

# **Women in the Development of Edmonton Hospitals, 1900-1910**

by

Lauren Minielly

March 2012

Written for the Athabasca University course:  
HIST/WGST 363: The Women's West: Women and the Canadian Frontier

Course Professor/Coordinator/Tutor: Dr. Donica Belisle

Hospitals and nursing were created around the turn of the last century. This research paper will review the *Edmonton Bulletin* in the time period of 1900 to 1910 in order to study the development of area hospitals in Alberta, and the role women had in hospitals and medical care. Women were instrumental in the development of nursing and of hospitals in Alberta in the early 1900s, and a major contributing factor in how these agencies operate today. Involvement in creation of policies, fundraising efforts and direct patient care were the predominant roles of women.

This topic relates to my current field of employment as a nurse, but I have never researched the historical context of nursing or the role that women played in the development of hospitals and procedures. This research will provide beneficial insight into the role of women in the medical field, and also how the medical field has advanced based on knowledge of its beginnings. The sampling method of this study was a randomly chosen newspaper for review from each month of each year over the ten year period from 1900 to 1910. This provides a total of one 120 newspapers that were reviewed. In order to be efficient, sampling included scanning titles of articles for relevance to the topic. This provided an extensive cross-section of information related to the development of nursing and hospitals in Alberta during the chosen time period, and how women were involved. Newspaper data is supplemented with scholarly resources to ensure detailed and accurate facts are used in this argument.

To begin, it is important to understand the social position of women during this time. Women did not vote, few married women had paid employment, and status was closely tied to marriage and motherhood.<sup>1</sup> Having children was the purpose of marriage, and birth control was not legalized. There were few careers that were suitable for women, one of which was teaching.

Men had a dominant role in society, and male doctors held an even more esteemed position of power, especially over female patients.<sup>2</sup>

In the late 1800's and the early part of the 1900's, medical care in western Canada was lacking. This was an especially difficult time for women to become pregnant and to go through childbirth. During childbirth, it was common for the mother or the infant to perish.<sup>3</sup> This is partly accountable to the lack of medical professionals, and to the distance that a doctor or nurse would be required to travel before reaching the patient. Some women would prepare for childbirth by laying out a specific outfit that they wished to be buried in if something were to happen to them.<sup>4</sup> Almost every family in this period lost an infant at birth or shortly afterward due to complications. It was also not uncommon for women to give birth completely alone—the husband may have been out working, or may have gone to try and obtain assistance from a neighbour. It was expected that women would assist other women during childbirth, even if they had no other experience. The fact that one was a woman was enough to qualify one for the duty of acting as a midwife. Without the willing assistance of neighbours and few local nurses, many more infants and mothers may have perished. With such risks as those associated with childbirth, and such high mortality rates, the untrained assistance of any willing woman would have been greatly welcomed, and successful birth—characterized by survival—contributed to population growth in the west. Often, even if a doctor were available, the cost was too great for many homesteaders to afford. A law passed in 1885 entitled doctors to legally charge for maternity cases. In contrast, evidence of nurse-midwives charging minimal fees to financially support single-parent families has been documented.<sup>5</sup>

In early history, nursing was a duty only undertaken by those of low societal standing. Florence Nightingale's contributions during the Crimean War opened nursing as a respectable

profession for women, joining teaching as a second acceptable career option.<sup>6</sup> However, even though nursing became more acceptable, the medical field was still dominated by male physicians—it would not be uncommon to read hospital records and find little mention of the contributions of nurses.<sup>7</sup> Despite these types of records, the foundation of nursing in the west is attributed largely to the Roman Catholic organizations like the Sisters of Charity, who established high standards of excellence and care by their virtues.<sup>8</sup>

The first European nurses in Alberta's history were three Catholic women who were part of the Sisters of Charity. Initially these women had not come to the area for the primary service of nursing, but they did recognize a need upon arrival. They arrived in Edmonton by ox-cart in 1859 at the request of a local priest; and, their duties were to provide medical care, shelter and education to those in need, regardless of ability to pay for services.<sup>9</sup> The sisters continued to look for specific needs in the area, which did eventually lead to the development of a hospital, a school and various other institutions that would be recognizable in today's society. In addition to this, the sisters had to work for survival—farming and providing food for the mission. The sisters initially cared for the population in their own private living quarters, but as the population of Edmonton grew they quickly recognized a need for a separate nursing facility.<sup>10</sup>

