



*Women Working for Healthy Communities*

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## **Introduction**

Women have worked to create healthy communities in many ways. As formal and informal caregivers, physicians, midwives, nurses, and other allied health professionals, many women have made significant contributions to the health of their families, their patients, and the greater community. There have been many women who have contributed to health care in Manitoba, as well as many Manitoba women who have been recognized beyond our province's borders for innovation, leadership, and excellence. While many of the women featured in this essay chose a career path in either medicine or nursing, others contributed to healthy communities as educators, religious women, scientists, or social activists. In celebration of Women's History Month 2001, several women are profiled here to illustrate the diverse ways local women have contributed to creating healthy communities.

## **Physicians**

Historically, women were not as free to choose occupations as men were. Medicine was an especially difficult occupation for women to gain admission into in the nineteenth century. Even after they became physicians, women found that they had limited options in the practice of their careers. They could be missionaries, pioneers, or take care of women and children. They could also be school inspectors because male physicians avoided this kind of work, although it was considered suitable for women. Several women are notable for their leadership in practising medicine at a time when most physicians were expected to be men. Women such as Dr. Charlotte Ross, Dr. Amelia Yeomans, Dr. Elizabeth Matheson, Dr. Margaret Douglass, and Dr. Elinor Black are often documented in the history of medicine in Manitoba. Each of these women was acknowledged by her male colleagues and by historians as notable and respected for her accomplishments.

Although the first woman physician did not graduate from the University of Manitoba until 1892, women physicians were practising in the province a decade earlier. Those who came from more privileged backgrounds could attend American medical colleges such as the Women's Medical College in Philadelphia or the University of Michigan at Ann Arbor and obtain degrees. At that time women who received their degrees outside Canada were required to attend medical school in Canada for an additional year before they could apply for licenses. Subsequently, a number of women's colleges were established in Canada to meet the increasing demand by women that they be allowed to attend medical school. These included the Toronto Women's Medical College and the Women's Medical College at Kingston.

Manitoba's Medical School was established in 1883, and Dr. James Kerr was appointed the first Dean. It appears that the Medical School was co-educational from the beginning. The

act which incorporated the college refers to “persons” rather than men or women. A newspaper clipping from December 20, 1894 regarding the second annual dinner of the Medical Students Association in Manitoba reports: “The toast of the Ladies was received with an ovation. Dr. Jones, in response, said that he thoroughly agreed with ladies being admitted as medical students.”<sup>1</sup> Although in theory women were able to enter the Medical College as early as 1883, it was not until 1892 that Dr. Harriet Foxton Clarke graduated from the Medical College. After completing her first two years of study at the Toronto Women’s Medical College<sup>2</sup> she came to Winnipeg and graduated in 1892. Two years later she married Dr. Andrew Clarke of Detroit, Michigan and practised there until she moved to Billings, Montana. While few women were admitted into medical school at the beginning, the women who were admitted were very exceptional students. Most of them graduated with the Dean’s gold medal or other prestigious awards, even though there might have been only one or two women in the class.

Women’s struggles did not end after graduating from medical school. In order to practise medicine legally they had to obtain licenses. This meant taking examinations from the all-male licensing boards of the time. A number of them were forced to practise for a few years before being able to obtain a license and one of Manitoba’s most famous female physicians, Dr. Charlotte Ross, practised her entire life without a license. Another, Dr. Elizabeth Matheson, had her request for a license refused a number of times. After she was refused for the last time in 1904 her husband, John Matheson, angrily wrote out a cheque for her registration fee and told his wife to send it back to the Manitoba Registrar. To her surprise, her application was accepted. The only explanation that could be given for the sudden change of policy was that “John Matheson’s name was on the cheque, a name that had become famous throughout the North-West. Elizabeth was no longer one of those difficult women. She was the wife of the famous missionary, John Matheson”.<sup>3</sup> Obviously her husband’s name carried more weight with the medical community than her two degrees from medical school.

At the turn of the twentieth century more medical schools allowed women to apply for admission. However, women were still more “tolerated” than “welcomed”. This view changed gradually with the advent of the social revolution in the 1960s, followed by “women’s liberation” in the 1970s. Today, approximately half of the University of Manitoba’s medical class is made up of women.

### **Dr. Charlotte Whitehead Ross (1843-1916)**

Dr. Charlotte Ross was a woman ahead of her time. Many married women who work outside the home today think that they are the first generation of women who have added professional careers to the full-time job of being mothers and wives. They would be very interested to learn that Dr. Charlotte Ross managed to be a daughter, mother, physician, surgeon, and Sunday school teacher all at the same time, and that she did this one hundred and twenty-six years ago. At a time when women were not allowed entry into medical school in Canada, she enrolled in medical school in the United States, with her husband’s encouragement, after she had given birth to her third child. Charlotte Whitehead Ross became Montreal’s, and later Manitoba’s, first woman doctor.

She was born in England in 1843, the daughter of Joseph Whitehead, a railway engineer, and was brought to Montreal, Canada at the age of five. Charlotte received her schooling in Clinton, Ontario, and went to finishing school at the Sacred Heart Convent in Montreal.<sup>4</sup> At the age of eighteen she married David Ross, her father’s associate in the railway construction business. Her interest in medicine grew when she took care of her elder sister,

Mary Anne, who was chronically ill and eventually died of consumption.<sup>5</sup> Charlotte was encouraged to apply to medical school by the family physician, Dr. Hingston, who had lent her medical texts when she was caring for her sister. Her father, however, disapproved. He felt he had raised her to do better things than take care of the sick.

In 1870 medical schools in Canada did not accept women students, so Charlotte attended the Women's Medical College in Philadelphia. It took her five years<sup>6</sup> to obtain her degree. She took two absences during her studies because of a miscarriage and the birth of a daughter. She graduated in 1875 and set up a successful practice in Montreal. In 1878 she gave up her practice in Montreal to join her husband and father who were building section 15 of the Canadian Pacific Railway, with headquarters in Whitemouth, Manitoba.<sup>7</sup>

Whitemouth was a railway town surrounded by lumber camps. Working in the isolation of rural Manitoba enabled Dr. Ross to have a full practice beyond delivering babies and treating women's diseases, the type of practice most female doctors had at the time. She was probably the only woman doctor whose clientele was predominantly male. She often found herself using her surgeon's skills amputating limbs, stitching wounds, and setting broken bones, for many of the accidents in the community were axe injuries to the feet and legs. She once helped pump a railway flatcar as she hurried to help a homesteader injured by a falling tree. She amputated his leg on the kitchen table with a handsaw.

