

Finding vaccines for tuberculosis and COVID 19

By Ethel Warbinek

Finding vaccines against infectious diseases such as polio has been successful in many cases but discovering one for tuberculosis has been elusive. Will finding one for COVID be as challenging? Reviewing the history of TB may provide some insight. Its successful treatment and curtailing the spread took many years and reveals many similarities with COVID. The serious threat of TB inspired development of public health in BC.

In 1882 Dr. Robert Koch discovered Mycobacterium Tuberculosis, the microbe that causes tuberculosis. This bacteria - not a virus - occurs mainly in humans; a bovine strain can affect humans but is rarely seen since widespread pasteurization of milk was introduced in the early 1990s. TB has been with us for thousands of years. The earliest written records date from 3,300 years ago in India.

Transmission is airborne from person-to-person when someone with active respiratory TB exhales forcefully, such as when coughing, sneezing, laughing, or singing. A person only needs to inhale a few droplets to become infected and can go on to infect up to 10-15 others. Mild symptoms such as cough,

night sweats and weight loss are often ignored therefore delaying diagnosis and treatment. Risk factors include proximity to a person with TB particularly in crowded, poorly ventilated living spaces. Without proper treatment, up to 2/3 of people will die. Today, even though there is no effective vaccine, millions of lives are saved by accurate diagnosis and successful treatment. The standard six-month course of four daily antimicrobial medications together with support and supervision by health care workers provides a cure. So TB is curable and preventable but still has not disappeared. BC has approximately 250 – 300 newly diagnosed cases of active TB each year out of 10 million cases worldwide. This is worrying.

TB testing

Targeted screening is an important component of TB prevention. No single test detects active TB in all circumstances. Young children and people with substantially impaired immunity are at higher risk.

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newsletter committee

Lynne Esson (chair), Beth Fitzpatrick, Ethel Warbinek, Sheila Zerr, Naomi Miller, Glennis Zilm, Lenore Radom. The BC History of Nursing Society Newsletter is published 3 times per year.

SUBMISSIONS ARE WELCOME.

Deadline for the Spring Issue is Feb 15, 2021
Please send submissions to: esson1@shaw.ca

Archival Corner

Remembering Ruth McIraith (1913-2001)

As Remembrance Day approaches in 2020, it seems appropriate to feature one of our Second World War nurses. Seventy years ago in 1945, the horror of this war ended. The nurse is Ruth McIraith (née Littlejohn) 1913 – 2001. She received the five medals shown in the photograph:

1. Royal Red Cross (awarded by King George VI)
2. 1939 -1945 Star
3. Italy Star
4. 1939 – 1945 Volunteer & Bar
5. Victory Medal

Ruth enlisted with the Royal Canadian Medical Corps. Her wartime service includes: • Service aboard Canada's first hospital ship no.46, the Lady Nelson • Service in Nanaimo Military Hospital • After D-Day, service with No 1 Canadian General Hospital at Nijmegen, Holland A Canadian medical officer during the war, Ruth and two nursing sisters worked with Dutch physician Willem Kolff, who constructed the first working kidney dialysis machine in 1943 during the Nazi occupation of the Netherlands. In 1946, Ruth became matron of Shaughnessy Hospital. While at Shaughnessy, she also worked on the team to build the first kidney dialysis machine in BC (information courtesy of Glennis Zilm). In retirement, she remained active in a number of organizations, including as a nurse consultant on the DVA pilot project for the Veterans Independence Program, the Veterans Memorial Manor Society and the George Derby Long Term Society. We are proud to report that Ruth was also a member of BCHNS.



To read more about Ruth and other nurses, please visit our website

PRESIDENT'S MESSAGE

KATHY MURPHY

Welcome to our ever-changing lives that we now face with the COVID-19 pandemic still in our midst. The restricted gatherings or cancellation of many of our usual activities in the past six months resulted in creative methods of communication, enjoying our beautiful province, tackling the To Do List, and the testing of some new menus in the kitchen.

Unfortunately, we had to postpone our Celebration of 30 years with the Nursing Symposium in April but it is hoped that this can be held at a future date. The Board was able to meet via Zoom in June and it was decided to create a Task Force to consider the future of our society. The Transitions Task Committee met via Zoom on September 14/20 with seven in attendance. Margaret Scaia hosted the committee and Nan Martin has accepted the position of Chair. The Committee reviewed the notes from the June 2020 meeting, considered the items identified by the Board members and realized that, due to the pandemic, there may be other items to consider. The Committee will be meeting on the first Monday of the month via Zoom and encourages anyone interested in joining to contact Nan Martin.

It is sincerely hoped that our ability to meet in person will occur as soon as the restrictions are removed. In the meantime, we will continue to follow the guidelines and keep healthy.



EDITOR'S DESK

LYNNE ESSON

Fall is around the corner, the days are getting shorter and soon the autumn leaves will be crunching underfoot, it is time to make a cup of tea, stay warm and cozy, and enjoy this fall edition of the BCHNS newsletter. Our feature article by Ethel Warbinek presents an historical look at the finding of vaccines and asks the question will finding a vaccine for Covid-19 be a challenge? Another interesting article by Irene Goldstone tells the story of N/S Phyllis Jessie (Ashton) Guilbride A Married Nurse Serving with the Canadian Army Medical Corps. There are many interesting articles in this fall newsletter.

I invite you to catch up on all the latest news and take a look at the BCHNS Website. As our President has indicated all our meetings this year and into the near future will be held virtually, so we welcome you to join us. See our Website for details.

As always, we encourage you to submit your news items, stories, and historical photographs for inclusion in future newsletters. I want to thank all the members of the BCHNS for their ongoing submissions; their support makes the job of the newsletter editor an easy task. I trust you will enjoy this edition.

Please stay warm and safe this fall!



Pneumothorax

The Mantoux or PPD (purified protein derivative) skin test was developed in 1907. However, it took until the 1940s for it to be used safely to determine if a person has been exposed to TB. The test does not tell if the person has inactive or active disease. Newer blood tests such as the interferon-gamma release assay (IGRA) are more specific and require only one visit compared to skin testing which requires a follow up visit to check for skin reactions.

Microscopic examination of sputum has been used for over a hundred years and detects TB 50% of the time but can take weeks for results. New specific tests such as GENEXPERT MTB/RIF have revolutionized testing and detect resistance to the important currently prescribed TB medication – rifampicin. Results are available in hours compared to weeks. However with the use of these new tests, issues arise such as speed in providing treatment once the diagnosis is confirmed. This can be a problem in resource poor countries.

Chest X-rays

Wilhelm Roentgen discovered X-rays in 1895

and these soon became an important diagnostic tool. Because he stumbled on them by accident, not knowing what they were, he named them 'X'- meaning unknown. Within a year, they were being used worldwide without knowledge of the severe consequences of misuse. Many medical personnel and others died from radiation poisoning. Some of us may remember having our feet x-rayed in shoe departments.

For many years in BC, all patients admitted to hospital had a chest X-ray to rule out TB. As a nursing student at VGH in the 1950s, I was subjected to numerous chest X-rays over a two year period as a screening test for TB. X-rays are still used today.

