

Managing Microbial Environments:  
Nursing labour at the Alexandra Hospital for Contagious Diseases,  
Montreal (1906 – 1931)

At the turn of the 20<sup>th</sup> century, Montreal was a thriving industrial center generating wealth and jobs, yet it had the highest infant mortality rate among Western cities including Paris, London and New York.<sup>1</sup> Among the major causes of death in the city were contagious diseases. Viewed from the perspective of Foucault's biopower, the environmental management of contagious disease can be understood as part of the modern state's imperative to become managers of life.<sup>2</sup> Contagious disease hospitals are a form of biopower as they attempt to control the effects of microbial natures on the body and the population. The Alexandra Hospital for Contagious Diseases,<sup>3</sup> which opened in 1906 to treat children "of every creed and nationality"<sup>4</sup> regardless of their ability to pay for treatment, was a crystallization of the growing discourse that the City should be responsible for public health. However, the municipal funding was insufficient to fulfill the Alexandra's mandate, which influenced the way nurses were compensated. Examining the annual reports for the Alexandra's first 25 years, I consider the practices that its administrators used to secure nursing labour that it was unable to adequately compensate

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<sup>1</sup> J. T. Copp, *The Anatomy of Poverty: The Condition of the Working Class in Montreal 1897-1929*, The Canadian Social History Series (Toronto: McClelland and Stewart, 1974); Marie-Josée Fleury and Guy Grenier, "La contribution de l'Hôpital Saint-Paul et de l'Alexandra Hospital à la lutte contre les maladies contagieuses infantile à Montréal, 1905-1934," in *Children's Health Issues in Historical Perspective*, ed. Cheryl Krasnick Warsh and Veronica Strong-Boag (Waterloo, ON: Wilfrid Laurier University Press, 2005), 411–38; Gilles Lauzon, *Pointe-Saint-Charles: l'urbanisation d'un quartier ouvrier de Montréal, 1840-1930* (Québec: Septentrion, 2014).

<sup>2</sup> Michel Foucault, *History of Sexuality Volume 1: An Introduction*, trans. Robert Hurley (New York: Pantheon, 1978).

<sup>3</sup> The Alexandra would stop taking contagious disease cases in 1968 and began a new mandate of long-term care for children with mental and physical disabilities. It became known as the Alexandra Pavilion after it was annexed by the Montreal Children's Hospital in 1973. The Alexandra permanently closed in 1988 under the provincial initiative to deinstitutionalize mental healthcare. The nurses' residence and administrative buildings were converted to public housing, and other social housing was constructed on the site.

<sup>4</sup> "The Alexandra Hospital," *Montreal Standard*, June 19, 1909.

financially. One of these practices was attending to the quality of life of the nurses by providing lodging and leisure time. The second practice was establishing a training program that supplied student nurses and subsidized labour costs. These techniques built on a history of women's labour as devalued and unpaid within Western patriarchal-capitalist systems, but also manage to belie value that nursing provided.

I begin with a summary of biopower, connecting it to the environmental management of contagious diseases in Montreal in the late 19<sup>th</sup> and early 20<sup>th</sup> century. During this time the notion that state had a responsibility for public health was growing and it was through this discourse that hospitals would transition from a charitable enterprise to a public service. Next I establish the economic function of nursing labour and outline how this work has been theorized by nursing historians as providing self-actualization and positive social status for women in the absence of financial compensation. However, the physical risks and stigmatization associated with contagious diseases hospitals made nursing labour especially difficult for the Alexandra to secure. Turning to how the hospital administration attempted to maintain this labour given their financial constraints, I argue that these practices must be understood as part of contagious disease management in Montreal in the period when the health of the population was becoming the concern of the state.

