Nineteenth-Century Nurses and Midwives in Three Canadian Cities, 1861-1891

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Abstract. This paper focuses on nurses and midwives in Montreal, Halifax, and Saint John in the decades leading up to the introduction of trained nurses. Self-employed (private) nurses are compared with those in hospitals. Overwhelmingly of the working-class, predominantly women, and frequently widows, the nurses were not formally trained, though some midwives were. Comparisons are made between nurses and midwives in Montreal, Halifax, Saint John, and their counterparts in Toronto. The changing fortunes of midwives during the era are also discussed.

Keywords. 19th century, nurses, midwives, eastern Canada

INTRODUCTION

In 1881, Annie Bell, a 58-year-old widow of Saint John, New Brunswick, was one of a group of self-employed (private) nurses working in the city. Before the advent of the professional nurse, nurses hired to attend the sick in their homes were invariably of the working class, frequently

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widows, and likely to be middle-aged. Bell was typical of the era. Born in New Brunswick of Scottish origin, she was still working in the city as a “sick nurse” 10 years later, living with daughters Elizabeth, a dressmaker, and Minnie, a fur store machine operator. Bell worked without the benefit of formal training as until the 1890s there were few opportunities to acquire nurse training in Canada. The late 19th-century rise of professional nursing has been well documented by historians, but far less is known of nurses such as Annie Bell. This essay, part of a larger study that includes Toronto, will show who provided nursing care in Canadian homes and hospitals before trained nurses arrived on the scene. Midwives are included in the study because the roles of nurse and midwife were often poorly differentiated in the 19th century. Throughout the centuries, midwives have provided care to women in childbirth; they also undertook nursing duties and frequently the role of nurse and midwife overlapped.

I elected to search for nurses and midwives in the cities of Halifax, Montreal, and Saint John because in 19th-century Canada these cities were well established with sizeable populations. In less well-developed cities, such as Winnipeg and Fredericton, I found the census yielded very few names of nurses or midwives. In my study of early nurses in Toronto, I linked the expansion of private nursing to the growth and increasing prosperity of the city and an emerging middle class willing to pay for services in the home. I wished to further test this hypothesis by making comparisons with Montreal, Canada’s largest city, and the bustling port towns of Saint John and Halifax. Montreal, moreover, provided a contrast in culture because of the Catholic Church then at the height of its powers and heavily involved in charitable work. How did the Catholic Church influence the delivery of health care in Montreal, compared to the predominantly Protestant Halifax and Saint John? Although my focus is on caregivers who worked for pay, I am mindful that religious nursing orders always played a significant part in 19th-century care of the sick and needy, particularly in Montreal and in the Acadian areas of New Brunswick. In Montreal particularly, as private nursing developed, how did lay, working-class nurses fit within the existing health care structure?

As this account of 19th-century caregivers will show, growth in private nursing depended on a prosperous middle class, and the right for midwives to practice depended on changing provincial regulations. Thus, location became a significant variable in the ability to maintain a livelihood. Recent scholarship has stressed the significance of “place” in the history of nursing and midwifery and, as Jayne Elliott, Cynthia Toman, and Meryn Stuart discuss, place informs both the work and identity of nurses. This essay falls within the context of these ideas and
will show how, in the second half of the 19th century, the development of private nursing and the continued successful practice of midwifery depended greatly on where practitioners lived. The presence of midwives can be traced from the early days of colonization in Canada; private nurses appear in the records much later. In making comparisons, I found many similarities of age, class, and status among nurses and midwives in the different cities: it was the rate of growth of nurses that varied, seemingly linked closely to the economy of each city. In prosperous Montreal and Toronto, the numbers of private nurses increased significantly in each decade, whereas in less prosperous Halifax and Saint John, growth was much slower. When comparing private nurses with those working in hospitals, the independent nurse, though clearly of the working class, can be seen as somewhat socially superior to the poorly paid, roughly housed hospital worker who was considered the lowliest of servants. Self-employed nurses were also exclusively female whereas hospitals, particularly in Halifax, employed both men and women as nurses. Midwives present a unique story. As Canadian women increasingly looked to physicians to manage childbirth, midwifery declined though the decline took place at different times in different regions across the country. I shall explore the reasons why Montreal and Halifax still had a significant number of midwives practising in 1891, whereas in Toronto at this time they had all but disappeared from the records.

