

The Sisters of St Martha and Prince Edward Island Social Institutions, 1916-1982

by

Heidi MacDonald

BA, Mount St Vincent University, 1990

MA, St Mary's University, 1992

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- Supervisors:** T. W. Acheson, PhD, Department of History
Gail G. Campbell, PhD, Department of History
- Examining Board:** Alan Sears, PhD, Faculty of Education, Chair
Nancy Nason-Clark, PhD, Department of Sociology
D. Gillian Thompson, PhD, Department of History
- External Examiner:** Elizabeth Smyth, EdD, The Ontario Institute for Studies in
Education of the University of Toronto, Northwestern Centre

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Abstract

The Sisters of St Martha of Prince Edward Island were founded in 1916 to serve the Diocese of Charlottetown. Their founder, Bishop Henry O'Leary, initially steered the sisters into domestic service, but in 1925 the Congregation assumed a more professional status when they were forced to administer the Charlottetown Hospital, the province's 80 bed Roman Catholic referral hospital. Throughout their history, they also provided district school and university education, and administered another hospital, two social service bureaux, an orphanage and a home for the elderly. From 1925 until 1982, when the Charlottetown Hospital closed, the sisters were the primary caretakers of the province's Catholic social order. Particularly before the expansion of the social welfare state, the sisters provided essential services in Prince Edward Island, Canada's smallest, most rural, most impoverished, and second most Catholic province, which has been 45 percent Roman Catholic throughout the 20th century.

The 300 women who joined the Congregation between 1916 and 1982 were native Island women who were largely poor, relatively uneducated, and from rural areas. Admission to the Congregation of St Martha provided them not only with a means to fulfil a religious vocation but also with an opportunity for social mobility, respect, and increasing responsibility and power. When entrance rates to religious congregations waned in the post-World War II era, the Sisters of St Martha's membership remained relatively stable and they were able to modify their work to reflect the changing social needs of Island Catholic society, so that they retained significant influence over Prince Edward Island Catholics well into the 1980s. The sisters successfully fulfilled their

mandate to maintain a social order faithful to Roman Catholic moral and social teaching, despite chronic under funding and numerous unreasonable demands from successive bishops of Charlottetown.

Preface

The Sisters of St Martha of Prince Edward Island were a diocesan congregation, founded in 1916 to serve the Diocese of Charlottetown.¹ Their founder, Bishop Henry O'Leary, steered the sisters into domestic service at the diocesan seminary and the Bishop's own residence. Their working class status was derived not only from their function but also from the Congregation's policy of not requiring a dowry and thus attracting women from families without capital. Although the Sisters of St Martha began as a servant order, they were forced by circumstance to reinvent themselves into

¹I approached the Archivist of the Sisters of St Martha, Sister Carmelita Soloman, first in June 1994. Because the collection is open to the public, with the exception of some restricted material (only one item of which I requested and was granted permission to see), I did not require the permission of the Congregation to study in their Archives, although they were very supportive of my work. I did the bulk of my research at the Sisters of St Martha's Archives every weekday in July, August and October, 1994 and much of April and May 1998, as well as several scattered days in between. In addition, I was in regular communication with Sister Carmelita Soloman throughout the entire writing of the dissertation.

an organization of professionals in 1925. When the Sisters of Charity of Quebec, who had served in Prince Edward Island since 1879, informed the Bishop of Charlottetown they were withdrawing from the Diocese and therefore from the 80 bed Charlottetown Hospital and 100 bed St Vincent's Orphanage, Bishop Louis O'Leary believed he had no option other than to have the Sisters of St Martha take up responsibility for these institutions. He expected that they would thereby retain control of essential social services for the Roman Catholic Church and promote a Roman Catholic culture both within the institutions and in the larger society: that they would preserve what may be called "the Roman Catholic social order" on Prince Edward Island.