(photo left: X Ray VGH 1919 - Courtesy of VGH SON Alumnae Archive)

The search for a vaccine – BCG

The search for a vaccine began with the work of two French scientists - Albert Calmette and Camille Guerin - who in 1905 began working to develop a vaccine. By 1921, after hundreds of experiments, they discovered a vaccine that would confer immunity – BCG. It was disseminated worldwide in the late 1920s. It has proven more effective against the nonpulmonary form of TB such as meningitis in children but less effective against the much more common pulmonary type. Today, its efficacy is questionable and overall protection is 50%. So after 138 years no effective vaccine is available. As a nursing student I received a couple of BCG's but never had a positive skin test.



Early TB treatments: Isolation, fresh air, rest and good food

For eons people worldwide have been infected with virulent and catastrophic plagues. Ancient Romans believed TB could be cured in warm, dry climates. Patients were sent to distant places to recover away from crowded cities with their unsanitary conditions. Unfortunately TB followed them. Warm sea air was also thought to improve results. In the middle ages, these same protocols were followed with the addition of a nutritious diet. The cause of TB was not yet discovered, but what was recognized was isolation from infected individuals.

During the late 1800s special TB hospitals/sanatoriums sprang up in remote areas in Europe and North America as places to isolate patients. In BC a major provincial sanatorium at Tranquille, near Kamloops, opened in 1907. In some cases, hospitalization lasted for months or years. Those not admitted to hospital were cared for at home by family members. I remember visiting a childhood friend who was cared for at home by her mother who was a nurse. When visiting, I stood at the entrance to the living room. How lonely this must have been to be away from all her school chums for months. (This is in contrast to two weeks of isolation for COVID). Family members suffered financially and socially from these prolonged hospitalizations and isolation.

Rest, fresh air and sunlight were cornerstones of treatment and prescribed for centuries. I recall seeing photos of me as an infant sleeping outside on the front porch. TB patients were frequently nursed outside on balconies even in cold weather and would wake up in the morning with frost on their blankets. Bed rest was strictly enforced. Patients were often bed ridden for 20 hours a day so found this idleness extremely boring. Gentle exercises were gradually added. Once discharged, difficulties adjusting to family life and work were common problems.

Collapse therapy was another form of rest therapy and was used between 1930 and 1950. This involved collapsing a portion of the affected lung by pneumothorax, phrenic nerve paralysis, or thoracoplasty. This latter one, involved removing several ribs and was reserved for more serious cases. It was thought these treatments would give the affected lung a chance to heal.

Finally - a cure

A breakthrough that dramatically changed treatment occurred in 1943 when Selman Waksman, Elizabeth Bugie, and Albert Scharz discovered the antibiotic streptomycin. Because it required frequent intramuscular injections, other oral medications quickly replaced it. These developments and the resulting cures, led to the closure of sanatoriums. Today four medications are prescribed: isoniazid, pyrazinamide, ethambutol and rifampin. This “cocktail” attacks susceptible strains of TB and achieves a cure rate of 85% but must be taken for at least six months. Because of this, patient compliance is an ongoing concern. Where possible, public health personnel visit patients to monitor and support them in adhering to the rigid medication guidelines. Modern technology, such as smart phones, is often used to keep in touch.

But we must not underestimate this clever bacteria. It has survived for millennia and even when a patient is “cured” it can lurk undetected in the lungs to resurface when the immune system is compromised. And it continues to be the leading cause of death from a single infectious agent worldwide. Failure to follow the treatment protocols has led to new drug resistant strains. Although TB can be treated successfully we still await the discovery of an efficacious vaccine.

How the TB epidemic influenced public health care

At the turn of the 20th century TB was the leading cause of death in BC. In 1893, the provincial board of health was established and in 1899 Dr Charles J. Fagan was appointed medical health officer. His goals were to bring TB to the public attention and to bring it under control as quickly as possible. This was to be accomplished by education.

In 1908, two pamphlets were issued by the provincial government. The first dealt with the scourge of consumption (TB) and modern methods of combatting the disease. The second contained advice to children such as “Don’t spit on your slate or use any slate that others have spit on”. “Don’t eat candies or chew gum that others have sucked or bitten pieces off.” Compulsory teaching in public schools on prevention of TB was to be strongly enforced. Comprehensive literature was to be left with each new case and visiting nurses would do follow up visits to discharged patients.

In 1916, Dr Esson Young became provincial health officer (Essondale – later Riverview) was named after him. He immediately instituted an annual medical examination of every BC school child. Even in the 1940s I had regular annual physical examinations by the school nurse. In 1921 the provincial board of health became mainly responsible for treatment and care of TB patients. This same year, the first provincial health units staffed by public health nurses opened in Saanich and others soon followed. When the BC Division of TB Control was established in 1935 to coordinate provincial TB care, widespread educational programs were implemented. There was concern over the high death rate amongst the aboriginal population in BC. The federal government was urged to take active steps to control the spread. Continuing problems were groups of uncooperative people who refused compulsory hospitalization and the shortage of hospital beds. In spite of these difficulties, TB numbers were diminishing. Some of

these positive results were probably due to the diligent work of nurses.

Emergence of voluntary groups devoted to control of TB

A word must be said about the concerted efforts of volunteer groups who raised funds to combat the rapid spread of TB and assist patients and families during treatment. During these early years there were no safety nets -- no universal health care -- and families were devastated by the illness. Patients had to pay for their medical and nursing care. Assistance was provided by volunteer groups such as the Rotary Club which established a free TB clinic in Vancouver. Anti TB societies or leagues were established in cities across the province and many of these groups hired nurses. They actively supported educational campaigns such as notices written in English, Italian, Cantonese and Japanese to be posted supporting a bylaw against spitting on sidewalks. These groups, mainly women, raised funds providing money for hospital equipment, clothes, bedding, emergency aid and assistance for discharged patients in obtaining employment. The long term commitment by the citizens of BC to bring TB under control was not surpassed until possibly the polio epidemic many years later. Education was the main vehicle. Nurses were active participants in this endeavor. They organized public campaigns on hygienic practices, health fairs, public lectures and published articles to carry messages on controlling the spread.

Esther Paulson

The work of public health nurses

BC nurses were involved early on in case finding, education and supervised follow-up care.

A visiting nurse, Isabelle Maude Hill, was appointed by the VON in 1901. The first publicly funded nurses were hired by local school boards concerned with the spread of infectious diseases among school children. The first school nurse, Elizabeth Breeze, was hired in Vancouver in 1910 and was tasked with the examination of 9,800 children. In the following years, more nurses were hired by school boards and by the anti-TB societies. In 1912, a Miss Gilles was hired by the Vancouver Anti-Tuberculosis league. Her job was to visit TB cases and advise them on the best treatments methods as well as giving instructions in prevention. Gillies described appalling living conditions – windows and doors tightly closed.