As members of the working class, nurses and midwives rarely left personal records. Elizabeth Innes of Saint John is an exception, although her diary gives only scant information on her work. Mainly I relied on public records, such as the census and city directories and found that by combining a variety of sources it was possible to outline the careers of certain nurses and midwives. The census is known to be particularly lax in recording female occupations so it was important to seek other sources. I found, for example, that the census nowhere recorded the occupation of Mary Blythe, a certified Halifax midwife, despite the fact that she practised for many years in the city. The aforementioned Annie Bell, a widow and head of the household, did have her occupation of “sick nurse” listed in the census. Sick nurse, an unfamiliar term to present-day readers, was a title used by some 19th-century private nurses to indicate they cared for the sick rather than women (and infants) following childbirth; the French, garde malade, can be considered the equivalent of sick nurse. Also appearing in the census was the title “monthly” or “ladies” nurse, a 19th-century term for a nurse who cared for mother and infant for one month after the birth. This was a line of work favoured by both nurses and midwives.
Although my major focus will be on the latter part of the 19th century, a period when information on nurses and midwives is more readily available, I shall first look briefly at earlier caregivers. From the beginnings of white settlement, midwives were present in Canadian society. In New France there were different levels of midwives: some were Paris-trained while country midwives more likely learned by apprenticeship. Midwives continued to be looked upon favourably after the Conquest and though a distinct school was never established, midwifery was legalized in Quebec in 1788. In 19th-century Montreal, midwives could receive training at the Sainte-Pélagie and McGill Maternity Hospitals. Country midwives could perhaps refer to a text published in 1834 in Montreal. In the mid-18th century, midwives arrived with the first settlers to Nova Scotia and for a limited time a few received government pay. Some had qualifications and experience. The widowed Mrs. Kendrick, for example, had previously practised with her physician husband, she hoped that her earlier “long and successful practice” and “unblemished character” would recommend her to the women of Halifax. Opportunities for training and apprenticeship were, however, limited in Nova Scotia and New Brunswick and many midwives relied on natural talent or their experience as wives and mothers.

In the private nursing field, Elizabeth Innes stands out as a highly respected, self-employed nurse/midwife who has left some record of her work. Born in 1788 in New Brunswick, Innes was the daughter of a Scottish sergeant in the Royal Artillery and a United Empire Loyalist mother, both early settlers. She never married and lived throughout her life in the Saint John Parish of Portland, near Fort Howe. Her diary gives scant details of her work but she must have kept a record of cases she attended as the diary notes, “I have nursed in my time 168 women in their Confinement and 150 Labours,” indicating that she worked as a monthly nurse and as a midwife. Her work was likely part-time as the number of cases is modest, considering she was a single woman who lived a long life. The only indication that Innes may also have nursed the sick is the inclusion in her diary of three homemade remedies. Innes died in 1867 aged 81 years.

For much of the 19th century, hospitals were for the indigent and the nurses were poorly paid servants often from the lowest echelons of society. The Halifax Poor House maintained a hospital during this time and would have utilised inmates as nurses. Halifax and Saint John lacked general hospitals until well past the mid-19th century though a variety of small military and naval hospitals existed, staffed by both male and female nurses. In Montreal most hospitals were run by Catholic nursing orders. The non-Catholic Montreal General Hospital employed
working-class woman as nurses. Conditions of work no doubt made hiring difficult and, at different times, led to the cook and a patient being pressed into service as nurses.\textsuperscript{24} It took until the 1870s before efforts were made to improve the state of nursing in the hospital.

NURSES AND MIDWIVES 1861-91

The private nurses and midwives of Montreal, Halifax, and Saint John who followed Elizabeth Innes were, like their counterparts in Toronto, overwhelmingly working-class. This is evident from their living situations\textsuperscript{25} as well as the occupations of their husbands and children. Many were widows and most were over 40 years. As independent workers, they occupied a higher position within a working-class hierarchy than most hospital nurses. As members of a longstanding profession, midwives in particular could garner considerable respectability.

SICK NURSES

In Montreal, the first sick nurse appeared in the 1852 city directory and by 1861 approximately 19 private nurses can be identified from the census and directories. Many were Irish. Jane Dohan, a sick nurse, was a 54-year-old widow born in Ireland and living with two daughters, both dressmakers.\textsuperscript{26} Mrs Griffin, also an Irish-born widow, was enumerated twice in 1861, first in the house of the city surveyor where she was likely caring for a sick family member, and second, in the residence she shared with her dressmaker daughter.\textsuperscript{27} Mrs. John Swan was a sick nurse born in Quebec and was the only wage earner in a family that included her daughter-in-law and three young grandchildren. The previous year, a 27-year-old male in the household, presumably her son, had died of consumption.\textsuperscript{28} In 1861, most Montreal nurses listed were Anglophone but, by 1891, French Canadians represented about one third of the number though they were likely underreported. Although approximately 50\% of census entries were in French, city directories were published in English and yielded very few French names. For both Anglophone and Francophone women, widowhood appeared to be a path into private nursing, a factor that changed only marginally between 1861 and 1891.\textsuperscript{29} Working-class widows needed an income and were unlikely to remarry; large cities such as Montreal had three times as many widows as widowers.\textsuperscript{30} For widows, private nursing was a respectable work option and means of survival enabling them to send their children to school and to place them in a useful trade. In 1881 Montreal, the Scottish-born widow, Agnes Currie,\textsuperscript{31} who lived with her teenage son, an apprentice, shared accommodation with another family—a common practice among the
working class. Emérance Beaumier, a 49-year-old *garde malade* shared responsibility for wage-earning with her milliner daughter.32

There are no available 1861 census records for Halifax and Saint John, but in the 1871 census I identified 13 private nurses in Halifax and 11 in Saint John. Like their counterparts in Montreal, many were widows. Frances Dunlap of Halifax was an exception; a single woman, aged 65, she lodged with a journeyman tailor and his family and worked as a sick nurse.33 Eliza Schwartz was more typical. A 51-one-year-old widow, she was supporting an 11-year-old son at school while her teenage daughter worked as a dressmaker. Ten years later she continued to work as a nurse, her son now a shoemaker and her daughter a tailor-ess.34 It is possible to trace a few nurses, such as Annie Bell in Saint John35 and Eliza Schwartz, over more than one decade, but for many working-class women nursing appeared a transient occupation taken up when they were widowed or when circumstances demanded. Some may have combined nursing with other occupations such as taking in washing, dressmaking, or cleaning.

