpson. From time to time, inpatients became disillusioned with the setting. Gleefully, Bowring recorded instances where ailing residents had left the hospital "because they got tired of conditions there." His joy, was temporary, as several returned before long. It must have been, he concluded, "the good grub that drew them."<sup>37</sup>

By May, Bowring had to deal with far more than his own crippled sense of mission. As the arrival of the first summer boat loomed nearer, his wife's strange "rheumatic" illness, evident only after she arrived at Simpson, became more and more complex. Completely paralyzed, she had to be moved from room to room seated on a chair. Her "heart," the minister

---

<sup>36</sup>SJ, 26 Mar., 23, 29 Apr. 1917.

<sup>37</sup>SJ, 11 May, 27-28 July 1917.

concluded, was "very bad." The Hudson's Bay Company manager, taking pity on the husband, brought him some brandy. Before long, the minister himself developed unusual and debilitating gastrointestinal symptoms.

On July 1, when the Anglican bishop arrived on the S.S. Mackenzie, he could see at once how illness precluded the Bowrings from spending further time in the North. Ordering the couple to pack at once, he arranged for the boat to pick them on its way southward journey. On July 10, 1917, the two invalids said goodbye to their congregation. A few weeks later, after their arrival in Edmonton, all physical symptoms disappeared, and they soon landed a parish. In time, they went home to England, where the happy Bowring became a curate at Nottingham.<sup>38</sup>

In contrast to such situational debility, the disorder that struck at the heart of the W.S. Tremain family was all too real. Assigned to Fort Norman in 1914, the Anglican's "most lonely mission," the young missionary couple had more than shown their mettle. Content in the remote post, they gave Lucas no cause for complaint. The two, he reported, "had

---

<sup>38</sup>SJ, 6, 11, 18-22, 25 May, 1, 10 July 1917. Lucas to Hester, 2 Dec. 1922. Lucas to Hester, 7 Feb. 1923, PAA 70.387 MR 200/83.

the happy faculty of looking on the bright side of things most of the time."<sup>39</sup>

In 1917, because of Bowring's sudden departure, the Tremains and their two young children were transferred to Simpson. A year later their little daughter, Winnie, became infected when diarrheal illness swept through the settlement. Two days after her second birthday, she passed away. The broken father, seeking relief from the devastating loss, cried out "God, Grace is sufficient for thee." The following month, he made a cross and placed it on her grave.<sup>40</sup>

Tremain made his final entry in the mission journal shortly after the last snow had disappeared. That day, he and his wife placed a fence around the mound containing his daughter's remains. During the previous week, they had lovingly assembled and painted the pickets. "It is intensely hard," he wrote in his journal, "to tear ourselves from the spot where she is laid, would that we might take her with us." A few hours later, the grieving couple and their little boy boarded a sternwheeler to a less painful location, far away. They could not face another year in the North.<sup>41</sup>

---

<sup>39</sup>Lucas, Annual Letters, 1916, 1917, AAT M75-1, Lucas papers, box 2.

<sup>40</sup>SJ, 26, 29 Aug, 1 Sept., n.d. Oct. 1918, July 14, 1919.

<sup>41</sup>SJ, 14, 16 July 1919.

The Reverend J. C. Blow, who next took up the Simpson post, was soon overwhelmed by multiple problems. Instead of a supportive white congregation, he faced a community united in its disdain of his endeavors. Bishop Lucas' platitudinous support to his laments did little to improve his spirits. "Let me assure you," wrote Lucas, "of my heartiest sympathy. We shall not cease to pray that God may speak to their conscience and cause them to turn to Him in penitence, seeking forgiveness and receiving power to turn to Him in penitence."<sup>42</sup>

Much of Blow's despondency related to the Catholic hospital. Its presence, he assumed, gave the Oblates an insurmountable advantage in drawing Indians to their side. Conscious of the fact that neither he nor his wife held any medical training, he felt helpless. Finding the physical presence of the hospital structure intimidating, he chided his bishop for not putting up a matching institution.

"We felt," Lucas retorted, "that the souls of the people were of greater moment than the buildings." He advised Blow to follow his own example: "We refused to dwell upon the opposition but chose rather to go on with the task set before us of leading the people to know more of God's Word." The Catholics' provision of hospital-based medical care, he

---

<sup>42</sup>Lucas to Blow, 30 Oct. 1920. AAT LP, file: Blow.

allowed, might well draw Indians away from the Protestant fold. Still, there was "no better method of effectually combating Rome" than the constant and faithful teaching of the Gospel.

The exhortations only deepened Blow's despair. Assuming the stance of a martyr, he drew further sneers. "Soured with the people," he shut himself off from others and became "morbidly introspective." Withdrawing from mission chores, he soon gave Lucas cause for calling him "one of the laziest men I have ever met." During his tenure, the Anglican school enrolled only a single child and was open a mere fourteen days in a six-month period.<sup>43</sup>

Before long, the missionary fell ill. Declining rapidly, he claimed to be a "dying man" when he took a berth on a Mackenzie steamer. On the way south, he repeatedly talked with Lucas of the advanced state of his illness, pointing out he could not possibly return for a long time. Just a few weeks in Toronto, however, restored him to the point where he sought employment in a local church.<sup>44</sup>

---

<sup>43</sup>Lucas to Archdeacon G. Warren, Anglican Synod Office, Toronto, 21 Dec. 1921.

<sup>44</sup>Lucas to Canon Gould, Toronto, 9 Dec. 1921; Lucas to Archdeacon G. Warren, Synod Office, Toronto, 14 Dec. 1921; Bishop of Algoma to Lucas, 10 Mar. and 28 Apr. 1924. All in PAA MR 200/10.



### The Reverend and Mrs. Clarke: 1922-1926

For two years, Fort Simpson did without a Protestant clergyman from the South. A native catechist held prayer meetings and Bible readings but appears to have had no role in handing out medications. Then, in 1922, a very capable couple, the Reverend and Mrs. Franklin Clarke took up residence at the Anglican manse, and quickly made affable connections with the Catholic mission. The two rarely, and never for long, allowed religious conflict to interfere with their warm approach. Avoiding argument, they formed bonds through simple gestures and kind words. Father Edouard Gouy, from whom they borrowed a post-hole digger, soon came to like them. To demonstrate his faith in the hospital nurse (who was also the sister superior), Clarke allowed her to pull his aching tooth. Mrs. Clarke came along to make friends with the nuns. In short, the gregarious duo worked hard at making others feel admired and respected.<sup>45</sup>

In contrast to previous mission couples, the Clarkes incorporated Catholic treatment services into their own ministry. Rather than prohibit care by the nuns, they became brokers. Openly acknowledging that the sisters worked wonders, they facilitated access while retaining control over spiritual succor. In 1923, when David Kirkby would not

---

<sup>45</sup>SJ, 7 Nov. 1922.

respond to simple remedies, the Protestant couple walked to the Catholic mission to request the nurse's attendance. Within hours, the man's suffering lessened. The following year, when Annie McPherson took to bed, the nurse visited each morning; afterwards, the Clarkes offered comfort and prayer. The patient soon felt better.<sup>46</sup>

Only rarely did an Anglican patient seek admission to hospital without the Clarkes' knowledge. In large part, that merely reflected the fact that Indians of both Christian faiths still avoided inpatient care. Men in particular refused to enter the wards. Even as they invited white missionaries to assist with drugs and prayers, families preferred to take care of the sick and dying themselves. Kept in the tent, the patients were constantly surrounded by loved ones.

The conduct of John Bedsitya, faced with the demise of a tuberculous twenty-year-old son early in 1923, illustrates the point. As far back as the days when Archdeacon Lucas lived at Simpson, John had received gifts of food and drugs for his family. "Prayers and a long talk" usually followed. Time and again, he had obtained medical assistance from the Protestant mission for himself and members of his family. In 1916, the

---

<sup>46</sup>SJ, 24 Jan., 27 May 1923.

Reverend Bowring had spent days at John's bedside and seen him through a difficult illness.<sup>47</sup>

Even after the Catholic hospital opened, the family never approached the nuns for help. At some point in the early 1920s, when John's wife breathed her last, she did so in her own tent. When his son Jimmy became seriously ill in the woods, Bedsitya put him to bed and traveled to the Anglican mission for medications. Only when they failed to do any good did he bring the young man to Simpson, where Clarke offered comforting words and bedside prayer. The cleric, himself unwell, could barely walk and was soon confined to bed.

For more than a month, as Jimmy suffered, Mrs. Clarke paid regular visits to the family tent, "talking and praying with him." On August 27, she was present at his death. The young man, she assured her husband, had died "with a firm faith in Christ and a good hope." Bedsitya's grief was intense, as was that of the deceased's many friends. God, hoped the minister, would allow the loss to lead them "closer to Himself." Carried to the graveside on a stretcher, Clarke performed the funeral service in front of a "huge crowd."<sup>48</sup>

The Clarkes worked out an agreement with the hospital whereby they dispensed all medications for Protestants, and

---

<sup>47</sup>SJ, 15 Apr. 1913, 11 Oct. 1915, 22-23 July 1916.

<sup>48</sup>SJ, 24 Mar., 19, 29 July, 5, 27-28 Aug. 1923.

the sister confined herself to Catholic patients. The arrangement allowed each mission to feel it had control over the care of its followers, even as it increased contacts between staff on the two sides. Whenever supplies ran low, the Clarkes replenished them from Catholic stocks. At times, they even questioned the nurse about the most appropriate remedy. When little Sam Hope developed a skin ailment, the minister described the lesions in detail so she could provide them with the correct salve. Such friendly cooperation led to unprecedented social relations between Catholic and Anglican personnel. From time to time, after making their sick-calls at the hospital, the Clarkes paid a visit to Father Gouy. On other occasions, nuns came to the parsonage for tea.<sup>49</sup>

Before long, medical care of the Clarkes themselves became part of the nuns' visits to the Anglican manse. When the minister suffered with sciatica, intense pain radiating down one buttock and into the leg, the nurse took full charge of the case. Mrs. Clarke, who ran the Anglican mission during her husband's illness (holding services, visiting homes, and keeping the journal), found her "very kind." The sister, she wrote as the reverend improved, is "doing all she possibly can."<sup>50</sup>

---

<sup>49</sup>SJ, 7, 27 May, 17 Oct., 22, 29 Nov. 1923.

<sup>50</sup>SJ, 1, 12 July 1923.

The next year, Mrs. Clarke herself became indisposed. The nurse at once recognized that exhaustion and depression accounted for the medical symptoms. Her diagnosis said a great deal about her understanding of the clerical wife's role in a mission, and of the constant demands on the woman's time. Equal sympathy came from the Catholic priest. Father Gouy, hearing of his Anglican friend's illness, came by to offer his wishes for a rapid recovery. Soon, however, denominational battles strained those heartwarming connections.<sup>51</sup>

In quick succession, Clarke had to deal with two hurtful episodes. Friendship, he realized, had not diminished Catholic zeal for converting Anglican Indians. As well, the conflicts brought home how readily parishioners changed sides without any concern for his feelings. In both cases, Indians embraced Catholic forms of worship just days after close interaction with the minister.

The first incident involved Nadiya, the Indian who had so angered the Reverend Bowring in 1916. Following his longstanding pattern, the man had nurtured close ties with the Reverend Clarke. As always, requests for drugs and material assistance occasioned many of his visits to the Anglican manse. When, in 1924, Nadiya developed a severe throat inflammation, he and his wife came to Simpson. Clarke brought

---

<sup>51</sup>SJ, 4-7 Jan. 1924.

food and assumed medical care but, sensing the problem beyond his skills, sent for the nurse. Diagnosing "possible diphtheria," she warned the cleric to disinfect his clothes.<sup>52</sup>

A week later, failing to improve, Nadiya was moved to a private room at the hospital. The next day, when Clarke came to the bedside, he found both patient and wife "sullen and silent." The latter, concerned by the minister's opening of a Bible, revealed that the nurse had prohibited Protestant devotions, and silently indicated she was nearby, listening to ensure the patient obeyed. Thoroughly angered, Clarke confronted the sister.<sup>53</sup>

With surprise, the minister learned that Nadiya had played the major part in excluding him from the bedside. Eager to partake in Roman rites, he had asked for a rosary to pray for recovery. With little if any coaching, he had suddenly realized that he had never really been an Anglican. Baptized, reared, and confirmed in the Catholic faith, he had joined the opposition as a young man in order to marry Ellen, a Protestant. Now, Clarke surmised, "The fear of death made him turn back to the beggarly elements of superstition."<sup>54</sup>

---

<sup>52</sup>SJ, 18 Jan. 1924. In 1923, Nadiya had received a supply of drugs during three brief stops at the mission. See SJ, 7, 24 Jan., 6 Nov. 1923.

<sup>53</sup>SJ, 24, 26, 28 Jan. 1924.

<sup>54</sup>SJ, 28 Jan. 1924.

The minister prayed "earnestly" that God keep the rest of the family from falling into the trap. But even that hope was not met. As was customary when illness brought a household from afar, the nuns provided shelter to Nadiya's wife and offspring. The young daughter soon started attending Catholic day school. Clarke urged the mother to switch the youngster to classes at the Anglican mission. Ellen, however, would do no more than hint she might comply once her husband left hospital.<sup>55</sup>

Meanwhile, Nadiya benefited from the sisters' care. After a three-week stay, he was discharged in the best of health. Shortly after, he visited the Protestant mission to insist he was still an Anglican; he had "thrown away the beads." When Clarke, who remained upset, demanded to know why he had requested them in the first place, the embarrassed Indian could not answer.<sup>56</sup>

Catholic mission staff did not give up on Nadiya so easily. A priest visited his tent in the hopes of keeping him on the path of conversion started at the bedside. As the now-healed patient proudly informed the Clarkes later, he told the father that "the Protestant church was alright." The Anglican minister, nevertheless, delivered a stern lecture. To the

---

<sup>55</sup>SJ, 7 Feb. 1924.

<sup>56</sup>SJ, 14 Feb. 1924.

evangelical cleric, for whom the Word of God and simple prayer provided the only significant links with Heaven, the fingering of rosary beads and the formulaic supplications that came with it symbolized the worst of Catholic error. Engaging in that ungodly activity, he explained, was very wrong. Such faith in the efficacy of physical objects made Nadiya no better than the sinner of whom Jesus said "He that denyeth me." The Indian promised never to do it again. God help him, invoked the minister silently, to "stand fast in the faith."<sup>57</sup>

And so John Nadiya and his wife resumed their long-standing pattern of depending on the Anglican mission for some of their supplies. The following year, Ellen "called for a calendar and knitting needles." While the family was in town, Lucy attended the Anglican school. In July, when Nadiya was again in the region, he took time to attend a church service and stayed just long enough to pick up some medications.

Nadiya's near-conversion had resulted in a measure of defeat for both Oblate and Protestant missionaries. Despite the Catholics' high hopes, he had not joined them. Although he remained an Anglican, he had made little distinction between the two Christian faiths. Given the right social and economic circumstances, his conduct implied, he would switch sides without hesitation. Bedsitya, whose son Jimmy the

---

<sup>57</sup>SJ, 18 Feb. 1924.



Clarkes had cared for the previous year, made a similar point and far more clearly.

That summer, Clarke took time to paint Jimmy's name on the cross marking his final resting place. Bedsitya, immensely grateful, later returned with friends to put a picket fence around the remains, as was then the custom. Walking from the village to the burial site, they made a small, solemn procession. Clarke, at their request, delivered a graveside prayer.<sup>58</sup>

Unknown to the minister, Bedsitya was even then preparing to leave the Anglican church. Within a fortnight, in front of an ecstatic Catholic congregation, he abjured his Protestant faith. Father Gouy baptized him at once. The sister superior, writing in the convent diary later that day, expressed both her "sympathy" for Clarke and her thankfulness to heaven for this victory. The following morning, Bedsitya married a local widow, a fervent believer who had long refused his advances because he was not of her faith. Now that the assistant Indian chief embraced the proper religion, wrote a nun, his "first reward" had not kept him waiting. Very quickly, the newlyweds left for a remote camp. Clark did not hear of the conversion until after several days.<sup>59</sup>

---

<sup>58</sup>SJ, 1 Aug. 1924.

<sup>59</sup>Simps. Chr., 12, 13 Aug. 1924. SJ, 15 Aug. 1924

A month later, the saddened cleric unexpectedly encountered Bedsitya on a trail outside Simpson. Through an interpreter, he urged the errant Indian to return to the fold. Bedsitya, he suggested, should let his wife attend church wherever she wanted, but should himself continue to frequent the Anglican mission. The happy newlywed, however, would have none of it, insisting he "would go with his wife."<sup>60</sup>

Hurt as the Clarkes were by the Nadiya and Bedsitya episodes, their longlasting relationship with the nuns suffered little. At first, the minister's ruffled feathers showed. When an Anglican Indian was admitted to hospital, he "had a serious talk" with the nurse about her "interfering with the religion of our people." She assured him she had never done so. While the minister remained skeptical about the actions of other nuns, he appears to have taken her word.

Mrs. Clarke, as always, helped salve bruised feelings. Continuining to make rounds at the hospital, she made a point of chatting with the staff. If anything, bonds between herself and the nuns became stronger. By sharing small, meaningful items that cheered up their lives, they made it easier to get through the endless wait for warmer weather. In March, the sister superior stopped at the Anglican manse to pick up some plant slips to grow in her indoor garden.

---

<sup>60</sup>SJ, 15 Sept. 1924.

As before, the nuns still helped the Clarkes in caring for sick and dying Anglicans in their own homes. Indeed, even when a medical problem created embarrassment for the Protestant community, the minister showed no hesitation in asking for assistance. When Lucy Andrew, a student at the Anglican day school, delivered a baby (no one had even suspected she was pregnant), the minister called in the sister superior at once. Under her expert care at the hospital, the young mother and her undersized baby survived.<sup>61</sup>

The sister's cooperation in dealing with Lucy may have had something to do with her own recognition of the strength of physical drives. She had worked in the Mackenzie Basin since 1908, spending seven faithful years each at Resolution and Providence. Only now had she become restless. Indeed, unknown to those around her, she had fallen in love with one of the local police officers. Later that year, they both left their posts and moved, unmarried, into a home of their own on the Phantasque River.<sup>62</sup>

---

<sup>61</sup>SJ, 22 June, 8 July 1924.

<sup>62</sup>Data about Sr. St. Albine's career from S. Lesage O.M.I., Sacred Heart Mission, 1858-1958 (Simpson: privately printed, 1958), 110, and from the following GNAE files: i) Hôpital St. Marguerite, '16-'73, ii) Resolution, NWT Personnel et Oeuvres, Doc. 1, Hôp. & Ecole St. Joseph, F. Résolution, iii) Providence Historique, "Soeurs qui ont missionné à Fort Providence depuis la Fondation" and iv) Fort Simpson Hospital 1916-46, statistics etc.

