

An Urban Middle-Class Calling

Women and the Emergence of Modern Nursing Education at the Toronto General Hospital, 1881-1914

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Volume 17, Number 3, February 1989

URI: <https://id.erudit.org/iderudit/1017630ar>

DOI: <https://doi.org/10.7202/1017630ar>

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Publisher(s)

Urban History Review / Revue d'histoire urbaine

ISSN

0703-0428 (print)

1918-5138 (digital)

[Explore this journal](#)

Cite this article

Jardine, P. O. (1989). An Urban Middle-Class Calling: Women and the Emergence of Modern Nursing Education at the Toronto General Hospital, 1881-1914. *Urban History Review / Revue d'histoire urbaine*, 17(3), 176–190. <https://doi.org/10.7202/1017630ar>

Article abstract

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Toronto General Hospital School for Nurses 1891 (Graduating Class)

TGHA, Acc. 0005

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Abstract

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Résumé

Le présent article étudie les principaux facteurs de développement de la profession d'infirmière moderne, de 1881 à 1914, à la Toronto General Hospital School for Nurses (TGH). Il est fondé sur des données directement tirées des archives du TGH et des premiers numéros de la revue The Canadian Nurse. Il révèle que l'établissement de principes éthiques, la formation suivie et une nouvelle image de marque résultant de l'intérêt de la classe moyenne pour la profession d'infirmière sont les éléments clés qui ont favorisé l'évolution de la profession d'infirmière diplômée. L'article examine aussi l'influence qu'ont pu avoir les femmes instruites de la classe moyenne sur cette profession, dans l'un des grands hôpitaux d'enseignement.

"Nursing has developed as a response to changing social needs. As the pattern of society alters so new demands for health care arise."¹ Changes in middle-class social patterns in the latter half of the 19th century led women to extend their traditional roles beyond the home, into vocations suited to their status. Florence Nightingale was a wealthy, educated woman, who, like many others, became involved in the helping professions in Victorian times. Often these women moved from middle-class rural environments to the city, motivated by a "rather undefined sympathy" for the urban poor and a desire to develop their own talents and gain a sense of purpose.² Their introduction into nursing changed the attitude of the public and encouraged a shift in health care for the affluent from home to hospital. More important, ethical principals, academic achievement, and a new public image derived from the middle-class thrust of education became prime factors in the emergence of modern nursing.

This period (1881-1914) in the history of nursing has been revered by some as a time of enlightenment in women's education, and strongly criticized by others as an era of dependence which served to reinforce their maternal, subservient role in society. Concepts of feminist studies and the spate of American historical research in the 1960s on professionalization surely can inform an analysis of nursing in its crucial period of early establishment. Nevertheless, the sharply critical comments that accuse nursing of reinforcing an inferior status for women may not reckon fairly with the struggle in which nursing proponents were engaged. One must be both aware of valid critical insights and open to a sympathetic understanding of the women involved. Joan Lynaugh and Susan Reverby argue, "We know now that nursing failed to take full control of its occupational future in the early 20th century. But sensitively evaluating all the evidence helps us understand, not just to judge, what was and was not possible in those years."³ An account of early nursing

education involves issues of interest to feminist historians, medical historians, and all who study class dynamics in an urban context. This article covers the period from 1881 to 1914 and, although recognizing the limitations set by such a small sample, takes as its example the experience of Toronto General Hospital School for Nurses. This particular school for nurses was the leader in Canada in the late 19th and early 20th century, and in addition through its "missionaries" had an effect on nursing in the United States.

Women's role in society in the mid-Victorian era in Great Britain and North America was essentially a maternal one. A woman was not supposed to seek an education and live an independent, useful life. Her usefulness was expected to be expressed in the narrow world of home and family. Prevailing ideology drew support from anthropology, literature, biology medical science, and religious philosophy, all of which flourished in the period. David Rubenstein argues, "The authority of Charles Darwin, partially bolstered by Herbert Spencer, who was still alive and writing, gave spurious authenticity to the assertion that the subordination of women was scientifically ordained."⁴ T. R. Morrison has claimed that Spencer's theories of society contributed to the idea that the emancipation of women would endanger progress. He attributes the following widely held belief to Spencer: "For women, who already function as homemaking and child-rearing specialists, to invade the male sphere meant that their own speciality would suffer and society would have taken a retrogressive rather than progressive step."⁵

When 19th-century medical authorities accepted the theory of biological determinism, they simply strengthened the notion that men and women belonged in different spheres. Sir James Crichton-Browne, a leading figure in 19th-century psychology, claimed "the blood supply towards various portions of the brain was responsible for the fact that men were better

equipped than women in volition, cognition and ideo-motor processes." "Women," he said, "were naturally disposed to sensory functions,"⁶ functions that personify maternalism. Biology determined women's nature and confirmed their "rightful" place in society.

Traditional theology, which sanctioned a woman's place in society as a wife and mother, exerted considerable influence on the Victorian family. The subordination of women to men was justified by proclaiming that "God had ordained separate functions for male and female," and that "women born of 'rib of man', could best serve her seed by caring for man and rearing his children." Morrison argues that in the Victorian era "to question the confinement of woman to the roll of mother ... challenged certain religious assumptions about the ordering of human relationships."⁷ Clearly the role of women in 19th-century society was defined by religious philosophy in tune with literature, anthropology, and medical science.

Much, then, was still denied women, and few chose to free themselves from tradition. For those who did, education played an essential part in their lives. They often came to the cities for their education in women's colleges, commercial schools, teacher's colleges, and nursing programs. For women from wealthier families, education was frequently combined with travel. Florence Nightingale was fortunate enough to be born into a home of wealth and refinement, and she was further blessed by a father who believed in higher education for women. She received what may be termed a classical education,⁸ and it became the cornerstone of her aims for the nursing profession in England.