According to Foucault, the distinguishing characteristic of modern government was shift from a power which relied on dealing out death to one based on fostering life.<sup>5</sup> This *biopower* was wielded at the scale of body and the population through disciplinary and regulatory methods. Examining contagious disease management in Montreal in the early 20<sup>th</sup> century reveals that although the discourse of government as managers of life had been emerging slowly over the late 19<sup>th</sup> century, it had still not fully consolidated. Contagious disease management was being addressed from multiple angles at the scale of the city and reflected various forms of biopower. Health checks in public schools and hiring nurses to visit the homes of the poor were a form of surveillance and helped identify and

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<sup>5</sup> Foucault, *History of Sexuality*, 140.

isolate infected individuals to prevent the spread of infection.<sup>6</sup> “Milk Drops” supplied mothers with pasteurized milk as well as education about infant hygiene.<sup>7</sup> “Fly swatting contests” educated the public of germ theory and normalized particular practices of hygiene.<sup>8</sup> Some measures, such as mandatory vaccinations, were nonetheless met with popular resistance.<sup>9</sup> The City also attempted to create physical conditions which would foster life in its citizens with urban planning measures. Since the 1870s, developing water and sewage infrastructure, ensuring prompt waste removal and creating large public parks such as Mont Royal and Parc Lafontaine had been intended to produce sanitary urban environments according to the existing theories of contagions.<sup>10</sup> These approaches to managing contagious disease were the results of multiple and conflicting interests of various actors, including industrialists, clergy, doctors, social reformers, aldermen, wealthy elites and the working poor. That public health should be administered by the State was still contested, but it was increasingly becoming part of the discourses of many of these actors, including the administrators of the Alexandra.

Changing ideas about the role of government in public health meant this period was a transition for hospitals as well. Traditionally a charitable operation, whether operated by a religious order or as a philanthropic project, state involvement in hospitals grew as the discourse gained traction, and contagious disease hospitals were among the first of these

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<sup>6</sup> Mary-Anne Poutanen, “Containing and Preventing Contagious Disease: Montreal’s Protestant School Board and Tuberculosis, 1900-1947,” *Canadian Bulletin of Medical History/Bulletin Canadien D’histoire de La Médecine* 23, no. 2 (2006): 401–28.

<sup>7</sup> Denyse Baillargeon, “Fréquenter les Gouttes de lait. L’expérience des mères montréalaises, 1910-1965,” *Revue d’histoire de l’Amérique française* 50, no. 1 (1996): 29.

<sup>8</sup> Valerie Minnett and Mary-Anne Poutanen, “Swatting Flies for Health: Children and Tuberculosis in Early Twentieth-Century Montreal,” *Urban History Review* 36, no. 1 (2007): 32–44.

<sup>9</sup> Mandatory vaccination of children was put into law in 1861 but was not enforced due to the strong opposition from the French-Catholic population, which culminated in riots in 1885. Michael Farley, Othmar Keel, and Camille Limoges, “Les commencements de l’administration montréalaise de la santé publique (1865-1885),” in *Science, technology and medicine in Canada’s past: Selections from Scientia Canadensis*, ed. Richard A. Jarrell and James P. Hull (Thornhill, ON: The Scientia Press, 1991), 282.

<sup>10</sup> Ibid., 276; Denis Goulet and André Paradis, *Trois siècles d’histoire médicale au Québec : chronologie des institutions et des pratiques, 1639-1939*, Études québécoises 22 (Montreal: VLB, 1992), 45.

efforts. The government-run hospitals that existed throughout the 19<sup>th</sup> century were created in response epidemics of diseases like cholera, smallpox and typhoid that repeatedly devastated the city.<sup>11</sup> However, these civic hospitals were usually temporary, with conditions too poor to provide effective treatment.<sup>12</sup> As permanent hospitals established in contract with the City, the Alexandra Hospital and its French-Catholic counterpart, *Hôpital Saint-Paul*, represent a shift in the management of contagious disease hospitals in the Montreal. Marie-Josée Fleury and Guy Grenier have demonstrated that the creation of these two hospitals coincided with a historical moment when the medical profession had established a political foothold in Montreal and medical science was making important advances in microbiology.<sup>13</sup> Convinced that the city had a responsibility in the management of epidemics but lacked the expertise of doctors, both the French and English medical communities opposed the creation of a new civic hospital, though the need was recognised by all sides. Instead they proposed that the City entrust the management of such an institution to established hospitals, resulting in a form of private-public partnership.<sup>14</sup> At the same time, Montreal was part of emerging circuits of bacteriology as its doctors returned from study abroad with new theories and skills to put into practice in the fight against contagious diseases. Employing modern techniques and advancing microbial research required facilities and equipment that existing facilities lacked. The Alexandra and Saint-Paul were conceived of as places for this science to be practiced.<sup>15</sup>

The hospital as a site thus serves as a reminder of the "concrete arrangements"<sup>16</sup> that composed this biopower. Managing microbial natures at the scale of the hospital

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<sup>11</sup> Farley *et al.* claimed epidemics were « *le moteur principal* » of discourse around public health in Montreal Farley, Keel, and Limoges, "Les commencements de l'administration montréalaise de la santé publique (1865-1885)," 270.