Dr. Ross was tireless and very dedicated. There are many stories that attest to the fact that after delivering a woman of her baby she would then scrub the floor, do the washing, and cook enough food for several days. She did this so that the new mother would get at least a couple of days' rest. She was also known to bring new mothers a bouquet of white roses that she grew in her garden. The most poignant story that shows her dedication to her patients is the time she left her dying son to the care of her husband so she could deliver a baby. She had treated her son and knew she could no longer help him. On the other hand, her patient needed the medical care that only she could provide. Although she was a pioneer doctor she was far ahead of some of her contemporaries in her practice of medicine. She was very strict about antiseptic methods and sterilization, and she convinced the Whitemouth community to be inoculated against smallpox at a time when even the citizens of large cities like Montreal were denied immunization.

Dr. Ross practised medicine for twenty-seven years without a licence. She applied for licences in both Montreal and Winnipeg, but she was denied both times because she refused to go back to medical school in Canada and pass the exam set by the all-male admissions board of the Manitoba College of Physicians and Surgeons. She continued to practise medicine in spite of the fact that she knew she could be prosecuted and jailed. She was not prosecuted in Montreal because she worked under the patronage of Dr. Hingston, her original mentor, who then became mayor of Montreal. She was not prosecuted in Manitoba because her practice was rural and she was the only physician in Whitemouth. Dr. Ross finally did get her licence posthumously in November 1993 when Liberal MLA Sharon Carstairs introduced a resolution to that effect in the Manitoba Legislature. The now Senator Carstairs paid tribute to "this courageous and dedicated pioneer and other women like her, who have never been properly honoured for the part they played in building this country."<sup>8</sup> The Manitoba Legislature passed the resolution unanimously.

## **Dr. Amelia Yeomans (1842-1913)**

Dr. Amelia Yeomans and her daughter Lillian were the first women physicians in Winnipeg. Amelia came from a Huguenot family noted for learning and independence. She was born in Montreal on March 29, 1842 and married Dr. Augustus Yeomans at the age of eighteen. When he died in 1878, Amelia did not remarry but decided to join her daughter Lillian at the University of Michigan at Ann Arbor in pursuit of a career in medicine because at that time medical schools were still closed to women in Canada. Lillian graduated in 1882 and obtained her Manitoba licence on September 22, 1882. Amelia obtained her M.D. degree in Michigan in 1883, and was registered in Manitoba on February 23, 1885. Dr. Yeomans left no clue explaining her delay in getting registered. However, since she was a strong advocate for women's right to vote, it is generally thought she refused on principle to sit the exam because the male licensing boards at that time were known to be hostile to female doctors.

Both Dr. Yeomans specialized in "Midwifery and the Diseases of Women and Children." There was plenty of work for them in Winnipeg. During the 1880s Winnipeg was being transformed from a frontier town into a bustling metropolis. Many social ills followed this rapid growth. "Overcrowding in the city's north end, poverty, unemployment, prostitution and inadequate sewage, housing and medical facilities were only a few problems plaguing the new provincial capital."<sup>9</sup> Dr. Yeomans could not sit and watch the misery that many women faced, especially immigrant women. In response, she visited the city's slums, toured factories and prisons to treat the deprived and dispossessed, and worked to expose their conditions to the rest of society. Her work with the poor and dispossessed instilled in her the need for reform. Dr. Yeomans started to campaign for the prohibition of alcohol since she considered drunkenness the cause of unemployment, child abuse and crime. She became a member of the Women's Christian Temperance Union (WCTU), serving as provincial president in 1896-97, and delivering lectures throughout Manitoba advocating prohibition. She also worked very hard to stamp out prostitution and close houses of ill repute. To do this, she made many speeches discussing the dangers of prostitution and the effects of venereal disease. Her speeches had a twofold effect. On the one hand, they upset Winnipeg's upstanding citizens, since this was the Victorian era and some things just were not discussed in polite society. On the other hand, they also enabled her to enlist the help of many politicians, clergymen and leaders of the community who were sympathetic to her causes. Apparently she was a very good motivational speaker who kept her audiences enthralled during her speeches and ready for action afterwards.

Dr. Yeomans thought that giving women the right to vote was another way of curing social ills. This was a very unpopular cause at that time. Not only were most men totally opposed to granting women the right to vote but they were also convinced it would cause the disintegration of the family. Another obstacle that she faced was that most women were either apathetic or hostile to the concept. This did not deter Dr. Yeomans. Having looked at the social ills around her, she concluded, "Women were the most adamant protectors of community morals, purity and righteousness and would use their votes accordingly. Participation in the political process would enhance their authoritative influence over their children and inspire greater respect in husbands, sons and daughters."<sup>10</sup> She worked tirelessly to bring this about, including establishing a provincial suffrage association. Despite all her efforts women did not get the vote in her lifetime, and prohibition wasn't legislated until 1916. However, her efforts paved the way for both.

When she retired in 1906 Winnipeg was no longer the wicked city she encountered when she first moved here. When she died in 1913, over two hundred women had graduated

from medical schools throughout Canada. The City of Winnipeg recognized her important role in our history by dedicating a plaque to her on the Broadway median at Hargrave Street.

### **Dr. Elizabeth Beckett Matheson (1866-1958)**

Dr. Elizabeth Matheson's life resembled that of Dr. Charlotte Ross in many ways. Her medical education was a long drawn out process, interspersed by the births of many children. She was her husband's equal as a missionary, schoolteacher and doctor, and he supported her entry into medical school. She had a very difficult time getting licenced and was forced to practise for several years without a licence. In fact she was in the odd position of having been appointed government doctor and health inspector when the College of Physicians and Surgeons still refused to grant her a licence. Like Charlotte Ross she was never prosecuted because she practised in an area outside the mainstream where deeds were more important than credentials.