The first lay nurse in the area did arrive prior to the development of distinct hospitals, and her arrival was announced in the *Edmonton Bulletin*. She was prepared to offer her services of nursing and midwifery in patients' homes for a fee of ten dollars per week.<sup>11</sup> Historically, she is written about as a lay nurse, however, she was still a sister of an Anglican convent until she became ill. Her mission remained consistent with the Church of England's aim, which was to provide service to people in need, particularly in sparsely populated areas.<sup>12</sup> This is a well-developed theme in nursing, aligning with Florence Nightingale's desire to serve, and the Sisters

of Charity's purpose of fulfilling needs in the community. These values have carried forward over generations, and can still be seen in local hospitals—serving a community, providing for the needs of a population despite financial status, and ensuring accessibility to health care for Canadians.

Prior to the development of hospitals, nursing in Edmonton was completed by the Sisters of Charity. Nursing visits were made by local nuns, and midwifery services were often performed by untrained lay women of the community. In the area of the St. Albert mission, the nuns provided nursing care beginning as early as the 1850s, in an expanded role which included things like dentistry.<sup>13</sup> One of the nuns attributed much of the success of patient recovery to God. In more rural areas, local women had to rely on their own knowledge. In the city of Edmonton, individuals requiring medical treatment had to travel to the St. Albert mission once the hospital ward was established in 1881.<sup>14</sup> Although the mission was only a few miles away, transportation methods at the time made this journey very difficult and tiresome for patients and physicians alike. Calgary already had two hospitals at this time, owing to the development of the city through the Canadian Pacific Railway. In 1891, a railway link between Calgary and Edmonton was established.<sup>15</sup>

Occurring around the same time as the home nursing of the Sisters of Charity was the organisation of the volunteer Victorian Order of Nurses. This is another extremely significant entirely female venture of the early 1900's that preceded many organized hospitals, particularly in rural settings. The Victorian Order of Nurses formed their own small 'hospitals'—tiny cottages housing up to six patients and two nurses.<sup>16</sup> The VON sought out areas lacking necessary medical services and attempted to fill the need in the area. They would identify the need, attempt to implement the required services and maintain them until a local community

organization took over. This ensured that even those in more remote or less densely populated areas would still have access to medical or nursing care. By the 1920's, all of the small cottage hospitals had been taken over from VON by the local municipalities.<sup>17</sup> These female groups provided a required service in an area lacking organization, and by their caring and voluntary service they helped to lay down an critical framework for future institutions and medical services to build on.

Six local physicians petitioned the Catholic Bishop in 1984, requesting that a hospital be built. It was felt that the increase in Edmonton's population from the railway justified the creation of a hospital. It was requested that the Sisters of Charity build and operate the hospital, without physician management.<sup>18</sup> The bishop consented, on the grounds that the hospital was built close to a Catholic church, and that qualified sisters could be provided. The population of Edmonton provided much support, as 850 of the 1021 residents petitioned the Town Council to provide financial support to the sisters for this endeavour.<sup>19</sup> Construction began immediately, and the town provided a sum of one thousand dollars to assist in building the hospital.<sup>20</sup> The fact that the sisters were deemed competent by local physicians to operate the hospital without paternalistic male intervention signifies the immense impact these women were having on the area, and the insurmountable amount of respect their work had gained in the region. This amount of community respect was accompanied by substantial support, both monetary and in gifts—often made by local community women.

By November of 1984, enough progress had been made that the sisters were able to move into the hospital even though construction was not completed. The Sisters began taking patients almost immediately, although the hospital did not officially open for several weeks. Initially, most of the food provided for the hospital came from the St. Albert mission, and from generous

community donations.<sup>21</sup> Community women often baked fresh bread and other goods for the hospital, or provided fruits from their own gardens. Such community contributions were always published in the Local section of the Edmonton Bulletin no matter how small, showing the community support for the General Hospital. Something that would now be viewed as inconsequential, like a pie, was publicly recognized in list format in the daily paper with the donor's full name and the contribution made. Eventually, the sisters at the hospital received a cow—the start of the hospital's farm. This was an important step for the hospital's autonomy, though it is something that would now be unimaginable. Having this means of providing for the hospital on an ongoing basis was a significant event. The seven sisters at the newly built 36 bed hospital were responsible for all the duties, including running the farm, providing food, laundry services such as washing and folding, cleaning, medical treatments and provision of medications.