It is not possible to say with certainty exactly how many women were engaged in private nursing in post-Confederation Montreal, Halifax, and Saint John. Female occupations in general were under-recorded in the census and of those listed as “nurse” it was necessary to differentiate between independent nurses, child minders, and hospital nurses.36 It is possible, however, to trace the growth of private nursing as the century advanced. It is my contention that, in Canada, a market for private nurses grew as cities grew and prospered and an emerging middle class sought services in the home.37 This was very apparent in Toronto during the latter part of the 19th century where, despite periodic economic slumps, the city gained greatly in size and wealth and the numbers of private nurses grew at a significant rate.38 In Montreal, also an economic powerhouse, I estimated a fourfold increase in nurses between 1861 and 1891, a less dramatic increase than in Toronto but still significant.39 The picture in Halifax and Saint John was very different. Here, although the number of private nurses doubled between 1871 and 1881, thereafter the number remained static over the next 10 years. In the late 19th century, Halifax and Saint John experienced considerable economic reverses as the ship building industry, a mainstay of Saint John, declined, and Halifax lost its pre-eminent position as a port. Options for growth in the Maritimes were limited and although alternative industries did develop, progress was slow and recessions in the 1870s and 1880s caused much hardship. In Halifax, the population grew only marginally between 1871 and 1891 and in Saint John it actually declined; there was considerable out-migration from both cities.40 On the east coast, the much slower growth of private nursing compared with Montreal and Toronto appears linked to a stalled economy and stagnant population growth.
MIDWIVES

Midwives, however, managed to maintain a significant presence in Halifax, and also in Montreal, while at the same time they were becoming less and less visible in Toronto. Much has been written about the 19th-century demise of midwifery in Canada, with blame focused initially on physicians who, as they professionalized, sought to claim the field of obstetrics for themselves. More recent scholarship has cited additional reasons for the decline, including superior physician knowledge, physician access to anaesthesia, women’s demand for physician services, and the failure of midwives to organise and to recruit young women into the profession. Historians have also emphasised that the decline was uneven across the country.

In 1871 Montreal, the census and city directories reveal a total of 38 midwives with the number only a little reduced (to 31) by 1891. As previously noted, midwifery was legalized in Quebec in 1788 and midwives could receive training in the city. At the McGill Maternity Hospital a Mistress Midwife taught interns up to 1880. It is difficult to know who of the Montreal midwives had received training and who was self-educated. Some immigrant women arrived with credentials. Charlott Führer, who will be discussed later in more detail, had received midwifery training in Germany and set up her own private hospital in Montreal. She aspired to middle class status but most Montreal midwives were clearly working-class. Louise Sentaine, widow at a young age, worked for at least 20 years as a midwife. She raised two sons, the eldest a cobbler. The majority of Montreal midwives were literate, as was Madame Sentaine, but her contemporary, Marie Barron, was not. Barron practiced both before and after the death of her husband, a broom maker. Although some Quebec physicians continued to support midwifery, as members of a powerful group they successfully sought to control licensed midwives and limit their practice by 1880. According to historian Hélène Laforce, physicians targeted trained midwives as the most threatening to their hegemony in the field. Despite this setback, midwives remained very much in evidence in the city, at least until 1891. Several Montreal midwives assumed the title of “doctress,” a title that I did not find elsewhere. Anne Gibson, of Scottish heritage, was listed as a midwife in the 1881 census but as a Lady Doctress ten years later. A widow with two daughters, Gibson appeared to be the sole wage earner in her family. Mary Hillman, a widow of Irish descent, identified herself at varying times as a midwife, a doctress, and a lady’s doctress.

I suggest that midwives assumed the title of doctress as a way of emphasizing their training and right to practice and, perhaps, as a challenge to physicians. Charlotte Führer, who practised for many years...
in the city, styled herself at different times as midwife, doctress, and lady physician. Unlike most midwives and nurses of the era we have some knowledge of her life. In 1881 she published her book, *The Mysteries of Montreal: Being Recollections of a Female Physician*, in which she provided a few, not always completely accurate, biographical details. Johanne Charlotte Heise was born in 1834 in Hanover, Germany. At age 19, following two years in service, she married Ferdinand Führer, a retail merchant from Hamburg. The couple immigrated to New York but, following the failure of Ferdinand’s business, returned to Germany. It was then that Charlotte decided to train as a midwife. In the summer of 1859 the family arrived in Montreal and Charlotte quickly established herself as a midwife, a practice she continued for the next four decades. In 1878 she opened a Private Hospital for Ladies. Her book, a collection of stories based on her experiences, provides little knowledge of her practice but does give insight into the social milieu in which she worked. The Private Hospital for Ladies no doubt accepted single women with unwanted pregnancies and Charlotte assisted with placement of infants either by adoption or passing them to a charity. She describes only cordial relations with physicians whom she claimed respected her practice. It would, however, be interesting to know how Montreal physicians reacted when she started to style herself Doctor Führer and to put MD after her name.