Dr. Elizabeth Matheson was born of Scottish parents in 1866 in Burnbrae (near Campbellford) Upper Canada and moved to Morris, Manitoba in 1878 where her father decided to farm. She took her matriculation and teacher's training in Winnipeg and taught school in Cook's Creek until 1886. In 1887 she volunteered to assist Ellen Bilbrough at the Marchmont home for orphan boys and girls in Belleville, Ontario. Ellen Bilbrough saw the potential in her and sponsored her studies at the Women's Medical College at Kingston for one year in 1887-88. Elizabeth returned to teaching in Manitoba in order to finance her studies. This was followed by a trip to India as a missionary from 1888 until 1891, when she came back to Manitoba after contracting malaria. She then married John Richard Matheson, and they moved to Onion Lake, a remote Cree reserve, where her husband had agreed to be an Anglican missionary. There they built a school for their nine children, their adopted Aboriginal and Metis children, and the eighty other children who had enrolled. At her husband's insistence Elizabeth began her second year at the Manitoba Medical College in September 1895, and she graduated from the Toronto Women's College in 1898, eleven years after she had started her medical education. She returned to Onion Lake where her practice encompassed a hundred-mile radius. Her early practice was difficult because the white settlers either took care of themselves or would travel one hundred miles to go to Battleford, since they still thought of her as the missionary's wife. The Aboriginal population preferred to go to their traditional medicine men. The incident that proved her dedication and ultimately won the community's respect occurred when a young man broke his leg and needed treatment. In order to help him she travelled with her three-month-old baby for seventy miles in a lumber wagon over frozen ground to reach him and set the broken leg.

Dr. Matheson practised until 1903 when she applied to the University of Manitoba Medical School to take her last year as a refresher course before attempting the licensure examination. She graduated for the second time in 1904. In 1908 her husband built a three-story log hospital for her use. It included four wards and an operating room. There she treated epidemics and accident cases, and conducted operations. However, the Aboriginals were still afraid of hospitalization and so she continued to attend to them in their homes. This meant trips over muskeg on corduroy roads, camping in the snow or in the summer heat, sleeping in trappers' shacks, dealing with accident cases, murders and suicides, handling epidemics, and delivering babies in remote locations. On short trips she drove herself; on long trips a native person acted as her driver.<sup>11</sup> She practised in Onion Lake until 1917, the year after her husband died.

She moved to Winnipeg in 1918, where she joined Dr. Mary Crawford as assistant medical inspector. She was ideally suited to this position, since most of her work in Onion Lake had been among poor children and she could recognize signs of malnutrition and children's disease very easily. In 1948 she received an honorary medical degree from the University of Toronto where they acknowledged her fifty years of practice since her first degree.

### **Dr. Margaret Ellen Douglass (1878-1950)**

Dr. Margaret Ellen Douglass was born in New Brunswick and studied medicine at the University of Toronto. After graduation she did some postgraduate training in England and America. She first practiced medicine in Saint John, N.B. and then moved to Winnipeg in 1909 where, except for the war years, she worked for the rest of her career. In 1914 she organized the Winnipeg Women's Volunteer Reserve. During the First World War she distinguished herself by becoming an officer in the Royal Army Medical Corps (RAMC) and serving with the Women's Auxiliary Army Corps. She served in France with the RAMC, holding the rank of major, and was awarded the Allies Medal and the British War Medal for her service.

She was a gifted speaker and used this talent in her many public relations endeavours. In 1927 she went on a trip around the world to visit medical centres in places like India and China to teach specifically about better methods for caring for women. During her lifetime she held a number of executive positions in women's organizations. She served as president of both the Canadian Federation of Business and Professional Women's Clubs and the Winnipeg Women's Canadian Club. She received numerous awards including being made a life member of the University Women's Club in 1950, and being elected Honorary President of the Federation of Medical Women in 1946. In 1948 she was given the title of Commander Sister of the Order of St. John of Jerusalem by the St. John's ambulance Brigade in recognition of her services. She died in her home in Winnipeg in 1950.

### **Dr. Frances Gertrude McGill (1877-1959)**

Dr. Frances McGill was raised on a farm in Minnedosa, Manitoba and taught school for several years so that she could finance her education. She started to study law but eventually decided to study medicine. She was exceptionally bright and distinguished herself in medical school. She won the Isbister First Year Scholarship, and when she graduated in 1915, at the age of thirty-seven, she won the Dean's Prize, the Hutchison Gold Medal and the Surgical Case Report Prize. After graduation she began her career in the Manitoba Provincial Laboratory and then accepted the position of Provincial Bacteriologist in the Saskatchewan Department of Health, later becoming Provincial Pathologist for Saskatchewan and Laboratory Director. She was appointed Honorary Surgeon at the RCMP Laboratory in Regina and was a lecturer in forensic medicine at the RCMP Training Academy.

In this position she found her true calling. She used her knowledge of law and medicine to become one of Canada's best known criminologists. She analyzed specimens, performed forensic autopsies and helped solve hundreds of murder investigations. She was meticulous in her work and questioned the evidence no matter how straightforward it seemed. Her main motivation was to discover the truth and "she seems to have released the innocent as often as nailing the guilty."<sup>12</sup> In one such instance she was able to prove that a man had committed suicide and had not been shot by the neighbouring farmer who had bloodstains on his coat. In

order to do this she had the body exhumed and through her careful investigation she confirmed that only the victim could have fired the rifle because the bullet entered under his chin and exited through the head. Other famous cases that she solved included: the Bran Muffin Case, in which a woman tried to poison her father but succeeded in killing her grandparents instead; the Elsie Burden Case, in which a local boy (and not a migrant worker) was found to be guilty; and the South Polar Case, which wasn't a murder — the victim died of a heart attack. She was impressive in her performance in court and she was always considered an expert witness at trials. She answered the Counsel's questions professionally and could not be tricked into saying something she did not mean.

She was respected and admired by the male members of the RCMP who thought she was a "real lady" but also considered her "one of the boys" for the way she was able to endure the hardships and fatigue of her job. In some cases they travelled thousands of miles by dog team, snowmobile and rickety floatplane in order to reach the most remote parts of the province. She was also an avid horsewoman, which endeared her to the Mounties. When she died at the age of eighty-one the Province of Saskatchewan decided to honour her memory by officially naming McGill Lake, north of Lake Athabasca, in her memory.