The need for educated public health nurses spurred establishment of the nursing degree program at UBC in 1919. A public health nursing diploma program was introduced a year later. In order to speed up the numbers required to staff the planned provincial health units. One prominent UBC graduate, Esther Paulson, a pioneer in TB nursing care in BC for over 20



hospitalized. Most recovered, but some succumbed. This danger existed until the early 1950s. Unfortunately when some nurses returned to work they were shunned because of a misconstrued fear they were “carriers.”

Similarities to COVID.

Barriers to overcome in the fight to control the spread of COVID sound familiar -- misinformation and distrust of health officials as some members of the public protest against the recommended public health restrictions such as wearing masks and social distancing. Public education is easier now and is being used effectively. However, nurses are at risk as they care for COVID patients and are dying worldwide as they did while nursing TB patients. Until a vaccine is discovered the same tried and true methods are being used with COVID such as isolation, hand washing, social distancing, contact tracing, education, and supportive medical care such as rest and protection of care providers. Fortunately in BC the majority of citizens is accepting the advice of public health experts. Public support for nurses is evidenced by donations of masks, sanitizers, and food. And yes, as with TB, there exists stigma that those who work with COVID patients may transmit it. Unfortunately, because of social media and internet access for information, people are impatient for results and expect/demand immediate results for a vaccine and a cure. Based on the past this can prove to be unrealistic.

In conclusion

The TB bacillus and COVID virus are clever tricksters. Who is smarter – us or them?

Their aim is to survive by finding new hosts – US. They invade our bodies often breaking through our defenses creating havoc. Finding cures and effective vaccines is challenging. Today billions are being spent on the race to find a vaccine for COVID and medications to treat those affected. TB has been with us for so long and is now overshadowed by COVID. Hope the search for a TB vaccine will continue because in 2018 1.5 million people died of TB worldwide.

And as with the fight to control TB, nurses are front line workers and their commitment to care needs to be recognized. During this struggle with COVID, their stories must be told and preserved.

Thank you Glennis Zilm for your review of this article.

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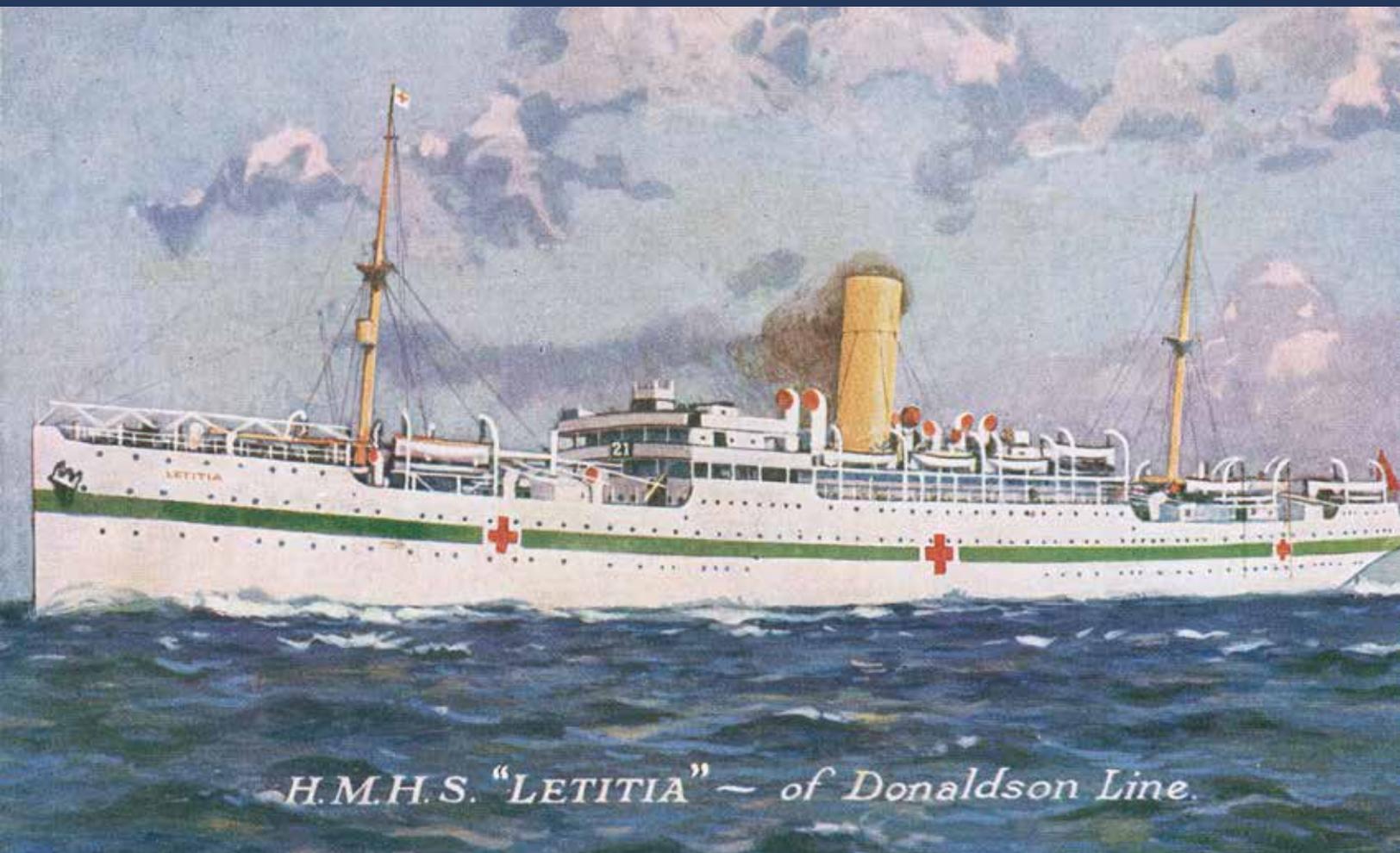


*Paramedic Penticton Regional Hospital
Photographer Suzanne Schmiedem*

N/S PHYLLIS JESSIE (ASHTON) GUILBRID

A Married Nurse Serving with the Canadian Army Medical Corps

By: Irene Goldstone



HMHS Letitia. Colour postcard of HMHS Letitia as a commissioned hospital ship under the Geneva Convention. (Private collection of the author.)

In the course of researching the history of hospital schools of nursing in British Columbia I came across an item about the return to Chemainus of N/S Phyllis Guilbride and her husband, Pte Samuel "Arthur" Guilbride in March, 1919. The news item summarized their wartime service.[1] I was intrigued!