<sup>12</sup> Goulet and Paradis, *Trois siècles d'histoire médicale au Québec*, 38.

<sup>13</sup> Fleury and Grenier, "L'Hôpital Saint-Paul et de l'Alexandra Hospital," 412.

<sup>14</sup> E.P. Lachapelle, "The Proposed Hospitals for Infectious Diseases," *Montreal Medical Journal* 22, no. 6 (1893): 477–78; Paul Bruchesi, "The Civic Hospital: Mgr Bruchesi Writes to the Mayor and the Council," *Montreal Gazette*, March 11, 1901; "Helped Plan along: Health Committee Endorses Civic Hospital Scheme," *Montreal Gazette*, March 16, 1901; "The Alexandra Hospital."

<sup>15</sup> Fleury and Grenier, "L'Hôpital Saint-Paul et de l'Alexandra Hospital."

<sup>16</sup> Foucault, *History of Sexuality*, 140.

required medical knowledge, architectural design, physical buildings, medicines, laboratories, linens, food, sterilization, housing, statistics, transportation, heating, Christmas trees, annual reports and of course, the labour of doctors, nurses, maids, groundskeepers, laundresses and administrators. At the scale of the body, this in the direct practices that attempted to transform the diseased body into a healthy one. This involved proper diagnosis, medicines, nutrition, isolation, and environmental conditions. It also required constant attention to the patient and their physical and emotional needs which relied heavily on the labour of nurses.

The difficulty of maintaining nursing staff at the Alexandra hospital brings into focus the issue of labour in this management project. Foucault argued that biopower was essential to ensuring a labour force for capitalism (both as individual bodies and as a population), but the contagious disease hospital also required labour to accomplish this. Despite the undeniable value of nursing labour in this process, their wages were one of the areas where costs were saved in favour of other measures to retain them. This was possible because of already established relations of power through which nursing and other forms of women's labour have been consistently undervalued and often unpaid. Silvia Federici linked the relegation of women to particular kinds of work and the devaluation of their labour to the emergence of capitalism as part of a strategy to ensure women reproduced the labour force.<sup>17</sup> Federici argued that ensuring population and "the controlled insertion of bodies into the machinery of production"<sup>18</sup> which Foucault attributed to biopower also required forms of patriarchy and the sexual division of labour under which women became restricted to the home and childbirth.<sup>19</sup> Both women and reproductive labour were framed as inferior to and as existing outside of the wage-economy of production. In fact, reproductive labour was essential to capital accumulation and obscuring the value of women's labour allowed it to be extracted.

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<sup>17</sup> Sylvia Federici, *Caliban and the Witch: Women, the Body and Primitive Accumulation* (Brooklyn NY: Autonomedia, 2004).

<sup>18</sup> Foucault, *History of Sexuality*, 141.

<sup>19</sup> Federici, *Caliban and the Witch*, 92–115.

That nursing is a form of reproductive labour becomes especially clear when we consider a contagious disease hospital for children in an industrial city with a high infant mortality rate, as the Alexandra was. Hospitals represent spaces in which this labour, understood as the unique domain of women, took place outside the home. The economic value of this labour continued to be masked by framing their work as charity, or a spiritual duty for which payment would be immoral. Scholars of Quebec's nursing history have pointed out that the hospital became a legitimate space for women outside the patriarchal-family household precisely because nursing was coded as female and charity was associated with feminine virtue. Nursing provided an opportunity for women to attain self-actualization available in few other venues. Marta Danylewycz has demonstrated how French-Catholic women entering religious orders were able to pursue specialized medical training and build rewarding careers that would not have otherwise been available to them.<sup>20</sup> Similarly, Yolande Cohen has argued that Anglo-Protestant nursing pioneers, following the example set by Florence Nightingale, leveraged the prevailing discourse of nursing-as-charity to enable women to work outside the home while maintaining respectability.<sup>21</sup> These pioneers used this context to develop nursing as a specialized field, which created a professional status for women and later became an entry point to higher education.