### **Dr. Elinor Frances Elizabeth Black (1905-1982)**

Elinor Frances Black was born in Nelson, B.C. in 1907. She attended school in Calgary and Winnipeg (Kelvin High School). She grew up to be a beautiful, strong-willed woman with presence and charisma who did not let obstacles stand in her way. She wanted to be a doctor, and despite her physician brother's disapproval, she went to medical school because to her "there is no more tragic person than the individual forced to work at a job he dislikes because of financial reasons."<sup>13</sup> She graduated *cum laude* from the Faculty of Medicine at the University of Manitoba. After an internship in the Winnipeg General Hospital Dr. Black pursued further studies in hospitals in London, England and returned to set up her practice in Winnipeg in 1931. In 1933 she was appointed Demonstrator in the Department of Obstetrics and Gynecology. In 1937-38 she returned to London, England for more postgraduate education, and in 1938 she became the first Canadian woman to gain membership in the Royal College of Obstetricians and Gynecologists in London. She was extremely proud of this last achievement and stated that she had achieved membership "on my own and through hard work and examinations."<sup>14</sup>

Elinor Black was awarded many honours during her lifetime and most of them were firsts for a woman. In 1949 she was admitted as a Fellow of the Royal College of Physicians and Surgeons of Canada, *ad eundem gradum*, and in 1950 she was elevated to the Fellowship of the Royal College of Obstetricians and Gynecologists in London. In 1951 she was appointed Head of the Department of Obstetrics and Gynecology at the University of Manitoba, thus becoming the first woman in Canada to head a medical department. She held this position for thirteen years. She was also honoured as Winnipeg's "Woman of the Year" in 1951, and in 1960 she became the first woman president of the prestigious Society of Obstetricians and Gynecologists of Canada. Today, when women in medicine are no longer limited by their gender, it is difficult to appreciate her accomplishments. Elinor Black's many struggles and victories made a secure place for women. It is also very important to understand that her accomplishments were made before women's liberation and that she was not given any award to meet a quota or to satisfy criteria of political correctness. Her accomplishments are best summarized in a letter which described newspaper articles written about her as "the attempt to make you a trail-blazing feminist and a Famous Woman rather than emphasizing that you are a first rate obstetrician and gynecologist and an eminent person quite irrespective of gender."<sup>15</sup>

Late in her life Dr. Black remarked that she did not get along with women. This can be attributed to the fact that in order for her to win acceptance as a doctor in the 1920s she had to completely blend in, to become invisible in terms of gender, just to become a doctor. In those days “women were women, men were men. And doctors were men.”<sup>16</sup> To survive she not only did as well as the men, she did better. She succeeded so well that thinking of her as a woman did not come naturally to her colleagues. One of the in-jokes in the General Hospital was that Elinor was the only doctor in the obstetrics-gynecology department who was not an old woman. For 27 years she was the only woman in her professional group.

Dr. Black attributed a lot of her success to hard work. When she retired from her position as Department Head of Obstetrics and Gynecology she knew that she had worked harder than her male predecessor and had received less support than the male doctor who succeeded her. When she retired from the University, she refused the prestigious title of Professor Emeritus so that she could continue to serve both the University and the Hospital Department. She worked until two days before her death on January 30, 1982.

### **Phyllis Jean McAlpine, Ph.D., F.C.C.C.G (1942-1998)**

Phyllis McAlpine was born and grew up in southern Ontario. She graduated with a B.Sc. (Honours) degree from the University of Western Ontario, where she received the Gold Medal in Zoology, an M.A. in Human Genetics from the University of Toronto for muscular dystrophy research, and a Ph.D. from the Galton Laboratory, University College, London, England. Dr. McAlpine thought that she was predestined to study genetics. She had originally wanted to be a zoologist, but a snowstorm that hit southern Ontario in 1964 changed her life. In an interview with the Winnipeg Free Press she stated: “I missed the appointment because of the snowstorm, but when I eventually got there, I met another professor who told me about an opening in genetics. So instead of being a bored stiff zoologist peering into a microscope at animal cells, I ended up studying human genes. I believe I was destined to be a geneticist.”<sup>17</sup>

Dr. McAlpine was appointed as Research Associate in the Section of Genetics, Department of Pediatrics and Child Health, University of Manitoba in 1972, and in 1993 she was appointed head of the Department of Genetics. She was always a little ahead of her time, and she carried out strong independent research in the mapping of human genes well before it became a fashionable exercise and before the Human Genome Project existed. She was a very successful and highly productive researcher and published 100 papers during her career. She was one of the founding members and Chair (or co-Chair) of the Human Gene Nomenclature Committee from 1977 until 1991. From 1992 to 1996 she chaired the committee on nomenclature for the Annual Human Gene Mapping Chromosome Coordinating Meetings. She devoted countless hours and much energy to formulating guidelines and naming the genes as they were described. It was under her care that human gene nomenclature became a single language and not a series of dialects.<sup>18</sup> Dr. McAlpine typically worked six-and-a-half days a week, but she still had time for outside interests like attending the opera and growing flowers. Such was the effort that she put into her work that when she retired from the Nomenclature Committee in 1996 she was replaced with the equivalent of three full-time staff.

Some very notable women had mentored Dr. McAlpine when she was a student. As a result she was particularly committed to helping women in science, where she felt it was often difficult to get recognition as a female. She was a keen teacher to many medical students and was an advocate for women’s increased participation in the sciences. She once noted: “There are still disadvantages to being a woman scientist. We are still a minority in many areas. Females were not the protégés of men. We had to learn how the system worked by

ourselves.”<sup>19</sup> One of her students, Armansa Glojo, remembered her fondly: “Dr. McAlpine had a great impact on my life. She was my friend and mentor, which was something she took very seriously. She taught us never to be afraid of asking questions, and inspired us to pursue our love of science.”<sup>20</sup>

Dr. McAlpine served as President of the Canadian Association of Women in Science, Manitoba Chapter, 1993-94. She was presented with the Founders Award in 1998, given by the Canadian College of Medical Geneticists: “In recognition of her outstanding achievement and exceptional commitment to medical genetics in Canada and worldwide.”<sup>21</sup>

## **Nurses, Health Care Advocates and Community Leaders**

While doctors have historically been men, women have shown leadership and dedication in providing health care services. Women have traditionally assisted each other in birthing and the nursing of family members. Reliance on women as midwives and caregivers has been especially important in rural areas. In the words of Dakota Sioux elder, Eva McKay, “There were midwives, women who helped other women at birthing time. Women had the responsibility – if I can help you at that time, I will do it. We were not chosen, we were supposed to be there for everyone. We learned by watching. It is the responsibility of the mothers to teach their daughters.”<sup>22</sup> And so, women were relied upon to care for each other and their families.

Women have contributed to creating healthy communities in many ways. The stories of the following women attest to the diverse ways in which women can contribute to their communities, through leadership, innovation, and collaboration.