Affirmed by 19th century conservative tendencies within Roman Catholicism, the Ultramontane belief in papal supremacy and the Catholic preference for Church authority over that of the state, the Roman Catholic social order promoted separate Roman Catholic institutions devoted to maintaining family life and the traditional goal of Christian charity: the care for the sick, the poor, the orphaned and the elderly. Particularly before the development of the social welfare state, Church administered

social institutions were essential in Prince Edward Island, Canada's smallest, most rural, most impoverished, and second most Catholic province, which has been 45 percent Roman Catholic throughout the 20th century. Accordingly, the Sisters of St Martha staffed an orphanage, a hospital, a home for the elderly, and two social service bureaux. They also contributed to education by teaching in six district schools, by operating a school of nursing, and through domestic and professional work at the province's only university. The Congregation fully succeeded at meeting the bishops' often unreasonable demands, and remained the Diocese's central social agents throughout the 20th century. Priests may have had significant sacramental and pastoral roles, but it was the Sisters of St Martha who maintained the Church's impressive role in the social order. They remained unique in their mission to serve the province. Other religious congregations which staffed Prince Edward Island institutions were based in Quebec, and their commitment to the needs of the Island's Catholic community was always subject to modification by the wishes of superiors from away. In the new diocesan congregation, O'Leary and his successors created a completely reliable

work force, and an instrument for forging and sustaining a Catholic social order in the Island province.

Three hundred Prince Edward Island women entered the Sisters of St Martha between 1916 and 1982. The Congregation's membership was drawn from Island girls and women who were largely poor, relatively uneducated, and from rural areas. Admission to the Congregation of St Martha provided them not only with a means to fulfil a religious vocation but also with social mobility, respect, and increasing responsibility and power. As time passed and government funding of social institutions increased, institutional secularization occurred, and entrance rates to religious congregations waned in the post-World War II era, the Sisters of St Martha were forced to withdraw from most of their institutions. They may have ceased to be the central agents of the bishop in the social order, but not before he had ensured that Roman Catholic ideals would be maintained in the province's newly integrated institutions: the University of Prince Edward Island and the Queen Elizabeth Hospital. Indeed, the sisters had fulfilled their mandate to maintain a social order faithful to Roman Catholic moral and social teaching. Only after 1982 did

they reduce their institutional commitment to a scale that reflected the increasing average age of the Congregation and its inability to recruit younger members at earlier rates.²

The Sisters of St Martha retained more members than most women's congregations managed in the post Vatican II era. Indeed a few Island women joined the Congregation through the 1970s and early 1980s in order to fulfil their spiritual vocations in their native province. They, like earlier entrants, were motivated by the variety of work performed by the Congregation. Thus the Congregation made a relatively smooth transition from the era of privately funded to publicly funded social institutions and maintained a significant influence on Prince Edward Island into the early 1980s, particularly in provincial health care,

²Although this dissertation is heavily dependent on archival sources, I did oral interviews for additional information on the post-World War II era. The Congregation's Archivist contacted the sisters whom I wished to interview, introduced me to them, and presented them at least a day in advance with a few questions I had drawn up related to the Congregation's work at the Charlottetown Hospital and in social services. I also did a taped interview with John Eldon Green, a retired Deputy Minister of Social Services. In each case I told the interviewee I was a doctoral candidate at the University of New Brunswick, explained my project, and informed him/her that the information he/she provided would be used in the preparation of the dissertation.

education, and social service. Members continued to submit to the authority of the Congregation for the duration of their lives even when much of their world, the world of Catholic sisters, seemed to be disappearing around them.

Acknowledgments

I wish to express sincere thanks to the many people to whom I have become indebted in the preparation of this thesis. I continue to be most grateful to the Sisters of St Martha who were unfailingly generous and supported my work through every stage. Sister Carmelita Soloman, the Congregation's archivist, offered not only invaluable research assistance, but also a treasured friendship. The archivists and librarians at the Public Archives and Records Office (Charlottetown), the University of New Brunswick Harriet Irving Library, and the University of Prince Edward Island Robertson Library also provided essential assistance. Edward MacDonald, Harry Holman, and Nichola Cleaveland gave frequent and astute advice. My supervisor, Professor T.W. Acheson, provided rigorous but gentle guidance even after he officially retired from the Department of History. Professors Gail Campbell and D. Gillian Thompson devoted a tremendous amount of time in a variety of ways to helping me finish this dissertation. Andrew, my husband, gave love, patience, loyalty and constant affirmation during the long process of writing. And finally, my parents and sisters gave unwavering emotional support. It is to my family that I dedicate this dissertation.