Conventional wisdom suggests that only single women served as nursing sisters with the Canadian Army Medical Corps (CAMC) during World War 1. Library and Archives Canada Historian Genevieve[1] Allard, writing in *On All Frontiers: Four Centuries of Canadian Nursing*, supports this view.[2] However, Nursing Historian Cynthia Toman shows that in a sample of 2,301 CAMC nurses, 39 or 1.7% were married prior to enlisting.[3] Susan Mann's biography of Margaret MacDonald, matron-in-chief of Canada's overseas nurses during the war, explores the complexity of issues related to married nurses in the CAMC. Ultimately, given early 20th century concepts of propriety, Matron MacDonald de-

veloped a policy that nursing and marriage were incompatible; she considered marriage a higher calling.[4]

The daughter of an army officer, Phyllis Jessie Ashton was born in 1890 in Northamptonshire, England. She immigrated to Canada in 1910 and graduated from Royal Jubilee Hospital in Victoria in 1913.[5] Phyllis and Samuel Arthur Guilbride of Chemainus were married on August 13, 1914, nine days after war was declared.[6] He was born in 1884 in Wexford County, Ireland, was a graduate of Dublin University in civil engineering, and had immigrated to Canada in 1908. By 1911 he was living in Lillooet, working as a surveyor for the Canadian Northern Railway and active with the militia.

Immediately following their marriage, he enlisted with the Canadian Expeditionary Force, 16th Battalion, one of the first battalions to be sent overseas. Meanwhile Phyllis worked at Victoria Private Hospital.[7], [8]



N/S P. Guilbride, RRC, on the left, with N/S E. McLeod, RRC. Photograph courtesy of 1914-1919- Library and Archives Canada PA-007351.

The war unfolds

Nine months later (May 5, 1915), Arthur was declared missing in action. He was one of 1,400 Canadians injured with chlorine gas and captured by the Germans at the 2nd battle of Ypres (April 22 - May 25, 1915). This battle was the first major battle fought by Canadian troops and the first extensive test of Canadian medical and nursing services on the battlefield; it was also the first time Germans used chlorine gas. June 25 he was identified unofficially as a prisoner of war and was confirmed as a POW at the Geissen Prisoner of War Camp in Germany a month later. Tim Cook, a noted Canadian military historian, is cited as saying, "Becoming a prisoner of war was one of the most dangerous acts in the battlefield of the Great War." It was a brutal environment.[9]

September 16, 1915, Phyllis signed her attestation papers in London; she declared herself a professional nurse and named her mother, Katherine Jones of Northampton, England, as her next of kin; Matron Macdonald signed her attestation. Initially Phyllis served at Moore Barracks Military Hospital, Shorncliffe, England and by December 2, 1915 she was transferred to #5 Canadian General Hospital, to leave for Salonika, Eastern Mediterranean. The experiences of these nurses during their travel to Salonika are well described in Maureen Duffus' *Battlefront nurses in WWI: The Canadian Army Medical Corps in England, France and Salonika, 1914-1919*. [10]

While the voyage to Greece and their stay in Egypt enroute was somewhat luxurious, hospital conditions in Salonika were hazardous. The nurses were housed in tents, confronted with

poor sanitation, contaminated and heavily chlorinated water, flies, amoebic dysentery, malaria, dust storms in summer or torrential rain during the winter. There was a constant stream of men seriously wounded in Gallipoli; they were cared for in hospital tents. [11] She served in Salonika February 1, 1916 until her return to England October 27, 1916 where she served at the CAMAC Training School.

While imprisoned at Giessen, Arthur spent eight months in bed suffering from scarlet fever and endocarditis, nephritis, hepatitis, and tuberculosis. Under a treaty signed in 1914 and under the auspices of the International Red Cross (IRC), he was interned in Leysin, Switzerland (September 1, 1916). The criteria for the release of prisoners of war to the IRC was based on a medical assessment conducted by Swiss physicians with the goal that internment in Switzerland would aid recovery, ensure the soldier was unable to return to combat, and relieve the captors of the obligation to provide food, shelter, and medical care. The POWs were welcomed by cheering crowds of Swiss and cared for in hotels and sanatoria empty because of the war. The British government paid the Swiss government for the care of the POWs and sent teachers and rehabilitation staff. For the Swiss, it was a win-win situation where the Swiss could continue to remain neutral, because they also held German prisoners of war, while supporting their tourist-based economy.

Phyllis was granted leave to visit Arthur in Leysin, "without expenses to the public," from November 20, 1916 - January 20, 1917. This leave was extended to February 20, 1917 [12] - a remarkably compassionate response in the midst of war. Following her leave, she served in Canadian military hospitals in England and later on the hospital ship HMHS Letitia (March 12-May 9, 1917) transporting wounded soldiers back to Canada. HMHS Letitia made four round trips carrying 2,600 wounded Canadians until it ran aground on the fifth trip while approaching the Halifax harbour August 1917. All wounded (546) and all personnel except the stoker survived the evacuation. [13] Over the next months, with periodic leave, Phyllis was posted to Moore Barracks Hospital, Shorncliffe. In June 1918, she was awarded the Royal Red Cross 2nd class.

In December of 1918, following the cessation of hostilities, Arthur was moved from Leysin to Shorncliffe Hospital while awaiting transfer to Canada. Phyllis was on leave in England December 16, 1918 to January 1, 1919 and likely was able to spend time with Arthur. She then served with the hospital ship HMHS Araguaya returning wounded soldiers to Canada. Remarkably, the only illness noted in her record is otitis media - a month long illness in the spring of 1918. Phyllis was struck off strength in Vancouver, March 7, 1919. After spending some time at Esquimalt Military Hospital Arthur was struck off strength April 5, 1919. Chronic bronchitis due to gas was confirmed and tuberculosis ruled out. He was declared fit only for "light work." He was awarded War Service Badges Class A and Class B.

Life Post War

On return to Chemainus, the couple's arrival and war service was noted by the local newspaper. [14] The Census of Canada 1921 shows Samuel, registered as a farmer, and Phyllis as living in South Cedar, Nanaimo with two small children, Patricia and Francis. In keeping with the times, the Census notes Phyllis' profession as "none." [15] The Soldiers Settlement Act of 1919 provided returning

veterans who wished to farm with loans to purchase land, stock, and equipment. Over 25,000 veterans took advantage of this opportunity. However, many abandoned their farms during the Depression years of the 1930s because of debt and adverse farming conditions.[16] This may be why the family returned to England in 1936 on the Empress of Australia; Arthur died in 1949 aged 65 in Greater London and was buried in his family's plot in Wexford County, Ireland;[17] Phyllis died in 1970 in Greater London, aged 80.[18]

From the official records we can appreciate that the lives of Phyllis and Arthur Guilbride were rich, painful, and challenging. Canada has an extensive literature of fiction about the First World War but it does not have a novel exploring the lives of our nurses during the First World War - Australia does. Thomas Keneally's meticulously researched and acclaimed novel "The Daughters of Mars" explores the lives and loves of the Durrance sisters who served in Salonika, the Western Front and on hospital ships. It's a must read that will provide an insight into what Phyllis and Arthur may have experienced.

Acknowledgements

I am indebted to the editorial assistance of Glennis Zilm, with whom I am working on a History of BC Hospital Schools of Nursing. Membership in the Vancouver Public Library facilitated access to Ancestry.ca. I am grateful for the assistance of John Sharp of Ladysmith Historical Society who provided digitized editions of the Ladysmith Chronicle.