## **The Grey Nuns**

**Mother Superior Marie Louise Valade, age 35**

**Sister Marie Margaret Eulalie Lagrave, age 36**

**Sister Marie Hedwidge Lafrance, age 26**

**Sister Gertrude Coullée (Sister St. Joseph), age 24**

The first group of Grey Nuns (Sisters Valade, Lagrave, Coullée and Lafrance) travelled from Montreal to St. Boniface by canoe, arriving on June 21, 1844. At the request of Bishop Joseph Norbert Provencher, the four sisters had volunteered to leave the Mother House of the Sisters of Charity to travel to the Red River settlement where they were to provide education and religious guidance to the people.

The Sisters of Charity order, affectionately known as the Grey Nuns, had been founded in Montreal by Mme. Marie-Marguerite d’Youville in the 1700s. The sisters had a long history of charitable work for the poor and had established L’Hôpital Général de Montréal, a place where they could care for the sick, the poor and the outcast. True to the charitable mission of the order, the four sisters who volunteered to make the long, dangerous trip to St. Boniface were devoted to bringing education and medical service to the inhabitants of the area. Sister Lagrave was a trained nurse and was responsible for providing medical care and coordinating any expansion of health services required. Sister Lagrave began to minister to the needs of the sick by making home visits in a Red River cart or horse-drawn sleigh.

*If one hears that anyone has a cold, even though he lives at the far end of the parish, the sisters must send you mustard for the feet, brew strong bouillon for the kidneys in such quantities that the hundred odd hens of Monseigneur cannot suffice to produce the eggs employed in making this delicious beverage. The pleasure of doctoring for the good sisters is such that it is to give them happiness as much as to provide them with the opportunity of curing us.<sup>23</sup>*

The original four nuns provided home nursing services and care for many years. Their first decade of service saw 6,000 visits made to assist the sick wherever they were to be found. They also provided compassionate care and refuge to those in need who visited them at their convent in St. Boniface (which now serves as the St. Boniface Museum). Joined by other women from the order in later years, the Grey Nuns at St. Boniface established the first hospital in the area in 1871, building a larger facility in 1877, and again in 1907. In 1931, the order founded the St. Boniface Sanatorium, which was later renamed the St. Amant Centre. The Grey Nuns today remain true to their commitment to help others through compassionate service in the areas of health, education, social services, and pastoral ministry.

### **Margaret Scott (1855-1931)**

#### *The Angel of Poverty Row: St. Margaret of Winnipeg*

Margaret Scott was the founder of the Margaret Scott Nursing Mission, an organization established in 1904 to provide nursing care for the poor living in Winnipeg. Born Margaret Ruttan Boucher July 28, 1855 in Colborne, Ontario, she was guided by a strong Christian faith which led her to devote many years of her life to assisting the most indigent people. In her early twenties, she married William Scott, but was left a widow, and without an income, by the time she was twenty-five. Margaret Scott supported herself for many years, and often suffered from recurring bouts of illness. After one particularly debilitating illness, she “was advised to try to recuperate in the bracing climate of the West and came to Winnipeg, where fate decreed she should spend the rest of her life.”<sup>24</sup> Arriving in 1886, she worked for some time in the Dominion Land Office, eventually giving up paid employment to devote herself wholeheartedly to the poor. She resolved to leave her fate to God, and rely entirely on faith. She visited women incarcerated in the city jail, providing friendship, advocacy, and assistance. Many of her contemporaries, following the trends towards the development of a social gospel movement, established the Winnipeg Lodging and Coffee House on Lombard Street, to provide a place where transients could get a cheap meal, a place to stay, assistance finding a job, or help when they were sick. Margaret Scott was given a room in the Coffee House and chose to live there for several years, in order to be close to the people most in need.

Daily, Margaret Scott walked throughout Winnipeg, calling in at the homes of the poor and helping however she could. She became very well-known for her longstanding devotion to serving others, and was assisted in her work by private patrons, who furnished food, clothes, money for medicine, a pony and cart for Margaret’s home visitations and, later, a nurse’s salary. Poverty and illness were evident everywhere she visited, so she endeavoured to learn as many nursing skills as possible through self-study. In the rapidly growing city of Winnipeg in the early 1900s, Margaret Scott provided individual assistance and advocated for public health care services to address the needs of immigrant families and newcomers to the city, who often lived in overcrowded houses in the poorer sections of the city.

The Margaret Scott Nursing Mission, established in 1904, would provide a central home for the training and support of district nurses, in essence to ensure the continued deliverance of compassionate care to the sick that Margaret Scott had begun in 1886. In 1904, she secured funds to pay for one nurse's services for three months. In the following year, two nurses were engaged to provide services and were averaging about 1,000 home visits per month. By 1906, the Mission employed four nurses and two student nurses and funding was provided by the city. The reputation of the Mission's work grew and the following years would see requests from those in other cities desiring to set up district nursing training programs.

In addition to the thousands of visits made by the district nurses, Margaret Scott continued her daily rounds, whenever possible, despite a serious bout of typhoid. An auxiliary group was also established to contribute to the support of the mission. The auxiliary volunteers made linens, clothing, and bandages for the patients. They also assisted Margaret Scott with home visitations, reading to and comforting the sick, elderly, blind, or lame and providing Christmas hampers to the needy.

Margaret Scott served as a catalyst, uniting the resources of Winnipeggers who could help with their fellow citizens most in need. She relied solely on faith in God and the goodness of others for almost half a century as she carried out her merciful mission to the poor.

After Margaret Scott's death in 1931, the work of the Mission was carried on for many years. In 1942, with the arrival of the Victorian Order of Nurses, the Margaret Scott Nursing Mission withdrew from district nursing in order to avoid duplication of services with the national organization.

Margaret Scott was an inspiration to others and was fondly remembered by thousands of Winnipeggers long after she had died. A monument was erected to her memory in St. John's Cemetery, and she was posthumously awarded the International Cosmopolitan Service Medal in 1932. A school was named after her, as was a ward in the Winnipeg General Hospital. The Margaret Scott Nursing Mission Scholarship is still awarded annually to one or more students in the Faculty of Nursing at the University of Manitoba.

### **Mary Speechly (1873-1968)**

Mary Speechly advocated for women's rights in Manitoba for over sixty years and founded the Winnipeg Birth Control Society, which provided poverty-stricken women with access to contraceptive information.