As hospitals gained importance in public health management, the demand for nursing labour grew. By 1921, the income of nurses was comparable to the large numbers of working-class women employed textile industry in Montreal.<sup>22</sup> All women, regardless of

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<sup>20</sup> Marta Danylewycz, "In Their Own Right: An Organized Expression of Women's Aspirations," in *Rethinking Canada: The Promise of Women's History*, ed. Veronica Strong-Boag and Anita Clair Fellman (Toronto: Copp Clark Pitman, 1997), 72–109.

<sup>21</sup> Yolande Cohen, *Profession infirmière: une histoire de soins dans les hôpitaux du Québec* (Montréal: Presses de l'Université de Montréal, 2000); Yolande Cohen, "Rapports de genre, de classe et d'ethnicité : l'histoire des infirmières au Québec," *Canadian Bulletin of Medical History/Bulletin canadien d'histoire de la médecine* 21, no. 2 (2004): 387–409.

<sup>22</sup> Cohen argues that after room and board was deducted, nurses earned considerably less than most workers with the exception of domestic servants. Cohen, *Profession infirmière*, 283–84.

their work, earned significantly less than men.<sup>23</sup> However nursing was accompanied by additional social values and professional status. Through nursing, women were able to achieve a level of autonomy and self-fulfillment that was otherwise rare. These social and personal incentives combined with the discourse of charity seemed to justify the discrepancies between the value of their work and their pay.<sup>24</sup>

It was in the transition from hospital as charity to hospital as a public service that the Alexandra Hospital was established. Despite the collaboration of the City, the financial commitment from government was insufficient.<sup>25</sup> The Alexandra operated in an almost perpetual state of financial difficulty and relied heavily on the philanthropy of Montreal's Anglo-Protestant elite for its funding. When it opened in 1906, the City supplied a meagre annual operating budget of \$15,000.<sup>26</sup> This amount would be increased over the years following multiple appeals, in which the Alexandra's administration leveraged the discourse of the state's responsibility public health. In the fourth annual report, the president of its Board of Governors, Dr. Thomas Roddick, observed that, "the Alex is doing the City's work, and might reasonably expect a full share of support from the City Treasury."<sup>27</sup> No public funds were provided for its construction, which was raised entirely through contributions from businesses and private donors. Citizens had already contributed \$191,000 and the hospital still had \$112,000 outstanding debt from the construction. In his appeal for contributions, Roddick noted that this outstanding amount was "not a formidable one, when we consider that every citizen, especially *every employer of labour*, is interested."<sup>28</sup> Here Roddick articulated the function of the hospital in reproducing the labour force in terms of its economic value. The costs of this reproduction

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<sup>23</sup> Ibid., 284; Copp, *The Anatomy of Poverty*.

<sup>24</sup> Cohen, *Profession infirmière*.

<sup>25</sup> Substantial financial support for hospitals and medical research would not come from the province until 1921 with *La loi d'assistance publique*. Goulet and Paradis, *Trois siècles d'histoire médicale au Québec*, 40.

<sup>26</sup> Thomas Roddick, "Report of the President to the Board of Governors," *First Annual Report of the Alexandra Hospital, Montreal, 1906*, 6.

<sup>27</sup> Thomas Roddick, "Report of the President to the Board of Governors," *Fourth Annual Report of the Alexandra Hospital, Montreal, 1909*, 9.

<sup>28</sup> Emphasis added. Roddick, "Report" 1906.

had to be accounted for somehow, who better to support this work than those who stood to profit from it directly.