Sister Saint Vincent de Paul, the new superior, continued the affable medical arrangement worked out between her predecessor and the Anglican mission couple. As visits from government-employed medical officers increased in frequency, both sides made adjustments to ensure the maximum benefit to their flocks. In September 1924, for example, Dr. Clermont Bourget, the new Indian Affairs agent from Resolution, paid a visit. Born in Québec, and raised in a devoutly Catholic family, the doctor felt most comfortable when staying with the fathers and working at the hospital. Still, when Clarke's older patients expressed an interest in seeing the physician, he readily held a clinic at the Anglican mission.<sup>63</sup>

No event, however, could have been more symbolic of the cooperative approach to medical care than Mrs. Clarke's own admission to the sisters' care. In 1925, the nurse found her weak and in need of rest. When home care failed to bring improvement, the patient was carried to hospital. Tucked into bed, she received "every care and attention" while outside visitors (the husband excepted) were banned from her side. Gradually, she rallied. After her discharge, the grateful Reverend Clarke visited Father Gouy to pay the bill.<sup>64</sup>

---

<sup>63</sup>SJ, 14 Sept. 1924.

<sup>64</sup>SJ, 28-30 Mar., 2-3, 5, 8, 9 Apr. 1925.

The next year, Dr. Truesdell, a government employee, moved to Simpson. Although a Protestant, he worked primarily at the Catholic mission. For the first time in a decade, the hospital offered a full range of services, including surgery and outpatient clinics. Medical care, affirmed the expert's presence, would be available to all, regardless of religious affiliation. He soon became the best of friends with the Clarkes.<sup>65</sup>

Ready access to theologically neutral medical aid was something new for Simpson's whites but, in a sense, it represented no change for many Indians. All along, they had sought assistance from mission personnel on both sides of the religious divide, basing their actions on practical, rather than religious considerations. When consulting Christian care-givers, they had chosen the side more likely to bring maximum gains.

For over a decade, Christian competition in matters of healing had allowed patients to play missionaries against each other. Although the arrival of a doctor bound to neither church removed that advantage, it is unlikely that this new twist diminished Indians' formidable skill at taking from white society what most suited their needs. As the Simpson

---

<sup>65</sup>SJ, 14 Nov. 1926. On that day, Truesdell visited the Clarkes for tea.

stories make abundantly clear, the Mackenzie's native people rarely let outsiders of any stripe control their fate.

## CHAPTER 7

### **"OUR GIRLS HAVE LEFT US FOR THE BETTER LAND": THE RELATIONSHIP OF MISSION POLICY TO TUBERCULOUS DEATHS, HAY RIVER ANGLICAN BOARDING SCHOOL, 1924-25**

In 1924, tuberculosis claimed the lives of almost a quarter of the sixty-seven pupils at the Hay River Anglican mission school. Why so many deaths occurred that year, in contrast to very few in previous and subsequent ones, is the subject of this chapter. The story is well worth telling, as it demonstrates the close influence of nutrition and living conditions on student mortality. The epidemic also reveals the extremely fragile state of Anglican endeavors in the Mackenzie, and how decreased southern support for missions worsened that situation.

A recent overview of narrative ethnographies suggested that local events are best examined in the context of larger worlds. The Hay River tragedy would be incomprehensible without such treatment. At many steps along the way, different decisions by distant actors might have prevented the epidemic from happening. Contingency, as symbolic interactionists would say, played a major role. Indian parents, eager to have their children receive an education,

sent them a thousand miles south to Hay River despite concerns about health conditions. The native deacon who encouraged them to do so wanted to stay in his bishop's good books (he enjoyed not only special status, but a salary and rations). Heightened Protestant-Catholic competition in the Mackenzie Delta made the Anglican prelate remove as many youngsters as possible from exposure to the Roman faith; that year, he admitted more students than ever before.<sup>1</sup>

Church bureaucrats, obsessed with efficiency at a time when financial support for missions was waning, sharply cut Hay River's budget. Happenstance made matters worse. That winter, the weather was especially severe. The school's aging foundations began to shift, opening cracks that let in the cold. The fish harvest failed. A plague of mice destroyed stores. In short, nature and human error conspired to give a microscopic pathogen the upper hand, thereby sealing the fate of many youngsters.

---

<sup>1</sup>George E. Marcus and Michael M. J. Fischer, Anthropology as Cultural Critique: An Experimental Moment in the Human Sciences (Chicago: University of Chicago Press, 1986), 40; see also 39, 78, and especially the section "Historicizing the Ethnographic Present," 95-108. According to those authors, the best example of the combined "local and larger world" approach to narrative history is Marshall Sahlins, Historical Metaphors and Mythical Realities: Structure in the Early History of the Sandwich Islands Kingdom (Ann Arbor: University of Michigan Press, 1981). For symbolic interactionist perspectives see Symbolic Interaction and Cultural Studies, ed. Howard S. Becker and Michal M. Michal (Chicago: University of Chicago Press, 1990).



The children's deaths point up an anomaly in the North's medical history. Previous chapters demonstrated how the Mackenzie's original peoples almost invariably handled the presence of missionaries to their own best advantage. Seldom did they allow white clerics to dictate conduct or to get the best of them. Indeed, the more one examines mission records, the less do "victim" depictions of Indians or Eskimos appear correct. Yet, as the Hay River archives show so well, some whites' definition of adequate medical care for Indians differed entirely from what they demanded for themselves and their families.

Senior clerics' view of the relative importance of medical care and heavenly aid changed with patients' ethnicity. At the very time schoolchildren lay dying without a doctor's ministrations, the Anglican bishop's tuberculous son was receiving the very best of medical and sanatorium care in the South. Prayer served to ask God's blessing on complex therapy. In the case of Indian children, however, appeals to heaven provided the only resort. Indeed, senior church officials chided the Hay River staff for not praying enough; if they would only increase the fervor of their supplications, the epidemic would come to an end.

That whites could rationalize the difference in treatment had less to do with deliberate misrepresentation than with the mind's ability to hold what some call "multiple

realities." On the one hand, the bishop blamed his own church for the children's deaths; on the other, he readily accepted a doctor's opinion that food and care at Hay River had been "of the very best." From that perspective, nothing could have been done to avoid the disaster; the tubercle bacillus alone was responsible. In fact, however, the 1924 calamity followed from a long history of interdenominational competition and of problems inside the Anglican Church.<sup>2</sup>

**"Executive efficiency at war with spirituality":  
Shrinking Budgets, Headquarters Arrogance, and the  
Health of Children**

By the late nineteenth century, as we saw earlier, most of the Mackenzie District's Indians had joined the Catholic church. The Anglican mission at Hay River had become a Protestant island in an immense sea of Catholic believers. It survived only because of its boarding school, founded in 1901. Most pupils came from Fort McPherson, at the northern extremity of the Mackenzie Valley, where the Loucheux had almost uniformly embraced the Anglican faith in the 1860s. Indeed, they made Oblate priests so unwelcome as to force their departure. Ever since, Catholic missionaries had hoped to return to the region. In the early 1920s, their efforts

---

<sup>2</sup>See Stanley Jeyaraja Tambiah's outstanding overview, "Multiple Orderings of Reality: The Debate Initiated by Lévy-Bruhl," chapter 5 in Magic, Science, Religion, and the Scope of Rationality (Cambridge: Cambridge University Press, 1990), 84-110.

began in earnest. Anglican response to that initiative contributed significantly to the Hay River epidemic.

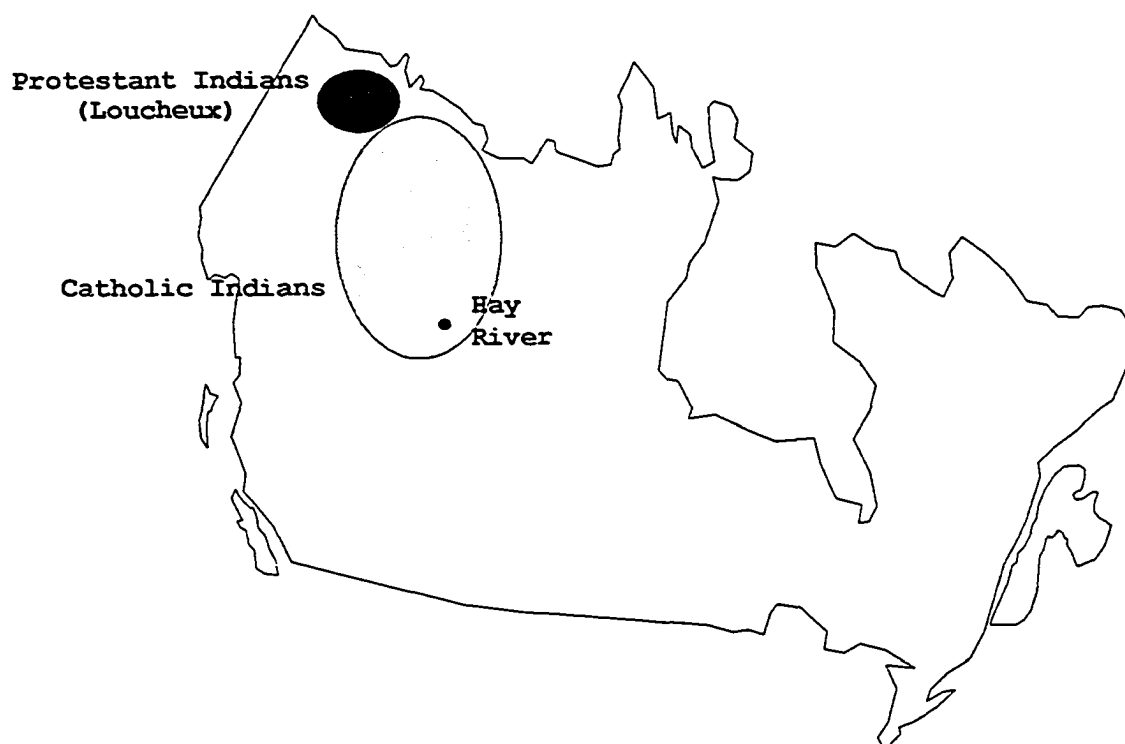


Fig. 5. Hay River: Anglican island in a sea of Catholics.

Declining support for missions heightened Anglican anxiety. After the carnage of World War I, donations decreased dramatically. In 1910, the Archbishop of Canterbury still claimed a "central place" for overseas evangelization in the life of the Church. Within a decade, it had slid well away from that position. Yet Catholic enthusiasm for gaining converts rose to fever pitch in those very years. In the Territories, as in other locations around the world,

demoralized Protestants felt the pressure of well-disciplined Catholic missionaries on the move.<sup>3</sup>

A second major cause of the Hay River deaths was conflict within the Anglican church. It had long been the policy of its London-based Church Missionary Society (CMS) to have "seed money" take missions to the point where they could support their own monetary needs. But the planting had failed in Canada. Impoverished Indians lacked the means to create capital. Reacting to a lack of support from Euro-Canadians, British CMS officers began to resent the drain on their finances. In 1902, shortly after the founding of the Missionary Society of the Canadian Church of England (MSCC), they announced they would phase out all involvement.<sup>4</sup>

The CMS decision caused great consternation among Canadian Anglicans. Until then, they had sponsored only a small center in Japan and an Indian boarding school in Ontario. The takeover of other domestic missions, it seemed, would absorb all projected revenue. Numerous critics began to voice doubts about the efficacy of Indian evangelization. They questioned conversion figures and belittled the Christianizing role of education. Their campaign for

---

<sup>3</sup>David L. Edwards, Christian England (London: Fount Paperbacks, 1989), 314-9.

<sup>4</sup>John Webster Grant, Moon of Wintertime, Missionaries and the Indians of Canada in Encounter since 1534 (Toronto: University of Toronto Press, 1984), 192-197.

secularization of Indian mission schools almost succeeded. Government officials, however, realized such action would offend Catholics. Instead of taking over, Ottawa increased per-diem subsidies.

After World War I, just as Indian missions used up the last CMS funds, church donations shrank dramatically. Anglican officials opposed to costly Indian work again gained control. At MSCC headquarters in Toronto, administrators showed intense hostility toward missionaries. By 1922, the Rev. Charles E. Whittaker, now retired from his McPherson post, was so offended by their approach that he complained to Canada's Anglican Primate. He was well acquainted with the exhaustion and disappointment experienced by field workers--and with the need for gentle support and guidance from those in charge. Yet the Toronto staff lacked empathy. Coolness, he noted, marked all relations. Pity was, such had not been the case when English agencies directed Canada's missions.<sup>5</sup>

At CMS headquarters in London, Whittaker recalled, field workers encountered cordiality and interest. The contrast with Toronto's MSCC was painful. There, no one had time to "waste" on visitors. Attitudes had become "more and more distressing." Seasoned missionaries, as a result, held a low opinion of MSCC director Canon Sydney Gould. The picture

---

<sup>5</sup>C. E. Whittaker to The Primate, 5 Sept. 1922, Public Archives of Alberta (hereafter PAA) 70/387, MR 200/160.

Whittaker painted of him was not pretty: "a statesman of rare ability . . . a whale on facts and figures, but utterly unfit to deal with the human equation . . . masterly in setting forth a situation . . . great powers of presentation and oratory, well-nigh a god on a platform, well-nigh a beast off it, temperamentally unfit to meet those who engage in or aspire to Christian work."<sup>6</sup>

Gould's only concern with field employees was "as a source of information to be set forth in reports." It seemed incredible to Whittaker that men charged with overseeing the spreading of the Gospel could lack such "very essential graces" as goodwill and cordiality. No commercial firm would treat its travelers with the scant interest MSCC showed its servants. But the Anglican primate, informed of these troubling facts, took no action.

In 1922, MSCC assumed full control of all mission schools. An Indian and Eskimo Commission (IEC), in reality a closely managed MSCC committee, replaced local diocesan management. Bishop J.R. Lucas of the Diocese of the Mackenzie found it impossible to block the centralization movement. Reluctantly, on September 18, he signed the transfer agreement

---

<sup>6</sup>Ibid. For a tortuous attempt to present Gould's better side rather than the unpleasant aspects of his personality, see Right. Rev. C. A. Seager, "Sydney Gould," chapter 6 in Leaders of the Canadian Church, Third Series, ed. Canon William Bertal Heeney (Toronto: Ryerson Press, 1943), 87-116.

for his Hay River institution. Management of the school passed into the remote hands of bureaucrats without northern experience.<sup>7</sup>

The bishop's role would now be confined to monitoring the spiritual well-being of employees and students. Yet Lucas had a continuing interest in seeing the school prosper. If Commission policies created unpleasant conditions, Fort McPherson's Anglican Indians might withdraw their children. Worse, offended Loucheux parents might send their offspring to Oblate classrooms located closer to home. And that would give the Catholics a chance to make inroads on the only Anglican Indian community in the Far North.

A smooth relationship between the diocese and IEC seemed most unlikely. The management style of the IEC Field Secretary, Dr. T.B.R. Westgate, a theologian, entirely mimicked that at MSCC headquarters. "Executive efficiency," Whittaker noted, was "at war with sympathy and spirituality." If Westgate remembered he was a servant at all, it was only in the sense of Eliazer, "who was steward of his master's and

---

<sup>7</sup>Agreement between MSCC and Bishop J. R. Lucas, 18 Sept. 1922, Anglican of the Church of England in Canada, Toronto (hereafter ACEC), GS 75-03, Series 3-2, Box 52, file MSCC correspondence.

lord over all his master's servants." In his management of the Hay River school, the pattern held true.<sup>8</sup>

Hay River costs, IEC missives soon complained, exceeded those of similar-sized southern institutions. Westgate, determined to lower school expenditures, took the first summer boat northward to make a personal tour of inspection. Traveling with him was the Reverend D. A. B. Stoddart, an untried young man, who would replace principal A.J. Vale during the latter's long-earned twelve-month furlough. His inexperience, coupled with eagerness to follow Westgate's instructions, shut his eyes to essential needs.<sup>9</sup>

Unacquainted with the North's extremes, oblivious to the need to prepare at least two seasons ahead, Stoddart soon exhausted the fuel laid up by his predecessor. Considering the dwindling woodpile "more than enough," he failed to lay in a new supply. Careless about necessities beyond those of his own brief tenure, he neglected to order adequate food, clothing, and medication for the following year. In spring, he would not take on extra help to get the gardens in shape for planting. In letters to MSCC headquarters early in 1924, he painted a rosy picture of Hay River's state. Westgate,

---

<sup>8</sup>Whittaker to Lucas, 5 Jan. 1924, PAA 70/387, MR 200/160.

<sup>9</sup>Lucas to A. J. Vale, 19 Nov. 1924, ACEC, Lucas Papers (hereafter LP), box 4, Vale file. Westgate to DIA, 9 June 1925, VP.



delighted his own perception of lower needs had proved so accurate, cut the staff of four male laborers in half.

When, in June 1924, twelve-year-old Perry Siberian died of tuberculosis, it seemed but an isolated case of student illness. But to the mission's veteran staffers, the loss proved a major blow. Perry, an Eskimo boy from Herschel Island, had been with them since infancy. Bishop Lucas recalled how his boundless cheer and intelligence had won everyone's affection. "We can only feel," he intoned, "that we were able to lead him to the knowledge of the Children's Saviour and to thank God for this great privilege."

With obvious relief, Lucas accepted Stoddart's word that the illness had not affected others. Principal Vale, however, returning to the mission in July 1924, recognized at once the children's sallow, undernourished complexion. Moreover, he realized matters were about to get worse. Not only were supplies for the coming winter hopelessly inadequate; he lacked the manpower to make up the deficit. Had he known what he would face, he later admitted, he would never have returned to Hay River.<sup>10</sup>

That fall the number of students rose well above that of previous years. Bishop Lucas and the MSCC had sought enrollment of the largest possible number of youngsters. For

---

<sup>10</sup>Lucas to Stoddart, 24 June 1924, ACEC, LP, box 3, mc.

one thing, the short-staffed mission needed older pupils to help with manual chores. For another, new financial arrangements enhanced total government subsidies, even when total registration exceeded fifty. Increased enrollment also addressed a suddenly pressing issue: it would keep to a minimum the number of children who might be exposed to Catholic overtures. Oblate missionaries had increased their forays to the Mackenzie Delta. That very summer, at an Aklavik gathering of natives, a priest spoke of his church's intention to build a school and hospital, close to Eskimo and Loucheux communities. Lucas, who happened to be in the audience, fumed at the cleric's references to the "good sisters" and their two "brilliant" boarding schools further south.<sup>11</sup>

Lucas worked hard to keep every available youngster out of the hands of the advancing Catholics. For many years, a system of "contract education" had served him well. Children were given a free education, but they had to stay at Hay River for five years. If parents demanded their offspring's return prior to completion of the agreed term, they had to pay for the thousand-mile steamboat trip home. Few Loucheux could afford that expense.