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**Chapter 1: Being Roman Catholic
in Late-19th Century Prince Edward Island**

The Sisters of St Martha were founded in 1916 to serve the Diocese of Charlottetown, which was geographically equivalent to Prince Edward Island, the province with the second highest per capita population of Roman Catholics. The intersection of many factors and circumstances over several decades created that early 20th century Prince Edward Island Roman Catholic community which the sisters served. In particular, migration, settlement and ethnicity provided the basic foundation of the Roman Catholic community, which was approximately 44 per cent of the provincial population throughout the late-19th century.¹ The Church was the heart

¹The Magdalen Islands were also part of the Diocese of Charlottetown until 1946, but its bishops gave PEI priority, by far, over the Magdalen Islands.

The following table illustrates the proportion of the total population who were Roman Catholics in each province for selected years:

of the Roman Catholic community; a particularly strong bishop, Peter McIntyre, was, similarly, the heart of the late-19th century Church. McIntyre was determined to provide for the Roman Catholic community's basic needs through appropriate social institutions, including Roman Catholic schools and a hospital. As he created these institutions, Bishop McIntyre simultaneously strengthened

Table I: Ratios of Canadian Roman Catholics by Province, 1871-1911

Province	1871	1891	1911
Quebec	85.6	86.8	86.1
PEI	43.2*	44.4	44.4
New Brunswick	33.3	36.1	41.1
Nova Scotia	26.3	27.1	29.4
Saskatchewan	NA	19.3+	18.3
Alberta	NA	21.2+	16.5
British Columbia	20.3*	21.2	14.9
Manitoba	18.6*	13.5	16.3
Ontario	16.9	16.9	19.2
Canada	40.4	41.2	39.3

*1881 figures.

+1901 figures.

Source: Census of Canada, 1871-1911. As quoted in Phyllis Airhart, "Ordering a New Nation and Reordering Protestantism, 1867-1914", in George Rawlyk, ed., The Canadian Protestant Experience 1760 to 1990, (Burlington, 1990), pp.102-03.

the Roman Catholic subculture on 19th century Prince Edward Island.

Settlement was slow on Prince Edward Island² even in comparison to the other Maritime colonies. The Mi'kmaq were the original inhabitants of Prince Edward Island and were attracted by the Island's access to the fishery. The largest group of natives in the region, the Mi'kmaq were estimated at 2000 people in 1686,³ of whom probably only a few hundred resided in Prince Edward Island at least part of the year. Small numbers of French immigrants settled in Prince Edward Island in the period 1713 to 1759, primarily in areas of good fishing, including Egmont Bay, Tignish, and Rustico. The French population grew primarily through natural increase to about 3500 people at the time of deportation in 1758.⁴ In 1763, at the start of the British

²Until 1798 the Island was called Isle Ste. Jean or St. John's Island.

³John G. Reid, "Chapter 5: 1686-1720: Imperial Intrusions", in John Reid and Phillip Buckner, eds., The Atlantic Region to Confederation, (Toronto, 1994), p.79.

⁴The French retained control of Ile St Jean for three years after the fall of Louisbourg. Estimates of the number of Acadians in PEI on the eve of the Deportation vary from

regime, about 300 Acadians who were either hidden or forgotten during the Deportation, remained on Prince Edward Island.

Soon after the British acquisition of the Atlantic region in 1758, the British government implemented a plan to grant and settle land on Prince Edward Island. The million and a half acres was divided into 67 lots and awarded to petitioners through a lottery in 1767. The successful grantees agreed to a set of conditions which included paying quitrents and settling the land with Protestants 'not from Her majesty's dominions' (unless they had lived in the New World two years) at the rate of one person per 200 acres in the first decade. To say settlement was slow is an understatement. By 1779 there were settlers in only 18 of the 67 lots.⁵ Historians have focussed on what most agree was a hugely flawed settlement plan, more than on any other

3000 to 5000. A.H.Clark, Three Centuries and the Island: A Historical Geography of Settlement and Agriculture in Prince Edward Island, Canada, (Toronto, 1959), p. 40.