One of the sisters wrote in a letter that to work at the Edmonton hospital, one truly had to be a “jack-of-all-trades.”<sup>22</sup> These women did not necessarily follow what would be viewed as typical gender roles, as they were the sole management and staff of the hospital in the early years, completing any job, no matter how menial or how difficult. This helped redefine women's roles in Edmonton society, and helped to reorganize gender stereotypes of the time by promoting nursing as a career and giving women a chance to contribute to the community. These independent and motivated women were influential in raising women's status in this era.

Women at the turn of the century were involved in the development of nursing in the west. In fact, nursing at this time period was completed by women only, and was not even recognized as a legitimate profession. Initially nursing was done by nuns or sisters of a religious order, typically Catholic. Hospital wards were often a part of the local convent, but a shift towards hiring lay nurses was made towards the time that hospitals became a necessity rather

than a foreign or luxurious concept. The Sisters of Charity initially nursed out of their private accommodations, then in a special hospital ward, and eventually in the hospital that was built. In 1908, the Grey Nuns opened a nursing school, contributing to women's education and the further development of Western Canada in this time frame, as well as ensuring that new nurses could be properly and adequately trained for service.<sup>23</sup> This opening of the school helped cement nursing as a profession in the area, and continued to make nursing a more acceptable career choice for women. Training of more local nurses promoted health and well-being in the community, but also may have influenced the development of the area by providing a training institution that would bring women to town.

The Edmonton General Hospital, a new facility for the public, was Edmonton's first hospital, opened in 1895. Poor newspaper documentation of the hospital existed during this time, but hospital records provide details of important events. Often during this period, it was nuns who served as nurses in hospitals. The Sisters of Charity, or the Grey Nuns as they were often called, founded this first hospital, which now employs nearly one thousand individuals in a multidisciplinary manner, where women and men can perform any role that they are trained for.<sup>24</sup>

Because of the serving nature of the profession, nurses were discouraged from accepting fees and payment for interventions, but rather to act with a degree of humility and to volunteer oneself. Initially, the Sisters of Charity worked on a volunteer basis, though on occasion the Board of Directors made a donation to the Sisters in recognition of their services.<sup>25</sup> On one such occasion, it was published in the local newspaper that a 100 dollar donation had been made to the Sisters of Charity for this purpose. Private accommodations were charged a fee by the Sisters, which did help to cover hospital costs, but no patient would have been turned away because of



poor financial status. Although hospitals no longer operate on volunteer basis, similar themes remain (although this is mainly regulated by federal and provincial systems) such as providing healthcare to those in need regardless of financial status, although like the Sisters of Charity, hospitals now charge extra for private accommodations.

The culture of the early Edmonton hospital was shaped by several factors. The hospital was staffed by women, the Sisters of Charity. Based on the nature of the Sisters, an aura of servitude could be expected from the women. This attitude of caring and voluntary serving helped lay the future hospital frameworks and contributed to the attitude of patient-centered caring. This differs from a more male-dominated organization, where an attitude of servitude and humility would be unlikely, and there would be a more traditional paternalistic aura.

Another theme related to the Sisters is the strong religious undertones in the hospital, supported by evidence of daily mass being celebrated at the hospital.<sup>26</sup> Visiting hours at the hospital were limited to Tuesday, Thursday and Sunday from 2 pm to 4 pm, and the patients could not leave the hospital until complete recovery.<sup>27</sup> These strict policies show a definite shift from what hospitals now present—family centered care, many with unlimited visiting hours and passes for long-term patients to leave temporarily for special events. Many hospitals now do still provide chaplain services to patients, and often have religious services—nondenominational—celebrated for those who wish to attend. It is also still common to ask a patient's religious denomination on hospital admission, to determine how to provide care in accordance with religious and cultural considerations. Implementing these simple strategies is a cost effective way to improve patient satisfaction.

Funding for the female-run general hospital came from various sources. Government funding was a primary source, but community contributions kept the hospital running. The

directors of the Edmonton public hospital solicited public financial support after a few months of opening, claiming that it was already paying its monthly expenses and serving the public, but required assistance in reducing the substantial eight thousand dollar debt incurred from start-up.<sup>28</sup> Upon advertisement and request from the hospital board of directors, churches assisted in the fundraising efforts by observing ‘hospital Sunday’, where the proceeds of the weekly collection were donated to the church.<sup>29</sup> No evidence of this being a province-wide sort of event could be uncovered, but it did seem to be a principal support of financial aide for the Edmonton General Hospital in these early years. Women participated individually in support of the hospital through donations of food, baking, knitted items and small amounts of money—each donation was publically recognized by way of printed acknowledgement in *The Edmonton Bulletin* under the Local section.<sup>30</sup>