From her early childhood, Miss Nightingale believed she had a mission in life. When she was 17 she experienced a vision that convinced her she must give her life to the service of humanity.⁹ She decided to make nursing her vocation after a visit to the Kaiserswerth Institution in the Rhineland in

1844. This decision was strongly opposed by her mother, who insisted that nursing was unladylike and unbecoming and argued that Florence should settle down and get married. Florence rebelled - "a rather daring attitude in a period when women were not only socially, but legally repressed, and where tradition and public opinion would be against her."¹⁰ Despite the fact that she had, in many ways, ideas much in advance of her time, Florence was still very much a creature of her Victorian environment. As can be seen in her letters to her nurses, spiritual beliefs motivated her calling, and similarly assured that she would not alter greatly her accepted role in society. Instead, the nurturing aspect of the maternal role was extended to the nursing profession.¹¹ Reverby argues that, "Obligation and love, not the need of work, were to bind the nurse to her patient. Caring was to be an unpaid labour of love."¹² This feature is essentially what made nursing a respectable profession for middle-class women.

Florence Nightingale's fame in the Crimea and news of her work with trained nurses at St Thomas' Hospital in London soon spread. The training of nurses precipitated a change in the attitude of the public towards nursing that was felt everywhere, and it was only a matter of time until the ideas of Florence Nightingale began to be instituted in Canada. In 1873 Dr Theophilus Mack, physician in charge of the General and Marine Hospital in St Catharines, Ont., appointed two Nightingale nurses from St Thomas' Hospital to organize a school of nursing in St Catharines. This task was accomplished the following year:¹³ the Nightingale system had arrived in Canada.

It would be a few years before other major hospitals in Canada adopted the Nightingale philosophy. In 1877 Toronto General Hospital undertook the responsibility to establish a school to train nurses. The original proposal was put forth by Miss Harriet Goldie, the matron in charge of the untrained nurses at the hospital. Miss Goldie was not a

Nightingale nurse, nor did she have any formal training. She was English by birth and, before her appointment at Toronto General Hospital, she had graduated from Hellmuth College in London, Ont. Being an educated woman and inspired by Miss Nightingale's accomplishments, she determined to establish a school for training nurses. After a thorough investigation of training schools in England and the United States, she accomplished this goal by 1881.

The existing "untrained" nurses, 16 in all, were given the option of enrolling as pupil nurses. They were expected to complete a two-year training program, and were promised a certificate and badge on successful completion of an oral examination. Uniforms were supplied free of charge and the nurses received \$6 a month the first year, \$9 the second year, and \$12 if they stayed on after graduation. Five survived the training program and graduated in 1883.¹⁴

Little progress was made towards improving nurses' education during the first three years of the school's existence, in part because of the type of women traditionally involved in nursing. Clara Weeks-Shaw, author of one of the first textbooks for nurses, wrote in 1894:

Until within a few years, the nursing in our hospital was committed to the hands of the lowest, often criminal, classes, chosen without regard to character or capacity. It was held a degrading occupation, which no self-respecting person would voluntarily adopt; and "Sairy Gamp" was recognized, not as the amusing creation of a novelist, but as the common type and representative of the nursing class.¹⁵

Educational qualifications were not considered essential, and it is possible that working-class women were the principal source for nurses. Clara Weeks-Shaw's characterization indicates that middle-class educators had prejudiced ideas about traditional nurses. Women expressed class

attitudes akin to men; gender did not necessarily unite women. If Weeks-Shaw's remarks had a prejudiced air, they also contained a kernel of truth. Poor, and poorly educated, women were certainly disadvantaged when it came to restating what was expected of them in nursing theory (perhaps why only five of the original nurses survived the two-year program, although allowances had been made for their inability to read and write). The course of instruction inaugurated by Miss Goldie was essentially practical, with lectures twice weekly on the most important topics of nursing and final examinations conducted orally.¹⁶

In 1884, immediately after she graduated from Bellevue Hospital in New York, Miss Mary Agnes Snively, a Canadian, became superintendent of nurses. She was instrumental in promoting a progressive educational program at Toronto General Hospital and in improving the social conditions for pupil nurses. When she arrived, the school was remodelled. She implemented "a curriculum consisting of a regular course of study and lectures in elementary anatomy, physiology, hygiene, medicine and materia medica." The lectures were given free by the physicians and surgeons, and written and practical examinations were conducted every six months.¹⁷ Miss Snively, a school teacher before she became a nurse, "conducted classes in practical nursing, and other subjects calculated to make (the nurses) more efficient and intelligent."¹⁸ The knowledge "thus obtained (was) designed to lead them beyond the point so often spoken of where a little knowledge becomes so dangerous."¹⁹ By the 1890s Clara Weeks-Shaw's general textbook of nursing was in regular use at the hospital.²⁰ Nurses kept notebooks and diaries in which they recorded lectures and case histories,²¹ and they frequently presented these histories as "recitations" in the classroom, as each nurse continued to learn from one another. Miss Snively and her assistant conducted study groups in the evening, during which they

questioned the probationers and pupils and assessed their progress.²²

A great deal of emphasis was placed on character training, and progress was perhaps judged as much by character refinement and moral sentiment as it was by academic achievement. In *Textbook for Nurses*, Weeks-Shaw expressed this argument well when she wrote, "There is in this work, room for the exercise of talents of the highest and virtues of the rarest order."²³ Professional spirit was characterized by the development of such "qualities as compassion, charity and self-sacrifice," which Miss Snively claimed were the "outstanding virtues which (had) marked the true nurse in all ages, making her calling noble and beneficent, rather than a commercial one."²⁴ Reverby argues "a nurse's character tempered by the fires of training was to be her greatest skill."²⁵

The training school for nurses had a three-fold purpose that was expressed most aptly by Miss Snively in the school's annual report of 1891:

Its primary and greatest aim (is) the improvement of the nursing service in the hospital, so that the poor of our community who would otherwise find it beyond their means, may have every advantage which skilled nursing can provide. Secondly, it aims to be a school of instruction, where women who are fitted by nature and education, can obtain a thorough, theoretical and practical knowledge of the art of nursing, with a view to making this their calling or profession; and thirdly, it seeks to give the medical profession intelligent and skillful co-operation, in the noble work of alleviating human suffering.²⁶

This quotation raises three important issues that shaped the course of nursing in Victorian Canada. First, it expresses a general concern for the state of the poor classes, a sentiment truly representative of the social reform movement of the late 19th century. Women

were very prominent in this movement, which sought to right wrongs caused by rapid urbanization during the industrial revolution. The middle class frequently championed reform; good citizens responded to the breakdown of society which was indicated by poverty, drunkenness, sickness, and a decline in moral principles among the lower classes (those most affected by the social economic changes). This reform element, so apparent in the leaders of the nursing profession, simply reinforced the position of nursing as a "calling," rather than a profession by which one earned her livelihood.