---

<sup>11</sup>Lucas to Crissall, n.d., ACEC, LP, box 2, Crissall file.

The bishop was highly conscious of the fact that a half-dozen McPherson students had come to the end of their schooling. Hay River staff would soon put them on the second summer steamer for the trip home. They would be lost to the institution at the very time it could ill afford to lower enlistment. Speaking excellent English, these returning students were the very candidates the newly established Catholics at Aklavik might hire as interpreters or hospital employees.

To add to the bishop's worries, a number of McPherson parents demanded the return of students who had not completed their contract. Perhaps they had heard of Perry Siberian's death. Edward Sittichinli, the area's Indian deacon, asked for his daughter. Albert Koe asked for his boy Paul. The Edwards requested Julian and Elsie. The MacDonalds wanted their two children, as did another young couple. If Lucas concurred, the impact on Hay River would be great indeed.

Fortuitously, a solution came to hand. Northern mineral riches were attracting large numbers of speculators and government officials; the next northward-bound boat, as a result, would have no room for children. Informed of the problem by the shipping company, Lucas dispatched a quick letter to principal Vale at Hay River. "I would ask you," he wrote, "not to mention the matter [of their going home] to the children as in some cases I hope to persuade the parents to

leave them at the school until their term is up." The plan worked.<sup>12</sup>

Several Indian leaders provided the bishop with an important tool for controlling the native community. Their position as translators and catechists accorded them a small income, a regular supply of food, and special status in the community. It was no wonder, therefore, that Lucas worked hard on the most senior, deacon Sittichinli, as he tried to stem the loss of students. The native church official, whose position depended on the approbation of his bishop, agreed to leave his daughter at Hay River another year. With that painful concession as example, others soon capitulated.

Lucas next turned his attention to finding new students. So scant were the pickings, he was forced to accept Violet Squirrel, a girl he had rejected in the past. Often, her parents' adherence to the Anglican faith had been less than satisfactory. And since education was something most McPherson Indians had come to think desirable, refusing a child for schooling had provided the bishop a means of showing his displeasure. But the threat of Catholic incursion now forced a change in tactics. Only recently, a visiting priest

---

<sup>12</sup>Lucas to Stoddart, 24 June 1924, ACEC, LP, box 3, mc.

had urged the Squirrels to send Violet to the nuns at Providence.<sup>13</sup>

At Fort Simpson, Lucas persuaded the father of Stanley Teneba to let the teenager go south again--even though the boy had previously put in a five-year stint at the school. The bishop knew that Stanley was ill, with swollen, openly draining tuberculous neck glands clearly visible above his collar. But as Lucas saw it, the school environment provided a therapeutic setting: the regimented life, with its regular meals and designated periods of work and rest, provided a vast improvement over the nomadic, clockless existence of the Indians. He used that argument when he fought for the right to take another teenager, Rose Gaudet. The girl was "not very strong," a euphemism then commonly used for consumption. "Regular living and care," Lucas hoped, would bring healing.<sup>14</sup>

From Simpson, Principal Vale recruited Lucy Andrew. She was of an age where she ought still to have been in class. But, the previous year, she had "confided her trust and honour in a native who was unworthy." She was now the mother of a three-month-old child, and her parents had turned her out of home. Lucy, Vale advised southern mission sponsors, "aids in

---

<sup>13</sup>Lucas to Stoddart, 15 Aug. 1924, ACEC, LP, box 3, mc.

<sup>14</sup>Ibid.

the kitchen work and has her babe with her." Apart from her room and board, she would receive no pay.<sup>15</sup>

In Toronto, Lucas tried to make MSCC understand the subarctic conditions at his institution and the dire consequences of inadequate preparation for winter. For a while, it seemed he would obtain more support. Clergy in the field, however, soon recognized the Commission's stalling tactics. "But my," wrote the Reverend Franklin Clarke from Fort Simpson, "aren't they slow." Clarke worried about the ability of Hay River's adults to cope during the winter. He knew the school was "woefully short-staffed even for the ordinary run of work." He and his wife would "hope and pray that none of the members of the staff break down under the strain."

But the breakdowns, mental and physical, had already begun. Miss H. Sowden, the boys' supervisor, became ill in September. A visiting physician diagnosed appendicitis, then a popular diagnosis, and sent her south. The loss to the mission was enormous. Sowden had been a hard worker, a pleasant companion, and a compassionate teacher. Since her arrival at the mission, Principal Vale had noticed "a decided

---

<sup>15</sup>Vale to Miss Leon, 19 Sept. 1924, ACEC, Vale Papers (hereafter VP), box 5.

improvement in the demeanor of the boys." Both staff and students lost a friend.<sup>16</sup>

The children, who had not been fed properly for some time, looked haggard. On chilly days, they may have felt the cold more than in previous years; Stoddart had not sent in the necessary requisitions for shoes and boots. By early November, Eunice Mitchell lay ill, and soon parted this world. Within a few weeks, Bella Snowshoe seemed "doomed with Meningitis T.B." Through much of December, the child continued to sink. The stress "told heavily" on Mrs. Vale, who nursed the patient through each night. Already, she had lost the renewed enthusiasm so recently gained through her furlough.<sup>17</sup>

In letters to school supporters in the South, Vale tried to put the best possible Christian glow on a sorry picture. Still, the muddled, repetitive wording reflected his despair. "Two of our girls," he wrote on December 29, "have left us for the better land. It is very sad for us to see these little ones drop and fade away. They are better off we trust in the care of the Saviour in whom we believe they trusted but we are

---

<sup>16</sup>Lucas to Vale, n.d., ACEC, LP, box 4, Vale file; Clarke to Lucas 19 Nov. 1924, ACEC, LP, box 2, Clarke file; Vale to Slater, 18 Sept. 1924, ACEC, VP.

<sup>17</sup>Vale to Halsom, 18 Sept. 1924; Vale to Lucas, 12 and 24 Dec. 1924, ACEC, VP.

left to miss them and have the sad duty of writing this sad news to their loved ones 1000 miles away."<sup>18</sup>

Hanna Sittichinli, the daughter of McPherson's native deacon, also fell ill. Initially, the symptoms suggested a mere "bronchitis," but a doctor later explained that it had "stirred up a dormant T.B. condition which in active form took her off." The death profoundly affected Mrs. Vale. Exhausted by two months of continuous nursing, she suffered a "complete collapse." Vale himself slipped further into despondency. He had worked at Hay River for over a decade, but never under such conditions. Frustration with MSCC policies had affected his health. He had had enough, and would gladly resign. The poor conditions were "the first and shall be the last." He would not provide another season of underfunded stewardship.<sup>19</sup>

It was all very well, Vale chided, for the Commission to claim it lacked finances. The fact remained, Hay River accepted students and they needed to be fed. Staff and pupils "must live and be kept from freezing." He had tried everything "to get all I can out of the men and the boys." Indeed, he had acquired a reputation as "a hard man." But if one pushed too much, the results became counterproductive.

---

<sup>18</sup>Vale to Leon, 29 Dec. 1924, ACEC, VP.

<sup>19</sup>Vale to Lucas, 27 Jan. 1925; Vale to Westgate, 23 Jan. 1925, ACEC, VP.



Already Mr. Campbell, the farm hand, had refused to help with chopping wood, claiming a heart ailment.

Vale, although he had tried, could not follow the example of other schools, where principals saved money by using older students to cut timber. The IEC had only to note the age of Hay River's schoolboys; they would see "how few we have over 12 years of age." And on those, the heavy labor had already taken its toll. The oldest, Sam Carter, had not worked for a month since suffering an accident in the woods. The next strongest had developed difficulty walking. The third had suffered a hernia. Another, having arrived at the school with suppurating tuberculous glands, was also disabled by "trouble with a leg." The boys' debilities, Vale hoped, would make IEC staff "see what they have to take into consideration in these far off places."

In the principal's assessment, the IEC's refusal to allow the hiring of extra help lay behind the school's problems, including the children's deaths. Bishop Lucas agreed entirely. "I have not ceased," he wrote Vale from Toronto, "to remind those in authority here of my repeated warnings regarding the diminution of the Staff at a distant School like yours." Without three men, Vale complained, he could not lay in the necessary supplies. And duties inadequately performed had a snowball effect.

Insufficient stocks of well-dried wood meant the mission had to burn green saplings. Stoking with such fuel took up much time and seldom provided the consistent heat of larger, aged logs. The furnaces, old and inefficient, direly needed replacement. The mission basement, as a result, had been far too cold, allowing the winter's supply of potatoes to freeze. To make matters worse, the weather remained severe. All in all, Vale and his wife found it the hardest year they had ever experienced. The IEC's attitude "made it still harder."<sup>20</sup>

In early March, Ida Ross developed "erysipelas," an infectious condition that dictated isolation. Lacking quarantine facilities (the school's tiny cottage "hospital" was closed in winter), Vale shut her up with Miss Gilbert in the latter's room. That removed a much-needed employee from other duties. The rest of the staff would have to work harder. The debility of Mrs. Campbell further increased the load. She had reached the last trimester of pregnancy; at every moment, although she was not yet due, a delivery seemed imminent. Confined to her room, she required constant attendance.

Meanwhile Mrs. Vale had to care for Johnny Drymeat, who suddenly showed signs of tuberculous peritonitis. At the same

---

<sup>20</sup>Vale to Westgate, 7 Feb. 1925; Lucas to Vale, 4 Mar. 1925; Westgate to DIA, 8 May 1925; Vale to Lucas, 13 Mar., 1925, ACEC, VP.

time, Lucy Andrew complained of breasts so inflamed and tender, she could no longer work full-time. Worse, her infant's increasing weakness suggested problems beyond those associated with difficulties in feeding. Then two girls became ill and were soon confined to bed. "We are passing through a severe testing at present," wrote Vale. He hoped "with special aid from above to get through until aid arrives either in improved health of all or more help to care for them comes." But relief from sickness was not granted.<sup>21</sup>

In the absence of a fish diet, the children lacked "the generous content of fat due to the oil in the fish which seems to meet a need in their constitution." Vale "missed the splendid rosy cheeks and the glossy hair which has always followed a generous use of fish caught in large numbers in the Fall and hung for use later on." He had no means to make up the deficit. Shortage of hay and food was such he had to kill off the bull. The ox, it seemed, would soon follow.

A plague of mice had reduced the supply of cereals to almost nothing. So many potatoes had frozen that but a few edible ones remained, and these had to be kept for seeding. By March 23, Johnny Drymeat seemed "very frail." William Norn, failing in health, had been discharged to his parents, who lived nearby. Lucy Andrew's baby had died. Meanwhile,

---

<sup>21</sup>Vale to Lucas, 13 Mar. 1925; Vale to Westgate, 16 Mar. 1925, ACEC, VP.

severe winter persisted with "uniformly low temperature for an exceptionally long time."<sup>22</sup>

Sanitary conditions were not the best. The two indoor chemical toilets used by the children, according to Vale, were "quite gone" and could not possibly serve another year. Venting was most inadequate; indeed, there does not seem to have been any. The principal hoped for at least fifty feet of pipes so he could connect the toilets to the chimneys. In addition, the girls suffered from gross overcrowding. The building had been designed for equal numbers of males and females, but the latter made up by far the larger part of the student body. Thus, each girl had far less space than the architect had allowed for. Worse, the quarters allowed no outside light to enter.<sup>23</sup>

When Westgate visited the mission in the summer of 1923, he had insisted on making special sleeping arrangements for a "half-breed" kitchen employee. By blocking off space from the girls' room, he had been able to provide the woman with privacy. But the new walls shut out "all the sun," and made the female student quarters, in Vale's words, "dark and gloomy." Given the brief daylight hours of the subarctic

---

<sup>22</sup>Vale to Halson, 23 Mar. 1925; Vale to Lucas 21 March, 1925, ACEC, VP.

<sup>23</sup>Vale to Westgate, 21 Mar. 1925, ACEC, VP.

winter, the smelly, somber dormitory must have been thoroughly depressing.<sup>24</sup>

Adding to the conspiracy of events, winter letters from northern posts bypassed Hay River entirely. Providing the only means of contact between Indian or Inuit parents and their children, the mail usually arrived just before Christmas. That year, no letters or packages reached the students until June of 1925. During that awful winter, the children may have thought their parents had abandoned them entirely.<sup>25</sup>

On April 14, Johnny Drymeat passed away and five little girls lay ill. Florence MacDonald and Sarah Koosh could not move from their beds; the others were up at times. The female staff, exhausted, desperately needed a furlough. But, as Vale realized, "it couldn't be done." And while Miss Gilbert expressed her willingness to stay another year, the principal had reasons for wishing her gone. Both she and Miss Bushnell had made the matron's work "much harder than it need have been." Neither had been able to control the children, which had led to "much trouble and discontent when they are wrongfully punished or reported for punishment to me."

---

<sup>24</sup>Vale to Westgate, 23 Mar. 1925, ACEC, VP.

<sup>25</sup>Ibid.

Clearly, children had suffered unjustly at the hands of their exhausted wardens.<sup>26</sup>

Most of the staff now fell ill in such a way as to land them a good stretch of rest. Their debilities came at a most inopportune moment. Johnny Drymeat's death entailed, as with each student demise, an enormous amount of work. Even with all the men available, it took an entire day for making a coffin and "chopping and picking" a frozen grave. Indeed, as Vale informed Westgate, the deaths that winter had already entailed the equivalent of a full week of labor on the part of the male staff.<sup>27</sup>

Late in April, Florence MacDonald died. Sarah Jane Koosh breathed her last on May 6. By then, Mabel Camsell appeared "very ill." Mrs. Vale never left her side, although to no avail. The girl expired in the middle of June. Lucas, receiving the latest bad news, called the tally a "truly terrible record for us." It would have unfortunate effects on student recruitment. He expected "to have a sad time at McPherson as six of the little ones came from there." Yet the sickness had not completed its fatal sweep.

---

<sup>26</sup>Vale to Lucas, 14 Apr. 1925; Vale to Westgate, 15 Apr. 1925, ACEC, VP.

<sup>27</sup>Vale to Westgate, 21 Apr. 1925, ACEC, VP.

Within days of Mabel Camsell's death, Violet Squirrel showed signs of galloping consumption. Dr. Bourget, who was also regional Indian agent and school inspector, happened to be in the settlement. He thought it best to send the patient home to Fort McPherson as she would "not likely get over the fall." The transfer, he suggested, should be explained to the parents in therapeutic and hopeful terms: life in a teepee instead of the school building would be "better for her health." On that same visit, Bourget warned the staff to be "very careful" of Thomas Mitchell. By August 18, it was clear "he could not last long." Perhaps, Vale wondered, Lucas should inform the father. But before the bishop could make a decision, the boy died.<sup>28</sup>

Lucas had spent the previous ten months in the South, attending to his own tuberculous son. The young man, in his late teens, had suddenly become ill in the summer of 1924. A Toronto physician "bluntly told him there was no hope". But in an era when it seemed medicine could accomplish a great deal, that judgment received short shrift. A Montreal specialist, asked for a second opinion, recommended removal of a kidney; Lucas had full confidence in the advice. The prayers of the Anglican missionaries of the Mackenzie Basin joined his own in asking for heavenly assistance. "It is a

---

<sup>28</sup>Vale to Westgate, 11 May, 14 July, 25 Sept. 1925; Vale to Lucas, 28 May, 20 July 1925, ACEC, VP. Lucas to Whittaker, 19 June 1925, ACEC, LP, box 5, Whittaker file.

glorious thing," wrote the Reverend Crissall from Fort McPherson, "to know the Divine Physician guides the surgeon's hand when an operation is necessary."

The kidney, successfully extirpated, turned out to be "a bag of pus with no tissue remaining." Two special nurses cared for the patient the next ten days; throughout, his concerned parents hovered nearby. The boy was not out of the woods; the doctor had seen signs of tuberculosis in the ureters and bladder. Still, the prognosis remained hopeful. Sufficient "rest, good food, and fresh air," would effect a complete cure. A full year of repose was required.

Lucas arranged to rent a small three-room cottage with a glassed-in veranda close to the main buildings of the Gravenhurst sanatorium, a day's travel north of Toronto. Set in sandy soil, surrounded by pine trees, blessed by many days of sunshine even in winter, the setting fit contemporary concepts of the ideal healing environment. There, the bishop and his wife cared for Cyril, prepared his strengthening meals, and conducted him to his daily treatment sessions with



the sanatorium director. Before long, he had gained eighteen pounds.<sup>29</sup>

Bacteriologic tests soon confirmed that the tubercle bacillus still occupied Cyril's urinary tract in significant numbers. But the family's faith in medical treatment never flagged. Healing for this disease, Lucas explained, was a "slow business" and the doctors "refuse to be hurried." At Fort Simpson, Cyril was remembered in daily noon-time devotions; at Hay River, in evening prayer. God's beneficence and the "wonderful air of Gravenhurst," clerical friends assured the bishop, made recovery likely.

To lessen the tedium of the wait, Lucas ordered a gramophone. And although, at times, he found it hard to have his life so entirely disrupted by his son's illness, he was "grateful to our Heavenly Father for having brought us together to be with our boy in his distress." Providence, he was certain, had put him at Cyril's bedside, so that he could relieve him of anxiety and "help him in his weakness." It was

---

<sup>29</sup>Whittaker to Lucas, 5 Jan. 1924, PAA 70/387, MR 200/160. Lucas, Annual Letter, 1924; Crissall to Lucas, 25 Aug. 1924; Lucas to F.C. Donaldson, 1 Sept. 1924; Lucas to Crissal, 5 Sept. 1924; Lucas to Gibson, 12 Sept. 1924; Gibson to Lucas, 22 Sept. 1924; Lucas to Vale, 19 Nov. 1924; Lucas to Clarke, 19 Nov. 1924; Hallam to Lucas, 4 Dec. 1924; Lucas to Hallam, 12 Dec. 1924; Lucas to Vale, 23 Dec. 1924; Lucas to Clarke, 17 Jan. 1925, all ACEC, LP.

a privilege that had not been accorded to the parents of the Hay River victims.<sup>30</sup>

On his summer trip northward, at McPherson, Lucas met the relatives of the deceased children. He dreaded the visit, but came out of it "gratified by the behavior of the people most concerned." As he drew on his well of religious platitudes, the Loucheux listened quietly to all he had to say "in the way of comfort and trust" and even thanked him for the message. But Johnny Drymeat's mother, on being informed of her boy's death, "swooned away."