As a group, the Women’s Aid Society was a key financial supporter of the public hospital. The group was formed shortly after the hospital was built, in 1885. The women of the Aid Society organized various fundraising events and donated the proceeds to the hospital. It was decided the women would meet once a month to make crafts, and the profits from the sale of these items would be donated to the hospital. Several days later, the first fundraising event of the Aid Society raised over three hundred dollars, signifying the immense community support of the new hospital. This rapid organization and overwhelming support shows how much women of the west wanted to be involved productively in society. Another event was the Annual Hospital Ball, which was advertised in *The Edmonton Bulletin* and was well attended by prominent community members.<sup>31</sup> Additional means of fundraising included public socials, picnics, canvassing from door to door, concerts held for special events and the payment of membership fees of the women who belonged to the Women’s Aid Society. This was a significant group for

women to be a part of, and in 1902 there were one hundred and twenty members. However, due to travel difficulties and other commitments of women on homesteads, the largest meeting held in 1902 had only twelve attendees.<sup>32</sup> A sum of 1002.55 dollars was raised by these hard-working community women in one year, and donated towards repayment of the hospital's principal debt.<sup>33</sup> It is interesting to note that the yearly support of this volunteer women's group was equal to the financial support of the town when the sisters were seeking financial support to build the hospital. Many communities of the time had a Women's Aid Society, and was often attended by the wives of influential community members.

The initial administration and staffing of the hospital was completely by women—the Sisters of Charity. However, despite the smooth running of the hospital for several years, a power struggle did erupt between the physicians and the sisters. Several physicians resigned in 1899 from their voluntary role as 'physician of the month', as they felt they did not have the necessary control over hospital policies and admittances. This power struggle occurred prior to the constitutional ruling that women were persons, and prior to nursing being recognized as a profession. These events added an additional element to the power struggle—for control of the facility—between the female sisters and the male nurses.

Men held main positions of power at this time, but not in the Edmonton hospital. Men were more formally educated, and were employed as physicians. Roles held by men were medical director, secretary of state board of health and other influential community roles.<sup>34</sup> Women also held respected positions within the hospital, although they were generally women of the religious orders. Few lay women were initially employed in hospitals, though as women's voice advanced in the West, educational institutions were developed and more women had the ability to pursue careers. Hospitals and the Sisters of Charity developed training schools for

nursing, providing more opportunities for local women. The Sisters of Charity staffed the hospital, and were directed by Reverend Mother Superior—who had considerable influence.<sup>35</sup> The role of matron was one of supervision of the nurses.<sup>36</sup>

The power struggle between male physicians and female sisters resulted in the creation of a Public Hospital in 1899 that was run by the physicians. One argument was that the Sisters of Charity were running a hospital for members of the religious community; however the Sisters had always provided care to anyone in need regardless of religious affiliation. This non-discriminatory view has been continued throughout generations and remains a constant in the medical field and in the field of nursing today. The board of directors at the new Public Hospital in Edmonton was comprised of men in the early 1900's, and these men possessed the ability to make decisions related to the hospital and its policies.<sup>37</sup> This is a fundamental difference between the general hospital of the sisters and the public hospital run by physicians.

It is supposed that the male staff of the public hospital struggled a great deal with allowing authority of the general hospital to rest solely on the shoulders of female administration. This was one of the first organized institutions of the area to be run solely by females, certainly the first large public institution. The public hospital was staffed by physicians who left the general hospital, and many of these men had trained in areas where the hospital was run by a male board of directors, and had male authority. This attitude of affinity towards male authority was common in the early 1900's, as women had limited rights and were typically not seen as career-women but generally as housewives. In time, women were allowed on the board of directors, following the constitutional ruling that women were persons and should have similar rights to men. The first woman to be appointed to the Edmonton Public Hospital Board was Emily Murphy, but this was not until after the first decade of the new century.<sup>38</sup>

The organization of the sisters' hospital was well respected. The Superior General, head of all the Sisters of Charity, made yearly visits to all of the order's houses as per canonical law. Following her initial visit to the Edmonton General Hospital, she sent a letter outlining changes that must be made in the Edmonton General Hospital to ensure the standardization of practices across all of the hospitals.<sup>39</sup> This appears to be the first attempt at hospital standardization, and was organized solely by women. The intervention of highly organized and efficient women was likely how these poorly funded endeavours were able to provide free services to patients. The Sisters of Charity ran very efficient and sustainable institutions, especially during the turn of the century when few resources were available. These women played an influential role in the development of hospital practices, and were approached first before other hospitals when the American College of Physicians and Surgeons was attempting to develop a hospital accreditation program to help promote standardization of services.<sup>40</sup>