Secondly, in the 1880s and 1890s women of education were rarely of the working class. Few working-class women had the necessary education to meet the admission requirements of the Toronto General Hospital, which by 1891 required the applicant to fill out application forms and pass a written entrance examination. Once accepted as pupils, nurses were required at the end of the first year to pass a written test set by the superintendent of the school and "at the end of the second year, a written and oral examination before an examining board" of physicians.²⁷ The limited educational background of nursing candidates was responsible in part for the large gap between the number of applications received and the number of women accepted on probation and for the significant gap between the number who entered on probation (for a period of one month) and those who were finally enrolled as pupils (see Table 1 and Graphs 1 and 2). One hundred applications forms, representing the graduating classes of 1882-84, 1894, 1904 and 1910, suggest a shift in the educational qualifications of nursing candidates towards the "better" educated. Only 30 per cent of applicants had better than public school education in 1884. Ten years later, 55 per cent had some high school education, and this increased to 63 per cent by 1904 (by which time one woman had attended the University of Toronto). The class of 1910 (those educated before 1907)

was comprised of graduates, 76 per cent of whom had high school education or better.²⁸ A great deal of weeding out was done in the first month and some nurses left during this period and afterwards because they were disillusioned with nursing, but every effort was made to ensure that Toronto General Hospital acquired "a better class" of women for their training school.

Thirdly, the quotation outlines the subordination of women as nurses to a predominantly male medical profession. It sets up the nurse's role as the physician's handmaiden, an idea that has persisted well into the 20th century. The traditional roles in the domestic sphere were transferred to the professional sphere and nurses became junior partners in the development of scientific medicine. Given the intimate relationship between medicine and nursing, the vast difference in their educational standards, and society's viewpoint on the position of women, it is difficult to see how this could have been otherwise. The importance of this professional relationship is restated many times by Miss Snively between 1891 and her retirement in 1910. Like Florence Nightingale, she was a creature of her time.

Miss Snively, however, did not always follow the Nightingale tradition. She had a nurse's home erected in 1887. Prior to this no adequate provision was made for the rest or recreation of the nurses. Since "Miss Nightingale was strongly of the opinion that nurses should sleep in the hospital where they worked,"²⁹ Miss Goldie had strictly adhered to this rule, with nurses sleeping in odd places on the hospital premises wherever there happened to be some extra space at the end of the wards. Miss Snively reported that in the early years of the training school "nurses slept on straw beds without springs. The dining room was in the basement of the hospital, opposite the engine room, and they not only served the meals on the wards, but washed the dishes as well."³⁰ Margaret Isabelle Lawrence wrote, "The

nurses' dining room was like a prison. They were, however, allowed a beer ration, and if they chose, from temperance scruples, to forego alcoholic exhilaration, they were given in exchange an extra dollar in their monthly wages."³¹ A monetary incentive was perhaps a good way to encourage temperance.

The nurses' home erected in 1887, four years after the graduation of the first class, was an attempt to make the profession more attractive to the "better class of women."³² Miss Snively was well aware that daughters of the middle class would not be allowed to live under the existing conditions. Therefore the wing added to the west end of the main building contained 32 individual bedrooms, a dining room, and "two prettily furnished parlours, in which (could) be found a fine piano and excellent library."³³ The parlours were "bright and cheery" and contained both a medical and a general library, which in 1891 consisted of 45 volumes of "standard works" and magazines such as *the London Illustrated News*, *English Illustrated*, *Century*, *Canadian Educational Monthly*, and the *Canadian Practitioner*.³⁴

By 1891 Toronto General Hospital School for Nurses was receiving 600 applicants a year; out of this number 57 were accepted on probation and expected to enter as pupils that year. Only 38 survived the probationary period - only 6.3 per cent of the total applicants actually entered training (see Table 1 and Graph 2). The school was now able to be selective and Miss Snively had succeeded in raising the standards of nursing by admitting only those befitted by "nature and education" to enter the profession of nursing. The new standards emphasized a leadership role and Toronto General Hospital graduates quickly became recognized as leaders in the nursing community. From the class of 1889 four nurses were appointed as matrons or lady superintendents, two in the United States and two in Ontario.³⁵

Education was the crucial factor in the nurses' struggle for recognition of their profession, and in 1895 Miss Snively noted, "In order that nurses may be better able to co-operate with the physician along scientific lines, most of the larger schools in England and the United States have raised the standards and have adopted a three-year, instead of a two-year course of training."³⁶ She believed that a three-year course would upgrade the standard of nursing and recognized the advantages a three-year training program would bring to the hospital. Fewer probationers would need to be admitted. This would increase the number of experienced nurses on the wards, herefore the patients would benefit from "a higher grade of nursing." Toronto General Hospital adopted the three-year system in 1896.³⁷

Miss Snively failed to acknowledge that an increase in "manpower" within the hospital had been acquired at virtually no cost to the institution; an increase that was essential in order to meet the growing demand for hospital care in cities throughout the North Atlantic world. As the 19th century came to a close, the middle class, who had nursed sick relatives at home, began to take advantage of the improved conditions of hospitals.³⁸ This change was due in part to the rise of scientific medicine, but the emergence of modern nursing played an essential role in the transition of health care from home to hospital. Population increase also swelled the numbers of those who, for whatever reason, sought hospital care. Hospitals soon realized that opening a nursing school provided them with a "cheap, biddable labour force."³⁹ Probationers and pupil nurses worked to obtain the education provided by the hospital, "but too often the hospitals were prone to let the teaching suffer. Ward work came first."⁴⁰

The belief that nurses worked for their education was certainly evident at Toronto General Hospital. Examination of the 1892 instruction sheet given to a new probationer reveals that nurses' wages had decreased in the 11 years since the start of the training

school. Instead of a \$6 a month the first year and \$9 the second, pupil nurses received \$3 the first year and \$6 the second year.⁴¹ By 1906 this remuneration was discontinued altogether and students were admitted under the non-payment scheme.