Author Note:

Irene Goldstone is a founding member of BCHNS and CAHN. Does anyone have a copy of Maureen Duffus: Battlefront nurses in WWI: The Canadian Army Medical Corps in England, France and Salonika, 1914-1919 that they are willing to part with? Please get in touch with irene.goldstone@gmail.com. Many thanks!

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Addendum: By: Irene Goldstone

**Grace Frances Woodward and Ladysmith's First Graduates
BC History of Nursing Newsletter, Summer 2020, Volume 31,
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At the time I completed the research for this article, I reported that Grace Woodward left Vancouver to return to England about 1891, that she arrived in New York City in 1900 and that she was appointed Lady Superintendent, Ladysmith General Hospital in 1911. But, most importantly, I could not report where she did nurses training.

Recently, while "page turning" early issues of the Canadian Nurse in search of information about a BC hospital school of

nursing I came across "Miss Grace Woodward, RN, graduate St John's Riverside, Yonkers, New York, 1904 has resigned as superintendent of Ladysmith, BC, General Hospital and will retire to her home at Burnaby Lake for the summer months."

St. John's Riverside Hospital was founded in 1869 as an Invalid Home to care for the sick poor of the parish of St. John's Episcopal Church. By 1900 St. John's was a hospital of 100 beds and the home of the Cochran School of Nursing. The school was established in 1894; the first class graduated in 1896. The Cochran School continues to offer a hospital based nursing program and is affiliated with Mercy College and Excelsior College.

The Armstrong Act established registration for nurses in New York State in 1903.

An extraordinary nurse leader who exposed the horrors of war:

ELLEN N. LA MOTTE

By: Cynthia Wachtell

Although she is now all but forgotten, Ellen N. La Motte was quite possibly America's most extraordinary nurse leader of the early 20th century. Born in 1873 (the year the first nursing school was founded in the United States), she was a trained nurse, expert in the field of tuberculosis treatment, groundbreaking public health administrator, suffragist, socialist, self-proclaimed anarchist, lesbian (partnered with a prominent American heiress and art-collector for over 45 years), relentless leader of an international anti-opium crusade, and much more.

But all I knew about Ellen when I started researching her years ago was that she served as a nurse during World War I in a front-line French field hospital on the Western Front and that she wrote a uniquely unsettling and absolutely astounding collection of short stories, *The Backwash of War: The Human Wreckage of the Battlefield as Witnessed by an American Hospital Nurse*.

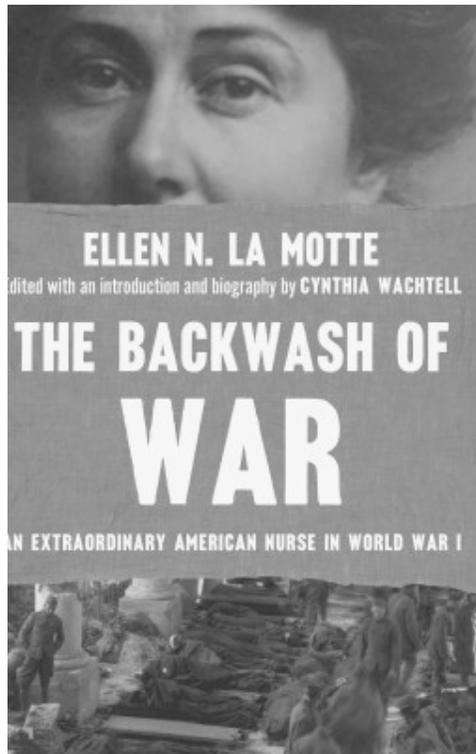
The Backwash of War

Contemporary readers called the book "immortal" and "the most remarkable picture of war horrors ever penned." The very first review, in *Publisher's Weekly*, stated, "Miss La Motte has seen horror with a big H, raw, gaunt, grisly Horror, a great human shambles working overtime." The reviewer elaborated: "She doesn't use pretty or conventional words to describe it, and after reading the book we comfortable stay-at-homes must realize, if we have not already, the fatuity of seeking pretty or nice terms to describe this stupendous mess, Modern War."

Rather than romanticize war and warriors as other writers did, Ellen candidly depicted what she had witnessed. As she explains midway through the work, "Well, there are many people to write you of the noble side, the heroic side, the exalted side of war. I must write you of what I have seen, the other side, the backwash."

The Backwash of War was published in September 1916 and

immediately banned in wartime England and France. However, in America, which had not yet entered the war, the book circulated freely, received high praise, and went through multiple printings. Then in late summer of 1918 it was suddenly censored in the United States, deemed damaging to wartime morale, and it quickly slid into literary oblivion.



A new style of war writing

Long forgotten, the book is a seminal work of war writing, unlike any other published by an American wartime writer. In her barbed tales, brilliantly infused with dark humor, Ellen boldly focused on the war's horrors rather than its heroes. In doing so, she modeled a new style of war writing that would be echoed in the works of Ernest Hemingway and legions of other war writers.

In a passage in the story titled "A Belgian Civilian" for example, she described the arrival of an unusually young patient at the field hospital:

A Belgian civilian, aged ten. Or thereabouts. Shot through the abdomen, or thereabouts. And dying, obviously. As usual, the surgeon pulled and

twisted the long, black hairs on his hairy, bare arms, while he considered what he should do. He considered for five minutes, and then ordered the child to the operating room, and scrubbed and scrubbed his hands and his hairy arms, preparatory to a major operation. For the Belgian civilian, aged ten, had been shot through the abdomen by a German shell, or piece of shell, and there was nothing to do but try to remove it. It was a hopeless case, anyhow. The child would die without an operation, or he would die during the operation, or he would die after the operation.

Here as elsewhere, Ellen deftly strings together declarative sentences, and lets the underlying horror speak for itself. Meanwhile, she makes painfully clear that not just soldiers fall victim to war.

Faced with the tremendous devastation and futility of the war, and surrounded by wards of mangled men, the

speak for itself. Meanwhile, she makes painfully clear that not just soldiers fall victim to war.

Faced with the tremendous devastation and futility of the war, and surrounded by wards of mangled men, the nurse narrator of Ellen's stories struggles with her moral duty. Where does her true responsibility to her patients lie? Should she help mend soldiers so that they can be returned to fight again in the trenches? Will doing so make her complicit in war's destructive process?

Tracing Ellen's remarkable life

The *Backwash of War* is an unforgettable work. And when I first read it in the early 1990s, I could not understand how it had been so long forgotten. I tried to learn more about its author, but I could find very little information about Ellen beyond that contained in her New York Times obituary. When I returned to the book decades later, there still was very little published about her. But I was determined to learn more.

Searching through archives, old newspapers, and private collections, I slowly traced the outline of her life, from her teenage years in the household of her wealthy cousin Alfred I. duPont—a leading innovator of military munitions—through her time at Johns Hopkins Training School for Nurses, her years as a tuberculosis field nurse in Baltimore, and her groundbreaking appointment in 1910 as the first woman to head a division of the city's department of health.