Women influenced in decision making related to medical policies. In 1902, the Sisters of Charity obtained permission from the associated physicians not to take contagious patients into the hospital. This was for three reasons; firstly, once a contagious person was admitted, no other hospital admissions could occur for a period of several weeks in an attempt to curb the rampant spread of contagious illness. Secondly, one nurse was required for each type of contagious disease that was admitted—and the nuns maintained that there was not enough staff to support this model, especially considering only seven nuns were working at the hospital during this time. Lastly, there were not enough funds for an isolation hospital to be constructed, and the previous model of using a separate ward had been discarded due to possible spread of disease.<sup>41</sup>

Contagious disease was a predominant issue in the early 1900s. Common outbreaks necessitated the formation of temporary quarantine hospitals, and homes in town could be

quarantined to prevent the spread of disease—which was overseen by the medical officer.<sup>42</sup> the involvement of a medical officer suggests that although the Sisters maintained control of the hospital, public medical input was commonly accepted or sought out. The positions of medical officer was not held by a woman around the turn of the century, partly due to the fact that women had fewer rights during this time period and were unable to vote.

Women typically held positions of little or no power and were often seen as being substandard to men. Although they did not tend to hold influential positions—outside of religious orders—females still played a vital role during times of crisis. Outbreaks of smallpox were not uncommon during this time, and treatments were limited.<sup>43</sup> Smallpox was estimated to be responsible for 300-500 million deaths worldwide in this time period.<sup>44</sup> This virus is transmitted from person to person by inhalation. This means the spread of this virus can happen very quickly, and in the cramped hospital quarters with poor ventilation, spread of this disease would have been rampant. Smallpox has a twelve day incubation period, as many contagious diseases do.<sup>45</sup> By the time the disease was recognized and quarantined, it could have been passed to many people. Nurses were primary caregivers in situations like this, where there may not be appropriate medical intervention available.

Limited treatments at the turn of the century were predominantly nursing measures that were directed at providing comfort. In the instance of a 1901 small pox outbreak, the few sisters treated as many as 45 patients, and only lost one.<sup>46</sup> Small pox treatments provided by the sisters were cool baths to reduce fevers, Vaseline applications to sores, and fluid diets to promote adequate hydration. The sisters provided treatment to private and pauper patients alike, with the private patients providing the extra income to financially support the care of pauper patients. This again illustrates to the values that the sisters implemented in their daily care for patients,

and contributes to the way the current hospitals view patient care and current values. Without this significant female influence during the developmental stages of hospital institutions, hospitals may have progressed very differently—having more of a male influence in development may have progressed towards a more paternalistic health care setting than current standards, with less of an emphasis on caring nursing and nurse-client relationships, and a larger focus on purely scientific interventions and more outpatient settings.

Spread of contagious disease was a fundamental concern of hospital personnel during this time. A separate Isolation Hospital was built in 1903 approximately two hundred yards away from the public hospital, with two floors and a total of eight isolated rooms made specifically for patients suffering from a contagious disease. This endeavour was made possible by a fifteen hundred dollar grant from the town council.<sup>47</sup> This may have been catalyzed by the refusal of the Sisters of Charity to admit contagious patients to the hospital, signalling that these women were respected in the community and did maintain some degree of influence. The nurses worked tirelessly through epidemics, providing around the clock interventions to suffering patients. At one instance, a Bishop commanded the local priests to take a night watch to provide the sisters with some relief. This ruling of male priests being required to assist with duties typically associated with the female gender shows that gender roles may not have been as definite as previously thought. In the West, it appears that both men and women shared common duties, and if it was necessary for survival than one could expect to have to undertake this duty at some point. The impact that the nurses had in this time period is immense; the outbreaks of contagious diseases could have been far more deadly without the tireless care of the Sisters of Charity, which would have resulted in large population decreases and a slowed development of Western Canada.