⁵The British government wanted to retain its own population for the labour force required in the new industrial economy, but they still wanted Protestants to populate the Island. Clark, pp.42-50.

aspect of Prince Edward Island history.⁶ Those who actually settled on Prince Edward Island in the late-18th century were not ideal settlers. According to J.M.Bumstead,

...the most likely sources for settlers willing to chance a territory as remote as the Island of St John were the poor and oppressed regions of the British Isles, where the Irish Catholics, Scottish Highlanders (often Catholic), urban artisans often converted to dissenting sectarianism, and displaced farm workers formed a potential population for an uninhabited island.⁷

Those who considered emigration invariably did so with the hope of improving their situation, usually economically, but often also to avoid religious persecution. Such was the case for many immigrants to Prince Edward Island, particularly Scottish Catholics who were not permitted to practise their Roman Catholic faith in their native Scotland. Most immigrants did not find themselves in

⁶For a thorough summary of how numerous historians have approached the PEI Land Question, see Matthew G. Hatvany, "Tenant, Landlord and Historian: A Thematic Review of the "Polarization" Process in the Writing of 19th-century Prince Edward Island History" Acadiensis 27 (Autumn, 1997), pp. 109-32.

⁷J.M.Bumstead, Land, Settlement, and Politics on Eighteenth-Century Prince Edward Island, (Montreal and Kingston, 1987), p.46.

improved circumstances, however. Father James MacDonald was part of one of the earliest migrations of Highland Scottish Catholics. A year after his 1772 arrival, he wrote that his flock was "in a most miserable condition."⁸ Over the next century Prince Edward Island, along with Cape Breton Island and eastern Nova Scotia, and southeastern Upper Canada, remained the main settlement areas of Roman Catholic Scottish Highlanders.⁹ Prince Edward Island did not become the strong Roman Catholic colony the Scottish Church had hoped it would,¹⁰ but Scottish clergy quickly began to dominate Island Catholicism.¹¹

Because the American Revolution was partly fought by privateers who looted British North American colonies including Prince Edward Island, settlement, which had begun

⁸Father James MacDonald to John Grant, 9 June 1773, Scottish Catholic Archives, Edinburgh, quoted in Bumstead, Land, p.59.

⁹J.M.Bumstead, "Scottish Catholicism in Canada, 1770-1845", in Terrence Murphy and Gerald Stortz, eds., Creed and Culture: The Place of English-Speaking Catholics in Canadian Society, 1750-1930, (Montreal and Kingston, 1993), p.79.

¹⁰Bumstead, Land, pp.59-60.

¹¹Bumstead, "Scottish Catholicism", p. 81.

to accelerate, was halted during the Revolution.¹² At the end of the Revolution, however, about 550 Loyalists settled in Prince Edward Island. Because the land tenure system was in place, the Loyalists were not granted land in Prince Edward Island but rather were expected to pay rent just as other settlers were. Not surprisingly, the Loyalists quickly opposed the proprietors, a state of affairs which culminated in the dismissal of the Lieutenant Governor from his office.¹³

Later in the 18th century another wave of settlement from the Scottish Highlands increased the population of Prince Edward Island; 900 immigrants arrived between 1790 and 1793. The Gaelic-speaking, Roman Catholics settled around Hillsborough, near Charlottetown. One of the 1790 immigrants, Angus MacEachern, became the first Bishop of Charlottetown in 1829.¹⁴

¹²Bumstead, Land, pp.65-82

¹³Bumstead, Land, pp.121,156.

¹⁴Bumstead, Land, pp.167-8.

A census was taken at the end of the 18th century which listed 669 Acadians, 1814 Highland Scots, 310 Lowland Scots, and 1579 others who were primarily English. As A.H.Clark explained, the Acadians were concentrated in the Bay of Fortune (Lot 43), Rustico Bay area on the North Central Shore (Lot 24), and the south shore of Malpeque Bay (Lots 13, 14, 16, and 17) while the Highlanders converged in Princetown and adjacent Lot 18, as well as on Lots 34 to 39 along the Hillsborough River.¹⁵ The English settled primarily in the area around Charlottetown.