I also was fascinated to discover the prominent role Ellen played as a suffragist. She tirelessly fought for the vote in Maryland and even led a major suffrage parade in Baltimore during the Democratic convention of 1912. Then in 1913 she left her job and joined England's militant suffragettes. Along the way she declared herself first a socialist and later an anarchist, and two months after arriving in London, she reported that she already had "been through four fights and one riot (and not always in the capacity of an innocent bystander)."

As I pursued my research, I discovered that Ellen was also a prolific writer, deeply engaged with public health issues, and an early and regular contributor to the *American Journal of Nursing*, among other publications. In speeches and essays, she argued for a new approach to treating tubercular patients and even published a highly-regarded textbook on the topic, *The Tuberculosis Nurse*, which was hailed as an "excellent" and "masterly" work.

When war broke out, Ellen initially volunteered at an American-sponsored hospital in Paris. And during that first winter of the war, she forged a deep and abiding friendship with Gertrude Stein, a modernist American writer, whose highly-experimental writing style likely influenced Ellen's style in *The Backwash of War*. That same winter in Paris, she also began an enduring relationship with Emily Crane Chadbourne, a divorced heiress from Chicago.

Then, after nursing for several long stretches at the field hospital on the Western Front, between June 1915 and June 1916, and completing *The Backwash of War*, Ellen spent a year traveling with Emily in Asia.

Ellen's anti-opium campaign

The trip sparked Ellen's profound outrage about the opium trade. England and other colonial powers, she realized, were forcing the cultivation, manufacture, and sale of opium in their colonies, while severely restricting its use at home.

Between 1919 and her retirement from public life in 1934, Ellen wrote six books and dozens of articles about the evils of colonialism and the opium trade and spearheaded an international anti-opium campaign. In 1928, she was described by a Congressman as "the best informed woman in the world on the opium question." Yet she faced powerful opposition. As she explained, "The drug traffic dies hard. Vast financial interests, both of nations and of individuals, are at stake."

As we now face our own opioid epidemic, driven by corporate greed and a lack of government oversight, Ellen's anti-opium crusade seems all too relevant and her words hauntingly prescient.

An extraordinary nurse leader

In short, I had set out to learn about an incredible war writer and discovered an incredible nurse leader. From reducing Baltimore's mortality rate from tuberculosis, to boldly exposing the horrible scourge of war, to trying to end the opium epidemic of her day, Ellen was an extraordinary trailblazer. Likewise, in her determination to challenge firmly entrenched norms—as a socialite-turned-socialist, suffragist, and lesbian—she was far ahead of her times.

In an essay in the *Atlantic Monthly* that appeared soon after the publication of *The Backwash of War*, Ellen described being under fire at the Western Front. "The question is not whether one is afraid or not," she wrote. "It is what one does when one is afraid that counts." She was "not naturally what one would call brave," or so she claimed in that essay. Nevertheless, she demonstrated tremendous bravery and not just under artillery fire.

Cynthia Wachtell is editor of The Backwash of War: An Extraordinary American Nurse in World War I, for which she wrote a comprehensive introduction and the first biography of Ellen N. La Motte. She holds a PhD in American studies from Harvard University and is a research associate professor at Yeshiva University. Learn more about La Motte and The Backwash of War at www.thebackwashofwar.com

ARTICLE TAKEN FROM

<https://nursingcentered.sigmanursing.org/topics/leadership/stories/view/ellen-la-motte>

By: Glennis Zilm

Former member **Lydia Wytenbroek** has returned to BC and plans to resume her contacts with BC History of Nursing Society. She has joined the University of BC Nursing faculty as an assistant professor and has started teaching a general medical-surgical course. She says she expects this first year “is going to be intense, and because I am so new to nursing courses.” For the last several years, as she completed her doctorate at York University in its history department, she has mainly been teaching history, with emphasis on medical history.

In fact, she was about to start a post-doctoral fellowship at a medical school in Houston, Texas (in medical humanities, teaching history to medical students) when the US/Canada borders closed due to Covid. So she was pleased to return to BC and UBC.

Currently, all UBC nursing courses are online (except for the labs), so she is working from home in Cloverdale. As well, she hopes to continue to make progress with a book based on her doctoral thesis at York University. The manuscript deals with American nurses and nursing internationalism and imperialism in 20-century Iran. This grew out of her undergraduate work, which was based on research on BC nurses who worked in Iran that she carried out in the BCHNS Archives.

Lydia has also been active with the Canadian Association for the History of Nursing (CAHN) and was president when CAHN/ BCHNS held its last joint conference at St. Paul’s in 2016. **WELCOME BACK, LYDIA.**

By: Glennis Zilm

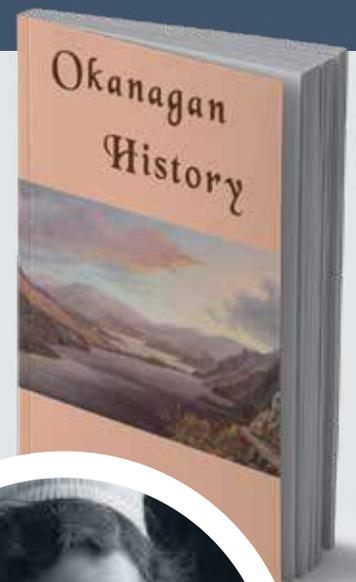
In honor of “The International Year of the Nurse and Midwife,” BSHNS’s **Ethel Warbinek** has published a brilliant article on **Kathleen Ellis (1887-1968), a pioneer Canadian nursing leader.** The article, “Celebrating the life of Kathleen Ellis: pioneer daughter and Canadian nursing leader,” appears *Okanagan History: 84th Report Okanagan Historical Society*, a recently-released, 243-page, well-bound book.

Kathleen Ellis, who, among her other prestigious appointments in nursing across Canada, was superintendent of nursing and principal of the school at Vancouver General Hospital 1921-1929; VGH then the second-largest hospital in Canada. When Ellis arrived, the University of BC had just opened the first nursing degree program in the British Commonwealth and VGH provided the required clinical nursing experiences. Ethel Johns, head of the UBC Program, and Ellis formed a powerful team. Among Ellis’ later positions were: president of the Registered Nurses Association of BC; director of nursing at the Winnipeg General Hospital; advisor to schools of nursing and registrar for the Saskatchewan Registered Nursing Association; first director of the nursing degree program at the School of Nursing at University of Saskatchewan; and national emergency nursing advisor during World War II for the Canadian Nurses Association.

A founding member and frequent officer of BCHNS, Ethel Warbinek has long been interested in Ellis’ nursing career in BC. When Ethel moved two years ago to Penticton, she became a member of the Okanagan Historical Society. As well, she volunteered at the Penticton Archives and was asked to help organize its archival collection related to the local hospital and local nursing pioneers. There, she found ripe new data about Ellis, who was the daughter of a well-known pioneer in the district.

This year, the Okanagan Historical Society, of which the Penticton branch is one of seven in Okanagan cities, asked for articles. Ethel decided to compile her research on Ellis into an article for its annual, highly-regarded publication. The Okanagan Historical Society, incorporated in 1925, is one of the oldest societies in British Columbia and dedicated to preservation of local history. Their annual reports, published annually except for breaks during the Great Depression and World War II, now have become internationally-recognized books in libraries in North America and the United Kingdom.