Growth of the hospital was steady in the early 1900's, with the number of patients being treated each year steadily increasing. In 1902, a total of 199 patients were treated, then 231 in 1903, and 310 in 1904.<sup>48</sup> Common conditions that were treated in hospital were broken bones, contagious diseases, burns and consumption. Medical treatment and admission to hospital was often published in the Local section of The Edmonton Bulletin, as a manner of updating the small town community.<sup>49</sup> Small town newspapers such as the Edmonton Bulletin typically provided very detailed information about the comings and goings of important individuals, contributions to hospitals, and critical medical cases that were being treated. Having this sort of information published made individuals feel that the local hospital was contributing to society, and promoted ownership and support of the future of the hospital. However, there has been a dramatic shift from this policy of openness and updating the community daily. This is in complete opposition with current nursing practices, as patient confidentiality is of utmost importance. Nurses are required to maintain privacy of patient information, but some contagious diseases are required to be reported to the public health association.<sup>50</sup>

Although current practices and standards are much advanced from the policies of hospitals in the 1900s, many common undertones can still be identified today. The nature of nursing remains as a caring, serving profession—holding true to the values established by the Sisters of Charity at the turn of the century, though no longer regulated by the Catholic church. The same dutiful, tireless work ethic is seen in many facilities today, and in many of the current nurses employed. The effect that the Sisters of Charity had on the development of the nursing profession and local hospitals is immense but largely ignored. It is so easy to view the medical profession of the last century as completely male-dominated. This is partly true, it was male-dominated, as women's rights were miniscule in comparison; but the development of many local



hospitals, particularly the Edmonton General Hospital, was the direct effort of the consistent efforts of the religious women of the time. The difficulties that these women must have encountered are barely imaginable in today's standards, having to struggle for their own survival in the uncivilized western plains while devoting all of their energy to caring for and advancing the local rural populations. The thought of a nurse leaving the hospital floor or from a patient bedside to go milk a cow or feed a chicken now sounds absurd; but, in the early 1900, it was reality for these strong, dedicated women who fought so hard to help settle the West.

The development of hospitals and the profession of nursing in Alberta in the early 1900s can be largely attributed to the contributions of women through further development of nursing as a profession, involvement in creation of policies, fundraising efforts and direct patient care. Critical supporters of the Edmonton General Hospital were women: it was built and organized by the Sisters of Charity, financially and socially supported by the Women's Aid Society, and staffed by religious and lay nurses. Women played an important role in the development of the Edmonton General Hospital, as well as developing the local society and the vital contributions made are still evident in today's culture.

#### Notes

1. Langford, Nanci. "Childbirth on the Canadian Prairies 1880-1930". Paper presented to the Canadian Historical Association, Calgary, Alberta, 1994.

2. Langford, 1994
3. Langford, 1994
4. Langford, 1994
5. Covenant Health, "Edmonton and Area." Last modified 2012. Accessed March 7, 2012. <http://www.covenanthealth.ca/facilities/edmonton-and-area.html>.
6. Janet Kerr, *Prepared to care: nurses and nursing in Alberta, 1859 to 1996*, (Edmonton, Alberta: The University of Alberta Press, 1998) <http://books.google.ca/books?hl=en&lr=&id=uxLv22u0xx0C&oi=fnd&pg=PR11&dq=history+of+nursing+in+alberta&ots=CdGpJkFCW6&sig=e-qOpIn4IqxFdY2Pc2yJeDvhVwU> pg xi
7. Kerr, xxi
8. Kerr, 8
9. Kerr, 7
10. Kerr, 7
11. Kerr, 9
12. Kerr, 9
13. Paul, Pauline. "A history of the Edmonton General Hospital: 1895-1970, "Be faithful to the duties of your calling". *ProQuest Dissertations and Theses*; 1994; ProQuest Dissertations & Theses (PQDT) pg. n/a
14. Paul, 19
15. Paul, 27
16. Kerr, 12
17. Kerr, 12
18. Paul, n/a
19. Paul, n/a
20. Paul, n/a
21. Paul, n/a
22. Paul, n/a
23. Covenant, 1

24. Covenant, 1

25. "What It Cost." *The Edmonton Bulletin*, sec. AR00608, June 17, 1901.

[http://peel.library.ualberta.ca/newspapers/EDB/1901/06/17/6/Ar00608.html?query=newspapers|hospital|\(date:1901/06/17\) AND \(publication:EDB\)|score](http://peel.library.ualberta.ca/newspapers/EDB/1901/06/17/6/Ar00608.html?query=newspapers|hospital|(date:1901/06/17) AND (publication:EDB)|score) (accessed March 7, 2012).

26. "Edmonton Churches." *The Edmonton Bulletin*, sec. AR00604, Decemeber 28, 1903.