Edward Sittichinli, the deacon who had asked for his girl a year ago, "was of great help" even though shocked by her loss. Within a few days, Lucas gave him an ecclesiastic promotion, making him the first native priest in the Territories. Yet despite Edward's support of the bishop, McPherson parents would not let any new recruits leave for the school. Many asked for children already at Hay River to be sent home. This time, Lucas found himself "compelled to yield."<sup>31</sup>

---

<sup>30</sup>Lucas to Gibson, 23 Dec. 1924; Clarke to Lucas, 31 Dec. 1924; Lucas to Deacon, 16 Jan. 1925; Lucas to Clarke, 17 Jan. 1925; Lucas to Vale, 21 Jan. 1925; Lucas to Vale, 13 Mar. 1925; Lucas to Hallam, 11 May 1925; Lucas to Leonard, 16 May 1925, all ACEC, LP.

<sup>31</sup>Lucas to Vale, 30 June 1925, ACEC, LP, box 4, Vale file. Vale to Westgate, 14 July 1925, ACEC, VP.

For a while, it seemed a trader would let Lucas have two of his "half-breed" offspring. But just then the terminally ill Violet Squirrel arrived from Hay River on the second summer steamer, and the man reneged. Further south, Mabel Camsell's grieving father refused to let his surviving daughters return. By the end of the summer, it had become clear that school enrollment would drop by at least twenty.<sup>32</sup>

If anything could soften the blow for Anglican officials, it was news that Catholic schools, too, had been visited by illness. With evident relief, Vale advised MSCC that Dr. Bourget had sent several tuberculous children home from the Oblates' school at Providence. With such evidence in hand, mission officials could cheerfully engage in double-think. On the one hand, Bishop Lucas linked financial cutbacks and staff shortages with the year's events; on the other, he absolved the Anglican Church of all responsibility.

In June, on his way north, Lucas had what he called a "satisfactory talk" with Bourget at the latter's home in Fort Resolution. The doctor, who had only seen Hay River on warm summer days, just after the festive arrival of the summer steamers, believed "everything had been done for the children." Taking a purely medical approach to the swath of the tuberculosis bacterium, the physician explained how this

---

<sup>32</sup>Vale to Westgate, 14 July, 30 July, 11 Sept. 1925, ACEC, VP.

"visitation" simply had a way of coming "to one place or another." This year, as fate dictated, it happened to be Hay River. Lucas, clearly relieved by these views, posed his most important question directly: "I asked him to state professionally his opinion of the whole [affair]." In response, the doctor "emphatically stated that no blame whatever could be placed on anybody or anything--that the food, the care, the Nursing had been of the best."<sup>33</sup>

While Lucas derived comfort from Bourget's bacteriologic reductionism, MSCC officials took refuge in devotional exercises. Westgate came close to accusing the Hay River staff of not doing enough in the way of communion with God. "If you will impress on the members of your staff," he counseled Vale, "how absolutely important it is that they themselves in their own daily intercessions should invoke the Lord's blessing on their own health and the health of the children and that of the Indian Community, and His great blessing on all their work, You will all be surprised I think at the wonderful results which will follow if these prayers are continuous and sincere."<sup>34</sup>

But if it was God who finally brought the long, relentless sequence of student deaths to an end, He may have

---

<sup>33</sup>Lucas to Vale, 22 June 1925, ACEC, LP, box 4, Vale file.

<sup>34</sup>Westgate to Vale, 8 July 1925, ACEC, VP.

acted by having Westgate pay attention to a number of practical issues. That summer of 1925, at the church's request, the Indian Department placed a full-time nurse at the school. As well, five enthusiastic female teachers came in on the summer steamer. Several new male employees, highly motivated and capable of sustained hard work, took as their first project the moving of the mission's tiny cottage hospital. Attached to the main building, and with new arrangements for heating, it could now be used in winter. If children became ill, they could be cared for separately, yet in easily accessible quarters. Moreover, they would be well fed. On the last summer boat, two milk cows (donated by an Edmonton pastor) arrived. Intensive fishing started soon after.<sup>35</sup>

That winter, the students received a diet much different from the protein-deficient one of the previous year. Because of the reluctance of McPherson parents to send their children, the dormitories were far less crowded. With fewer pupils ill, and a nurse on site, almost no staff time was taken up with bedside care. Having laid up adequate reserves of wood and fish, mission workers avoided the cycles of exhaustion and illness of the previous year. A new furnace burnt far less wood and kept the buildings warm around the clock; it needed

---

<sup>35</sup>Vale to Westgate 4 Aug. 1925; Vale to Austin, 13 and 18 Aug. 1925; Vale to Burgett, 11 Sept. 1925; Vale to Westgate 11 Sept. 1925, ACBC, VP.

stoking but once during the night. Far less labor, too, was demanded of pupils. After Thomas Mitchell's demise on the last day of August 1925, no further deaths occurred.

Despite the improvements, Vale knew he could not stay. The sad results of IEC's ill-informed approach had scarred him permanently. His heart, like that of his wife, was no longer in mission work. The events of the previous winter had aged him as nothing else. Moreover, it had tested his faith. He agreed, however, to stay long enough to give his superiors time to find a replacement. Before leaving the North, Vale hoped to make a trip on the summer boat to McPherson. Perhaps if he spoke personally to his many former students, some of them now parents, they would once more let their children come to Hay River. But his wish did not come true. The epidemic had put an end to an era.<sup>36</sup>

Decreased donations from southern congregations, hardened attitudes among church executives, and heightened mission competition along the Mackenzie had given the tubercle bacillus a brief period of spectacular opportunity among captive children. Poor living conditions and malnutrition had quickly led to many deaths. The ease with which improved conditions stopped the calamity, however, suggests that an opposite situation was also possible. Long stretches of

---

<sup>36</sup>Vale to Lucas, 20 July 1925; Vale to Westgate, 4, 11 Aug., 19 Sept. 1925; Westgate to Vale, 2 Apr., 1925, ACEC, VP.

hunger were then commonplace among the Mackenzie tribes, consumption was highly prevalent, and tuberculous deaths in Indian camps were common. When provided with proper nutrition, protection from the cold, adequate space, and a hygienic environment, boarding-school students may at times have enjoyed lower mortality rates than would have been the case had they remained with their families.

The Hay River epidemic exposed the weakness of Anglican undertakings in the Mackenzie District. The pretense of keeping up with the Catholics, of maintaining a full diocese for just six or seven hundred Protestant adherents stretched out over twelve hundred miles, had come face to face with new financial realities. Bishop Lucas, long known for placing high-sounding rhetoric ahead of hard work, had been further discredited. Very soon, he would resign; a few years later, his ecclesiastic domain would cease to exist.

## CHAPTER 8

### **"HE WHO EATS POPE DIES OF IT": THE BUILDING OF COMPETING CATHOLIC AND ANGLICAN HOSPITALS, AKLAVIK, 1925-1929**

Ever since, in the 1890s, Anglican enmity had forced Catholic missionaries to abandon the Mackenzie Delta, Oblates at more southerly posts had chafed at the bit, eager to take back what they considered had been unfairly removed from Roman influence. When their bishop, Gabriel Breynat, finally began the offensive in the mid-1920s, it appeared the Protestants might well be bested. The prelate planned to build a hospital at Aklavik as a certain means of drawing souls; moreover, he had the greater access to low-cost human resources, including not only the fathers and brothers under his command, but the Grey Nuns of Montreal, who volunteered to staff the institution.

Several of the key figures involved in the first Mackenzie Delta conflict also played a role in the second. Father Camille Lefebvre, one of the priests driven out of the Mackenzie Delta in the 1890s, had become treasurer and purchasing agent for the Catholic vicariate; in that position, he contributed greatly to coordinating the hospital project.



Isaac Stringer, who, along with his wife Sadie, had worked so hard to preclude Lefebvre from gaining a foothold among the Eskimos, was now Anglican Bishop of the Yukon. Herschel Island and the adjacent Arctic Coast lay inside his jurisdiction; hence, he took a strong part in shaping response to the new Oblate assault.

Most involved on the Protestant side was Anglican Bishop James Lucas. Ten years earlier, he had suffered a major defeat with the opening of Fort Simpson's Catholic hospital. Pride would not let him tolerate a second humiliation of that sort; questions about his competence and missionary drive had cropped up too often. This time, he determined to match the Roman challenge by building a medical facility of his own at the same Aklavik location.

Rather than linger on native-white relations, the stories told here highlight internal mission problems and the difficulties encountered by each church as it tried to gain southern support for its hospital plans. Relations between Mackenzie bishops and their sending agencies (excellent for Catholics; dismal for Anglicans) receive prominent coverage. For both denominations, financial shortfalls highlight the fragility of mission endeavors. As medical projects could not survive without government support, church spokesmen craftily linked their lobbying for federal funds to religious and political tensions elsewhere in the country.

In addition to what it discloses about ecclesiastic finances and power structures, the Aklavik story reveals a great deal about the spiritual world of rank-and-file mission staff. For Catholics, the supernatural and the concrete merged imperceptibly; time and again, nuns and priests perceived otherworldly confirmation of the validity of their cause. A broken saw, a near-shipwreck, a mission dog's attack on native children--all provided solid evidence of the Devil's immediate presence. Every calamity represented an attempt by the forces of Hell to create havoc and thereby to give Anglicans the advantage. The more trouble workers experienced, the greater was the evidence for Lucifer's distress at seeing a Roman project come to fruition.

What each church painted as a conflict between Good and Evil began to heat up in the second decade of the century, when Aklavik, or "place of the bear," became a hub of commercial activity. Situated one hundred miles below the Arctic Coast, on one of the main river channels, it sat close to the treeline, making fire-wood readily available. Fish and fowl abounded; caribou and mountain sheep roamed within reach of local hunters. By 1920, three fur trade companies had opened stores. Soon the police moved their regional staff, including the surgeon, from Herschel Island to this location. The Signals Corps installed a wireless station.

The new settlement served not only the local Eskimo population: it became a starting point for travel into the Beaufort Sea. It was here that Mackenzie River steamers ended their journey, and travelers switched to other vessels to reach Herschel Island and posts to the east. Little wonder both the Anglican and Catholic Churches came to see the place as a crucial stepping stone to founding missions on the Western and Central Arctic Coast.

Both denominations determined to anchor their Aklavik base with a hospital. Despite what they might have learned from the Simpson situation, clerics on both sides believed that medical care was essential to making converts and cementing allegiance. Although lack of funds had created serious problems for the Anglican Diocese of the Mackenzie, including the recent tuberculosis epidemic at the Hay River school, Bishop Lucas insisted his church should incur the cost of building and maintaining a new medical facility. The prelate was convinced he could not block Catholic "intrusion" without it.

The Oblates, on their part, felt that only a hospital would bring the Eskimo to the Catholic fold. In contrast to the situation at Simpson and Smith, where compassion had motivated provision of medical care, competition now played the major role. Even after the Anglicans had completed their hospital, Bishop Breynat insisted on constructing his own.

Thereby, he gave ammunition to Protestant critics, undermined his cause, and planted the roots for deep and lasting animosity on the part of influential white observers.

Some southerners held up the two competing medical units at Aklavik as evidence of useless duplication and selfserving rivalry. When, in 1930, Breynat tried to open a hospital for the Copper Eskimos of Coronation Gulf, where it was much needed, such perceptions doomed the project. In later years, instead of receiving credit for his extensive medical works (by 1940 he was operating five hospitals among the Indians), Breynat incurred derision because of his medical institution in the Delta. How Anglicans and Catholics planned and built their Aklavik in-patient facilities is told here in separate accounts, the Protestant one first.

**"The RC's Will Build One Unless We Get it Up":  
Bishop Lucas and the Fight for an Anglican Hospital**

In 1916, as Bishop Lucas saw it, his staff on the Arctic Coast was stretched too thin. The "evangelized" Eskimos of the Mackenzie Delta were not receiving adequate attention; clerical visits to their camps remained far too few. For the past year, mission efforts had focused on the "heathen" tribes further east, the Copper Eskimos of Coronation Gulf. Although the arrival of a minister among them had raised great interest

in the South, donations had remained scant, forcing the cash-scrapped Lucas to reassess priorities.

Oblates, rumor contended, planned to build a mission in the Delta. As matters stood, blocking their advance would prove difficult. It was better to abandon remote pagans than risk losing tribes loyal to the Protestant cause. "We must concentrate our efforts," the bishop informed underlings in a clear allusion to the well-known bird metaphor, "upon the work we have in hand." Presenting the tactical retreat in the best possible light, he expressed confidence that the Eskimos of the Delta would "pass on the Good News to their fellows, and with the help of God's Word become preachers to the heathen tribes."

For two decades, clerics had served the Delta Eskimos through forays from outposts on the edge of their world: Herschel Island, off the Yukon coast, and Fort McPherson, south of the treeline on the Peel River. The time had come to build a permanent post in their midst. As Lucas had never visited the Delta, and had no personal experience of "Eskimo work," he sought advice from the two clerics who had spent much time in the region. Isaac Stringer, now prelate of the Yukon, oversaw Eskimo missions at Herschel Island and the adjacent Arctic Coast; Charles E. Whittaker, archdeacon at

McPherson, supervised church activities in the Delta and points further west.<sup>1</sup>

Herschel Island, long a supply depot for American whalers, had lost its strategic importance as an Eskimo gathering place. In 1917, a trading post opened at Shingle Point, on the mainland much closer to the Delta, from which it drew its clients. Stringer favored this site (which was inside his diocese) for a new mission. The archdeacon, however, thought it unappealing, as few bands lived nearby on a permanent basis. Aklavik would do much better. Many Eskimos had settled in the vicinity. Most important to the choice, however, was the threat of Catholic expansion. "If the R. C.'s ever start in the Delta," Whittaker warned, "it will be there, a place where all roads meet."<sup>2</sup>

Although short of funds, Bishop Lucas proceeded with plans for the new mission. Remembering how Breynat had beaten him at Simpson by opening an inpatient facility, he determined to build a "hospital for the Eskimos" at Aklavik. Assuming that his Catholic counterpart had obtained government aid at all phases of the undertaking, he counted on similar support. He came away disappointed, however, from a 1920 discussion

---

<sup>1</sup>Lucas to Whittaker, 14 Dec. 1916, PAA 70.387 MR 200/160.

<sup>2</sup>Whittaker to Lucas, 27 Feb. 1920, PAA 70.387 MR 200/160.

with Duncan Scott, who directed the Department of Indian Affairs in Ottawa.

Financial help, Scott explained, did not apply to construction; subsidies began only after a church had raised the building. Lucas, who hoped for more, applied pressure on the official through William H. B. Hoare, a missionary on furlough. "Tell him," the prelate suggested, "that your wife is to be the trained nurse in charge." Much-needed medical work among the Eskimo would remain undone unless Scott came through. Although the lobbying failed, Lucas plunged ahead.<sup>3</sup>

Hoare became Aklavik's pastor and "outdoor superintendent" of construction, with orders to raise a manse, a church, and an eight-bed inpatient facility. At once, he purchased a logbook to use as "hospital record." Lucas evinced similar optimism in obtaining a permit to cut five thousand feet of logs (having never seen the Delta, he was unaware of the thinness of its trees). Little did the two men realize what difficulties lay ahead.<sup>4</sup>

The Hoares shared a house with a Mr. Pirie, the carpenter (or "indoor" superintendent), who also brought his wife. During the long confinement of winter, disputes over

---

<sup>3</sup>Lucas to Hoare, 3 Apr. 1920, PAA 70.387 MR 200/84.

<sup>4</sup>Lucas to Hoare, 29 May 1920, PAA 70.387 MR 200/84.  
Hoare to Lucas, 6 June 1920, PAA 70.387 MR 200/84. Dennelly to Lucas, 20 Sept. 1970, LP, box 2, file: Aklavik hospital.

firewood led to rabid hatred between the men. Lucas, informed of scant progress, perceived the machinations of Satan. "The devil" he warned, was "putting forth his worst efforts to spoil the good work." Petty animosity would nullify "the hopes and prayers of so many of God's children." From afar, the bishop ordered the combatants to deal with the conflict at once, "on your knees and with the help of God's Word." In the suffocating closeness of Aklavik, however, amity stayed out of reach.<sup>5</sup>

Progress slowed further as Hoare spent increasing time with his pregnant wife and ignored mission duties. A start had been made on the manse, but not a log had been laid for church or hospital. Lucas, unaware so little had been attained, looked forward to the latter's completion. The presence of a healing institution would "prove a boon." For one thing, it would undercut Oblate plans. The "R.C.'s" would build one "unless we get it up." For another, a hospital might open southern purse-strings.

Expenses had mounted, but little cash was coming in. The bishop's only hope of avoiding bankruptcy lay in the project's appeal to donors; informed of medical work in so remote a setting, they would surely offer support. Accordingly, Lucas spent much energy creating publicity.

---

<sup>5</sup>Lucas to Hoare, 27 June 1921, PAA 70.387 MR 200/85.



"Great interest," he assured Hoare, "is being taken in this project by numbers of Churchpeople." Disregarding costs, he urged use of local labor so the hospital could be occupied by summer. Just then, however, Mrs. Hoare delivered her baby. The husband, wild with joy, spent most of his time at the cribside.<sup>6</sup>

All mission activities suffered, including the expense ledgers, which ended up in a hopeless jumble. "The family event," Hoare later explained, "left me in a state of excitement [such] that I could not settle to finish them accurately, though I made several attempts." As he tracked his own costs, however, the man began to feel underpaid, further reducing his willingness to work. And, although Mrs. Pirie had helped with his son's delivery, the pastor's silent war with the carpenter continued. Nothing got done for a year.<sup>7</sup>

Hoare promised Lucas a start on the hospital, but got nowhere. The problem, he claimed, lay with the absence of instructions. Following the bishop's advice, he had obtained a rough sketch from Dr. Doyle, the police surgeon, and the only medical man in the region, but Hoare wanted it reviewed before starting on the building. By now, reality lagged far

---

<sup>6</sup>Lucas to Hoare, 27 June 1921, PAA 70.387 MR 200/85.  
Lucas to Hoare 14 July 1921, PAA 70.387 MR 200/85.

<sup>7</sup>Hoare to Lucas, 20 July 1921, PAA 70.387 MR 200/85.

behind the rosy picture Lucas painted in the South. Boxes of donated blankets arrived in Aklavik, destined for a hospital that did not exist.<sup>8</sup>

To complicate matters, Pirie quit to take a job with the Hudson's Bay Company, even as the Hoares became increasingly engrossed in each other. An exasperated Lucas, having found a new missionary and carpenter, transferred the doting couple to a far-off post where construction played no part in their work. As they packed, an Oblate priest arrived to make formal application for land, something the Anglicans had failed to do. The Catholics now owned a piece of Aklavik, whereas the Protestants remained mere squatters. Worse, the Anglican building project was no longer a certainty. Officials of the Missionary Society of the Church of England in Canada (MSCC) had become aware of the financial difficulties. They agreed Aklavik needed some form of medical assistance, but were "not convinced of the urgency for the erection of a hospital."<sup>9</sup>

Canon Sydney Gould, the MSCC secretary general, highly autocratic and always convinced he knew best, doubted "certain rumours concerning the intention of the Roman Catholics."