Ethel’s article provides a well-researched, lyrical description of Ellis (with background on her family and her local Penticton associations). Ethel describes Ellis as an early health care advocate for changes in education and working conditions, such as improved salaries and benefits. She writes: “[Ellis] was recognized for her lobbying skills, insight, and knowledge of nursing conditions in every province. ... Her interests were not restricted purely to nursing. She was a member of various business and women’s group. On a personal note, she was known for her collection of exotic hats and was rarely seen without one.”



Remembering Helen

1895 - 1984

By: Carole Limata, MSN, RN

TAKEN FROM: <https://nursingcentered.sigmanursing.org/topics/inspirational/stories/view/remembering-helen>

During the summer of 1960, I discovered Sue Barton-Student Nurse while searching the young adult section of the Brooklyn Public Library. This was my first introduction to the lively red-headed nursing student who would be the main character in a fictional book series written between 1934 and 1952 by Helen Dore Boylston. Captivated by the interesting tale of the hospital experiences of a student nurse, I spent the last weeks of summer hunting down all seven novels in the Sue Barton series. After reading every one, I searched for more.

My librarian told me the author had written Clara Barton's biography. There was also a book of Helen's wartime experiences serving as a nurse in France during World War I. Although she tried, my librarian wasn't able to get her hands on a copy of *Sister: The Diary of a War Nurse* in the New York library system then. However, in 2015, I discovered that Uncommon Valor Press published an electronic copy on the Kindle platform which I immediately purchased. Helen's diary is filled with many of the very real and difficult challenges military nurses faced during the first World War. Helen proved to be a spirited and adventurous young nurse, facing many wartime challenges with skill and determination, much like the fictional character she would later write about.

At the age of 21 and fresh out of Massachusetts General School of Nursing, Helen joined the Harvard Medical Unit and went overseas in 1917. She was assigned to a French field hospital dangerously close to a casualty clearing station, a mile from the fighting front. In addition to field nursing, she was selected to administer anesthesia during surgeries. She wrote that the nurses were often awakened in the middle of the night by enemy gunfire and ordered to spend the remainder of the night in a foxhole cocoon sleeping with their "furry animal friends."

The Germans advanced and retreated during the last year of the war, forcing the field medical team to constantly evacuate, assemble, and reassemble their units. The harsh winter weather was hard on her health, too. Like many other dedicated nurses, she frequently hid her sore throat and stifled her coughs so that she could continue to work. Twice, she was ordered to the Hospital for Nurses at Chateau Villa Tino and reluctantly spent weeks recuperating from throat infections and diphtheria. The numbers of soldiers the nurses cared for each day was staggering. Helen wrote:

"I have just received a letter from my supervisor with April's hospital report. It states: 'We hold a record for British hospitals. In 10 days, we admitted 4,853 wounded, sent 4,000 to Britain, performed 935 operations, and only 12 patients have died.'

I had no sooner arrived, when I was put to work. Sister assigned two of us to dressing changes. Hour after hour and all through the day and night, the soldiers from the casualty clearing station poured in. We had a system: Nurse Allen was stationed at table one, ripping and pulling off bandages. After a fair share of cursing and howling from the soldiers, they moved on to the doc. Then they came to my table where I bandaged them up as quickly as I possibly could. The three of us worked over 24 hours straight in this manner. By the next day, we counted our logs and noted that we had dressed over 500 wounded soldiers. When I finally had time to rest and close my eyes, I continued to unroll, cut, and tape bandages while I slept."

Once home after the war, adventurous Helen signed up with the Red Cross and returned to Europe to serve in the Balkan War. She wrote: "Daddy wants me to settle down, but I'm young! I'm young! Why shouldn't I live? What is old age if it has no memories except of 40 years or so of blank days?" She continued to work in Europe until 1924, returning again in 1926.

On a train trip to Paris, Helen met Rose Wilder Lane, a journalist and war correspondent. The two became fast friends. In 1927, Rose invited Helen to Rocky Ridge, her parents' home in Mansfield, Missouri. It was there that Rose encouraged Helen to publish the diary she had written during the war. Rose was also assisting her mother, Laura Ingalls Wilder, in re-writing her childhood diaries. *Little House in Big Woods* was published in 1932. It was the first volume of the popular eight-book *Little House on the Prairie* series released between 1932 and 1948.

Until she retired, Helen worked in various nursing positions in New York and New England. She worked as a staff nurse and head nurse in New York and Connecticut hospitals, as well as the director of an outpatient department. She returned to her nursing school at Massachusetts General to work as an anesthesiology instructor. Throughout her nursing career, she continued to write, and all of her different nursing roles and experiences are reflected in her writing. As Helen assumed different nursing positions, Sue Barton worked her way from student nurse to public health nurse to nursing director in her fictional career.

For me and many of my peers, Helen's fictional characters influenced us to consider the possibility of nursing as a career, expanding our career choices which were somewhat limited 50 years ago. At the time, young women could be homemakers, secretaries, or teachers. It should also be noted that Sue Barton worked as a married woman with three children in the last book, a role model for the young women of the 1950s and 1960s who grew up with the belief that they had to choose between a working career and motherhood.

(CONTINUED ON PAGE 14)

I remember Helen Dore Boylston as the author who introduced me to the many roles a registered nurse can have during a nursing career. Of course, there are many occupations where one can choose between a staff position and management, but nursing opens up an unlimited array of possibilities. As I look back on my 40 years in nursing, I was a staff nurse, supervisor, director, com-

munity health educator, adjunct faculty instructor, clinical nurse specialist, and genetics nurse. I am absolutely certain that no other career offers young men and women such diverse opportunities in one career choice! And I have Helen to thank for opening my eyes to this all those years ago.

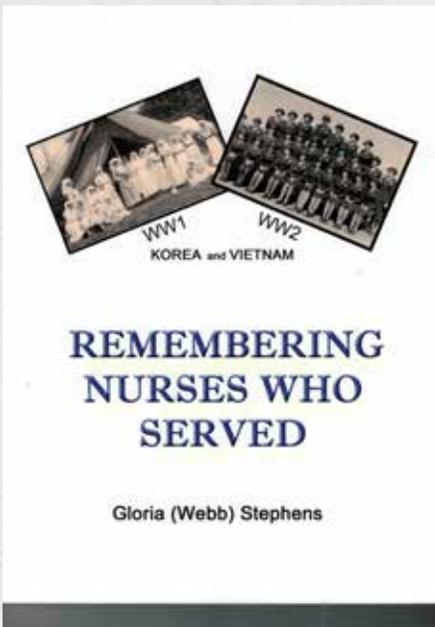
Here are some of Helen's published works for if you are interested in further reading:

- Sister: The War Diary of a Nurse (1927)
- Sue Barton, Student Nurse (1936)
- Sue Barton, Senior Nurse (1937)
- Sue Barton, Visiting Nurse (1938)
- Sue Barton, Rural Nurse (1939)
- Sue Barton, Superintendent of Nurses (1940)
- Sue Barton, Neighborhood Nurse (1949)
- Sue Barton, Staff Nurse (1952)
- Carol Goes Backstage (1941)
- Carol Plays Summer Stock (1942)
- Carol on Broadway (1944)
- Carol on Tour (1946)
- Clara Barton: Founder of American Red Cross (1955 and 1963)

Carole Limata, MSN, RN, is the author of Luna Babies and the Ellis Angels series: Ellis Angels: The Nurses of Ellis Island Hospital, Ellis Angels on the Move, and Angels in Brooklyn. She is a member of Sigma's Nu Xi at-Large Chapter in California, USA, and in 2017, she received an Excellence in Nursing Research Award from her chapter in recognition of her nursing history research.