[http://peel.library.ualberta.ca/newspapers/EDB/1903/12/28/6/Ar00604.html?query=newspapers|hospitalnurses|\(date:1903/12/28\) AND \(publication:EDB\)|score](http://peel.library.ualberta.ca/newspapers/EDB/1903/12/28/6/Ar00604.html?query=newspapers|hospitalnurses|(date:1903/12/28) AND (publication:EDB)|score) (accessed March 7, 2012).

27. "Public Hospital Affairs." *The Edmonton Bulletin*, sec. AR00205, April 15, 1904.

[http://peel.library.ualberta.ca/newspapers/EDB/1904/04/15/2/Ar00205.html?query=newspapers|hospitalnurses|\(date:1904/04/15\) AND \(publication:EDB\)|score](http://peel.library.ualberta.ca/newspapers/EDB/1904/04/15/2/Ar00205.html?query=newspapers|hospitalnurses|(date:1904/04/15) AND (publication:EDB)|score) (accessed March 7, 2012).

28. "Edmonton Public Hospital." *The Edmonton Bulletin*, sec. AR00207, May 20, 1901.

[http://peel.library.ualberta.ca/newspapers/EDB/1901/05/20/2/Ar00207.html?query=newspapers|hospitalnurses|\(date:1901/05/20\) AND \(publication:EDB\)|score](http://peel.library.ualberta.ca/newspapers/EDB/1901/05/20/2/Ar00207.html?query=newspapers|hospitalnurses|(date:1901/05/20) AND (publication:EDB)|score) (accessed March 7, 2012).

29. "Local." *The Edmonton Bulletin*, sec. AR00106, September 9, 1901.

[http://peel.library.ualberta.ca/newspapers/EDB/1901/09/09/1/Ar00106.html?query=newspapers|hospitalnurses|\(date:1901/09/09\) AND \(publication:EDB\)|score](http://peel.library.ualberta.ca/newspapers/EDB/1901/09/09/1/Ar00106.html?query=newspapers|hospitalnurses|(date:1901/09/09) AND (publication:EDB)|score) (accessed March 7, 2012).

30. "Local." *The Edmonton Bulletin*, sec. AR00109, August 9, 1901.

[http://peel.library.ualberta.ca/newspapers/EDB/1901/08/09/1/Ar00109.html?query=newspapers|hospitalnurses|\(date:1901/08/09\) AND \(publication:EDB\)|score](http://peel.library.ualberta.ca/newspapers/EDB/1901/08/09/1/Ar00109.html?query=newspapers|hospitalnurses|(date:1901/08/09) AND (publication:EDB)|score) (accessed March 7, 2012).

31. "Local." *The Edmonton Bulletin*, sec. AR00602, October 4, 1901.

[http://peel.library.ualberta.ca/newspapers/EDB/1901/10/04/6/Ar00602.html?query=newspapers|hospitalnurses|\(date:1901/10/04\) AND \(publication:EDB\)|score](http://peel.library.ualberta.ca/newspapers/EDB/1901/10/04/6/Ar00602.html?query=newspapers|hospitalnurses|(date:1901/10/04) AND (publication:EDB)|score) (accessed March 7, 2012).

32. "Public Hospital." *The Edmonton Bulletin*, sec. AR00403, January 9, 1903.

[http://peel.library.ualberta.ca/newspapers/EDB/1903/01/09/4/Ar00403.html?query=newspapers|hospitalnurses|\(date:1903/01/09\) AND \(publication:EDB\)|score](http://peel.library.ualberta.ca/newspapers/EDB/1903/01/09/4/Ar00403.html?query=newspapers|hospitalnurses|(date:1903/01/09) AND (publication:EDB)|score) (accessed March 7, 2012).

33. "Public Hospital."

34. "Diagnosis of Small Pox." *The Edmonton Bulletin*, sec. AR00603, February 18, 1901.

[http://peel.library.ualberta.ca/newspapers/EDB/1901/02/18/6/Ar00603.html?query=newspapers|hospitalnurses|\(date:1901/02/18\) AND \(publication:EDB\)|score](http://peel.library.ualberta.ca/newspapers/EDB/1901/02/18/6/Ar00603.html?query=newspapers|hospitalnurses|(date:1901/02/18) AND (publication:EDB)|score) (accessed March 7, 2012).

35. "Local." *The Edmonton Bulletin*, sec. AR00105, November 1, 1901.

[http://peel.library.ualberta.ca/newspapers/EDB/1901/11/01/1/Ar00105.html?query=newspapers|hospitalnurses|\(date:1901/11/01\) AND \(publication:EDB\)|score](http://peel.library.ualberta.ca/newspapers/EDB/1901/11/01/1/Ar00105.html?query=newspapers|hospitalnurses|(date:1901/11/01) AND (publication:EDB)|score) (accessed March 7, 2012).