Born Mary Barrett in 1873 in London, England, she was a classics scholar and professional photographer. Emigrating to Canada in 1902, she settled in Pilot Mound where her husband was the local physician. Accompanying her husband out on calls to deliver babies, Mary often noticed overcrowded houses and observed the physical and socioeconomic impact of successive pregnancies on women and their families. In 1912, she became president of the local Home Economics Society, a group which sought to advance the causes of better education, improved health care, and suffrage for women. These societies were the forerunners of the Women's Institutes and provided a forum for women to share information and experiences and one in which they could advocate for change on issues affecting women.

In 1916, Mary Speechly moved to Winnipeg with her three children while her husband was stationed overseas as a medical officer during the First World War. For many years she was an active volunteer for the Red Cross, the Women's Institutes, the Council of Social

Agencies, the Women's Canadian Club, the Community Chest, and the Central Volunteer Bureau. Her most challenging and influential work, however, came when she founded the Winnipeg Birth Control Society in 1934 – a full thirty-five years before it was legal in Canada for anyone to provide contraceptive information or devices.

The Birth Control Society, which later became known as the Family Planning Association of Winnipeg, provided poorer women who sought contraceptive information with financial support, encouragement, education, and physician referrals. Typically, a poverty-stricken woman with several children would contact the Society for assistance. Nurses engaged by the Society would provide the necessary supplies and would refer the woman to her own maternity doctor or another physician who was skilled and sympathetic in meeting a woman's reproductive health needs. Any fees assessed were also covered by the Society.

Reporting on the Society's early years, Mary Speechly wrote, "In the first sixteen months, our patients numbered 70, very needy mothers in poor health, with large families and young babies. At the end of the first year the improvement in the health of the mothers and in the home conditions was amazing."<sup>25</sup> The first annual meeting of the Birth Control Society was, in fact, held in the Manitoba Legislative Buildings. An early meeting, however, was disrupted by a group of people opposing the Society's mission and, thereafter, meetings were held surreptitiously in private homes. Knowing full well that they could be arrested for the activities they carried out in the name of the Society, Mary Speechly and the other volunteers worked quietly to provide services to the neediest women and to build support for change.

Mary Speechly clearly saw that the health and well-being of many mothers and their children relied heavily on a woman's ability to limit the size of her family. She had met far too many women whose health was further compromised by pregnancy and child bearing. Support for the family planning associations in this period was also provided by many followers of the eugenics movement, whose aim was to encourage women's use of contraception to reduce the birth rate of "mentally deficient" children. Supporters of the Winnipeg Birth Control Society were no exception.

While supporters of the Society's work were many over the years, there was also serious opposition combined with the threat of prosecution and imprisonment and the unbelievably inadequate funding. Requests for support sent to community foundations were inevitably turned down and no government or organization could support the illegal practices of the Society. The indomitable Mary Speechly kept going, year after year, stretching the resources to meet the need.

### **Anne G. Ross (1911-1998)**

In 1948, Anne Ross was hired to be the head nurse of the Mount Carmel Clinic in Winnipeg, building on and expanding the clinic's services to a changing community. Established in 1926, the clinic had served Jewish immigrants from eastern European countries who had settled in Winnipeg's North End. By 1948, there was an opportunity for the clinic to adopt a new role, by fitting its programs to meet the needs of those living in the surrounding neighbourhood. Anne Ross' compassionate regard for the people living in the North End, combined with her innovative ideas and sheer determination, lay at the heart of the clinic's successful expansion.

Anne Ross was challenged and inspired by some of the people she saw in the neighbourhood – those that lacked food or a steady income, people who lacked parenting skills,

those living in situations of domestic abuse or neglect. Not only did she realize that the health needs of the children were aggravated by the socioeconomic needs of the families, she was able to earn the confidence and trust of the poverty-stricken parents.

Home visits became a way for Mrs. Ross and other staff to assess a family's overall well-being, to identify needs, and to find ways to address those gaps, with the ultimate goal of supporting the family as a whole. The day hospital program was established to provide care for children in a healthy, nurturing environment. This and other programs addressed the emotional and physical needs of children and their parents. In all cases, comprehensive integrated care was the basis for the services provided.

Every program at the Mount Carmel Clinic was developed as a response to a need identified in the community. Primary care was provided along with preventative medicine. Appointed as Executive Director in 1964, Anne Ross was able to implement many of her ideas to expand programs and effectively lobby for private and public funds. Her holistic approach to care was beginning to take shape in the integration of services tailored to the needs of the patient, and delivered by the team of specialists engaged by the clinic. The day hospital and the day nursery provided caring environments for children, helping parents and children to learn life skills. Nutrition and maternal care programs were developed, along with parenting programs, dental care, teen programs, counselling and social work services.

Providing a compassionate, comprehensive response to people's needs was essential to providing the holistic care envisioned by Mrs. Ross. There was no exception to this when it came to addressing women's needs for information about birth control methods. Anne Ross saw no choice but to provide accurate health information to women at a time when it was illegal in Canada to disseminate contraceptive information or devices.

In 1969, the federal government finally passed a bill which legalized contraception and reformed the law on abortion, making therapeutic abortions legal if the medical procedure was deemed necessary in order to preserve a woman's health. Under the new law, access to abortion was decided on a case by case basis, with each case reliant on the recommendation of a hospital review committee. As a response to the new law, Mount Carmel Clinic developed the Pregnancy Counselling Service. This service was provided to the many women who began requesting abortions, ensuring that each would receive accurate information concerning all her options, along with contraceptive information and follow-up, regardless of the patient's decision to continue with or terminate the pregnancy.

If a woman chose to terminate her pregnancy, the clinic referred her to the Winnipeg General Hospital, so that her case could be reviewed by the committee charged to do so. Due to a backlog of requests for therapeutic abortions, patients were also referred to clinics in the United States.

While many women relied on the clinic's Pregnancy Counselling Service, and many community organizations and health care professionals supported it, the clinic's role in assisting women was not without controversy. Personal threats were made against Mrs. Ross and other staff at the clinic and a campaign to withdraw public funding was launched, without success.

Overall, many of the programs developed at the Mount Carmel Clinic were innovative and gained wide appeal, but there was a constant need to continue lobbying for public and private funds. Services were provided free of charge to anyone who required them at a time when there was no medicare system and people were expected to pay directly for all medical services. Anne Ross' determined efforts paid off, as she secured funds to continue to develop

clinic programs and expand the facilities. True to her philosophy, she also advocated for socioeconomic change in support of necessities like affordable housing or lower milk prices.