¹⁵Clark, pp. 60-61.

Distribution of Population, 1798¹⁶

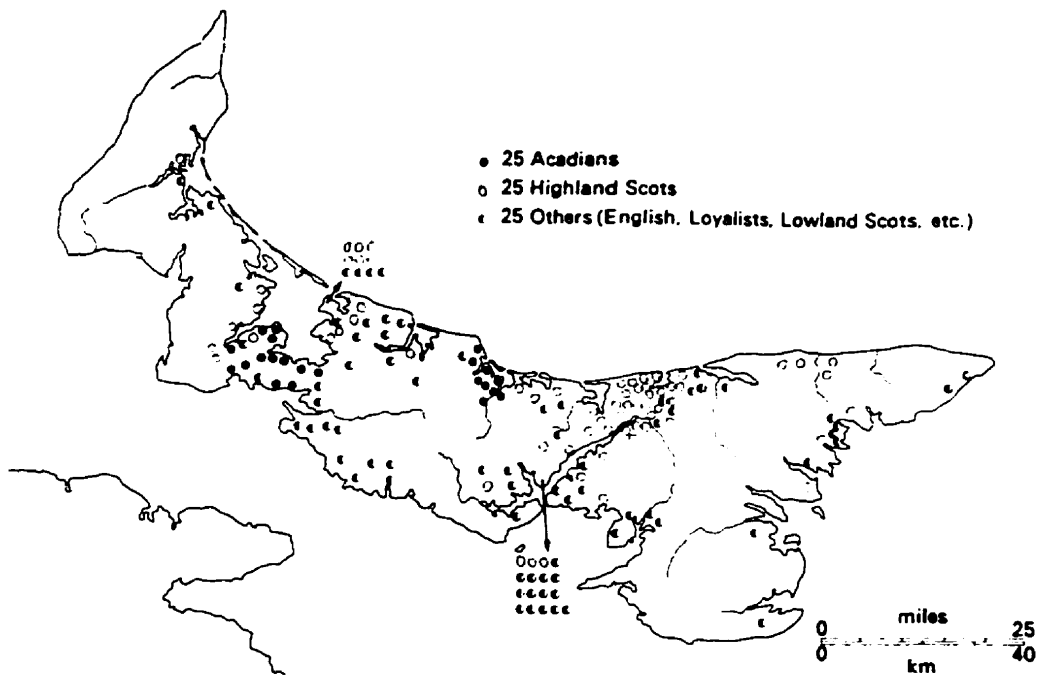


Figure 3 Island of St John: distribution of population, 1798

Along with showing the ethnic homogeneity of most lots, the census illustrated that the small number of settlers were widely scattered, with the exception of Charlottetown and Princetown, and were engaged in occupational pluralism including growing crops, raising livestock, fishing, and building boats. Historians have blamed the sluggish economy and slow rate of population growth on a number of factors,

¹⁶Bumstead, Land, Figure 3, p. 190.

including the land tenure system, isolation, and a lack of industrious immigrants with farming skills. In 1830 William Cobbett blamed the land itself for the lacklustre British North American Settlement:

These countries are the *offal* of North America; they are the head, the shins, the shanks, and hoofs while the United States are the sirloins, the well covered and well-lined ribs.... From Glasgow the sensible Scots are pouring out amain. Those that are poor and cannot pay their passage, or can rake together only a trifle, are going to a rascally heap of sand, rock, and swamp, called Prince Edward Island, in the horrible Gulf of St. Lawrence.... that lump of worthlessness... bears nothing but potatoes....¹⁷

The pace of settlement in Prince Edward Island accelerated at a significant rate in the first half of the 19th century. The population increased from about 7000 in 1805 to 23,000 in 1827 to 47,000 in 1841. Most immigrants came from Southern Ireland and the Scottish Highlands with smaller numbers from other parts of the British Isles.¹⁸ By mid-century, about half the population was Scottish, 10 per cent Acadian, and the remaining 40 per cent Irish and

¹⁷William Cobbett, as quoted in Duncan Campbell, History of Prince Edward Island, (Charlottetown, 1875), as quoted in Clark, p. 65.