36. Paul, n/a

37. Paul, n/a

38. Paul, n/a

39. Paul, n/a

40. Paul, n/a

41. "Local." *The Edmonton Bulletin*, sec. AR00603, October 28, 1901.

[http://peel.library.ualberta.ca/newspapers/EDB/1901/10/28/6/Ar00603.html?query=newspapers|hospital nurses|\(date:1901/10/28\) AND \(publication:EDB\)|score](http://peel.library.ualberta.ca/newspapers/EDB/1901/10/28/6/Ar00603.html?query=newspapers|hospital nurses|(date:1901/10/28) AND (publication:EDB)|score) (accessed March 7, 2012).

42. "Edmonton General Hospital." *The Edmonton Bulletin*, sec. AR00304, January 10, 1902.

[http://peel.library.ualberta.ca/newspapers/EDB/1902/01/10/3/Ar00304.html?query=newspapers|hospital nurses|\(date:1902/01/10\) AND \(publication:EDB\)|score](http://peel.library.ualberta.ca/newspapers/EDB/1902/01/10/3/Ar00304.html?query=newspapers|hospital nurses|(date:1902/01/10) AND (publication:EDB)|score) (accessed March 7, 2012).

43. "Town council." *The Edmonton Bulletin*, sec. AR00204, April 19, 1901.

[http://peel.library.ualberta.ca/newspapers/EDB/1901/04/19/2/Ar00204.html?query=newspapers|hospital nurses|\(date:1901/04/19\) AND \(publication:EDB\)|score](http://peel.library.ualberta.ca/newspapers/EDB/1901/04/19/2/Ar00204.html?query=newspapers|hospital nurses|(date:1901/04/19) AND (publication:EDB)|score) (accessed March 7, 2012).

44. "Diagnosis of Small Pox."(1901)

45. D'Alessio, Maya. "Science Matters: The dirt on smallpox." *University of Waterloo Official Student Newspaper*. (2011). <http://theimprint.ca/archives/6605> (accessed February 25, 2012).

46. D'Alessio 2011.

47. "Isolation Hospital." *The Edmonton Bulletin*, sec. AR00119, May 14, 1903.

[http://peel.library.ualberta.ca/newspapers/EDB/1903/05/14/1/Ar00119.html?query=newspapers|hospital nurses|\(date:1903/05/14\) AND \(publication:EDB\)|score](http://peel.library.ualberta.ca/newspapers/EDB/1903/05/14/1/Ar00119.html?query=newspapers|hospital nurses|(date:1903/05/14) AND (publication:EDB)|score) (accessed March 7, 2012).

48. "Public Hospital." *The Edmonton Bulletin*, sec. AR00203, March 15, 1904.

[http://peel.library.ualberta.ca/newspapers/EDB/1904/03/15/2/Ar00203.html?query=newspapers|hospital nurses|\(date:1904/03/15\) AND \(publication:EDB\)|score](http://peel.library.ualberta.ca/newspapers/EDB/1904/03/15/2/Ar00203.html?query=newspapers|hospital nurses|(date:1904/03/15) AND (publication:EDB)|score) (accessed March 7, 2012).

49. "Local." *The Edmonton Bulletin*, sec. AR00111, August 2, 1901.

[http://peel.library.ualberta.ca/newspapers/EDB/1901/08/02/1/Ar00111.html?query=newspapers|hospital nurses|\(date:1901/08/02\) AND \(publication:EDB\)|score](http://peel.library.ualberta.ca/newspapers/EDB/1901/08/02/1/Ar00111.html?query=newspapers|hospital nurses|(date:1901/08/02) AND (publication:EDB)|score)  
[http://peel.library.ualberta.ca/newspapers/EDB/1904/03/15/2/Ar00203.html?query=newspapers|hospital nurses|\(date:1904/03/15\) AND \(publication:EDB\)|score](http://peel.library.ualberta.ca/newspapers/EDB/1904/03/15/2/Ar00203.html?query=newspapers|hospital nurses|(date:1904/03/15) AND (publication:EDB)|score) (accessed March 7, 2012).

Cochran M. The real meaning of patient-nurse confidentiality. *Critical Care Nursing*. 1999 May;22(1):42-51. PubMed PMID: 10646462. <http://www.ncbi.nlm.nih.gov/p>