In exchange the pupil nurses were supplied not only with board and lodging, but with free uniforms, textbooks, and notebooks. The intent was to place the school on a "purely education basis" and to attract "a more desirable class of applicants."⁴²

With the advent of the three-year training program, the nurse was now expected to complete yet another year of rigorous work. Miss Snively was greatly concerned about the effects of this labour on the health of pupil nurses. She wrote:

In order to fortify our nurses against the nervous and physical strain incurred in yet another year of hospital service, it is proposed ... to lengthen the holidays in the second year to three weeks, and four weeks in the third year. This, together with the half day off duty each week, and one-half of Sunday, being considered of greater advantage to the nurse where she

now works 9½ hours daily, than to be deprived of this time and work 8 hours daily, as it present obtains in some schools where the three year course has been adopted.⁴³

Despite Miss Snively's good intention, it soon became evident that increased leisure time for nurses was difficult to realize, because of "a large increase in hospital territory, and to the ever-increasing advancements in scientific medicine and operative surgery." Nurses were now being required to work in an increasing number of outpatient clinics: eye and ear, nose and throat, medical, surgical, gynaecological, electrical, skin, and, occasionally, obstetrical. The expansion of operative surgery within the hospital made it necessary to supply from one to two extra nurses daily. With the movement of the middle classes towards hospital care for the sick, there was an increased need for "special" nurses.⁴⁴ Ladies of refinement and character were in great demand. Miss Snively argued that increased demands for nursing care frequently infringed upon off-duty time, consequently the half-day off each week was shortened by two or three hours, and in many cases omitted altogether.⁴⁵

Increased hospital activity had a marked effect on the quality of the education nurses received. The outpatient clinics and operating rooms demanded the attention of "experienced" nurses. However, for the first few years of the three-year program Toronto General Hospital experienced a shortage of senior nurses. Nurses in training in 1896, when the new three-year program was introduced, were only required to complete a two-year program. This resulted in a limited number of experienced pupils in 1897 and 1898 and increased the responsibility placed on the senior and head nurses. As a result, education suffered. Miss Snively argued, "This means that the nurse received comparatively little instruction from her seniors, and consequently when left to herself will, of necessity, develop wrong habits and methods, the incessant hurry and strain tending to promote disorder, lack of system, and inferior work."⁴⁶ Her intention to upgrade the standard of nursing and nursing education was not to be realized fully until the turn of the century.

Miss Snively's annual reports reflect personal conflict - an internal struggle between the increasing demand for hospital service and her strong desire to elevate the status of nursing education to a "state of professionalism." She was a remarkably patient woman who, despite constant frustrations, never lost sight of her ultimate goal. She quickly realized that the hospital needed to increase the number of nurses in training if it expected to improve the quality of nursing care and to continue to upgrade nursing education. She also recognized that the two objectives were inextricably bound together.

From 1897 onwards Miss Snively campaigned for a new nurses' home. The existing facility was built to accommodate only 52 pupils - single rooms had been converted into doubles and nurses once more occupied rooms in the hospital. There were 65 nurses in 1897 and the needs of the



Toronto General Hospital, Gerrard St. Ward, 1895

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hospital demanded a further increase in the number.⁴⁷

Miss Snively was anxious that any future home be comfortable and provide a suitable environment for learning. In 1898 she wrote, "A nurses' home or residence should be designed and furnished, not only for health, but for comfort ... It should be spacious and (built) on the principle that refined surroundings tend to produce refinements," and be "beautiful as well, in order that it may play its part as an educational influence."⁴⁸ Refinement was essential because the impact that the "new" nurse had on the public mind was crucial to the promotion of nursing as a profession. Miss Snively "was aware from the start of the value of cleverly directed publicity, though it was not so designed in those years. The relation of the school for nurses to the public she watched carefully. To that end her discipline of the conduct of the nurses was directed. Nurses must be women whom the public would trust implicitly."⁴⁹

Isabelle Hampton-Robb shared Miss Snively's concerns. In 1905 she argued, "The good nurses do in hospitals is now unquestioned, but outside the hospital the trained nurse is still regarded as a not altogether unmixed blessing." She was convinced that legislation and specific standards of education for nurses would not in themselves improve public opinion towards the nursing profession. First, the public must learn to distinguish between the untrained nurse ("the well-meaning, enthusiastic, but untaught amateur") and the professionally trained nurse. Hampton-Robb argued "It will largely rest with ourselves what status we and our work are to hold in the eyes of the public at large."⁵⁰ Professional ethics were closely tied to status; nurses were developing a code of behaviour that personified professionalism, much like their medical colleagues had done before them. Organized medicine had struggled for the past half-century to establish its credibility over public preference



Mary Agnes Snively, School for Nurses Superintendent (c. 1901)