The fact that the census frequently failed to record women’s occupations is likely the reason why no midwives are listed in the census for Saint John for 1881 and 1891. From 1881 on New Brunswick midwives existed in a legal grey area. Daphne Rae, in her study of 19th-century New Brunswick midwives, explains that the 1881 act (regulating physicians) classed midwives with “quasi physicians,” exempting them from licensing but expecting them to practise without payment. Midwives did continue to practice and Rae demonstrated that even in the late 19th century they remained in charge of at least 50% of births in the province. The Halifax census records very few midwives—three for 1881 and four for 1891. None of these were African-Canadian though it was very likely that the city’s Black population was served by midwives living among them.

We do, however, have information on Halifax midwives from another source. Starting in 1880, Halifax maintained a Register of Qualified Midwives published annually in *Belcher’s Farmer’s Almanac* and, for the next 25 years, between 10 and 14 midwives make up the annual listing. Midwives who qualified for the registry either had diplomas from well-known midwifery centres such as Edinburgh or Dublin or had been certified by the Provincial Medical Board. Compulsory certification of midwives was instituted in Halifax in 1872, though not necessarily
stringently enforced. The continued willingness of Halifax physicians to work alongside midwives, when in other areas of Canada they were withdrawing support, may have been due to the influence of senior Halifax doctors; most had trained in Edinburgh where midwifery was supported by the medical establishment. Historian Colin Howell considered that it was not until after World War One that doctors in the province presented a significant challenge to midwives.

Appearing consistently on the Halifax Register of Qualified Midwives, and also in the census, was Catherine Adams whose surprising story can be pieced together through a variety of public documents. Catherine Adams was an exact contemporary of Charlotte Führer though she did not take up midwifery until she was widowed. Born Catherine Gooley in Halifax in 1834, she was of Irish Catholic descent and was baptized in St. Mary’s Catholic Church, as were all her children. At aged 19 Catherine married John Jabez Adams, a cooper employed on the waterfront, and over the next 15 years, she had 9 children, all of whom survived infancy. In September 1868, shortly after the birth of their last child, Jabez Adams was found drowned close to his workplace at the Dominion Wharf in Halifax. His death remained a mystery. At the inquest, a neighbour testified that, as far as he knew, Adams was a healthy and sober man. Though another witness hinted that Adams earlier had been involved in a fight, “no marks of violence” were found on his body and death was ruled to be an accidental drowning. Left without a male breadwinner and her eldest child not yet 14, the 34-year-old widow “at once realized her responsibility” and, having arranged for the care of her family, travelled to Ireland to obtain a diploma in midwifery at the Rotunda Hospital in Dublin.

The Rotunda Hospital, formerly the Dublin Lying-In Hospital, had been a well-known centre for training midwives and medical students since the 18th century. Catherine Adams most likely undertook a six-month training course for which she paid a fee. As a trainee midwife, she was not required to carry out routine ward duties—the responsibility, according to an 1858 report, of poorly paid nurses—but attended women in labour. The head midwife, who was responsible to the Master (Medical Superintendent), supervised the trainee midwives. On her return to Halifax, Catherine commenced a 26-year career as a midwife. The year 1871 found her supporting her nine children, now aged three to sixteen, with four at school and the two older girls no doubt caring for the younger children. Over the next two decades she lived in various downtown locations with a decreasing number of children. By 1891, only three children remained with her—Richard, a clerk, William, a printer in the office of the Recorder newspaper, and Elizabeth, at home. Catherine continued to work until ill-health obliged her to
retire in her early 60s. She went to live with her eldest married daughter Mary and died in 1908, aged 74 years. Her death notice commented that “during her active life there was no more popular and esteemed lady.”

HOSPITAL NURSES

In my discussion of hospital nurses, I refer only to Protestant hospitals. Catholic hospitals in Quebec and francophone areas of Canada were run by nursing nuns trained, under an apprenticeship system, by their order to care for the sick. In Montreal, the Sisters of Providence and Sisters of Charity (Grey Nuns) ran hospitals and dispensaries. Protestant hospitals were staffed by untrained personnel though by the 1860s, efforts in Europe to provide nurse training and to improve the state of hospital nursing were slowly gaining credence. Such improvements were long overdue and were motivated, according to historians Carol Helmstadter and Judith Godden, in large part by the demands of the new medicine and its need for “supportive therapeutics.” As surgery and anaesthesia advanced, few hospital nurses of that time were up to the demands of surgical nursing, of providing the necessary nutrition to debilitated patients, or of assessing a sick patient’s condition. In England, a successful movement to train working-class nurses along with middle-class ladies was instituted in 1849 by St. John’s House in London. Described as an Anglican “lay sisterhood,” St. John’s house trained a considerable number of nurses and successfully took over the nursing in several London teaching hospitals. The well-known Nightingale Training School at St. Thomas Hospital followed 10 years later, financed by the Nightingale Fund Council. It was to this organization that the Board of the Montreal General Hospital (MGH), urged by the medical staff, appealed in 1874 for nurses. The team sent by the fund included Maria Machin, as supervisor, and nine working-class nurses, all Nightingale trained. Not all of these nurses proved satisfactory, a reflection of early difficulties in attracting suitable trainees, but, over the next three years, Machin did improve nursing at the MGH though was unable to get a school established. In 1878 she became embroiled in vicious hospital politics, resigned, and returned to England taking the remaining five Nightingale nurses with her.