---

<sup>8</sup>Hoare to Lucas, 13 Jan. 1922, PAA 70.387 MR 200/85.

<sup>9</sup>Lucas to Hoare, 10 July 1922, PAA 70.387 MR 200/85. Hoare to Lucas, 15 Mar. 1923, PAA 70.387 MR 200/85. Lucas to Gould, 6 June 1923, LP, box 3, file: MSCC. The Anglican Church obtained title to lots 27 through 31 on 22 Apr. 1925. Land Certificates of Title, Fleming Papers, file: X.

Similar stories had been abroad before and had come to nothing. Checking with friendly officials at Indian Affairs, he found no basis for the claim that Ottawa was about to assist the Oblates in building an Aklavik hospital. If any such center were to go up, informants assured him, "then the MSCC and not the Roman Catholics, would receive the benefits."

Convinced that Lucas was wasting money on an unwarranted venture, he led the campaign to deny support.<sup>10</sup>

The bewildered bishop asked for "further enlightenment." Given the strident promises made in connection with the recent Forward Movement (an Anglican funding campaign for domestic missions), Gould's decision not to help seemed beyond comprehension. Despite the rebuff, Lucas continued to act as if a hospital would still be built. A friend drew up a splendid blueprint that gave him "the greatest pleasure"; it would be "a building of which to be proud." To gain approval, however, MSCC had to be convinced of his financial prudence. Scaling back the ornate plan, he again pushed for funding, adding urgency with new reports of Catholic advances.<sup>11</sup>

That summer, Oblates had cleared brush in preparation for construction the following year. To the horror of the

---

<sup>10</sup>Gould to Whittaker, 18 May 1923, LP, box 3, file: MSCC.

<sup>11</sup>Lucas to Gould, 6 June 1923, LP, box 3, file: MSCC. Lucas to Warner, 10 July 1923, PAA 70.387, MR 200/2.

local minister, on their last day in the settlement before returning home, they let slip the Catholic Church's intention to build "a hospital, a church and a mission." It was the beginning, Lucas warned, of efforts "to gain a strong foothold among the Eskimo Christians of the Delta and the unevangelized tribes of the Coppermine district." Aklavik was to be the base for the assault. Still, MSCC would not change tack.<sup>12</sup>

Lucas, determined to have his hospital, approached the Red Cross for permanent support. That organization, however, wishing to avoid involvement in denominational battles, declined his appeal. In any case, issues other than money fueled MSCC opposition. Concern for survival of the Hay River school made officials loath to see Aklavik develop. Eighty-five percent of students, the principal related, came from Fort McPherson, near the Delta. If a large mission came into being near their homes, parents would stop sending children a thousand miles to the south. And that would prove the death-knell of his institution.<sup>13</sup>

Concern for Hay River faded, however, as Gould finally recognized the reality of Catholic plans. The only means of stopping the opposition now was to block federal grants; without per-diem subsidies, the Oblates' works of charity

---

<sup>12</sup>Lucas, Annual Letter, 1924 (for 1923), LP, box 2, file: Annual Letter .

<sup>13</sup>Gould to Lucas, 27 June 1924, LP, box 3, file: MSCC.

could not survive. Meeting with Indian Affairs officials, the MSCC Secretary presented a history of missions in the Mackenzie Delta. All Eskimos, he emphasized, had become Anglican. Catholics, it followed, were invading Protestant territory, and therefore had no right to subsidies. If, despite that background, the government provided help, Anglicans would create trouble. "We should feel compelled," warned Gould with characteristic pomposity, "to maintain and vindicate by every means within the power of the Church of England in Canada our undoubted rights."<sup>14</sup>

At Aklavik, native families experienced the first competitive appeal for their allegiance. At a murder trial, the judge allowed Catholic and Anglican clerics to address the packed courtroom during recess: Bishop Lucas first, then Bishop Stringer of the Yukon, and, finally, an Oblate priest. Introducing himself to the Eskimos as their "father," Lucas promised he would erect both a hospital and a school "without delay." Stringer reminded the crowd of his work among them "when they were heathen." His evangelical message warned of the images and rituals Oblates were sure to bring. The Eskimo must adhere, he urged, to "God's Word in its simplicity and truth, leading them to the knowledge of God as their loving Father and Jesus Christ as their Saviour." The priest, however, caught much attention as he affirmed that Catholics

---

<sup>14</sup>Ibid.

would shortly build "a fine boarding school and hospital," staffed by "good sisters" to care for the disabled, the sick, and the elderly.

The Oblate's promises, Lucas raged, "were delivered to Eskimos and Indians, every one of whom is a faithful communicant of our Church. There was not a single adherent of the priest." Clearly, the speech was intended "as a challenge to us." Anglicans should act at once. "We are convinced," wrote Lucas to potential donors, "that we ought to erect a hospital at Aklavik without delay. It would minister to 750 of our own Indians and Eskimos, who would welcome it in their midst." Costs would run around \$20,000.<sup>15</sup>

That fall, at national church meetings, Lucas and Stringer spoke repeatedly of the Oblate threat. Unless funds became available, the Catholic advance would remain unchecked. "Good work was done" they reported to underlings; "the needs of the Eskimo work were fully set forth and a favorable atmosphere created." Happily, Lucas laid out his remaining funds to purchase the new mission's terrain from the federal government (until then, he had balked at the price laid out by Oblates). Despair, however, soon came his way. Although he

---

<sup>15</sup>Lucas, Annual Letter, 1925 (for the 1924 year), LP, box 2, file: Annual Letter.

had left "no stone unturned" to gain support, the people who counted remained opposed.<sup>16</sup>

Early in 1925, MSCC directors voted definitively against building the hospital. Illness was "not sufficient in amount or in its definite character" to justify such an undertaking. They would support only a sickroom annexed to the manse. By hiring a missionary married to a nurse, they would save funds, as she would not require a salary. The decision, Lucas moaned, was based on false data. Gould had insisted that a mere ninety Eskimos lived within a two-hundred-mile radius of the Aklavik mission. Despite being informed that he had reversed the figures (two hundred Eskimos lived within ninety miles) he persisted in the error. The bishop's defeat was total. The letter informing Lucas of the hospital's demise also warned he would soon be stripped of his Eskimo missions, including Aklavik. Gould had long expressed dismay at costs in the diocese. Expensive plans for a hospital, it seemed, had been the final straw.<sup>17</sup>

---

<sup>16</sup>Lucas to Clarke, 19 Nov. 1924, LP, box 3, file: Clarke. Finnie to Lucas, 23 Dec. 1924, PAA 70.387 MR 200/2. Finnie to Lucas, 10 Feb. 1925, LP, box 2, file: Aklavik Hospital.

<sup>17</sup>Gould to Lucas, 27 Mar. 1925, LP, box 3, file: MSCC. Lucas to Whittaker, loose sheet included with set of instructions to the new Commissary, n.d., probably early 1926, AAT, Fleming Papers, file: x. Lucas to Geddes, 26 Mar. 1925, LP, box 3, file: Geddes .

Then, suddenly, heaven seemed to intervene.

Unexpectedly, Lucas received a gift of ten thousand dollars from a certain Colonel Leonard in Ontario. The donor was probably in the audience when the bishop delivered a sermon in St. Catherine in March 1925. "I fully appreciate," said a note attached to the cheque, "the handicap you have been laboring under without the necessary Medical and Hospital treatment to take care of your people." Leonard sincerely hoped the work could now "go forward satisfactorily and prove success in every way." At the same time, Indian Affairs agreed to pay for a nurse. It was now possible, Lucas exulted, to fulfill promises made to the Eskimos. There would be "great rejoicing" in the Delta.<sup>18</sup>

The bishop aimed for a 1925 opening. From Aladdin Read-Cut Houses in Toronto, he ordered a small pre-fabricated bungalow hospital. To England, he wired for Jack Lickert, a carpenter who had helped finish the church the previous year, "a wonderful worker with not a lazy bone in his body." In Regina, he scoured Indian Affairs stores for free supplies. From other missions, he requisitioned beds. Traveling north, he faced disappointment at Aklavik. The Oblates were raising a large building, forty by one-hundred feet. A school

---

<sup>18</sup>Gould to Lucas, 13 Feb. 1925, LP, box 3, MSCC papers. Leonard to Lucas, 13 May 1925; Gould to Lucas, n.d.; Lucas to Hallam 11 May 1925; Lucas to Mrs. Leonard, 9 May 1925, all in LP, box 2, Aklavik Hospital file.



occupied the ground level, while five second-floor rooms and a well-stocked dispensary were "devoted to the use of the sick." Five Grey Nuns, including a trained nurse, staffed the operation.<sup>19</sup>

"A thousand pities," cried the bishop, "that we could not be equally forward." He lamented the absence of Anglican medical workers and insisted, given the competition, on "the best that we can command." As yet, however, there was no place for them to work. Material for the hospital did not arrive until late summer. The supply vessel had been too full to bring the extra load through the Bering Sea; Lucas had to reroute the shipment via the Mackenzie River. His medical center could not possibly open until the following year.<sup>20</sup>

In the South, the concept of an Eskimo hospital had finally caught Anglican imaginations. The daring venture for God opened pocketbooks and hearts. The Women's Auxiliaries of the Church of England in Canada offered furnishings, "baby

---

<sup>19</sup>Lucas to Donaldson 29 June 1925. Canadian Aladdin to Mackenzie Diocese, bill, 12 May 1925, LP, box 2, file: Aklavik hospital. Lucas to Whittaker, 12 May 1925, LP, box 5, file: Whittaker. Gould to Lucas 8 June 1925, LP, box 3, file: MSCC. Lucas to Gibson, 13 May 1925, LP, box 2, file: Gibson. Lucas to Deacon, 30 June 1925, LP, box 2, file: Deacon. Lucas to Whittaker, 1 July 1925, LP, box 5, file: Whittaker.

<sup>20</sup>Whittaker, Commissary Report for 1926, AAT M75-1, Lucas papers, box 5, file: Whittaker. Lucas to Hester, 1 Aug. 1925, LP, box 2, file: Hester. Lucas to Donaldson, 29 June 1925, 1 July 1925, LP, box 3, file: W.A. Geddes to Whittaker, 17 June 1925, LP, box 3, file: Geddes .

comforts," and a grant of \$600 to pay a nurse's salary. Students at Saskatoon's Emmanuel College sponsored a cot in memory of Reverend Herbert Girling, first missionary to the "heathen" Eskimos. Donors from as far away as England sent cheques and promises of more. Protestants could now match the upstart Catholics' every move. Lucas, however, was not there to savor the victory.<sup>21</sup>

The bishop had had enough. By dint of circumstance and personality, his episcopacy had never been a happy one. From the first, there had been questions about his willingness to exert himself. In the past few years, the work had become more unpleasant than ever. Since their takeover of mission institutions in 1922, MSCC officials had treated the Diocese of the Mackenzie badly.

Unaware of the North's special needs, Anglican leaders had cut supplies to the point of hardship. Harsh financial policies had precipitated a tuberculosis epidemic at Hay River, causing the death of numerous children. Instead of receiving praise for his hospital project, Lucas had felt only the icy censure of Gould's dictates. The decision to remove Aklavik from his control had been the final straw. Claiming

---

<sup>21</sup>Donaldson to Lucas, 16 Oct., 25 Nov. 1925, AAT, M75-1, box 3, file: W.A. Lucas to Hallam, 23 Jan. 1926, AAT M75-1, box 3, file: Hallam.

that illness in the family demanded his presence in Toronto, the prelate resigned.<sup>22</sup>

Although Lucas remained on the books as Bishop of the Mackenzie for another two years, he stayed in Ontario. Hence, he never saw the little cottage hospital he had worked so hard to bring to Aklavik. Nor did he set eyes on the completed Catholic convent, with its boarding school and hospital. How the Oblate Fathers managed to build that structure despite financial problems, and how their zeal almost led to failure, is a subject worth following on its own.

**"Bombarding the Enemy with a 75 mm. Cannon":  
Father Duport Battles the Anglicans with a Catholic Hospital**

There was little hope, Bishop Breynat advised Rome's Cardinal van Rossum in 1918, of ever converting the Eskimo of the Mackenzie Delta. Prolonged contact with godless whites and Anglican clerics, he explained to the head of the Sacred Congregation of the Propaganda (the organization which directs world-wide Catholic missions), had greatly "corrupted" these innocents. Only years of patient labor could repair the damage. Priests would never succeed; nuns, through works of charity, such as a hospital and school, provided the only means of drawing adherents. As Breynat lacked money for such

---

<sup>22</sup>Annual Letter from the Diocese of the Mackenzie, 1926, p. 1, LP, Box 2, file: annual letters.

an endeavor, there was "no point" in founding a mission. Soon, however, he changed his mind.<sup>23</sup>

By 1922, the bishop realized Aklavik would become an important center. A number of whites, aware of the excellent reputation of Oblate medical and teaching institutions to the south, urged him to supply similar services here. As the site seemed ideal for launching Arctic-Coast missions, he asked van Rossum for immediate funding. A hospital and school, Breynat revealed, would soon open "on the shores of the frozen ocean, at the very limits of the inhabited world." The phrasing paralleled a well-known biblical injunction about taking the Gospel to the "ends of the earth." Fifty thousand francs would cover initial costs. Surely St. Joseph, patron saint of the Mackenzie Vicariate, would find that sum. To demonstrate faith in the heavenly intercessor, Breynat planned to start at once, even before receiving Rome's assurance of funding. He had no choice; "God himself" urged the Oblates on.<sup>24</sup>

The fact that Anglicans had already opened an Aklavik post, Breynat assured the Cardinal, did not signal their superior strength. Quite the opposite was true: they had been

---

<sup>23</sup>Breynat, Rapport Annuel sur l'état actuel du Vicariat du Mackenzie, 1918 (date pencilled in), ARCY, file: Rapports Annuels, Propagande.

<sup>24</sup>Breynat, Rapport Annuel à La Propagation de la Foi, 1922, written 7 Oct. 1922, ARCY, file: Rapports Annuels, Propagande.

roundly beaten at a half-dozen Mackenzie missions. Oblate missionaries, shorthanded for several decades, and busy consolidating gains, had not had time to pay attention to the Delta. Protestants had abused that situation to make an unopposed advance. The maneuver had already drained their finances and would soon cost dearly in other ways; the Anglican headstart had "fired" Catholic zeal. Further building at Aklavik, the bishop vowed, would be by Oblates: "*nos autem in nomine Domine*" (we too, in the name of the Lord).<sup>25</sup>

The next year, an Oblate father staked a mission site, filed papers that accorded Breynat legal ownership, and cleared ground for future construction. At times, he received help from Judge Lucien Dubuc, a Catholic and a long-time friend of Breynat's. In town for a murder trial, the jurist turned up at spare moments to try his hand at cutting saplings. The display of sweaty labor by the two men made a clear point: serious work had begun on the challenge to Protestant hegemony in the region.<sup>26</sup>

Breynat, meanwhile, appealed for help in France's most widely read mission journal. Help of all sorts was lacking:

---

<sup>25</sup>Breynat to Cardinal Van Rossum, 10. Nov. 1922, ARCY, file: Rapports Annuels, Propagande.

<sup>26</sup>Breynat, memorandum, 12 Dec. 1928, ARCY, file: Aklavik Hospital. Gabriel Breynat, Cinquante Ans au Pays des Neiges, III. L'Evêque Volant (Montreal: Fides, 1948), 56.

priests to administer sacraments; brothers to cut wood; sisters to run charities; funds for necessities; prayers for assistance. Although the Devil had already created problems, that was "a good sign." The Eskimos' souls, it confirmed, were destined for heaven. The hour of grace had sounded. Surely, if Aklavik could draw adventurers to harvest furs, the Church could find apostles to harvest souls.<sup>27</sup>

Even as he penned those words, Breynat himself was losing courage. Long troubled by symptoms that had a way of taking him to gentle climes for therapy, he once again took refuge in illness. Traveling to France, he found solace with an affluent heiress, whose estate among the pine trees of *les Landes*, south of Bordeaux, offered peaceful seclusion. For the next three years, the bishop alternated that setting with prolonged stays in mountain spas near the Swiss border. In between, he made luxurious voyages to the Holy Land and the Far East, financed by his benefactress. In the meantime, Father Alphonse Duport, the superior at Resolution, ran the vicariate and kept the Aklavik project alive.<sup>28</sup>

---

<sup>27</sup>Breynat to editor of Revue Apostolique de Lyon, 15 Oct. 1923, quoted in Breynat, Cinquante Ans, III, 55-56.

<sup>28</sup>W. Vanast, "The Softness of a Dove and the Cunning of a Snake": Illness and Power in the early career of Gabriel Breynat, Vicar Apostolic of the Mackenzie," unpublished article.

The priest faced a double challenge. On the one hand, he felt obliged to stick to Breynat's detailed plans for the new mission, including its exact dimensions and outlay. On the other, he had to face the reality that Rome had not provided the support needed for the Aklavik project. Nor had the Oblate order offered to increase the total number of priests and fathers in the vicariate. The Mackenzie Vicariate, after all, contained just a few thousand souls. Other fields, with millions of potential converts, received far more of the church's attention.

Duport handled the two problems adeptly. By getting every Oblate and nun in the vicariate to contribute, he greatly lowered costs. Where two priests manned a mission, one was removed to work for the Aklavik cause. Provisions were reduced, so that food could go to the new site. Resources such as the sawmill at Resolution were turned entirely to the purpose. At the same time, the father kept up a steady stream of correspondence and journal articles that let officials in Europe know of the justness of the cause, the difficulties of the campaign, and the desperate need for help. In effect, the administrator combined hard labor at home with forceful lobbying abroad.

Even when shortfalls led the father to put a brake on Aklavik's founding, he used the setback as a means to elicit support from Oblates in other parts of the world. By

suggesting that defeat was in the air, he hoped to shame the order into sending recruits. That winter, a priest stayed in the Delta to cut logs for Brother Wilhelm Beckshaefer, an expert carpenter who, in the next warm season, put up a small residence. Duport arrived soon after with the unhappy news that support had not materialized. The mission could not open for at least a year, leaving Protestants a free hand. But, he promised, God would soon have His revenge.<sup>29</sup>

Anglicans clerics had no idea of the Catholics' problems. Bishop Lucas of the Mackenzie, Bishop Stringer of the Yukon, and their three northernmost ministers were just then holding a special meeting at Aklavik. No doubt, Duport commented, they had gathered to "fight among themselves" over methods to counter Oblate incursion. They had not believed it could happen. For ten years, they had tried to "bluster their way through" by talking about building a hospital while taking no action. Now, they feared the consequences.<sup>30</sup>

When, at the Aklavik trial that summer, Judge Dubuc allowed opposing missionaries to speak to the courtroom audience, Duport jumped at the opportunity. Despite knowing there was no money, he matched every one of the Protestant

---

<sup>29</sup>Prov. Chr., 26 June 1924. Duport, "Une Visite aux Missions du Vicariat," edited version of letter of 10 Aug. 1924 to Mgr. Dontenwill, Missions OMI 59 (Sept. 1925): 33-44.