Failing sufficient public funding and forced to appeal simultaneously to the philanthropic spirit and economic rational of businessmen, the Alexandra administration was interested in keeping operating costs as low as possible. Even in a time before laws required the disclosure of financial statements, the annual reports are excellent sources of what these costs were. Published for the benefit of donors, these reports point out issues they hoped would be addressed by donations, buttressing them with their necessity in the important service the hospital was providing. They made an effort to convey not only their success, but also the efficiency of their operations, assuring donors that every cost had been cut and every alternative had been examined. Annual reports both illustrated the needs of the hospital and provided a justification for their expense.

One of the pressing costs highlighted in the annual reports was the issue of nursing labour. It first appears in the inaugural issue and is recurring throughout the period of study. As a contagious disease hospital, the Alexandra faced particular challenges in securing this labour. If, following the arguments of Danylewycz and Cohen, nursing was generally accompanied by positive social value that justified being un- or underpaid, the characteristics of this “particular work”<sup>29</sup> had negative aspects that made attracting nurses more difficult, especially qualified nurses. In its tenth year, Dr. Cushing and Dr. Murphy recognised that the Alexandra

shares the disadvantages of all contagious disease hospitals. Regarded as a pest-house, as sort of necessary evil, and a place to be avoided when possible[...]. Nurses and attendants and even resident physicians are difficult to secure.<sup>30</sup>

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<sup>29</sup> Ibid.

<sup>30</sup> The difficulty in obtaining physicians was rarely mentioned in the reports except during the wartime. This raises questions about why this form of labour was not something be brought to the attention of donors in the same way the labour of nurses, but that is a question to be addressed elsewhere. H.B. Cushing and E.V. Murphy, “Treatment of Diphtheria at the Alexandra Hospital, Montreal,” *Canadian Medical Association Journal*, 1916, 817–22.



This passage illustrates the contemporary social meaning of contagious diseases, based on a mix of stigmatization and legitimate fear of contagions that was predominant during the period before the management of microbial environments had achieved a certain level of control. Working at a contagious disease hospital therefore involved social marginalization. For example, nurses who were hired as relief workers during a busy winter season returned from their shift only to be met with the objections of their boarding-house keeper, who did not want them to return to their rooms after working at the hospital.<sup>31</sup> Dr. Blackader shared this story in the 1925 annual report to justify the high budget for nursing staff and to argue for funds to expand the nurses' accommodations. In addition to being source of social stigma, working at a contagious disease hospital was also a physical risk to the health of the nurses. Although hygiene rules were strictly enforced and nurses were encouraged to be vaccinated, contracting contagious diseases was still a risk of the job, which was recorded and reported every year. In 1929, 333½ workdays were lost due to illness in the nursing staff.<sup>32</sup> Working at the Alexandra Hospital had both its social and physical risks.

The Alexandra Hospital was limited in its ability to provide financial incentives to attract and maintain qualified nursing staff despite these negative qualities attached with the work. The administration used two main strategies to compensate for the shortfall in wages. First, they made an effort to improve the quality of life of the nurses. Second, they established a training program for student nurses to subsidize the budget for salaries.

The quality of life of the nurses sometimes emerged in the annual reports by thanking donors who contributed to the nurses' entertainment, whether through funds or materials such as donations to the nurses' library.<sup>33</sup> However, quality of life was mainly addressed through the accommodations provided at the hospital. From the early years the need to build a new nurse residence was considered important in order to eliminate the cost and distance of transportation, which could take place at irregular hours due to shift

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<sup>31</sup> A. D. Blackader, "Report of the President," *Twentieth Annual Report of the Alexandra Hospital for Contagious Diseases*, 1925, 11.

<sup>32</sup> C. M. Ferguson, "Lady Superintendent's Report," *Twenty-fourth Annual Report of the Alexandra Hospital for Contagious Diseases*, 1929, 11.

<sup>33</sup> A. D. Blackader, 1925.

work. But it was also intended to provide nurses with “care and comfort when off duty.”<sup>34</sup> It was recognised that the nurses’ residence should be built before any other addition to the hospital as a means of maintaining qualified labour. Again the funds had to be raised through private donations, which were acquired over years of appeals. These appeals sometimes resembled veiled threats. Miss Grace Fairley, an experienced graduate nurse recruited from Scotland, was hired as the Alexandra’s fourth Lady Superintendent after this post had suffered a relatively high turnover during the first six years. In the next annual report, Dr. Roddick expressed his concern that Miss Fairley would resign if the nurses’ accommodation issue was not regulated.<sup>35</sup> This approach seems to have been effective as the residence was completed the following year.