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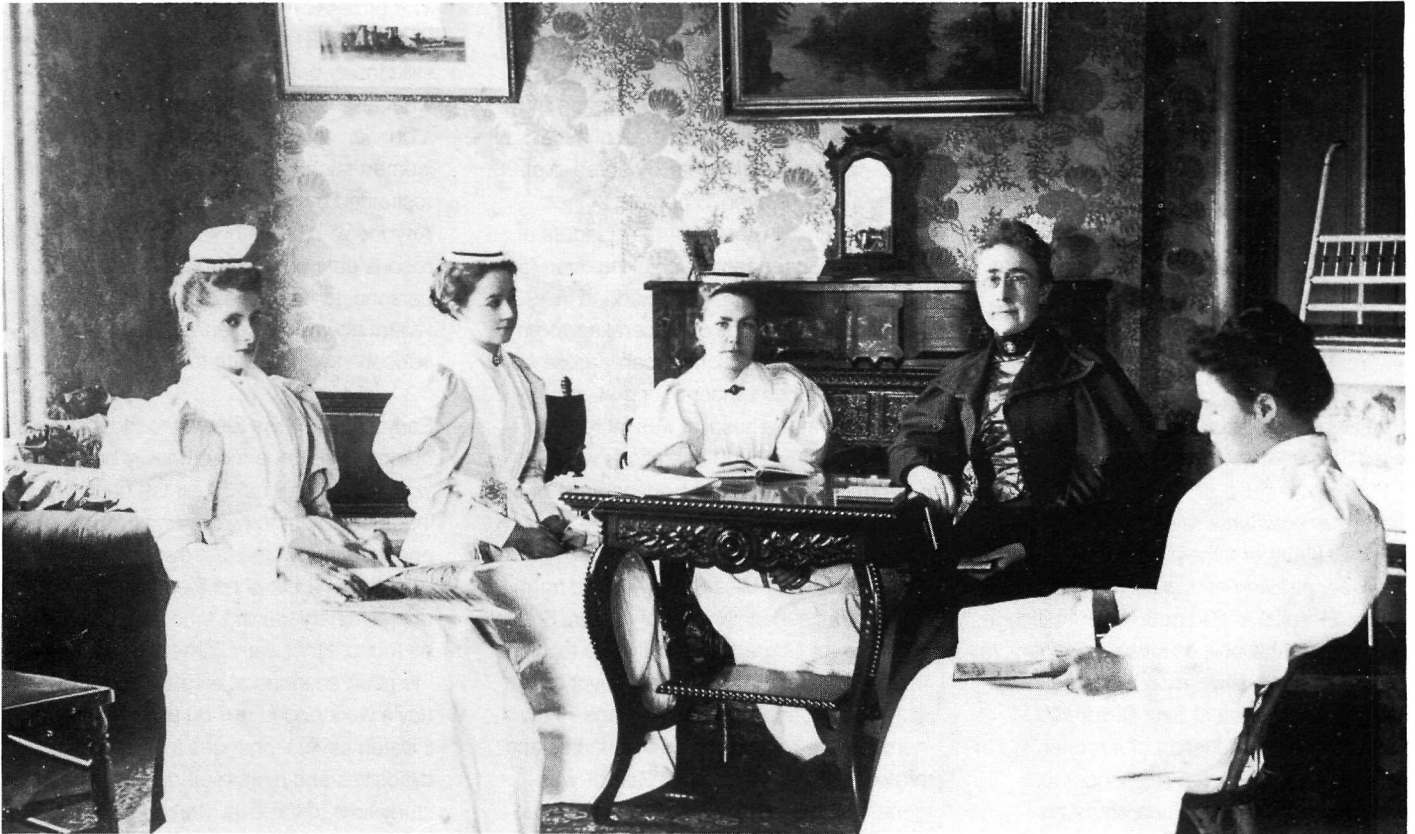
for "cheap quacks." Now nursing had to fight the image of Dickens' "Sairy Gamp."

As the 20th century emerged, the presence of the trained nurse in health-care institutions became generally accepted. Hospitals needed experienced nurses to organize and run their training schools and manage their various wards. Toronto General Hospital School for Nurses was well suited to meet this growing demand, and other institutions quickly recognized this fact. By 1901, 54 graduates of the school held positions of responsibility in hospitals in Canada and the United States.⁵¹ In the same year 28 hospitals and institutions applied for graduates to fill important administrative positions,⁵² as lady superintendents.⁵³ Other graduates had found their niche outside the hospital sphere: 3 entered the Victorian Order of Nurses, 9 became foreign missionaries, and 156 were engaged as private nurses.⁵⁴ Wherever they served, trained nurses were becoming an essential part of the health-care system.

Special nurses formed an essential part of this rapidly expanding system. In fact, Margaret Lawrence claimed that the employment of special nurses in hospitals

was the most significant development in the history of nursing during the first ten years of the 20th century. She maintained that the appearance of private-duty nurses within the hospital wards was proof of the changed public attitude towards trained nurses and illustrated that modern nursing played an essential part in the transfer of health care from the home to medical institutions.⁵⁵ Certainly by 1903 this trend was evident at Toronto General Hospital. Miss Snively's annual reports revealed that 150 special nurses were utilized in 1903, for a total of 1,625 days of special care. By the next year the number of special nurses had increased 60 percent to 240, with 2,183 days of special care. Private wards had been opened at Toronto General Hospital in 1899, and the demand for special care grew steadily until 1914, when it reached a total of 8,880 days.⁵⁶ Annual admissions had increased from 1,428 in 1881 to 3,495 in 1905 and 5,383 in 1912, despite the fact that the number of beds in the hospital had only increased from 365 in 1881 to 400 in 1912.⁵⁷ Middle-class and upper-class patrons seemed prepared to seek hospital care, but not without the services of a trained nurse.

Meanwhile, Miss Snively maintained her constant drive to improve nursing education and provide a sufficient number of experienced nurses to staff the hospital. By 1898, extra courses in the care of nervous and insane patients, invalid cooking, and ward management had been added to the curriculum and nurses now read and discussed papers related to nursing.⁵⁸ In 1900, a new nurses' home was built and the number of pupil nurses began to increase steadily (see Table 1). Miss Snively quickly reminded her nurses of the true significance of the new residence, "As a school, let us not forget that added advantages mean always, increased responsibility. Living as we do amid such surroundings, we ought in the future to be a greater power for good, not only in the community in which we live, but also in the world."⁵⁹ As the 20th century



Toronto General Hospital, Gerrard St., Miss Snively is shown 2nd from right (c. 1895)

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began, the idea of nursing as a "mission" in life was still very much alive.