<sup>30</sup>Duport, "Une Nouvelle Mission au Cercle Polaire," Missions OMI 59 (1925): 44-54.



promises about building a hospital and a school. In a letter to Cardinal Van Rossum and other church officials soon after, he justified the rashness of his action. So edifying was the letter, the Oblates had it published in Missions O.M.I.<sup>31</sup>

As he spoke his first words in the courtroom, Duport felt God's guidance: his English had always been poor, yet speech flowed freely. "With assurance and very clearly," he announced the imminent arrival of nuns to educate children and to care for the sick. Like the Anglicans, he had "declared war." In fact, the Oblates had already "opened hostilities" with a "mortar-launcher," the primitive residence built by Brother Beckshoefffer. Although that simple weapon greatly worried Protestant troops, it could not maintain the barrage. Better to install a "75 mm. canon" for heavy bombardment. By using the Vicariate's own resources, he hoped to find components on the cheap.

The canon would consist of 50,000 feet of lumber, to be cut at the Resolution mission sawmill. Transported two thousand kilometers northward on scows built for the purpose, it would have to be mounted, fortified, and armed. The expense, while significant, would be a quarter of what it would cost to purchase the same materials in the south. Once assembled, what would the weapon look like? "Very simply,"

---

<sup>31</sup>Res. Chr., 13 July 1924. Duport, "Une Nouvelle Mission au Cercle Polaire," Missions OMI 59 (1925): 44-54.

Father Duport explained, "it's a residence of 35 by 50 feet that will hold both a school and a hospital, served by four or five sisters." Nuns always exerted a "force of attraction."

Once Aklavik was secured, Oblates would conquer the Arctic Coast with relative ease. Most Eskimos, it was true, had already been "converted" from paganism; their faith, however, was the coarse Anglican "mixture of error and truth." They remained ignorant of the meaning of God and his mysteries. Moreover, Protestant missionaries lacked commitment to the Christian cause; earning a good salary and making a name served as their primary motivations. As a result, few native groups received regular visits.

The Delta Eskimos, Duport told the world, were to be seen with "a mixture of admiration and pity." Men and women were "herculean" in size, gently plump, powerfully built, and healthy in appearance. Their remarkable sense of business astounded the father. Keen entrepreneurial skills showed in many ways, but especially in ownership of modern boats equipped with internal gasoline engines. At least twenty-five were tied up at the Aklavik dock. In spite of their physical and intellectual prowess, however, they had fallen victim to Anglican missionaries.

The minister's hold on these remarkable people was sad to watch. When summoned by the church-bell, they hurried to

the Protestant mission to learn to read and sing. Rushing past the priest, they seemed unaware of a better way of being Christian. Still, the father predicted all would soon join the Catholic Church. The Grace of God, he trusted, would not allow these splendid souls, "so eager to know and love Him, to continue their Protestant ways and to understand him imperfectly."

Repeatedly, Duport told his international audience, the Oblates had asked Saint Theresa of the Infant Jesus (whose statue stood on Aklavik's temporary altar) to obtain for "these poor Eskimos" the grace of worshiping God with confidence and abandon. She was certain to help the cause, making it all the more important that the mission be ready. It was not enough to stay with gains already made: the advance must continue.

Duport ended on a highly inflammatory note designed to please his Catholic readers and encourage their support. As long as fanatical, unprincipled Anglican ministers roamed the Delta, the Eskimo would be tainted by the Devil's brush. Unless the Protestants were stopped, Satan would continue to draw his "ever-darkening" strokes across the North. Every Oblate in the Mackenzie Vicariate was willing to "risk his

skin" to change that situation. Surely it was time for the Church at large to come their support.<sup>32</sup>

The Grey Nuns expressed similar sentiments. In 1924, Sister Elvire St. Cyr, from the Fort Providence school, briefly visited the new mission site in the Delta. The Eskimos, intrigued by her habit, all wanted to see her, and several confided youngsters to her care. As the news reached other nuns, thanks went heavenwards. At Resolution, sisters constantly repeated the invocation "Sacred Heart of Jesus, convert the Eskimo."<sup>33</sup>

Mother Dugas, head of the Grey Nun order, arrived at Aklavik a few weeks later to pick the convent's exact location. To assure prosperity, she placed a small statue of Mary Immaculate and relics of Margu  rite d'Youville (the Grey Nun founder), in a nearby tree. It was her way of "taking possession." Then, on her way south, she chose the staff for the new mission. Sister Alice McQuillan, from Fort Resolution, was to be the first superior. Colleagues openly felt envy--only the most "  lite" of souls, they recognized, had been chosen.<sup>34</sup>

---

<sup>32</sup>Duport to Propaganda, n.d., 1925, ARCY, file: Propagande.

<sup>33</sup>Prov. Chr., 12 July 1924. Res. Chr., 13 July 1924.

<sup>34</sup>Simps. Chr., 28 July 1924. Smith Chr., 17 Aug. 1924. Res. Chr. 5 Sept 1924.

Over the next year, the Resolution saw-mill worked fiercely cutting lumber. Ten thousand feet reached Aklavik by late September. A much larger supply would travel north on Oblate-manned scows in spring. Careful planning was of the essence. "Whatever you do," Duport counseled Father Lefebvre, the vicariate's purchasing agent in Edmonton, "do not delay." The outdoor building season was extremely short; the convent had to go up in weeks. Every item must be on site by July. Difficulties would surely occur. "Thoroughly displeased with Oblate designs on Aklavik," the Devil had already broken the Resolution saw-wheel. Fortunately, an older unit had been in storage, and the brothers lost little time.<sup>35</sup>

Preparing for Aklavik became a constant preoccupation at all Mackenzie missions. An exciting sense of purpose spurred Oblates and nuns alike. Even children contributed by hauling and cutting logs. At Smith and other Grey Nun institutions, sisters put aside not only what they could readily spare, but many necessities. To all, the effort offered a welcome means of demonstrating "faith through labor, ardor through prayer."<sup>36</sup>

---

<sup>35</sup>Duport to Breynat, 16 Nov. 1924, Duport to Father C. Lefebvre from Resolution, late fall 1924 or early 1925, (1923 incorrectly penciled in), ARCY.

<sup>36</sup>Duport to Propaganda, n.d., 1925, ARCY: Rapports Annuels, Propagande. Smith Chr. 29 April and 13 June 1925.

At Resolution, Father Duport blessed four heavily laden scows and the small gasoline boat that would push them to the Delta. Barely had the flotilla started across Great Slave Lake, when the Devil, it seemed, tried to stop them with a violent storm that appeared out of nowhere. As the crew reached for their rosaries and prayed to the Virgin Mary, the threat passed by. A week later, at a point where the Mackenzie narrows and waters roil, the Evil One tried again, sending winds screaming in from the North. Fortunately, the brothers made it to a protective mooring. Full details of the trip and Satan's attempts at sabotage went to Cardinal van Rossum.<sup>37</sup>

On June 28, 1925, the "75 mm. cannon" arrived in Aklavik, welcomed by Father Joseph-Marie Trocellier, the mission's new superior. Fathers Duport and Lefebvre debarked from a steamer days later, as did the sisters shortly thereafter. Swelling their ranks was the hired help: Mr. Mercier, the carpenter (who brought his wife), and several others. Lefebvre, though sixty years old, carried heavy beams on his shoulders as did all the other men. The Anglican bishop watched in amazement as the elderly Oblate made repeated trips between the river's edge and the Catholic mission.

---

<sup>37</sup>Res. Chr., 1925, June 17. Duport to Propaganda, n.d., 1925, ARCY: Rapports Annuels, Propagande. Duport to Breynat, 1 July 1925, OASA file: Duport.

Within days, all supplies had been put under storage, and work began on the two-story convent. The Oblates were not, however, the only ones building that summer. Bishop Lucas, too, had his men working hard. The Catholic challenge had stoked his urge to get things done. Duport, who "knew it was coming," showed little concern. Renewed Protestant fervor, he wrote to Europe, would lengthen the battle, "but the victory will certainly be ours." In the meantime, The Prince of Darkness would not let the "saving mission" in peace. Indeed, his next move brought great dismay.

The mission's dogteam got loose and attacked a three-year-old Eskimo girl. The nuns heard the mother's screams as teeth tore into flesh. Father Trocellier beat the snarling animals away and rescued the victim. Deep wounds marked the body; brain protruded from punctured skull. Dr. Cook, the newly arrived police surgeon, declared the victim beyond help. Nevertheless, the sisters committed her to the protection of Mary Immaculate, Aklavik's patron saint, and began a *neuvaine* to Saint Theresa of the Infant Jesus. To everyone's joy, the child revived. Failure of the Devil's handiwork, Duport informed Van Rossum in a widely published letter, proved that God himself wanted the mission to succeed.<sup>38</sup>

---

<sup>38</sup>Akl. Codex, 18 July 1925. Duport to Propaganda, 1925, ARCY: Rapports Annuels, Propagande. Cook's first name is not given in the documents at my disposal.

A gesture by the Protestant minister reduced tensions in the aftermath of the incident. The Reverend Edward Hester, long drawn to the "Roman" or ceremonial side of Anglicanism, briefly warmed relations when he invited the nuns to supper. Blissfully unaware that the minister was homosexual and lacked interest in women, the sisters were initially scandalized. But, Hester soon charmed them ("Very well sister, be faithful to obedience") to afternoon tea. As they inspected the Protestant church, the nuns "sowed" invocations under their breath. "Sacred Heart of Jesus," they prayed, "may thy Kingdom come. Yes, Jesus, may your kingdom come to those souls so dear to you and so blind."<sup>39</sup>

The success of the Catholic mission, the sisters were acutely aware, depended on their skills. The pressure of that responsibility distorted their expectations. The year-long preparations for Aklavik made them feel they had been fighting for errant souls a long time. When no conversions took place within a few weeks of their arrival, they worried about failure. On August 15, the feast of the Assumption of Mary, they asked the Virgin to "draw the Eskimo to the Sacred Heart." Still, no one came.

---

<sup>39</sup>Akl. Chr., 30 July; 4, 6 Aug. 1925. For veiled references to Hester's homosexuality, the various males he arranged to come and live with him in the North, and the trouble his sexual orientation caused during furlough in England see PAA 70.387 MR 200/83 and AAT LP, file: Hester.



To keep busy, the nuns unpacked bales. Sister R. A. St. Adéland, who lamented she had "no medication for my Eskimos," found three cases of drugs from Grey Nun headquarters in Montreal. The finding provided "a ray of sunshine and drove away the blues." As yet, however, she had no one to give them to. When, a few days later, Father Trocellier "enthroned" an image of the Sacred Heart in the hospital, the nuns hoped "their devotions would make up for "the lack of love given to our Lord in this pagan land." Not a single Eskimo had come to services. Just then snow appeared on the Richardson mountains to the west, a sign for native families to depart from Aklavik for their winter hunting grounds. None left a child with the sisters, nor did any enter the hospital. Now, only whites remained in town.<sup>40</sup>

During the next four months, conversion efforts were of necessity restricted to prayer. During October, dedicated to the Virgin Mary, the sisters asked "the Queen of the Holy Rosary" for adherents "before long." Decorating her statue with twelve paper roses, they requested "an Eskimo for each." In November, at the annual mass for deceased nuns, colleagues in heaven were asked to help with "the conversion of our dear Eskimos." But the only patient who asked for attention was the carpenter's wife. Debilitated by persistent headache, and

---

<sup>40</sup>Akl. Chr., 28, 30 Aug. 1925.

intensely sensitive to noise, she demanded a stop to all construction. The mission lived in silence.<sup>41</sup>

On Christmas Eve, no Eskimos showed up for worship in the elaborately decorated chapel. The minister, it turned out, had changed the timing of his service so it coincided with the priest's. Yet, as soon as Anglican devotions ended, families streamed to the Catholic chapel, where Sister McQuillan urged them forward to the candle-lit altar. Fascinated, many returned for another look. Heaven, father Trocellier pronounced, was prodding them toward the "One True God." Soon, however, all the visitors left town. The nuns' hopes of harboring a patient or student from their midst would have to wait until spring.

None of the disappointments showed in Duport's correspondence with Cardinal van Rossum. Only by trumpeting the positive could Aklavik compete for hard-to-get funds. "The Mission of Mary Immaculate for the Eskimos of the Delta has opened," exulted the father's annual report. The convent was furbished, occupied, and ready for winter with a year's supply of wood. Its sudden appearance and progress were surely prodigious. God had assisted, but Oblates had made it possible by tightening belts and "helping themselves." Upkeep, given extreme weather and great distance from supply

---

<sup>41</sup>Akl. Chr., 1 Oct.; 7, 19, 22-23 Nov. 1925.

centers, would cost dearly. Moreover, the convent was but a start: church and rectory still had to be built. In short, the project merited increased funding.<sup>42</sup>

At Aklavik, the sisters saw no Eskimos until Easter, "What a joy for us!" exclaimed the sister superior when a crowd entered the chapel. As the Anglican minister's bell had just sounded, the victory seemed all the greater. But when, shortly after, the father began his sermon in French, every visitor trooped out. While the nuns felt deep humiliation, Father Trocellier saw God's hand. The Lord had caught them congratulating themselves. They must stop being presumptuous; conversions would only occur on the Lord's timetable. Besides, as Bishop Breynat had predicted, only the sisters' medical work would bring adherents. And even that seemed out of the question for the present. The wards sat largely empty.

What few admissions took place brought no new souls to the cause. A tuberculous Indian girl, already a Catholic, died a few weeks after her arrival. Several European women, including the doctor's wife, came in to have their babies. "Deo Gratias," exclaimed Father Trocellier, "once the Protestants experience our good works, they will see where true Christian charity lies." None, however, changed

---

<sup>42</sup>Duport to Propaganda, n.d. 1925, ARCY: Rapports Annuels, Propagande.

allegiance. When, at last, an Eskimo took up a hospital bed, it was someone who had not come voluntarily.<sup>43</sup>

The patient, a paralyzed woman from Coronation Gulf, had been involved in a murderous love affair, and the police had brought her west to testify at the trial. A powerful "sorceress," she had long relieved others of evil shades, which were now taking revenge by occupying her body and causing weakness. Dr. Cook, who could find no organic illness, left her at the convent, explaining it was "the only place devils can be chased out." The nuns, with high hopes of "perhaps converting" the break-through patient, placed her in their best room. She soon recovered, but showed no enthusiasm for embracing a new faith. Shortly after discharge, she used her regained strength in ways that would have offended the sisters had they heard of it. Dressed in pink bloomers, she performed lewd, gyrating dances before gawking white visitors to the music of a wind-up phonograph.<sup>44</sup>

In June, when the Eskimos once again arrived in Aklavik, not one called at the mission. "Undoubtedly," concluded Sister McQuillan, "the minister has told them not to come." Far less friendly to Catholics than the previous year, Hester was taking "great care of his sheep," policing the area

---

<sup>43</sup>Akl. Chr., 20, 29, 30 Apr.; 12, 20, 22 May; 1 June 1926.

<sup>44</sup>Akl. Codex, 11 May 1926. Akl. Chr., 12 May 1926.

between their tents and the convent to prevent contacts. In the end, the nun felt certain, he would lose. A far better Shepherd was merely biding time before bringing his lost ones home. In the meantime, she had the honor of "planting the first seed." When, a few weeks later, Eskimos knocked on the convent door, they wanted not religious instruction, but drugs for their travels. The sisters did not disappoint them.<sup>45</sup>

At the onset of the 1926 summer, just as mission carpenters finished the last of their work, Gabriel Breynat arrived from Europe. Father Belle, who represented top Oblate officials in Europe, accompanied the prelate. It was the twenty-fifth anniversary of Breynat's episcopacy, and elaborate celebrations marked his arrival, as they had at each mission on the long route northward.

The bishop, who had never traveled past Arctic Red River, got his first view of Aklavik. During the three years he had been pursuing health in Europe, his staff had converted a marshy, shrub-covered field into a fully functioning mission. A centrally heated, multilevel hospital-school and several support buildings now occupied the site. A great deal had been accomplished. Father Belle was "enchanted" by the sight of the mission, dominating all else on the desolate

---

<sup>45</sup>Akl. Chr., 18 June, 10 July 1926.

shore. His already high opinion of Breynat, one senses, rose even more.

Father Duport, the driving force in establishing the Aklavik mission, did not attend the festivities. Fatigued by the hard labor of the previous three years, he already knew that heavy administrative duties would once again fall on his shoulders. Because of persistent symptoms, Bishop Breynat required yet another round of spa therapy in France; as before, Duport would be in charge of the vicariate. But the father issued no complaint.

In 1903, Breynat had brought Duport from Europe as a newly priested twenty-seven-year-old. Since then, he had not once left the Mackenzie. For almost a quarter century, he had gained respect and admiration in his work as superior at Fort Resolution, member of the bishop's council, and vicarial administrator during Breynat's absences. By personal example, he had exhorted others to perform to the limit. By shrewd management and good humor he had built and staffed the Aklavik hospital despite a lack of money and new recruits.

Bitterness, however, had begun to enter Duport's heart. The Mackenzie's Indian missions, he felt, had been asked to make too many sacrifices for the Aklavik initiative. The work at Fort Resolution, in particular, had suffered in the process. Fellow priests recognized the father's fatigue

(modern colleagues would have called it a "burnout") and gave him a break. Every five years, the Oblate order held a general meeting in Europe to which the rank and file elected representatives; this time, the Mackenzie Oblates chose Father Duport. By mid-September 1926, Duport had left the North.

Addressing the Oblate gathering in Rome, Duport made a deftly constructed appeal for aid. First he linked the rigors of the North to the premature decline of mission staff. Using biblical rationale, the father then asked for increased support despite the fact that the entire Vicariate contained but a few thousand souls. He bolstered the request with a dramatic retelling of the Catholic advance into the Mackenzie Delta, with descriptions of the hospital and the damage it inflicted on Protestant hopes. The Oblates were indeed taking the Church's message "to the ends of the earth."

Finally, the father reminded his listeners that, for over half a century, the published heroics of Mackenzie missionaries had drawn more neophytes to the Oblates than any other undertaking. How ironic, then, that lack of support threatened collapse of the North's missions. While the order had doubled in size since 1901, the number of priests and brothers in the Mackenzie had remained static at twenty. The Vicariate had been forced to survive by drawing on internal resources.