Figure 1 - The Nurses' Residence to the right of the Administration building. Source: Wm Notman & son, 1920, McCord Museum VIEW-19545.



Figure 2 - Nurses' Sitting Room. Source: Alexandra Hospital for Contagious Diseases Nineteenth Annual Report, 1924.

Completed in 1914, the nurses’ residence (Figure 1) was the largest structure within the hospital complex. It featured 39 individual bedrooms for nurses and accommodation for 14 maids. The “bright and airy” building included a kitchen, dining room, recreation room, linen room and sewing room, as well as seven bath and toilet rooms and a disinfectant room.<sup>36</sup> A photograph of the nurses’ sitting room (Figure 2) shows a library and a gramophone alongside plants and artwork. No doubt these amenities were welcome

<sup>34</sup> Thomas Roddick, “Report of the President,” *Sixth Annual Report of the Alexandra Hospital for Contagious Diseases, Montreal, 1911*, 6.

<sup>35</sup> Thomas Roddick, “Report of the President,” *Eighth Annual Report of the Alexandra Hospital, Montreal, 1913*, 5.

<sup>36</sup> Thomas Roddick, “Report of the President,” *Ninth Annual Report of the Alexandra Hospital, Montreal, 1914*, 6.

comforts to the nurses while off duty. Ensuring leisure time was a deliberate strategy on the part of the administration.<sup>37</sup> Katherine Snow, who trained at the Alexandra as a student nurse in 1938, remembers that “our hours off were watched carefully. We never worked overtime.”<sup>38</sup> Snow’s memories illustrate how the quality of life that the Alexandra offered was able to offset the difficulty of the labour:

At the end of the second-floor corridor, a door opened onto a wide, long porch. There were huge old rocking chairs there, and in the evenings we would sit, rocking merrily, arms red to the point of bleeding and feet sore.<sup>39</sup>

Her description of meals suggests that the practices of the hospital administration and staff had a social value which was part of her positive experience in the workplace:

Meals were a special delight to me. On the wards was a daily posting of which meal one was to attend, No. 1 or No. 2. When dinner was announced, each group would converge from various areas and meet in the living room adjacent to the dining room.

The arrival of Miss Ferguson or her second in command was our signal to follow into the dining room. There was something wonderfully old-fashioned about the Alex, even at that time.

Mealtimes were pleasant and relaxed - no bustle and clatter, no cafeteria food, no hurry. I can hardly believe this myself, but I do think the main course was served from the head table and our plates were brought to us by maids. The vegetables were similarly passed, and our desserts were served to us.<sup>40</sup>

Snow’s accounts suggest that attention to the nurses’ quality of life was an important part of job satisfaction which may have contributed to maintaining graduate staff as well. The nurses’ residence eliminated the commute to work and provided a space for nurses to relax on their time off without the need to attend to cooking and cleaning. Room and board were not unique to the Alexandra, of course, and most hospitals deducted

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<sup>37</sup> Grace M. Fairley, “Nursing and the Treatment of Contagious Diseases as a Special Course,” *The Canadian Nurse* 12, no. 10 (1916): 571–74.

<sup>38</sup> Katherine Snow, “Scrub days, scrub days, good old green-soap rub days,” *The Gazette* (Montreal), August 29 1992.

<sup>39</sup> Ibid.

<sup>40</sup> Ibid.

the cost from the nurses' salaries.<sup>41</sup> This living arrangement also seems to reflect the fact that the vast majority of nurses in Quebec were unmarried, regardless of their age group.<sup>42</sup>