Following Machin’s departure, it took more than 10 years before a training program was established at MGH. Perhaps the improved standards set by Machin had some effect as in the following decade the hospital board considered that they were managing to attract a “better class” of recruit. Alicia Dunne, who entered the hospital in the early 1880s, was highly regarded and, in 1887, was chosen to be the nurse in charge of the operating room. When a nursing school was finally established at MGH in 1890, Dunne was among the first six to graduate.
In Saint John and Halifax there were no public general hospitals until well into the second half of the 19th century though both cities had a long tradition of military and marine hospitals, and small private establishments. When general hospitals were established, they employed women and men as nurses, a pattern of recruitment that would continue in Halifax for many decades. As in Montreal, the hiring of respectable workers was hindered by poor staff accommodation and low wages. Some nurses were hired by the day, others remained only briefly, but if a nurse was “of good character and ability” she or he might be rewarded with a raise in pay. In Saint John, the Public Hospital, later the Saint John General, opened in 1865. The first nurse was a John McCredie and the long-time Matron, Jane Higgins, was appointed a year later. In 1871, the hospital remained small with 19 patients and 2 nurses—William Grant, aged 32 of “African” descent, and Susan Smith, a 22-year-old widow of whom the census enumerator cryptically recorded, “cannot tell about her husband.” Like most Matrons of her day, Higgins, a 60-year-old widow in 1871, was not trained as a nurse but was hired for her respectability and housekeeping abilities. She remained for 22 years and was said to make her rounds of the hospital in a black silk dress with her small pet dog riding on the long train. Little is known of the nurses during Higgins’ tenure, but the employment of an African Canadian in 1871, who at that time would be barred from most occupations, indicates that hospital nursing was not highly sought work. It was not until 1888 that the hospital management, bowing to modernising trends, hired a trained nurse and established a nursing school.

A new general hospital in Halifax opened in 1859 but operated only intermittently for the next eight years. With improved funding, it re-opened in 1867 as the City and Provincial Hospital. A modest red-brick building, the hospital had a medical and surgical ward with separate facilities for men and women. Delirious, insane patients, according to historian Colin Howell, were housed in “dark recesses” in the basement, some chained to iron rings. A Minute Book dated 1867 to 1878 gives insight into the hiring, firing, and work of the nurses during this era. In July 1867, the hospital was seeking a new male nurse, preferably single; a month later the secretary was ordered to advertise for “an active and intelligent nurse” (the sex not specified). Later that year a suggestion was made that an additional night nurse be hired by the month rather than by the day, an indication of the transient nature of the work. House Rules in 1868 emphasised the predominance of domestic tasks with morning cleaning routines the same for male and female nurses. Patients were expected to assist where possible. In 1875, Matron Sarah Meagher was successful in her request that nurses be relieved of “scrubbing and other work around the building” so they
could attend to their “real duties,” an indication that she was aware of current trends to upgrade nursing work. Individual nurses showed their mettle by petitioning for higher wages. Annie McDonald, a satisfactory long-term employee, was successful in her petition though the wage she was granted was only half that awarded the same year to the male surgical nurse. The work of the Matron, who was expected to keep staff in order and maintain strict control over supplies, was not for the faint-hearted. Mrs. Armstrong remained as Matron for five years (1869-74) longer than most, but eventually left under a cloud, accused of drunkenness. Sarah Meagher, who followed, did not stay long. She stated in her letter of resignation that “the place requires a woman of strong nerves and iron constitution.” She cited the difficulty of getting respectable help due to unsatisfactory living arrangements for nurses and servants. Throughout the 19th century, poor staff accommodation was constantly cited as a deterrent to attracting respectable staff; this situation remained largely unchanged until training schools were established and hospital boards were forced to upgrade accommodation in order to attract pupil nurses. At the Halifax City and Provincial Hospital, the board considered that Matron Meagher lacked “executive abilities.” Perhaps this was true, but her strongly worded letter of resignation highlighted the difficulties of hospital work. In 1887, much-needed upgrades were commenced and the hospital re-opened as the Victoria General (VGH).