Nowhere, Duport went on, had the task caused greater stress than at his own mission, Fort Resolution. While giving credit to St. Joseph, that mission's patron saint and heavenly purveyor, he described the recent sacrifices that had brought staff to the brink of collapse. Nuns and priests had tried the "impossible" in providing personnel, goods, and food to Aklavik. Hard work in garden and sawmill went largely to filling the needs of a far-off hospital, school, and residence. In the process, Resolution's own development had suffered.<sup>46</sup>

Shifting to the language of warfare, Duport asked that help be sent to the beleaguered Oblate warriors of the Mackenzie. So far, they had not thought of retreat. But reinforcements had failed to arrive, and the troops would soon "die where we stand." Leaving Rome, he headed for France to visit his family, which he had not seen for twenty-five years. On the way to his ancestral home, he stopped at nearby Lourdes to ask the Virgin Mary for help with the Mackenzie missions. What followed instead was a great deal of adversity. While still at the shrine, Father Duport contracted pneumonia; he died within a day. He never did see his relatives.

Meanwhile, in Canada, the federal government refused to recognize the Catholic hospital at Aklavik and dashed all

---

<sup>46</sup>Duport, Rapport au Conseil Général, 1926, ARCY: Rapports Annuels, Propagande.



hopes of financial support. The Oblates had committed two serious errors while building the Aklavik mission. Desperate for money, they represented their infirmary at the Resolution convent school (which sometimes admitted ailing adults) as a "hospital" and sought federal subsidies. Ottawa turned them down, but only because the setting--sickrooms within a primary school--offended the Department of Public Health. If Catholics would put up a separate medical structure, officials promised, help was assured. The Oblates, however, scuttled the project. "Extremely busy with other undertakings," they were "absolutely unable" to start another project. Aklavik was taking up all resources.<sup>47</sup>

The refusal raised federal eyebrows. The interests of Resolution's solidly Catholic Indian community, which badly needed a hospital, were being jeopardized by a venture among remote tribes loyal to the Anglican faith. The new Delta hospital, it became clear, had more to do with Christian competition than with compassion. Such perceptions bolstered the case of Protestant officials opposed to Catholic expansion.

---

<sup>47</sup>Breynat, Cinquante Ans. III, 112-113. John A. McDougal (District Agent, Fort Smith) to Coudert, 17 July 1924, 23 Dec. 1924; McDougal to Coudert, 27 Jan. 1925; Finnie to Lefebvre, 20 Mar. 1925; Lefebvre to Finnie, n.d., 1925 (first page missing); Finnie to Coudert, 28 Jan. 1926; Coudert to Finnie, 14 Apr. 1926; Finnie to Coudert, 21 June 1926; Bourget to Lefebvre, 12 Mar. 1927; Finnie to Breynat, 22 June, 1927, all from ARCY, file: Resolution Hospital. Resolution had no hospital until 1939.

The government's inability to subsidize care at Resolution should have signaled that the Aklavik layout, with a school and hospital in the same building, would also draw criticism. Nevertheless, in the rush to get the mission completed, no changes were made, with potentially disastrous results. In the summer of 1926, just as the last internal work was being completed, Ottawa advised Bishop Breynat it could not recognize the second floor rooms as constituting a *bona-fide* hospital. As no federal money would be forthcoming, the ruling threatened the entire venture. Without financial help, there could be no medical service; without a hospital, so Catholic reasoning went, the mission would not gain converts.

The gaffe proved doubly harmful because it gave the Protestants time to complete a prefabricated medical facility imported from the South. They could now assert that theirs was the first hospital in Aklavik. A "splendidly finished building with six beds," it served its purpose from the moment Miss Minnie Hackett, the nurse, arrived on a Mackenzie River steamer. The same vessel brought a surgical case, a Protestant Indian from Fort Norman. Unable to reduce the man's three-months-old shoulder dislocation, Dr. Cook, the police surgeon, removed the head of the humerus. The patient was soon "able to make much use of his arm." Given the small number of his parishioners (all of them Indian, not Eskimo),

Breynat recognized at once how difficult it would be to gain support for a second hospital. It seemed probable that a Simpson-like situation would develop, with denominational roles reversed; Catholic patients would go to an Anglican hospital. Fortunately, Anglican hostility provided a rationale for maintaining his own treatment facility.<sup>48</sup>

On the last summer boat, a Catholic Indian from Fort Good Hope came for treatment of advanced venereal disease. The nuns refused to take him in, rightly stating that the convent was "not a hospital." When Dr. Cook sent the man to the Anglican nurse, she also refused admission. Archdeacon Whittaker, briefly in charge of the diocese after his bishop's resignation, fully supported the decision. Catholics, he feared, "were going to try to shove their morbid cases on our hospital, to give it a bad name, or to secure an entrance for their priests and sisters, and so to make it an adjunct to their place."

The priest, unhappy at seeing care denied to one of his flock, tried to bring the archdeacon around. The hospital, he argued, was really a government institution, and therefore "compelled to take any and every case." Whittaker, who would not relent, insisted the facility "was built by our Church for the benefit of our own people, and while we are willing to

---

<sup>48</sup>Whittaker, 1926 Annual letter; Commissary's Report, 1926; AAT, M75-1, LP, box 2.

extend kindness to others, we cannot let ourselves be crowded out with R.C. tubercular and venereal cases, and so rendered incapable of attending the needs of our own folks." If, through some strange circumstance, a Catholic patient were ever admitted, Oblates would not be allowed visitation rights unless accompanied by a minister. Many of the sick were young women, and he wanted no material for "scandal-mongers."<sup>49</sup>

Breynat promptly advised Ottawa of the incident. Then he converted the Catholic mission's sizable free-standing wash-house into a twelve-bed hospital. By September 1, the first patient, the wife of the recently installed local government doctor, came in to have her baby. What amounted to a ringing endorsement by the region's only medical expert, however, meant nothing to federal officials. They had made up their mind that a Catholic hospital would not receive recognition.<sup>50</sup>

Canon Gould of MSCC had hardened Ottawa's attitude. Angered by the Catholic presence at Aklavik, he maintained a shrill campaign to block subsidies. "Deliberate and unjustifiable invasions and aggressions" warranted no help. Oblates were asking government "to recognize and become a

---

<sup>49</sup>Whittaker to Primate, 1926 Commissary's Report, AAT, M75-1, LP, box 5, Whittaker file. Breynat, memorandum, n.d., 1928, ARCY, file: Aklavik hospital.

<sup>50</sup>Breynat, Cinquante Ans III, 69.

party to" inter-church warfare. Only the Anglican hospital deserved aid. Indeed, north of the Arctic Circle, exclusive access to federal funds was a "direct and inalienable right of the Church of England in Canada." If Breynat received money, Anglicans would help defeat the government in the next election by appealing to "the court of public opinion."<sup>51</sup>

Some bureaucrats paid Gould little heed. Duncan C. Scott, responsible for Indian Affairs, approved full subsidies for natives admitted to the wash-house hospital. O. S. Finnie, whose Yukon and Northwest Territories Branch looked after whites and Eskimos, urged the bishop to submit a bill for the 1926-27 season, which he promised to pass on to his superior, W. W. Cory, Deputy Minister of the Department of the Interior (and *ex officio* Commissioner of the Northwest Territories). As it turned out, however, Gould had that senior official, a fervent Protestant, solidly on side.<sup>52</sup>

The Department of the Interior, Cory advised Breynat, had given the wash-house facility "most careful consideration." Common sense and financial responsibility dictated that "where a hospital is functioning and satisfactorily meeting the requirements of the district, no

---

<sup>51</sup>S. Gould to Scott, n.d., Oct. 1926, ARCY, file: Aklavik hospital.

<sup>52</sup>Breynat, Cinquante Ans III, 79. Finnie to Breynat, July 1927, ARCY, file: Aklavik hospital.

Government grant will be paid to a second institution." Since the Anglicans had opened a *bona fide* hospital first, he refused to subsidize the Catholic facility. Nor could any bills be paid retrospectively. Breynat would receive not a penny for medical work undertaken since the mission's founding.<sup>53</sup>

"I would respectfully direct your attention," Cory added, "to the fact that the native population in the Northwest Territories is scattered over an immense area, necessitating, on the part of the Government, a very heavy per capita cost for the care of these people." In a clear allusion to the Oblates' failure to build a hospital at Resolution, Cory wondered why Breynat had not brought his resources to bear on a community that lacked medical services. Ottawa would readily assist in such a location. However, no help was possible when beds were provided for reasons "other than the pressing need for additional hospital accommodation."

Up to that point, the deputy minister's reasoning was hard to fault. His zealous support of Gould, however, took him beyond the limits of his position: he claimed jurisdiction over all of Breynat's initiatives. "We therefore demand," said his letter, "that before thinking of opening a new field, no matter what its nature, medical or otherwise, you consult

---

<sup>53</sup>W.W. Cory to Breynat, 30 Apr. 1928, French translation in Breynat Cinquante Ans III, 75-76.

this government and that you await its approval. The ruling applies not only to hospitals or schools but to mission work in general."<sup>54</sup>

Breynat instantly recognized Gould's hand. From informers in Ottawa, he had obtained full copies of the canon's missives. The lines in Cory's letter were "the literal reproduction of Gould's words." By telegram, the prelate objected to government attempts "to regulate our missionary work." Cory, he hoped, would "not resent it too much if, instead of following your advice . . . I rather stand by the directions imparted by my ecclesiastic superior in Rome." In addition to maintaining the Aklavik hospital, he would "keep going further North quietly but steadily." Hinting the deputy minister would face unpleasant consequences, Breynat urged him to "kindly reconsider."<sup>55</sup>

Oblate priests in the Mackenzie Vicariate recalled a saying to the effect that "He who eats Pope, dies of it." Those who tried to do harm to the Catholic Church, the expression conveyed, would suffer serious consequences. Breynat decided that the hostile Cory would at least eat crow. The bishop had long nurtured good relations with top

---

<sup>54</sup>Ibid.

<sup>55</sup>Breynat to W.W. Cory 24 May 1928, telegram; Breynat to Cory, 25 May 1928, ARCY, file: Aklavik hospital. Breynat, Cinquante Ans III, 79.

politicians, including Charles H. Stewart, Minister of the Interior, a "friend of the missions" and Cory's immediate superior. Now, the prelate paid Stewart a visit to ask if he knew what his underlings had been up to. Was the Department of the Interior intent on keeping Catholics off the Arctic Coast?

"Those wretches," exploded Stewart, "they've been trying to get such a ruling past me for three years! I've been away and during my absence they got this concession out of my deputy minister!" After revealing how Anglicans used the bureaucracy to brake Oblate advances, he called Cory on the mat. Decades later, Breynat still remembered the man standing there like a guilty schoolboy. When he claimed to have signed the offending letters without reading their content, the bishop opined that such negligence only increased his guilt. It would be hard to imagine a more thorough humiliation of a senior civil servant. Gould's "connivances," Breynat rejoiced, had failed.<sup>56</sup>

Nevertheless, some of Cory's conduct was vindicated as Breynat got what amounted to a rap on the fingers. A follow-up communication reminded the prelate that he could not presume to get subsidies without Ottawa's prior agreement. Officials hoped to see the churches' good works "extended to

---

<sup>56</sup>Breynat, Cinquante Ans III, 75-6.



cover the whole native population." But whenever construction of a school or hospital was contemplated, it would be "necessary to secure the approval of this Department if the usual financial assistance is expected." By various means, Protestant bureaucrats continued to delay funding.<sup>57</sup>

Soon, however, the bishop received medical backing for his claim that the Anglican hospital alone could not meet needs. Dr. J. A. Urquhart, the first physician hired by the Northwest Territories administration, had recently arrived. Very quickly, he recognized a burgeoning native demand for in-patient services. He clearly felt that the Catholic mission, with its access to Oblate manpower and Grey Nun nursing skills, could best fill the need.

The nuns were "extremely good" in handling urgent problems and obtained "very fine results" with chronic disease. But given the small size of the wash-house building, it would be "very difficult to take in any cases from the outside." As it was, the place could hardly handle the needs of the Catholic boarding school. More beds were required, and Urquhart promised "hearty cooperation" if Breynat found means

---

<sup>57</sup>Ibid., 79. Stewart to Breynat, 26 Sept. 1928, ARCY, file: Aklavik hospital.

to provide them. The prelate sent the doctor's letter to Stewart, and got an immediate response.<sup>58</sup>

The wash-house, as of 22 February 1929, became a "fully designated hospital," a ruling retroactive for three years. Accumulated per-diem subsidies (and the certainty of support in future) allowed Breynat to build a full-fledged two-story medical structure. Aklavik now had two inpatient facilities, just a mile apart on the same muddy road along the Mackenzie River. Not only religion separated the units: the time-zone fell between the properties, so that one functioned at an hour's difference from the other. On a slack day, the doctor could make rounds at both hospitals at the "same" time.<sup>59</sup>

**"Divorcing Hospitals from Mission Control":  
The Aftermath of Aklavik's Duplicate Medical Facilities**

Breynat, it seemed, had scored a victory; despite bureaucratic opposition and much controversy, he had constructed a sizable mission complex. It cost him dearly, however, in terms of southern perceptions of Oblate philanthropy. The fact that he had opened his hospital within

---

<sup>58</sup>J. Urquhart to Breynat, 29 Nov. 1928; Breynat to Urquhart, 31 Jan. 1929; Breynat to Stewart, 9 Feb. 1929; Stewart to Breynat, 22 Feb. 1929, all from from ARCY, file: Aklavik Hospital

<sup>59</sup>Dr. Geoffrey Homer, physician at Aklavik in the 1930s, interview with the author, 2 Aug. 1990, 2 July 1991, Victoria, B.C., tape-recording.

a short walk of a Protestant one became well known in government and private circles. In time, the event contributed to a dismantling of the North's church-based system of medical care.

Richard Finnie, son of O. S. Finnie, the Northwest Territories' senior administrator, became well aware of the competitive situation when, in 1930, he visited Aklavik. It was his job to record the Arctic's resources on camera for the Canadian people. On this occasion, he was on his way to Coppermine to live with Dr. Russell D. Martin, newly appointed physician to the Eskimos of Coronation Gulf. Martin himself had seen the two denominational hospitals en route to his posting the previous year.<sup>60</sup>

At Coppermine, consumption was rampant; several people suffered with tuberculosis of the spine. As one of them, thirty-year-old Jennie Kanayuq, lay paralyzed in her tent beside Martin's residence, recently arrived Anglican and Catholic missionaries vied for her allegiance. The doctor, a Scottish Presbyterian, was not amused. Although desperate for a hospital to care for his patients, he balked at an offer by

---

<sup>60</sup>Russell D. Martin, interview with the author, Edinburgh, Scotland, October 1989; March, July 1990, tape recording.

Bishop Breynat to build one with government assistance, as had been the norm in other Mackenzie District settings.<sup>61</sup>

Martin was new to the North, and had not had personal experience of medical practice in a religious institution. Like other whites, he was convinced that such an environment permitted undue influence on native minds and led to improper proselytization. It would be wise, he counseled Ottawa, to avoid situations that trapped patients in a spiritually charged atmosphere. "In view of two missions," said his telegram to the senior Finnie, "sectarian hospital [will] probably cause trouble and give unfair advantage." Coppermine, as a result, never got its inpatient facility; instead, Martin tried to accommodate patients inside his residence. It was there, protected from the coldest weather, that Jennie spent her final weeks.<sup>62</sup>

---

<sup>61</sup>Walter J. Vanast, "The Death of Jennie Kanajuq: Tuberculosis, Religious Competition, and Cultural Conflict in Coppermine, 1929-31," Etudes/Inuit/Studies 15, 1 (1991): 75-104; also the documentary film based on that study, Coppermine, Consequences of Contact, directed by Jerry Ray Harper, produced by J. Krepekevich, 60 minutes, National Film Board of Canada, 1992.

<sup>62</sup>R. D. Martin, Coppermine, radiotelegram to O. S. Finnie, Dept. of the Interior, Ottawa, January 21, 1930, NAC, RG 85, file 6873. For references to Breynat's many attempts to found a Coppermine hospital, see Marcotte to Breynat, Dec. 15, 1930; Pierre Fallaize (Breynat's coadjutor-bishop) to R. A. Gibson, Mar. 1, 1940; Gibson to Breynat Mar. 15, April 30, 1940; Fallaize to Gibson, May 11, 1940, all at ARCY, 15P1, section: Hopitaux, file: Coppermine Historique.

In moving terms, Finnie later described how Jennie died. Martin had promised her a sunlamp, then considered highly therapeutic for tuberculosis of the bone. When it failed to arrive on the planes that made it to Coppermine in late winter, she gave up all hope. "I cannot go on," she exclaimed, and breathed her last. At the burial, just before the frozen earth was shoveled onto her body, her husband put a small box upside down on her face. Having allied herself with the Protestant mission, Jennie had known she would be laid to rest in Christian fashion--below, rather than above, the ground. As there was no wood for a coffin, she would only be wrapped in a blanket; hence, she feared being short of breath. A complex mix of symbolism may have fueled her concern; the Eskimo term for the white man's God was "the breath that goes in and out of the nostrils."<sup>63</sup>

Over the next decade, very few of Jennie's fellow tribespeople joined the Catholic Church. "The Eskimos," wrote Father Roger P. Buliard at Coppermine in 1939, "have been inoculated with Protestantism." Perceiving no difference between the Anglican and Roman faiths, they lacked motivation to change. Though "powerless" to make inroads, the Oblates

---

<sup>63</sup>Richard Finnie, Lure of the North (Philadelphia: David McKay, 1940), 167-8. Father Marcel Rio, O.M.I., personal diary, Archives Deschâtelets, Oblate Fathers, Ottawa. Nondated insertion (probably made at the time of his 1982 review of the diaries) into handwritten notes about Genesis dated March 14, 1954.

remained convinced that medical services would solve that problem. Eskimos had a practical turn of mind and were "easily impressed by material things." As native people had a way of life based on mutual support, reasoned clerics, they would be most impressed by a hospital. Such an institution, "all Catholic missionaries on the coast" agreed, would provide quick victory over the Anglicans. At the least, "it would mean gaining the souls of 75% of those who die in the institution."<sup>64</sup>

Breynat, however, could never obtain government backing for a Catholic hospital. The story of Aklavik's duplicate medical facilities, events suggest, had sensitized many whites to unseemly proselytization at the bedside of ailing natives. In the South, the Department of Indian Affairs began to diminish cooperation with the churches on several fronts. In 1939, it advised the Commissioner of the Northwest Territories of its plans eventually to withdraw from all arrangements that made Ottawa "appear to be in partnership" with denominational hospitals, an impression it now "scrupulously avoided."<sup>65</sup>

---

<sup>64</sup>Father Roger P. Buliard, "Rapport Pour Un Hôpital Esquimaux à Coppermine," typed memorandum to Breynat, n.d., 1939, ARCY, file 15P1, section: Coppermine Historique, file: Hôpitaux.