Academic excellence was to play its part in placing the school on a "purely educational basis." In 1904 efforts to raise the pre-admission requirements for entrance to the school were undertaken. Arrangements were made with Toronto Technical High School, whereby those who were desirous of entering nurse training were taught primary anatomy, physiology, medical chemistry, dietetics, cooking, and household economics prior to their admission as probationers at the hospital. This high school course was four months long, and students worked from 9:00 a.m. until 3:30 p.m. daily.⁶⁰ In 1908, Margaret Stanley, in an article in the *Canadian Nurse*,

outlined the overall purpose of preliminary training, "The aim of preliminary education was to 'equip the pupil for practical work', to study the comfort of the patient, and the best method of securing it ... Pupils are consequently enrolled and under better conditions, of higher ideals, give clearer reports, and have a more intelligent idea of the course and prevention of disease."⁶¹

Certainly the conditions in preliminary training were preferable to what candidates would face as pupil nurses in the hospital; pupils still worked a nine-and-a-half-hour day, which was often extended to ten or more hours, and attended classes prior to and following work. They did little else but work, eat, and sleep. Miss Snively wrote, "It must

ever be remembered that it has not been found possible under existing conditions to shorten the hours of duty, consequently the time allotted for study, classes and lectures must be obtained at a considerable sacrifice of off-duty time."⁶²

By 1906 there was considerable concern about the content of the course at Toronto General Hospital. The schools in New York State were offering additional courses in massage, therapeutic baths, electrical treatment, and dietetics; massage and dietetics were already required for registration in the state. The course at Toronto General Hospital did not meet these requirements. Anxiety reached a peak when

Miss S. F. Palmer, editor of the *American Journal of Nursing*, and president of the New York State Board of Examiners for Schools of Nurses, visited Ontario. Her visit was for the express purpose of "inspecting and reporting on the educational standing of the various training schools in the province, with a view to determining what schools should be considered eligible for registration in the State of New York." Miss Snively feared that unless her school complied with these new requirements, graduates of it practising in New York State would be unable to obtain registration, and the "better class" applicants for training would seek their education in the United States.⁶³

These concerns were raised in March 1906, and by September almost all of the necessary requirements were met; Toronto General Hospital added courses in massage, therapeutic baths, and electrical treatment. In addition, it added a two-month course in pediatrics conducted at Sick Children's Hospital.⁶⁴ The introduction of a proper course in dietetics took a little longer to establish, because of the search for an appropriate teacher. By 1911 the course was being taught by a graduate nurse, who was also a graduate of the domestic science department at the University of Toronto.⁶⁵

There is no evidence to suggest that the flow of "better-class" women to training schools in the United States was curtailed by these measures. However, compliance with New York State registration standards did facilitate the movement of Toronto General Hospital graduates to positions of responsibility in the United States, and without registration this would have been impossible.

The practice of awarding annual prizes for academic achievement, first introduced in 1901, increased steadily; prizes were added for the junior and intermediate years, as well as the final year. In addition, a prize of \$10 was awarded for the nurse who obtained first place in practical work, and \$5 for the nurse with the best kept bedroom.⁶⁶ Also, in 1908 the Nursing Alumnae Association, founded in

1895, awarded a \$25 scholarship for excellence in deportment and ethical conduct to a pupil completing her intermediate year.⁶⁷ The use of prizes as a motivator in the search for excellence may have had its effect. In 1908, out of a class of 41 pupils in the junior year, 5 scored over 90 percent and 10 over 75 percent in their examinations.⁶⁸ By 1909 three-quarters of the class succeeded in achieving over 75 percent.⁶⁹ Another prize was added in 1909, for the highest standing in operating-room technique. This addition probably arose from the fact that the number of operations performed at the hospital was increasing rapidly; in 1909, 2,200 operations were performed at the hospital, an increase of 500 over the previous year.⁷⁰

On 1 Sept. 1910 Miss Snively retired from her post as superintendent of nurses. She left a legacy for its graduates to live up to: higher education, professional ethics, devotion to duty, and an acquired public image - now nurses were recognized as both ladies and professional women. "Sairy Gamp" was gone. The workhouse nurse was replaced with the professional nurse. Miss Snively's successor, Miss Robina Stewart, commented:

In a recent article on the "professional woman", attention was called to the remarkable signs of the times, to the contrast between the woman who made her own living in the middle of the 19th century, and the woman of the 20th century who makes hers. After describing the conditions of the one thing open to women 50 years ago, namely teaching of children, the writer goes on to speak of the many kinds of opportunities for work open to women today, and he concludes with the hospital trained nurses, asserting that they are "the most important body of women who work."⁷¹

Miss Stewart had been impressed by this article; perhaps rightly so. Nursing had risen to the "labour aristocracy," and ranked

among the elite in women's occupations. The profession had emerged rapidly between 1881 and 1911 and, although it was still closely bound to women's role in society, what else could have been expected in such a conservative age; even courageous women such as Mary Agnes Snively were restrained by society's image of womanhood. Anyone who reads her annual and monthly reports cannot help but feel the sense of personal torment she experienced in a valiant attempt to balance women's education with service to mankind.

Early in 1912 Miss Stewart found that pupil nurses were once more heavily burdened with responsibilities, "Their ten hour day was lengthening out to twelve and thirteen hours, and their study time fast disappearing."⁷² After they had finished their first four months of preliminary training, time for study had to be found either early in the morning before the gong sounded at 5:45 a.m. or after the day's work ended at 7:00 p.m.⁷³ Miss Stewart initiated several changes to offset these difficulties and restore off-duty time and study time to the over worked student nurses. Some of the routine surgical tasks were given back to the house doctors, certain time-destroying household duties were delegated to more appropriate departments, and improved, non-specified, nursing appliances were introduced to cut down on expenditures of time and energy.⁷⁴ Nursing was being recognized as a professional occupation and therefore being relieved of some of the more arduous menial work. If nursing education was to be improved, students needed more time to rest and study. Likewise, the physical environment in which the educated nurse worked was becoming more important. This was apparent in 1913 when the new Toronto General Hospital was built. Miss Stewart wrote:

For the present under-graduates and for the probation nurses, fresh in harness, there can be none of the old misgivings and mental shrinking from an over-

crowded ward atmosphere, where the actual work of caring for the sick patients has, of necessity been equally divided with the toil of caring for antiquated equipment and vermin infected woodwork and walls of inadequate buildings which have done duty for 60 years.⁷⁵

The physical conditions of work - the quality of working life - was improving gradually along with the quality of nursing education. Nursing was now becoming a more pleasant occupation, one more worthy of professional standing. Miss Stewart saw a great future ahead for her nurses, but one which greatly depended on the advantages offered the students in their training school. She argued:

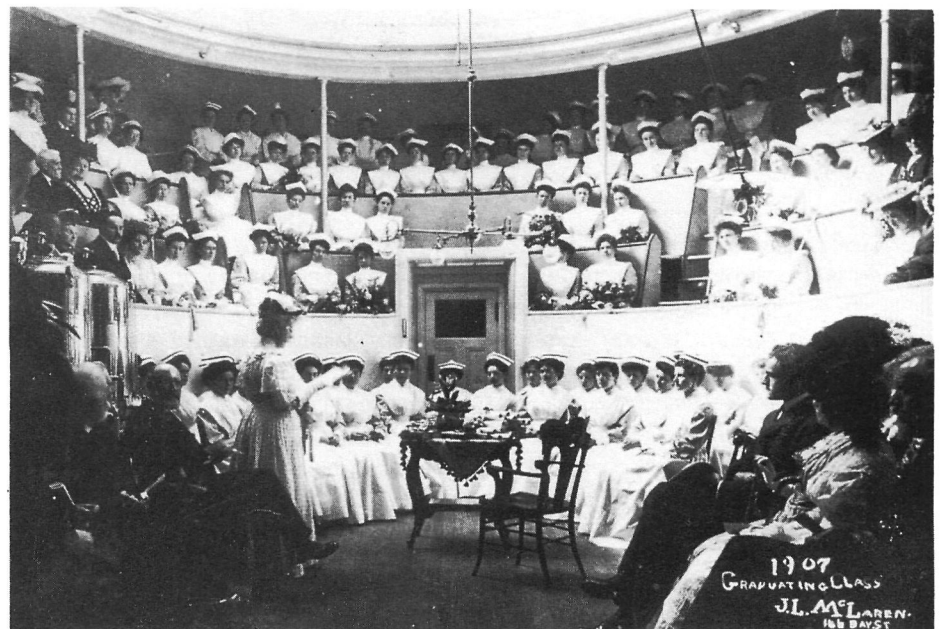
The nurse of the future has awaiting her a field of work that has been almost sensational in its expansion during the past few years. Whether she will be fitted or unfitted for its demands will be in exact ratio to the instruction given and the standards set by the school from which she will receive her training, and the value of the school to the public health will be in direct proportion to the advantages offered.⁷⁶

Training schools for nurses now had an added responsibility - they had to recognize and be prepared to meet the demands made by intelligent, young women who sought professional education. Miss Stewart believed that the directors of Toronto General Hospital recognized the value of the trained nurse and were prepared to give young Canadian women, who chose nursing as a profession, rare opportunities to become competent, skilled, intelligent, and broad-minded members of a community, where the highest ideals of nursing were recognized and valued.⁷⁷ Ideals are often based on the social patterns of a particular class.

Monica Baly feels that nursing has developed in response to changing social needs. "New habits and customs alter the disease pattern, while changes in the

structure and grouping of population create new problems of community living and sanitation." Nursing evolved in answer to the periodic changes in the social and economic basis of society. Sometimes change is rapid and at other times it is almost imperceptible; these changes transform the pattern of society and "create new ideas about rights and responsibilities and the whole social process."⁷⁸ Susan Reverby argues that the growth of nursing can be seen as a continuum. "Nursing did not appear de novo at the end of the 19th century." Rather, it evolved along with and was "wedded" to the different concepts of women's role in society. Nursing "became an important manifestation of women's expression of love of others, and thus was integral to the female sense of self."⁷⁹ After the success of Florence Nightingale in the Crimea and similar attempts by American women during the Civil War, nursing reform became popular, especially since it provided respectable work for daughters of the "middling" classes.

Taken together, these arguments describe the situation at Toronto General Hospital. Nursing in 19th-century urban Ontario expanded in response to the problems of industrialization and urbanization and to the changing social patterns of the middle class. Embodied in the reform movement in the latter half of the century, nursing reform revolutionized hospital care. The "new" nurses improved cleanliness and made hospitals safer and more attractive to the middle-class. Changes in middle-class dwellings decreased living space and the family could not always cope with caring for the sick at home. Therefore, when Toronto General Hospital opened its private ward in 1899, middle-class patrons took advantage of institutional care and utilized the services of pupil nurses, engaged in "special" care. Likewise, women's existing role in society changed; the public began to accept that under certain circumstances, women might live useful lives outside the domestic sphere. Nursing with its nurturing qualities was a



Toronto General Hospital, Gerrard St. 1907 Graduating Class.

TGHA, Acc. 0005



Toronto General Hospital School for Nurses 1909 (Graduating Class)

TGHA, Acc. 0005

quintessentially feminine activity, therefore suited to the changing image of middle-class Victorian women. Thus, to "feminize" nursing, women such as Mary Agnes Snively, inspired by Miss Nightingale's leadership, "sought a change in class-defined behaviour, not the gender of the work force."⁸⁰ This change was to encompass middle-class values and standards of education for women.

Miss Snively cleverly initiated changes that raised pre-admission requirements and redesigned the examination format so that only the more educated women could comply with the standards. Applicants for training were screened to facilitate the

entrance into nursing of women of a "better" class. Historians such as Judy Coburn may correctly classify this method of selection as class-biased, but, in order to raise the standards of nursing, educated women were essential. Who else could have quickly adapted to the rapidly changing demands of nursing science, and suitably portrayed the standards of morals essential to the new code of ethics required by an emerging profession? Miss Snively realized that nursing must strive to improve its standards of morals, ethics, and education in order to gain public support in the struggle for professional status. Middle-class women sought further education in the helping professions and

attainment of public esteem was essential to professional development. Therefore, the key factors in Miss Snively's program for nursing reform were character development and refinement of moral standards, along with a desire to improve academic achievement, all factors inherent in middle-class values and standards. Adoption of middle-class norms exerted a strong influence on the public attitude towards "trained" nurses. "Respectability had to separate the trained nurse from her predecessor even if the nature of her labours had not changed."⁸¹