Officially retiring in 1985, she continued to lobby for social change and causes she believed in, writing *Clinic with a Heart: The Story of Mount Carmel Clinic* and establishing AGR Health Services for seniors. Her long-standing commitment to serving her community ended with her death in 1998, but her legacy continues in the lives of those served by the clinic or who otherwise benefited from Anne Ross' sustained advocacy over a forty-year period.

### **Dr. Helen Glass (1917- )**

Dr. Helen Glass is a nurse with an international reputation for leadership in nursing education and research. Her academic career began when she earned her diploma in nursing from Montreal's Royal Victoria Hospital School of Nursing in 1939. She went on to earn her Bachelor of Science (Columbia University, Department of Nursing Education, 1960), and her Master of Arts Degree (1961), and both her Masters and Doctorate Degrees in nursing education (Columbia University).

In 1962, she became an instructor at the University of Manitoba's School of Nursing and was named the School's Director a decade later. She was instrumental in establishing a graduate program in nursing at the university and also in creating the Manitoba Nursing Research Institute.

Helen Glass later became President of the Canadian Nurses Association, and had a great influence on the wording and scope of the Canada Health Act (1984) to include nursing and allied health professionals alongside physicians in the delivery of primary care services. She has been invited to sit on many committees and advisory councils to lend her expertise to the development of new policies as the concept of health care shifts from institutional care to community-based health promotion strategies. Her commitment and experience in health care policy development and nursing education and research is recognized internationally.

Helen Glass has received many honours and distinctions over the course of her career including the Queen's Silver Jubilee Medal (1977), YWCA Woman of the Year Award for Education (1979), Member of the Order of the Buffalo Hunt (1987), City of Winnipeg Community Service Award for outstanding contribution to the City, and Officer of the Order of Canada (1989). She has also received five honorary doctorates and the Jeanne Mance Award, the Canadian Nurses Association's most prestigious award for contributions to nursing (1992).

The University of Manitoba recognized Helen Glass' "remarkable leadership in the field of nursing"<sup>26</sup> in 1999, by naming the new Faculty of Nursing facility after her.

Her extensive experience and scholarship in health care has helped guide her to understand and apply the holistic approach to health. "It's not just that one gets a disease that must be taken into consideration; it's all the things in one's environment. The social, economic, and ecological factors, as well as the culture they live in and the religion they practice are all health determinants."<sup>27</sup> She has tirelessly advocated for recognition and support for nurses in their roles at the forefront of the movement towards greater community-based care.

As a teacher, scholar, and advocate, Dr. Glass has served as an inspiration to many Manitoba nurses. Her passionate commitment to her profession and to creating healthy communities has led her to achieve much success and recognition throughout the course of her career.

### **Grace Easter, Ka Okemowi-Nepawit-Equa (1955-1986)**

Grace Easter was born into the Chemawawin Cree First Nation community located at Cedar Lake in 1955. When Grace was eight years old, her family was relocated with the entire community to another area near Easterville, 400 miles northwest of Winnipeg. The community was relocated because their traditional lands were to be flooded with the construction of the Grand Rapids Hydro Station.

Although Grace was raised in a remote community, far from post-secondary schools, she worked hard to become a nurse. She focused on initiatives to address the health care needs of First Nations peoples, becoming an advisor to the Four Nations Confederacy and serving on the Health Commission of the Assembly of First Nations. She also actively worked to develop nursing associations for native nurses in Canada, serving as President of both the Manitoba Indian Nurses Association and the Registered Nurses of Canadian Indian Ancestry.

Grace was dedicated to the ideals of the associations and the emphasis they placed on Aboriginal control over Aboriginal health needs. The Registered Nurses of Canadian Indian Ancestry association had been formed in 1975 to develop a supportive organization for Aboriginal care givers of Aboriginal people. Grace Easter, Jean Goodwill, and other nurses were instrumental in developing what was to become the Aboriginal Nurses Association of Canada (ANAC). The early years of the organization brought challenges to the founders and members in terms of securing funds, initiating lobbying efforts, developing alliances, and building a profile for the professional organization.

*At a time when the organization seemed most vulnerable to collapse, it was rescued by Manitoba's Indian Nurses, under the auspices of their provincial association. In 1978 Grace Easter of the Manitoba Indian Nurses Association assumed the presidency of the national organization and the first national office was established in Winnipeg. Then in 1982 with its vitality restored the association's head office was moved to Ottawa where it could have ready access to government departments and other national organizations.<sup>28</sup>*

Grace Easter also played an important role in the development of KeKiNan (Our Home). "Started by the Manitoba Indian Nurses Association and the Indian and Metis Senior Citizens Group of Winnipeg, it is the first senior citizens home for Aboriginal people in urban Canada."<sup>29</sup> The KeKiNan Centre has been described as "an example of leadership by Aboriginal women in developing holistic approaches to improving the quality of life for Aboriginal people."<sup>30</sup> Grace Easter, in her role as president of the Manitoba Indian Nurses Association, brought shape to the vision of a centre to address the supportive housing needs of elders. As an experienced health care provider and community organizer, she added to the core of dedicated community members and professionals who studied the needs of elders and the feasibility of establishing a geriatric centre for native elderly in Winnipeg.

Unfortunately, Grace Easter died before KeKiNan was completed and the first tenants had arrived on December 1, 1991. It took many years to bring KeKiNan to that point, and Grace was one of the early visionaries who laid the necessary foundation long before elders would

realize the benefits. In the preface to the feasibility study submitted in November 1985, Grace wrote on behalf of the Manitoba Indian Nurses Association, "This report as well as our continuing participation within KeKiNan are dedicated to the native elderly of Winnipeg and of Manitoba with a gratitude beyond any expression other than the dedication of our work and the determination of our commitment to the highest ideals of the healing tradition of our peoples and our profession."<sup>31</sup> Grace's work in the professional nurses associations and in the development of KeKiNan were important for all that was accomplished and serve as examples of the kinds of unique resources which arise out of the community-based initiatives of concerned, dedicated, caring individuals.

Her story serves as one component of the greater story, but is by no means the only story. Rather, it illustrates how each person can play a significant role in developing something new, when working with others towards a common purpose. While it is very sad that Grace Easter was not there on the date that the first tenants arrived at KeKiNan, her work was not lost, as others in the community were able to carry the dream forward.

Grace Easter earned her Cree name, Ka Okemowi-Nepawit-Equa, by working in her profession. This name can be interpreted in English as "Woman Standing Amongst the Chiefs". Many people knew her as "Standing Princess". Prior to her death at the age of 30, she received the Jean Goodwill award for outstanding contributions to native health.