<sup>65</sup>"Problem of the Hospitalization of Catholic Indians," unsigned typed document, n.d., 2 p.; "Hôpitaux et Sanatoriums pour Enfants et Adultes Indiens," unsigned typed document, 5 p., n.d., ARCY; "Mémoire pour NN. SS. les Evêques du Canada," printed Oblate information sheet for Canada's Catholic bishops, n.d., all at ARCY, file "Hôpitalisation des Indiens."

Richard Finnie, who left the North shortly after his Coppermine experience, became a powerful publicist for anti-mission sentiment. Enmity and competition between denominations, he wrote in 1942, was a "savage game" with the natives as "bewildered pawns." There was "absolutely no disinterestedness" in any medical, social, or educational work undertaken by clerics. Proselytization was behind it all. Moreover, the "missionary mind" precluded any good from being done. Men and women in the employ of Christian denominations were "inevitably fired" with a reformer's zeal, "lacking tolerance and sympathy with native ideologies and folkways." Were it not so, they would not have chosen that way of life.<sup>66</sup>

As any unbiased observer could see, Finnie argued, "the natives would be better off if their schools and hospitals were divorced from missionary control, made non-sectarian, and consolidated under a Government agency." Civil servants, untrammelled by ideology, could do a far better job. Instead of striving to make Catholics or Protestants out of northern native peoples, they would "guard them against exploitation, discourage objectionable phases of their primitive folkways

---

Harold W. McGill, Director of Indian Affairs, to the Secretary of the Northwest Territories Council, September 29, 1939, ARCY, file VA 4-1.

<sup>66</sup>Richard Finnie, *Canada Moves North* (New York: MacMillan, 1942), 57

and rationalize their spiritual beliefs, backed up by the Royal Canadian Mounted Police."<sup>67</sup>

After World War II, the Canadian government took a much greater part in directing native lives; the role of churches in medical care and education diminished greatly. Had Breynat known that the ill-feeling engendered by his Aklavik hospital would contribute to bringing that change about, he might never have built the institution. What is ironic about the conflict, however, is that both those who supported the churches and those who sought to end their influence never doubted that health services helped to gain Christian adherents. In that conviction, they had prestigious company. In 1951, Pope Pius XII paid "the highest tribute" to works of charity such as mission hospitals. They were extremely efficient, His Holiness avowed, in drawing non-believers to the Faith.<sup>68</sup>

---

<sup>67</sup>Ibid., 58

<sup>68</sup>The papal statement is quoted by J. L. Michel, O.M.I. in "Les Hopitaux dans le Vicariat du Mackenzie," typewritten manuscript, ARCY, file: "Review of Hospital History and Current Status, 1951."



## CONCLUSION

"The most difficult parts of an alien culture to comprehend are world view, the concept of humans, and the theory of disease. And once comprehended, they are difficult to explain."

Ethnologist William C. Sturtevant, objecting to a claim that European diseases made Indians abandon their own religious beliefs.<sup>1</sup>

Reconstruction of malady-related thought, warned Sturtevant, makes for hazardous scholarship; woe to authors who trust contemporary sources. Despite that warning, this study has used disease to explore a northern meeting of cultures, indigenous and white, very different from our own. Western medicine, it turns out, provides a crucial key to understanding mission history, although in unexpected and ironic ways. Illness often triggered conflicts relating to power and control of one's own destiny; but, contrary to what "victim" versions of history suggest, Indian and Eskimo actors usually held the upper hand.

What determined allegiance to a mission was not its provision of medical care or sustenance, but the pressure of

---

<sup>1</sup>William C. Sturtevant, "Animals and Disease in Indian Belief," 177-188, in Krech III, Indians, Animals and the Fur Trade: A Critique of Keepers of the Game (Athens: University of Georgia Press, 1981), 181-2.

native group consensus. Despite frequent therapeutic aid on the part of Anglican clerics, most Eskimos refused conversion until around 1916, when baptisms suddenly became commonplace. In the case of the Indians, entire tribes joined the Protestant or Catholic faith within a very short time of the missionaries' arrival in 1858, before western healing could possibly have influenced their decision. Subsequently, medical services rarely helped one church draw adherents from the other.

Still, missionaries never stopped believing that healing held the key to effective proselytization. If backed by an inpatient facility, clerics held, an attack on the other denomination would surely succeed. When such endeavors failed, they questioned not the soul-attracting value of medical care, but their own zeal and strength of purpose. Conversely, the opening of a mission hospital severely demoralized staff on the other side. At Fort Simpson, where only the Catholics possessed a medical building, the mood at the Anglican manse shifted from elation to despair depending on whom a parishioner approached for assistance.

Anglican admissions to the Catholic hospital, although few, short, and far-between, took on tremendous symbolic importance, precipitating heated exchanges between opposing clerics. Irony was, few of the band leaders who counted in shaping the views of Indian society ever occupied a bed. To

suffer and decline in a mission building, away from one's own tent and extended family, was an entirely foreign concept. Gender issues, too, affected utilization; men rarely entered the wards.

Throughout the North, the vast majority of medical contacts involved out-patient services. Here, in particular, pragmatism informed native actions; religious leanings took a back seat to what appeared the best route to healing. If indigenous therapies failed, as was sometimes the case among the Eskimos at Herschel Island, families happily consulted the missionary for a western approach. At Simpson, if Catholic nuns could not effect a cure, Indians turned to the Anglican minister. To the despair of clerics, native patients even obtained help from the two sides at the same time. Although some hinted they might switch religion, none actually did so. Once the ailment disappeared, so did the promise.

Many Mackenzie stories illustrate a striking anomaly in the perception of western medicine held by missionaries and natives. For the former, long-acquainted with "scientific" healing, treatment was part of a religious package that held great power in opening souls to the Christian message. In contrast, Indian and Eskimo patients, whose own remedies scholars so often picture as suffused by the spiritual, took an entirely practical view of European drugs, approaching them

as just another consumer product available at newcomers' enclaves.

No doubt, white pills and poultices came with an aura of special efficacy, as do novel and exotic remedies in treatment situations everywhere. But there is no evidence that native people held western medicine in awe or considered it as especially linked to spiritual forces. Possibly, that attitude flowed from the availability of proprietary drugs on trade company shelves. Perhaps, too, occasional treatment of sickness by Hudson Bay Company personnel had made clients aware that such help need have no religious connotations. Most likely, however, the pragmatism reflects the fact that much indigenous healing (such as the Loucheux surgical and medical skills described by George Mitchell) contained no significant spiritual component; as in white society, many remedies had an empiric basis.

During visits to settlements, family heads often obtained a supply of pills and salves, which, if they played it right, could be obtained for free at the Anglican or Oblate mission. Indians' allegiance to one or other side put an obligation on clerics to maintain a long pattern of gift-giving. In Simpson, where the Catholic hospital intimidated Anglican missionaries, Protestant clerics worked hard to remain the sole suppliers of drugs to their flock. If patients asked for too much, or acted ungrateful, there was

little pastors could do; offended parishioners might turn to the other church. Under such conditions, Indians were able to play missionaries like puppets.

As a result, the native peoples of the Mackenzie Valley did not suffer from the churches' use of medical care for competitive purposes. To the contrary, it brought them more services and attention than they would otherwise have had. An acutely ill Anglican in a Catholic hospital might finger a rosary to please an attendant. After discharge, however, the patient might just as readily promise the horrified Protestant pastor never to repeat the transgression and ask for the usual gifts accorded to visitors.

On those very few instances where Indians changed denominational allegiance, mission-based healing apparently played no role in the decision. The transfer usually involved a male planning to marry into a band affiliated with a church different from his own. In the case of John Bedsitya, described in the Fort Simpson chapter, the groom had obtained gifts and medical aid at the Protestant manse for years. Yet that did not stop his sudden "abjuration" of Anglican beliefs, followed by baptism in the Roman church.

Such conversions demonstrate the power of group dynamics; every member of a band professed the same European faith. The uniformity surprises, as it seems incongruous with

what ethnologists claim about the Athapaskans' marked individuality; in matters of religion, it appears, Indians' sense of belonging to a specific group played the greater role. Still, if a dying patient wanted to return once more to his original Christian faith, fellow bandmembers did not object; all went along with what the ailing individual considered in his own best interest.

The most striking instance reported here involved Atsia, a Simpson hunter recently "converted" to Protestantism who fell dangerously ill and asked for the Catholic priest. Although an Anglican cleric had been ministering to his symptoms for some time, neither the patient nor his Protestant in-laws felt any debt to the much-disappointed missionary. What counted was the husband's spiritual comfort; he longed for the Roman rituals and chants learned in childhood, and his Anglican wife made sure he got them. Thus, in the face of imminent demise, when one might have expected Indians to be most vulnerable to clerical manipulation, the very opposite turned out to be true.

These findings, consistent over a thirty-year period in situations of both primary evangelization and inter-denominational conflict, hold implications for medical missions world-wide. Favorable reports to the home church or enthusiastic headquarters rhetoric about medical care should be perceived with great skepticism. Even if some conversions

appear directly related to healing, it is very likely that other factors also played a role. Therapy per se, the North's mission history makes abundantly clear, rarely if ever opened hearts to the Gospel message or one of its variants.

Unlike adults, children could not deal with clerics on their own terms; those enrolled at mission schools, in particular, were entirely dependent on the whims of European guardians. Still, the Fort Providence records throw doubt on blanket assertions that such places made children suffer unnecessarily. Many stories from this setting reveal warm ties between nuns and children and close support of ailing youngsters. There can be no doubt that, along with respect and discipline, affection and tenderness played a significant part in student life.

As for the influence of school environments on student health, the Mackenzie provides insights that run counter to much popular rhetoric. No treaty or government regulation compelled parents to send children to school; Indians enrolled their offspring because they felt it to be to the youngsters' good. Indeed, when student mortality exceeded what was then the norm in home communities, parents withdrew students en masse. The contrary situation, however, happened more often: at times of famine and illness at Indian camps, the number of pupils arriving at the Fort Providence convent increased. Some, afflicted with advanced tuberculosis, passed away

despite improved nutrition and constant nursing. Deaths inside the walls reflected not the unhealthful setting of classrooms and dormitories, but the high prevalence of consumption in the population at large.

Not all school environments, however, benefited children. So ubiquitous was tuberculosis in native camps, it was virtually impossible for a youngster not to be exposed to the illness. In all likelihood, every child harbored the tubercle bacillus, which flourished when its host became malnourished. How close lay the line between its dormancy and abrupt activation was abundantly demonstrated by events at the Hay River Anglican boarding school in 1924. Hunger, crowding, and substandard accommodations quickly precipitated an epidemic of galloping consumption.

The ease with which hardship shifted the balance of life toward the tubercle bacillus and away from infected children suggests that an opposite scenario was also possible. When students enjoyed decent meals and healthful surroundings, a larger proportion may have survived than would have been the case had they remained in Indian camps. There, periods of want were common, tents were crowded, entire families slept together, and hygiene (such as not spitting on the floor) was little known; all these factors contributed to tuberculosis mortality rates equal to those in contemporary southern slums.



The boarding-school stories reveal the striking extent to which a microscopic agent shaped the nature of interactions between mission personnel and children. Tuberculosis slowly destroyed the body while leaving the mind intact, creating ideal conditions for the inculcation of Christian values. Often, the infection caused dreadful complications that shocked on-lookers and made nursing difficult. The disease created the very crises that gave divine succor such enormous importance.

To consumptive boarding-school children, surrounded by symbol and sacrament, the line between healing and ritual remained highly blurred. A "good death" provided comfort to the patient, to fellow students, and to missionaries alike. Yet bedside symbolism and sacramental celebrations also brought what little cheer these children experienced. In making the leaving of this world more peaceful, and in providing young patients with a sense of worth, the Fort Providence nuns repeatedly achieved what modern palliation programs attempt through secular measures.

Knowledge of Christian symbol and ritual, these stories illustrate powerfully, is essential to understanding what students incorporated at boarding schools, what Indians learned during visits to missions, and what dying hospital patients grasped at the bedside. None of those events can be described without close reference to the wearing of religious

medals, the donning of protective scapulars, the imprecatory chanting of the rosary's prayers, the invocation of saints, and the redeeming ingestion of what worshipers firmly believed was bread-become-flesh.

Supernatural forces and miraculous transformations played a powerful role not only in the history of the Mackenzie's native peoples but of the outsiders who entered their world. Far away from their own culture, eager to share what they considered its most valuable feature, nuns and clerics reproduced as closely as possible the Christian atmosphere they had known in southern hospitals and sickrooms. Hence, what one sees in the North's isolated posts, where few outside forces diluted the churches' efforts, is a distillation of religious practices employed in contemporary white society.

The more "modern" a culture, some scholars suggest, the clearer runs the border between science (including medicine) and religion. Yet, as the stories told here make very clear, whites engaged in very fluid decisions as to where the one ended and the other began. If Bishop Lucas and other Anglican leaders are valid examples of early twentieth-century Protestant conduct, then the European mind showed a remarkable capacity to accord the need for medical expertise and prayer depending on circumstances.

When it concerned Lucas's own tuberculous son, only the best of physicians would do. Those who counseled conservative means were ignored; not until the family found a doctor willing to operate, and that at the nation's best-known surgical center, were they satisfied that all possible means of treatment were being applied. Numerous clerics, including the bishop's underlings, prayed that God would make the therapy work. Expert care in a famed sanatorium followed, along with meticulous laboratory monitoring of body fluids to ensure recovery was on the way. At Hay River, meanwhile, tuberculous children died without medical aid. Here, church officials ordered staff to pray more earnestly. If appeals to heaven increased in fervor, they promised, the epidemic would stop.

In its ability to add the practical to the sacred, to mesh pragmatic remedy with supernatural aid, the western mindset did not differ greatly from that of Indians or Eskimos. People from all three cultures were expert at pursuing therapeutic advantage even as they nourished links with powerful otherworldly entities. When disease seemed beyond locally available therapies, healers in other settings came into play. How far one went in seeking aid depended on resources and connections, not on differences in cosmologies and ways of thinking.

By taking that perspective, this study enters the fray in anthropology's bitter ideologic battle over the "otherness," as opposed to the "likeness," of cultures remote in space and time from our own. The stories told here support the second view as, time and again, they point to parallels in white and native emotions, wants, and drives. If the Mackenzie's ecclesiastic records distort, it is not in the direction of painting an exotic culture with its own peculiar thought-systems. Rather, they describe the North's indigenous peoples as remarkably similar to newcomers, and capable of taking them on in every sense of the word.

Both whites and natives in the Mackenzie differed from stereotyped images in ways that make them more alike. On the one hand, Europeans were more ensconced in spiritual explanations than most social histories of their "rational" culture would lead one to expect. On the other, native visitors to missions showed a highly practical attitude to the mission presence; dealings with clerics were well calculated to achieve maximum gain. Western "scientific" medicine did not create tensions or effect changes because patients saw more to them than what (by our standards) ought to have been the case. Rather, it was often whites who made that error.

The Mackenzie's contact history reveals the commonality of humans in their hope for relief from pain, cure from illness and, when that proved impossible, a peaceful death

engaged in such a way as to make transition to an otherworldly existence safe and certain. That missionaries offered novel means to satisfy those urges need not be pegged as condescension; nor should native peoples' adoption of European ways be seen as a form of capitulation. If the Mackenzie missions gained a strong following for as long as they did, it was in part because the "invading" culture was far more like those "invaded" than Europeans ever imagined.

Native adoption of western religious tenets and medical remedies, the Mackenzie's stories show, did not occur as a "defensive" move, to use James Axtell's explanation for conversion. There was much in the newcomers' spiritual and therapeutic world that Indians sought, even when no one exerted external pressure and when they still had the choice to live a largely traditional lifestyle. Mission "success," in the sense of gaining and keeping adherents, occurred in the absence of white bureaucratic or military aid. The active role of native people in joining and supporting the churches showed in clerics' almost total dependence on the goodwill and assistance of their parishioners. The frail state of mission organizations, so well demonstrated in the Hay River and Aklavik stories, made parishioners' allegiance all the more crucial to Christian endeavors.<sup>2</sup>

---

<sup>2</sup>James Axtell, "Some Thoughts on the Ethnohistory of Missions," Ethnohistory 29 (1982): 35-41.

Although missions relied heavily on federal subsidies to survive, the Mackenzie's medical history makes it clear they were not simply "government in disguise." In Bishop Breynat's case in particular, the relationship between church and state varied with his motivations. Below the treeline, among an almost entirely Catholic population, a willing partnership with Ottawa led to the opening of several hospitals; here, compassion played a far greater role than religious competition. Further north, at Aklavik, officials only reluctantly tolerated Catholic inpatient services for which they saw no need, and for which they saw proselytization among Anglican natives as a primary motive. When, a few years later, in the midst of a tuberculosis epidemic, Breynat offered to build a much-needed medical facility at Coppermine, further west along the Arctic Coast, Ottawa rebuffed him repeatedly. Despite the obvious need, fear of stoking inter-denominational battles for Eskimo souls prevented the nation from offering support.

Finally, the North's medical stories bring to the fore the tubercle bacillus as the agent most responsible for the post-contact demographics of native societies. In the Mackenzie, epidemics of many sorts came and went, but the population always, and very quickly, returned to its prior level. The constant, annual toll from chronic tuberculosis far exceeded that from transient viral and bacterial

infections. More than any other disease, consumption influenced natives' daily lives and their contacts with whites. Very likely, the illness played a role in keeping the Mackenzie population at a remarkably steady level until after World War II, when, with the availability of antibiotics, it soared.

The high prevalence of tuberculosis in the remote Mackenzie raises questions about disease etiology in other post-contact native communities. Almost every description of widespread consumption among southern Indians in the late nineteenth and early twentieth century blames that dismal state of affairs on crowding and confinement to reservations; awful conditions, entirely alien to these tribal peoples, are said to have made the death rate soar. Yet in the Far North, with eighty to a hundred square miles of terrain per person, persistent adherence to a nomadic life-style, and little outside intervention in conduct, mortality rates were equally high. Here, in the late 1700s, the first white visitor identified consumption in the most distant of camps. Both then, and in the subsequent century-and-a-half, the bacillus

flourished among what one might justifiably label the "least disturbed" Indians in North America.<sup>3</sup>

Without such information about the Mackenzie tribes (or about isolated, little-changed communities elsewhere) one cannot accurately gauge the effect of post-contact disruptions on native health in other settings. In that respect, as in so many others, the history of the last North American peoples to be "missionized" holds implications for events dating back to the earliest days of European "conquest."

---

<sup>3</sup>Samuel Hearne, A Journey from Prince of Wales's Fort In Hudson's Bay to the Northern Ocean: Undertaken by Order of the Hudson's Bay Company for the Discovery of Copper Mines, a North West Passage, &c. In the Years 1769, 1770, 1771 & 1772 (London: A. Stahan and T. Cadell, 1795; reprint, Rutland, Vermont: Charles E. Tuttle, 1971), 202-203 (consumptive woman), 336-337 (consumption frequently causes death).