In most 19th-century Canadian hospitals the majority of the nursing staff was made up of women. At the Montreal General Hospital, for example, the 1881 census lists only one “man nurse” among a total of 22 nurses. Halifax had a long tradition of military and naval hospitals where male servicemen cared for the sick, so it was, perhaps, not surprising that men as well as women were hired as nurses when a general hospital opened. More unusual is the fact that, when a training school was established at the newly named Victoria Hospital, men entered the nursing school and remained as staff nurses. Prior to the training school, both the surgical and medical wards had a male nurse and a man was most likely assigned to the special ward for patients with delirium tremens where physical restraint was often required. Historian Kathryn McPherson considered that male nurses continued to be hired at the VGH as there were many sailors among the patients, but the availability of men, who perhaps had had experience in a military or naval hospital, was also a likely factor. In the 1881 Halifax census Charles Hood and Richard Sharman are listed as nurses with Hood named as a hospital nurse. Both men were in their early forties, married, and living with their families in the same area as the hospital. It appears that male nurses were allowed to live outside the hospital while, traditionally, female nurses lived in. In 1891, of the eight male
nurses recorded in the Halifax census, five were listed as hospital nurses and lived close to VGH. The men ranged in age from 30 to 42 and four were married.97 When the VGH nursing school opened in 1890, of the male nurses noted above, three completed the training program, Michael Hennessy and Rufus Conrod in 1892 and Henry Barringer the next year.98 VGH continued to accept men into the training school and to have male nurses on staff.99

CONCLUSIONS

I found similarities and differences in the nurses and midwives of Montreal, Halifax, and Saint John with their counterparts in Toronto. An overriding similarity was their working-class status, clearly evident from the occupations of their husbands and children and from their living circumstances. Widowhood was another common factor—though less so among hospital nurses—for a working-class widow faced with the task of supporting a family, private nursing or midwifery were useful means of survival. We know little of the degree of skill of private nurses or midwives. Most, but not all were literate, but the nurses, in particular, were untrained, with only their life experience and possibly physician guidance to help them in the performance of their duties. Between 1861 and 1891, however, private nursing became a distinct occupation for working-class women though rate of growth depended on location. In Montreal, the number of self-employed nurses increased at a much faster rate than in the less prosperous Saint John and Halifax, a fact that supports my earlier assertion for Toronto that private nursing grew as the city grew and created a prosperous middle class willing to pay for services in the home. On the east coast, where economic growth was “piecemeal and not well coordinated compared to central Canada,”100 recurring economic recessions meant that fewer people had the ability to pay a hired nurse. In Toronto, by 1891, part of the increase in numbers of private nurses can be attributed to the entry of trained nurses into the field.101 I could find no evidence of this beginning transition in eastern Canada except in the hospitals where graduate nurses were hired with the express purpose of initiating training programs.

Although the Catholic hospitals of Montreal did not offer nurse training to lay women until 1900,102 the Church influenced the development of health care in the city in other ways. Through the 19th century, the Protestant elite sought to emulate the charitable work of the religious sisters, and no doubt provide a Protestant alternative, by founding their own hospitals and refuges.103 Unlike Montreal, charitable institutions in Halifax and Saint John were always predominantly Protestant. Founded in 1845 by the Sisters of the Misericorde, the Catholic Maternité de Sainte-Pélagie trained many midwives, some likely practicing in the
city, though by 1880 physicians controlled most aspects of obstetrical care and teaching. However, there is little evidence that the Catholic Church influenced the development of private nursing in the same way in this period. Catholic hospitals like, for example, the Hôtel Dieu in Montreal, employed illiterate working-class women as servants not as nurses. It is therefore very unlikely that French-Canadian private nurses had hospital experience or fell under the influence of nursing nuns. Private nurses were not competing with religious sisters; the nurses worked for hire, while the sisters cared for the poor and needy on a charitable basis.

Unlike nurses, midwives had long had the opportunity to undergo training. In Halifax and in Montreal I identified women who had received diplomas from accredited midwifery programs in Germany and Great Britain; a fact I could only conjecture in my Toronto study. Midwives Catherine Adams and Mary Blythe of Halifax and Charlotte Führer of Montreal all gained diplomas in the “old country.” Their training was relatively brief—three to six months—but the best available at the time and placed these midwives in a superior class of health-care providers. Midwifery did decline in Canada but this happened at varying times across the country. In late 19th-century Halifax, doctors continued to support midwives and, in Montreal, although there had been considerable efforts to curb midwifery practice, the 1891 census and city directory recorded only five fewer midwives than in 1881. In Toronto, meanwhile, midwives had all but disappeared from the official records.

Before the advent of training schools, nurses in non-Catholic hospitals were poorly paid servants with limited skills though efforts had been made, particularly at the Montreal General Hospital, to upgrade care. Some hospital nurses such as Annie MacDonald in Halifax and Alicia Dunne at MGH were reliable and competent workers but generally standards of care left much to be desired. By 1891 hospitals were in transition as pupil nurses took over work on the wards from the old-time untrained nurses; this was true at the MGH and at the general hospitals in Saint John and Halifax. When hospitals initiated training programs it was common to take certain nurses from the existing staff into the schools a fact that can be interpreted in different ways. The previous nurses may have been considered worthy of the opportunity though, in the early days, they may simply have been accepted due to a lack of suitable applicants. At the VGH in Halifax, several male nurses already on staff were among the early graduates, an unusual pattern that persisted and can perhaps be explained by the long tradition of male nurses working in the city. By 1891, public hospitals in Montreal, Halifax, and Saint John had started nurse training programs and probationers quickly replaced the untrained nurses, very few of whom were retained. Trained nurses in these cities were not yet in evidence except
in the hospitals, but when they did begin to enter the private workforce in the community, the transformation was far less seamless. There they worked alongside the untrained women for at least two decades. Although in 1891 private nursing continued to remain the territory of working-class women such as the widowed Annie Bell, changes in their workforce participation were inevitable.