The second approach the Alexandra administration used to compensate for their limited ability to pay nurses was establishing a contagious disease training program at the hospital in 1918. Most major hospitals in Montreal hosted nursing schools, which offered theoretical courses and practical experience to students who provided a source of affordable labour.<sup>43</sup> For certain topics these hospitals affiliated with specialized institutions, and many sent their students to the Alexandra for a two-month training in contagious disease diagnosis and treatment.<sup>44</sup> Dr. Blackader explained that this arrangement was mutually beneficial, as the student nurses could "increase their own capabilities and greatly lessen our expenditure."<sup>45</sup> The savings must have been considerable, as the hospital was compelled to hire nine graduate nurses in preparation for their arrival.<sup>46</sup> Between 150 and 250 student nurses came to the hospital on a rotation basis throughout the year, comprising roughly half the staff on a given day. For example, on December 31, 1925, there were twenty students among the 41 nurses on staff.<sup>47</sup> Though their stay was only temporary, students obviously shared the same concerns about working at a contagious disease hospital that made permanent staff difficult to maintain. Contagious disease training was optional at some schools, but the most reliable source of students was from the hospitals where this course was obligatory. The year before the program began, Miss Fairley published an article in the journal *The Canadian Nurse* that attempted to dispel the fears of studying at a contagious disease hospital, including the rigorous attention to sanitation and hygiene and statistics on the health of nurses.

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<sup>41</sup> Cohen, *Profession infirmière*, 283.

<sup>42</sup> Still in 1941, over 93% of Quebec nurses were single. Ibid., 10.

<sup>43</sup> Cohen, *Profession infirmière*.

<sup>44</sup> Fleury and Grenier, "L'Hôpital Saint-Paul et de l'Alexandra Hospital."

<sup>45</sup> A. D. Blackader, "President's Annual Report," *Fourteenth Annual Report of the Alexandra Hospital, Montreal, 1919*.

<sup>46</sup> Thomas Roddick, "Report of the President," *Twelfth Annual Report of the Alexandra Hospital, Montreal, 1917*, 6.

<sup>47</sup> Catherine M. Ferguson, "Lady Superintendent's Report," *Twentieth Annual Report of the Alexandra Hospital, Montreal, 1925*.

Appealing to their desire for professional status through specialization, Fairley reminded potential students that the experience acquired at the Alexandra would give them an advantage even in a general hospital setting.<sup>48</sup>

The presence of students may have also added to the job satisfaction of the regular nursing staff. Yolande Cohen has argued that while some feminist scholarship has critiqued the subordination of nurses under doctors, such a critique does not account for the power that nurses hold in the general hospital hierarchy, especially in decision-making and the direction of non-graduate nurses and domestic staff.<sup>49</sup> While this too could be seen as a form of subordination, it may contribute to feelings of empowerment among qualified nurses. For the purposes of maintaining staff with a limited budget for salaries, presiding over student nurses may have been a source of job satisfaction for graduate nurses.

The Alexandra as an institution reflected a growing expectation that the City take on the management of life in early 20<sup>th</sup> century Montreal and can be understood as a form of biopower. Although regulating the population in the face of reoccurring epidemics and high infant mortality rate was essential to ensuring the labour force required for capitalist production, municipal funding for the Alexandra fell short of what was necessary to accomplish this task. The precedent of women's unpaid labour allowed the value of nursing to be diverted from wages as a cost-saving measure. Instead, the administration of the Alexandra attempted to secure the nursing labour required for contagious disease management by attending to the quality of life of the nurses and establishing the training program. Although nurses' residences and student nurses were common in other hospitals, the added stigma and risks associated with contagious diseases counteracted the positive aspects of nursing that compensated for their lack of pay, making these practices all the more important for the Alexandra. The techniques used to secure nursing labour also had costs, as building the nurses' residence and hiring additional graduate staff for the training program demonstrated. Yet they were framed as cost-saving measures, perhaps unintentionally exposing the inestimable value that this labour represented. Exploring difficulty of securing nursing labour that is repeatedly raised in the annual reports reveals

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<sup>48</sup> Fairley, "Nursing and the Treatment of Contagious Diseases as a Special Course."

<sup>49</sup> Cohen, "Rapports de genre, de classe et d'ethnicité."

the similar issues to those by explored by Federici in terms of childbirth and housework: ensuring population and bodies that the capitalist production requires, as biopower is professed do, cannot be divorced from reproductive labour, whether in the home or the hospital. The techniques that were used to secure nursing labour must therefore be considered part of biopower in Montreal in the early 20<sup>th</sup> century.

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