¹⁸Clark, pp.66-67.

English. The Acadians, almost entirely Roman Catholic, had not assimilated with other ethnic groups; they were concentrated in Northern and Central Prince County and West-central Queens County, where they engaged largely in the fishery.¹⁹ The Scots, of whom the Highlanders were predominantly Catholic and the Lowlanders predominantly Protestant, were chiefly farmers and were by far the foremost ethnic group of Kings and Queens Counties. The Irish and English were more dispersed throughout the Island.

In contrast to Cobbett's, and sometimes Clark's, negative descriptions of Prince Edward Island in 1830, Ian Ross Robertson described mid-19th century Prince Edward Island as "a vital, aggressive society, full of self-confidence."²⁰ The self-confidence was certainly illustrated in 1867, when Prince Edward Island, unlike the neighbouring colonies, Nova Scotia and New Brunswick, chose not to enter Confederation, partly for economic reasons. Prince Edward

¹⁹Clark, p.126. These areas correspond with Lots 1,2,5,6,15,23, and 24.

²⁰Ian Ross Robertson, "The Bible Question in Prince Edward Island from 1856 to 1860", in P.A.Buckner and David Frank, eds., Acadiensis Reader: Atlantic Canada Before Confederation, vol. 1, (Fredericton, 1985), p. 26.

Island agriculture, fish, and shipbuilding had done reasonably well under the British commercial system. Whereas other colonies had amassed a large public debt by the mid-1860s and looked to federal union as an opportunity to wipe their slate clean, Prince Edward Island's public debt was only \$250,000 in 1863. Within a decade, however, Prince Edward Island joined the other provinces in railway fever, accumulated a public debt of four million dollars, faced bankruptcy, and joined Confederation. Prince Edward Island was offered a far better settlement than those colonies which had entered in 1867 and received an annual grant four times the original offer, an acknowledgement of the insurmountable debt of the cash-strapped province.²¹ The Island provincial government did not have the crown lands which provided the major source of revenue in both New Brunswick and Nova Scotia. New Brunswick received significant revenue from crown land stumpage fees, while Nova Scotia had royalties from mining. With only one per

²¹Donald Smiley, ed., The Rowell-Sirois Report: An Abridgement of Book I of the Royal Commission Report on Dominion-Provincial Relations, (Toronto, 1964), p. 84.

cent of the Island held by the Crown, Prince Edward Island had no major source of government revenue.²²

The population of Prince Edward Island grew steadily in the late-19th century largely through natural increase.²³ In 1881 the population, which totalled almost 109,000, was approximately 45 per cent Scots, 23 per cent Irish, 20 per cent English, and 10 per cent French (Acadian). Despite some immigration and significant out-migration, these figures remained relatively constant in the late-19th century.²⁴ As Tables 2, 3, and 4 illustrate, districts, and counties varied in ethnic composition.

²²Rusty Bittermann "Escheat!: Rural Protest on Prince Edward Island, 1832-42", PhD dissertation, University of New Brunswick, 1991, pp.36-37. Bittermann discusses the implications of fostering economic development with very limited government revenue in the 1820s, although the problem began before that decade and lasted, at least, until Confederation.

²³Even by 1861 the population was almost 80 per cent native born. Census of Canada, 1665-1871, IV, (Ottawa, 1876), pp. 174, 360-61. Quoted in Robertson, "Bible Question", p.261.

²⁴Ethnicity and religion are not correlated in the census until 1931. See Chapter Three for a discussion of ethnicity among PEI Catholics in the early 20th century.

Table 2: Ethnic Origin of Population of Prince Edward Island, 1881

County	Population	% English	% Irish	% Scottish	% French
Kings	26,433	12.8%	20.3%	60.8%	3.9%
Prince	32,347	20.8%	22.2%	33.5%	21%
Queens	48,111	22.6%	25.8%	44.3%	5.2%
Total	108,891	19.7%	23.3%	44.9%	9.9%

Source: Census of Canada, 1881.