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NOTES

1 Canadian Census 1881, Reel 13178, Prince Ward A2, p. 69.
2 Canadian Census 1891, Reel T6303, Prince Ward F2, p. 83. The 1891 census described Bell as a sick nurse.
3 In Canada, a small training school was established in St. Catharine’s, Ontario, in 1874. The Toronto General Hospital followed with a much larger school in 1881 but throughout the 1880s the number of schools in Canada remained limited. Nursing schools were established in Saint John in 1888 and Halifax and Montreal in 1890.
6 The 1881 census for the city of Winnipeg (Reel C13282) does not show any private nurses or midwives. Of the six nurses listed, five are child minders (aged 13-24 years) and the other a male hospital nurse. The Fredericton census of 1881 (Reel C13181) lists a possible three private nurses with the same number in 1891. One midwife is recorded for Fredericton in 1861. Both cities had populations of less than 10,000 in 1881.
10 The 1891 Toronto census records only one midwife.
11 For example, information on Halifax midwife, Catherine Adams, was obtained from the 1871, 1881, and 1891 censuses; Halifax city directories; Belcher’s Farmer’s Almanac;
records of St. Mary’s Catholic Church, Halifax; Halifax County Registration Books; and the Acadian Recorder newspaper.


13 Mary Blythe is listed as a midwife in Halifax City Directories from 1863 and in the Register of Qualified Midwives in Belcher’s Farmer’s Almanac from 1880 to 1893. The census gives only her husband’s occupation.

14 Robert Germain, Le movement infirmier au Québec: 50 ans d’histoire (Montreal: Editions Bellarmain, 1985). The title infirmière was not introduced in Quebec until well into the 20th century and the term garde malade continued to be used for some time.


16 Édouard Moreau, Instructions sur l’Art des Accouchemens [sic] pour les Sages-femmes de la campagne (Montreal: Perrault et Cie, 1834), Canadian Institute for Historical Microproductions, no. 01746.


20 Elizabeth Innes Diary, A273, New Brunswick Museum Archives, Saint John, N.B. The diary is a 40-page neatly written document.


25 Canadian census information revealed that they lived in working-class neighborhoods and those who boarded or shared accommodation did so with working-class families.

26 Montreal Census 1861, Reel C1243, St. Laurent Ward, Folio 9969.

27 Montreal Census 1861, Reel C1232, Centre Ward, Folios 91 and 713.

28 Montreal Census 1861, Reel C1232, St. Laurent Ward, Folio 9245.

29 In 1881 Montreal, I calculated 80% of the private nurses were widowed. In 1891 this figure was 64% for nurses in the census and 85% of those listed in the city directory.


33 Halifax Census 1871, Reel C10552, Ward 5F1, p. 5.

34 Halifax Census 1881, Reel C13168, Ward 5 E1, p. 60; Halifax Census for 1891, Reel T6313, Ward E7, p. 41.
35 See note 2.
36 Nurses whom I classed as nannies were generally young (some were teenaged) and living in a middle-class home with children and other servants. Teenage child-minders were sometimes called “nurse girl.” Female hospital nurses lived in the hospital where they worked and were enumerated there. Independent nurses were often heads of households or lodging with a working-class family (the designation sick nurse or ladies’ nurse was helpful in identifying them as private nurses). In all the records surveyed, I rarely came across the designation of wet nurse.
38 I estimated a higher rate of growth than that of the population. See Young “Monthly Nurses,” p. 291.
39 Between 1871 and 1891 Toronto’s population increased from 56,000 to 181,000 and Montreal’s from 107,000 to 182,000. See Peter C. Goheen, Victorian Toronto 1850-1900 (University of Chicago Press, 1970), p. 58, and Bradbury, Working Families, p. 38. In the same period, the number of private nurses in Toronto grew from 20 to 148.
48 Montreal Census 1881, Reel C13220, St. Lawrence Ward I3, p. 8; and Census 1891, Reel T6408, St. Lawrence Ward f4, p. 6.
49 Charlotte H. Führer, The Mysteries of Montreal: Being Recollections of a Female Physician (Montreal: John Lovell & Son, 1881). Republished as Charlotte Führer, The Mysteries of Montreal: Memories of a Midwife, W. Peter Ward ed., (Vancouver: University of British Columbia Press, 1984). Ward notes that her father did not die, as she claimed, when she was “almost a child” but when she was 19, two years after she went into service.
50 W. Peter Ward, Mysteries of Montreal, p. 21.
51 The 1888 Montreal city directory lists her as Mrs. Charlotte Führer, M.D; directories in the 1890s listed her as Dr. Charlotte Führer.
53 Rae, “Tradition in Transition,” p. 35.
For example, Mary Ann Reid Gigi of Hammond Plains, an African-Canadian settlement outside Halifax, worked for many decades as a midwife but is not listed as such in the census. See Bridglal Pachai, *The Nova Scotia Black Experience through the Centuries*, (Halifax: Nimbus Publishing, 2007), p.150.