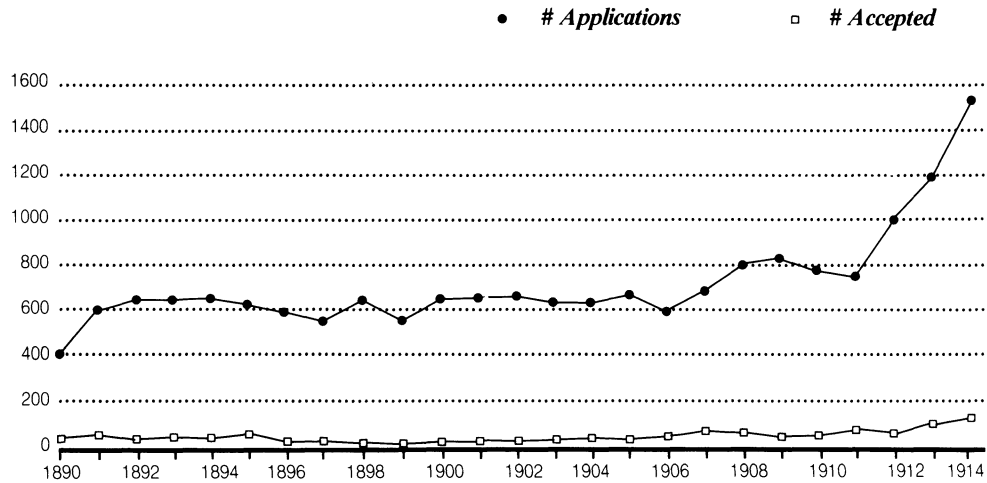
Coburn correctly claims that pupil nurses were used as cheap labour under the guise

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of education, and therefore hospital economics played a major role in the confinement of nursing to a sub-profession. Reverby argues that "the nursing stress on womanly duty, submission and practical labour gave hospitals the ideological justification for what quickly became outright exploitation."⁸² This is all true. However, where else could hospital administrators have acquired nurses in such large numbers to meet the rapidly increasing demands of hospital-centred health care which quickly mushroomed in the late 19th and early 20th century? Certainly, pupil nurses ought to have been paid handsomely for their services, but class attitudes at the same time led nurse/educators to associate wages during apprenticeship with the trades. Consequently, they actively chose to forego this option in order to place nursing on a professional standing, rather than a commercial one. As nursing "moved out of the realm of unpaid family labour into the marketplace, the assumption that it would still be a work of love, not money, remained."⁸³

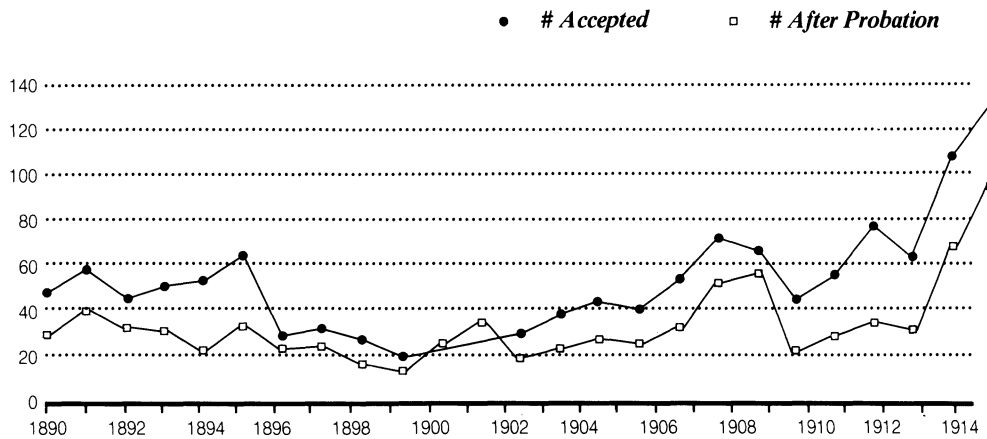
Toronto General Hospital School for Nurses experienced many set-backs in the years between 1881 and 1914. These years failed to represent a period of enlightenment in nursing education, but they certainly symbolize steady progress. Application forms clearly indicate that Miss Snively managed to recruit women from rural, middle-class backgrounds. It is true that some had already relocated to the city before they applied to nursing school, but their place of birth mostly indicated rural origins. These raw recruits were carefully fashioned into refined, dutiful, educated nurses - women whom the public could respect, and to whom they could also entrust the care of their loved ones. The image of the nurse changed immensely in the 19th century largely because of such brave women as Mary Agnes Snively, who sought to provide intelligent young women with "a secular ministry within the expanding 'benevolent empire' of Christian voluntarism."⁸⁴

Graph 1



Source: Toronto General Hospital Annual Reports for the School for Nurses: 1890 - 1914

Graph 2



Source: Toronto General Hospital Annual Reports for the School for Nurses: 1890 - 1914

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Table 1

Year	No. of Appl.	No. Accep. on Probation	No. Enrolled after Probation	** Total No. of Pupils in Training	No. of Nurses Graduating	Cumulative No. of Certificate Holders	Comments
1889	300	-	-	50	-	86 *	From 1881-89
1890	400	48	29	52	23	109	
1891	600	57	38	60	22	131	
1892	643	45	31	53	27	158	
1893	-	-	-	-	23	181	1893 (missing)
1894	647	53	22	50	31	202	
1895	620	62	32	56	23	225	
1896	590	28	23	62	21	246	
1897	545	31	24	61	29	275	
1898	644	27	17	66	11	286	
1899	550	19	14	64	17	303	
1900	650	25	25	67	14	317	
1901	648	33	33	72	30	347	
1902	658	29	19	74	8	355	
1903	627	37	22	79	20	375	
1904	625	42	27	80	32	407	
1905	666	39	25	81	17 *	424 *	Estimate average
1906	594	53	32	86	17 *	441	
1907	682	71	51	102	29	470	
1908	792	66	55	109	28	498	
1909	825	44	22	110	24	522	
1910	771	54	28	101	38	560	
1911	744	76	34	106	32	592	
1912	998	63	31	116	28	620	
1913	1182	108	68	109	-	-	
1914	1526	132	94	142	-	-	

Source: Annual Reports for the Toronto General Hospital School for Nurses, 1889-1914.

** Column #5 includes the total number of pupil nurses in the two-year training program, and after 1896 it includes the number of students in all three years.
April 6, 1988 sp/PJ7985TC (31)

Notes

The author would like to express her appreciation to Jennifer Bayne, Margaret Van Every and Ethel McLaren at Toronto General Hospital; Vivian Thompson at Chedoke-McMaster Hospitals; Donna C. Simmons at Mohawk College, Hamilton; and Dr Charles G. Roland at McMaster University, Hamilton.

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