## **Conclusion**

Manitoba women have made significant contributions to health care throughout Manitoba's history. The women profiled in this essay showed outstanding leadership and, in many cases, struggled to realize their goals. They not only worked for healthier communities, they also paved the way for their successors. Today, there are more opportunities than ever for women to work for healthier communities. Overall, women provide most of the health care services and support in Canada, with many working in nursing and allied health professions. Today, women can choose careers as physiotherapists, medical technologists, speech therapists, dieticians, dentists or dental hygienists and in medicine.

Where once it was difficult to pursue a career in medicine in Canada and almost impossible to be granted a license to practice, today there are endless opportunities for women to become physicians or specialists. Almost half of today's medical school graduates in Manitoba are women. They are contributing to healthy communities as family physicians, surgeons, specialists, researchers, administrators, and educators. In 1987, three Aboriginal women (Judith Bartlett, Marlyn Cook, and Catherine Cook) graduated as physicians from the University of Manitoba's Faculty of Medicine, and are now recognized leaders in Aboriginal health care in Manitoba.

As we pay homage to the women in our shared history who pursued their dreams of helping others to lead healthier lives, we can also look forward to new opportunities and challenges in our own communities. Today, there are many paths we can take, and many ways in which we can draw on our individual dreams, passions, and energies to benefit those around us.

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- <sup>1</sup> Letter from Jean Currie, Archivist, Medical Library, University of Manitoba to Ms. Carlota Lemieux, November 20, 1974
- <sup>2</sup> Hacker, Carlotta. *The indomitable lady doctors*. Toronto: Clarke Irwin, 1974, p.133
- <sup>3</sup> Hacker, Carlotta. *Ibid.*, p.136
- <sup>4</sup> Hacker, Carlotta. *Ibid.*, p.79
- <sup>5</sup> Edge, Fred. *The iron rose; The extraordinary life of Charlotte Ross, M.D.* Winnipeg, University of Manitoba Press, 1992, p.4
- <sup>6</sup> Edge, Fred. *Ibid.*, p.112
- <sup>7</sup> Douglass, Ellen M. "A Pioneer woman Doctor of Western Canada - Dr. Charlotte Ross." *University of Manitoba Medical Journal*, v.18 no.1 (1946) p.14
- <sup>8</sup> "News Release" University of Manitoba Press, November 8, 1993
- <sup>9</sup> *Dr. Amelia Yeomans*. Manitoba Culture, Heritage and Recreation, Historic Resources Branch, Winnipeg, 1985, p.2
- <sup>10</sup> *Dr. Amelia Yeomans*, op.cit., p.6
- <sup>11</sup> Kesslerling, Margaret. "She prescribed for the Aboriginals more than half a century ago." *The Leader Post*, Regina. Wednesday, September 6, 1952
- <sup>12</sup> Hacker, Carlotta, op.cit., p.203
- <sup>13</sup> *The Winnipeg Tribune*, January 12, 1957
- <sup>14</sup> *unnamed newspaper, Saturday December 29, 1951*
- <sup>15</sup> Vandervoort, Julie. *Tell the Driver : A Biography of Elinor F.E. Black, M.D.* Winnipeg, University of Manitoba Press, 1992, p.203
- <sup>16</sup> Vandervoort, Julie. *Ibid*, p.35
- <sup>17</sup> Zelig, Martin. "Meticulous U of M scientist vital cell in international human gene project." *Winnipeg Free Press*, February 10, 1992, p.31
- <sup>18</sup> Cox, D.W, S. Povey, and T.B. Shows. "Phyllis J. McAlpine, Ph.D., 1941-98: In Memoriam." *American Journal of Human Genetics* 64 (1999) 1254
- <sup>19</sup> Cox, D.W, S. Povey, and T.B. Shows. *Ibid*. p.1254
- <sup>20</sup> *University of Manitoba Financial Planner*, Spring 1999, p.6.
- <sup>21</sup> Hamerton, J.L. and Chudley, A.E. "In Memoriam – Phyllis Jean McAlpine, Ph.D., F.C.C.M.G. (1942-1998)." *Genome*, vol. 42, no.2, April 1999, p.iii-iv.
- <sup>22</sup> McKay, Eva. "If they read what you are writing, this is the teachings, this is some of the teachings that we want them to read about". In Peter Kulchyski, Don McCaskill, and David Newhouse (Eds.) *In the Words of Elders* Toronto: University of Toronto Press, 1999, p. 290.
- <sup>23</sup> King, Dennis. *The Grey Nuns and the Red River settlement*. Agincourt, Ont., Book Society of Canada, 1980, pp. 38-39
- <sup>24</sup> Macvicar, Helena. *Margaret Scott: A Tribute. The Margaret Scott Nursing Mission*. Winnipeg: The Mission, ca 1948, p. 7.
- <sup>25</sup> The Mary Speechly collection, 1938-1968, MSS Sc 35, #5a, Department of Archives and Special Collections, University of Manitoba Libraries.
- <sup>26</sup> "New nursing education facility to be named after Dr. Helen Glass." In *Nurscene*, vol. 24, no. 3, May 1999, p. 19.
- <sup>27</sup> *Ibid*, p. 19.
- <sup>28</sup> Aboriginal Nurses Association of Canada. *Working together for quality nursing care and healing 1975-1995*. Ottawa: Aboriginal Nurses Association of Canada, 1995, p. 7
- <sup>29</sup> Canada. Royal Commission on Aboriginal Peoples. *Report of the Royal Commission on Aboriginal Peoples*. Ottawa: Supply and Services Canada, 1996, p. 90.
- <sup>30</sup> *Ibid*, p. 90.
- <sup>31</sup> *KeKiNan (Our Home) Report: Study to Determine the Feasibility of a Geriatric Care Centre for the Native Elderly in Winnipeg*. Winnipeg: Manitoba Indian Nurses Association, Inc. in cooperation with Indian and Metis Senior Citizens Group of Winnipeg, Inc., 1985.

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**More information, photos, and links to additional resources can be found at**

**The Neil John Maclean Health Sciences Library website  
[www.umanitoba.ca/libraries/health/resources/womhist.html](http://www.umanitoba.ca/libraries/health/resources/womhist.html)**

**And**

**The Manitoba Women's Directorate website  
[www.gov.mb.ca/wd](http://www.gov.mb.ca/wd)**