58 Records of St. Mary’s Roman Catholic Church, Halifax, PANS microfilm 11500-X, Baptisms 1830-35, p. 416, no. 119 in register. The children’s baptisms are recorded on microfilms 11501-X and 11502-X.

59 PANS microfilm 16584, Vol. 43, No.1.

60 *Acadian Recorder Halifax Nova Scotia*, Friday evening 24 July 1908, p. 3, Col. 2. The obituary is headed “Death of Mrs. C. Adams.” Adam’s midwifery training took place in 1869 or 1870. Belcher’s Almanac consistently gives the date of her diploma as 1846, which is incorrect.


64 Halifax Census 1871, Reel C10551, Ward 2, p. 18.


66 *Acadian Recorder*, 23 July 1908.

67 The Protestant Kaiserwerth Diaconiewerk in Germany was an early training program. See Carol Helmstadter and Judith Godden, *Nursing before Nightingale, 1815-1899* (Farnham, England: Ashgate, 2011), p. 68.

68 Helmstadter and Godden, *Nursing before Nightingale*, p. 23.

69 Helmstadter and Godden, *Nursing before Nightingale*, p. 28.


71 Godden and Helmstadter, “Woman’s Mission,” p. 169-173. Some members of the Board were against the increased cost of providing improved nursing and of the control the Lady Superintendent had been granted over nursing service.

72 McDermot, *Montreal General Hospital*, p. 32-34.

73 McDermot, *Montreal General Hospital*, p. 45. All six graduates were from the existing staff. They completed a shortened training program of one year.


75 For example, Drs. E. Jennings and J. Slater advertised a hospital on Grafton Street in 1855. See *Halifax Daily Sun*, 11May 1855, p. 1. The owners advertised superior accommodation and care by a former hospital sergeant of “high character and ability.”

76 Minute Book, Provincial and City Hospital, Halifax, 28 June 1875, Archives of the Victoria General Hospital Nursing Alumni, Bethune Building, Queen Elizabeth 11 Health Centre, Halifax.
Nineteenth-Century Nurses and Midwives in Three Canadian Cities

78 Halifax Census 1871, Reel C10372, Wellington Ward b-2, p. 99. Grant could not read or write. Smith was literate.
80 *Progress*, Vol. 1, No. 20, 15 September 1888 (a Saint John weekly). The first year of the school there were two probationers (unpaid) and a regular staff of four.
82 Minute Book, Provincial and City Hospital (PCH), 12 July 1867.
83 Minute Book, PCH, 17 August 1867.
84 Minute Book, PCH, 18 October 1867. In this era, the night nurse was considered of lower status than the day nurse and often was an older woman who was more of a care-taker than a nurse.
85 Minute Book, PCH, 20 November 1868.
86 Minute Book, PCH, 28 June 1875. Additional women were hired for scrubbing and help with the laundry.
87 Minute Book, PCH, 11 October 1877 and 7 December 1877. McDonald’s wage was increased to $8 per month, the male nurse’s to $16. The following year the male nurse petitioned again and was awarded $20 per month (31 May 1878).
88 Minute Book, PCH, 24 April 1874.
89 Minute Book, PCH, 28 December 1876.
90 Minute Book, PCH, 28 December 1876.
92 Montreal Census 1881, Reel C13217, St. Louis Ward E1, p. 94. As well as the one male nurse there are two orderlies listed.
93 Minute Book, PCH, 21 June 1867.
95 Halifax Census 1881, Reel C13168, Ward A1, p. 31 and 110.
96 The Matron and two female nurses were enumerated at the hospital.
99 The ratio of male to female graduates varied and some years there were no men. In 1918 the ratio was 1 man to 4.3 women; in 1921, 1 man to 2.3 women. At the turn of the 20th century, of the 22 nurses on staff, 5 were male.
100 Fingard, “Paradoxes of Progress,” p. 83.
101 Of the estimated 148 private nurses in the 1891 Toronto census, 36 can be identified as trained. The Toronto General School of Nursing had, by this time, graduated over 100 nurses (See Alumnae Association, School of Nursing, Toronto General Hospital, Address Book, revised 1989).
102 John M. Gibbon and Mary S. Mathewson, *Three Centuries of Canadian Nursing* (Toronto: MacMillan, 1947), p. 158. The first to offer training in Montreal were the Hôtel Dieu and Nôtre Dame.
103 To name some, the 1871 census lists the Montreal General Hospital (founded in 1819), the Protestant Infants Home, The Ladies Benevolent Institute, and St. Bridget’s Home and House of Refuge.
104 Violette, “Catholic Hospitals in Quebec,” p. 69.
105 See 1871 Montreal Census, Reel C10049, St. Laurent c8, p. 40.
106 Dublin, Edinburgh, and London are good examples.
107 This was true of Toronto General, Montreal General, Hamilton City Hospital, and Victoria General Hospital, Halifax.