BOOK REVIEW

By GLENNIS ZILM



Former long-time member **Gloria (Webb) Stephens** has a newly-released book to celebrate WHO's "Year of the Nurse." Gloria was head of the St. Paul's Hospital's Operating Room Nurses' Education Program and an active member of BCHNS in the 1980s and 1990s. She and her husband then retired to her home province of Nova Scotia. She soon organized and has been the guiding light of the active and influential Nova Scotia Nursing History society.

A graduate of the Victoria General Hospital School of Nursing, Halifax, Gloria began collecting biographical files on VGH graduates for the NSNH archives and was intrigued at the numbers who had become war-time Nursing Sisters. Her book, *Remembering Nurses Who Served*, was released in July. It honors the lives of 200 VGH graduates who served in wars and describes their lives before, during, and after serving in World Wars 1 and 2 and in Korea and Vietnam.

But the book is more than just a collection of biographies, impressive as that task was! She has provided background information on the conflicts themselves, the various field hospitals and ships, the battles, and on the medals awarded. Lavishly illustrated and beautifully published, the 8.5 x 11 inch book averages about three illustrations, many in color, on its 276 pages. It is available on Amazon.ca for about \$75 plus shipping.

Perhaps not many BCHNS members would be interested in the information on the individual NS nurses themselves. However, the background and additional materials make this a worthwhile reference book. Anyone with a major interest in Canadian military nursing history will want to know of it. Libraries associated with schools of nursing should have copies, so if you are an "influencer," you may want to advise your library to purchase a copy.

IN MEMORY

Dr Shirley Marie Stinson

DECEMBER 10, 1929 - JUNE 4, 2020



DR. SHIRLEY MARIE STINSON De-
Dr. Shirley Marie Stinson, OC,
(Hon), DSL (Hon) Shirley Ma-
and visionary nursing leader,
Edmonton from complica-
at the age of 90 years. Her
graduate education for nurs-
a national and international
ture made her one of the most
At her investiture as Officer into
was honoured for her work to raise
for her contributions “to improved stan-
She also received the Alberta Order of Excellence, the province’s highest award.

December 10, 1929 - June 4, 2020
AOE, RN, EdD, LLD (Hon), DSc
rie Stinson, an outstanding
passed away June 4, 2020 in
tions of Parkinson’s Disease
major contributions to
es and to development of
nursing research infrastruc-
honoured of Canadian nurses.
the Order of Canada in 2002, she
the profile of nursing in Canada and
dards of patient care around the world.”

Born in Arlee, Saskatchewan, on December 10, 1929, Shirley was the second of three children of Edwin and Mary (Ismond) Stinson. In 1935, during the Great Depression, the family moved to Tofield, Alberta, which she came to consider her home province.

After graduation in nursing from the University of Alberta, she worked as a public health nurse in her home province before taking her master’s degree in nursing administration at University of Minnesota (1958), followed by four years working in administration at Toronto’s Hospital for Sick Children. She then took her doctor of education degree at Teacher’s College, Columbia University (1969), followed by a position on the nursing faculty at University of Alberta.

Her pioneering efforts to establish nursing research as a respected field of study led to one of the first Master of Nursing programs in Canada and to the nation’s first doctoral degree program for a PhD in Nursing, both at UA. A dedicated fund-raiser for nursing research, she lobbied the Alberta government for Heritage funds and was founding Chair of the Alberta Foundation for Nursing Research, where she promoted study of advanced clinical nursing practice, theory, and research, both nationally and internationally. She was the first woman and first nurse to receive the federal title of Senior Health Research Scientist. Long a proponent of interdisciplinary education, she was the first nurse to hold a professorial appointment with the University of Alberta’s Faculty of Medicine. She was a president of the Canadian Nurses Association and later received that organization’s top award, the Jeanne Mance Medal. She was chair of the first International Nursing Research Conference in North America in 1986 and co-chair of the first International Conference on Community Health Nursing Research, held in Edmonton in 1993. She was an advisor to the World Health Organization and was an honoured keynote speaker at conferences nationally and internationally. She is author of more than 150 publications, including a biography of her parents. She was the recipient of numerous other awards, including the Canada Centennial Medal, Queen’s Golden Jubilee Medal, Sir Frederick Haultain Prize in the Humanities, and Canadian Nurses Foundation Ross Leadership Award. As well, she held four honorary doctoral degrees from three Canadian universities. She is listed in the Columbia University Nursing Hall of Fame and in the University of Minnesota School of Nursing’s top 100 Distinguished Alumni. In 2019 the University of Alberta Faculty of Nursing held the inaugural Dr. Shirley Stinson Nursing Research Conference in honour of her work to bring forward and promote nursing research.

Shirley had a great passion and zest for life. She will be deeply mourned by friends around the world.

Adapted from her Obituary: <https://edmontonjournal.remembering.ca/obituary/dr-shirley-stinson-1079321899>

The BC Historical Federation (BCHF) Virtual AGM & Kitchen Party, September 12, 2020

Written by Nan Martin

The British Columbia Historical Federation has provided a collective voice for its member societies since 1922.

For the first time in the BC Historical Federation's 98-year history, the annual general meeting was held virtually! On September 12th, 47 people from member societies around the province signed into the AGM and Kitchen Party via Zoom. (Note from BCHF Buzz September 2020)

Glennis Zilm and Nan Martin were pleased to represent the BC History of Nursing Society as delegates. The annual reports and AGM instructions for voting had all been sent prior to the event. The President, Shannon Bettles, and Council members addressed their reports. There were many "firsts" this year as all nearly all meetings were virtual. Much technology was required for this AGM and all member societies congratulated the team for all their hard work. Andrea Lister was thanked for her amazing contribution as Editor of British Columbia History magazine for ten years.

The 2019 Lieutenant Governor's Historical Writing Award Medal was awarded to Michael Layland for *In Nature's Realm: Early Naturalists Explore Vancouver Island*, by Touchwood Editions.

The Second Prize was awarded to Wendy Wickwire for *At the Bridge: James Teit and an Anthropology of Belonging*, by UBC Press.

As Keynote speaker for the evening, Wendy delighted us all with her presentation and contagious enthusiasm in her talk: *Public History: Between the Profession and the People*.

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