Table 3: Ethnic Origin of Population of Prince Edward Island, 1901

County	Population	% English	% Irish	% Scottish	% French
Kings	19,826	13.6%	20.3%	57.2%	7.6%
Prince	40,069	24%	20.7%	30.3%	23.8%
Queens	43,364	27.1%	22.3%	42.1%	6.5%
Total	103,259	23.3%	21.3%	40.4%	13.4%

Source: Census of Canada, 1901.

Table 4: Percentage Change in Ethnicity by County, 1881 and 1901

County	English	Irish	Scottish	French
Kings	+0.8%	0%	-3.5%	+3.7%
Prince	+3.2%	-1.6%	-3.2%	+2.8
Queens	+4.5%	-3.5%	-2.2%	+1.3%
Total	+3.6%	-2%	-4.5%	+3.5%

Source: Census of Canada, 1881 and 1901.

Most 19th century Islanders had a strong sense of their ethnic identity which was bound up in their faith. The

Irish, Highland Scots, and Acadians all associated the Roman Catholic Church with their ethnic identity and culture, but that did not cause them to make common cause with each other. According to Jack Bumstead, "Despite their common religion, Acadians, Highlanders, and Irish were divided by language and economic lifestyle."²⁵ Each ethnic group was very eager to have clergy who could minister to them in their native language and help preserve their culture. Until the 18th century, the French were the dominant Roman Catholic ethnic group in the New World, partly because of the long history and success of seminaries in Quebec; in consequence, Prince Edward Island remained a mission of the Diocese of Quebec until 1829.

George Arsenault has demonstrated that Roman Catholic clergy on Prince Edward Island retained a particularly strong influence over Acadian culture in the following decades. From the early 19th century until 1877, parish priests were responsible for certifying the proficiency of French teachers and for choosing school textbooks. In addition, priests provided economic leadership in many

²⁵Bumstead, "Scottish Catholics", p. 88.

Acadian communities by establishing cooperative banks, granaries, and canneries. In Rustico, the largest eastern Prince Edward Island Acadian community, the parish priest founded the Banque de Rustico for farmers in 1861.²⁶ Throughout the 19th century, the clergy, and the bishop, in particular, coordinated maintenance of French language and culture by establishing and supporting French teaching convent schools of the Congregation of Notre Dame in most Acadian communities. One of the first convent schools in an Acadian parish in Atlantic Canada opened in Miscouche Prince Edward Island in 1864. Others followed in Tignish (1868) and Rustico (1882). The three convent schools offered a bilingual curriculum as well as art and music lessons.²⁷

²⁶By 1880 there were 24 grain banks on PEI of which 23 were in Acadian communities. Tignish alone had eight. In addition, the clergy were influential in culture; when the Acadian Renaissance began in the late-19th century, the priests, regardless of their ethnic origin, were often given credit for the economic, social, and cultural renewal. At the Acadian national congresses in Memramcook, New Brunswick in 1881; in Miscouche, PEI in 1884; and in Church Point, Nova Scotia in 1890, the parish priest from each Acadian parish was invited to be an ex officio delegate. Georges Arsenault, The Island Acadians, 1720-1980, Trans., Sally Ross, (Charlottetown, 1989), pp.138-42.

²⁷Arsenault, pp.118, 123, 129.

In the early-19th century, ethnic rivalry prompted Scottish criticism of French clerical authority and the Scots tried to put Prince Edward Island under the jurisdiction of the Scottish mission, arguing that Quebec was not doing an adequate job. As the Scottish population grew in regions of British North America, Scottish clergy were able to wrest authority over the colonies from the Church in Quebec, by gaining permission to found new dioceses, including the Diocese of Charlottetown, established in 1829.²⁸ Throughout the 19th century the leadership of the Roman Catholic Church in Prince Edward Island remained in the hands of the Scots, and the first four Prince Edward Island bishops shared a Scottish heritage: Angus McEachern (1829-1835); Bernard McDonald (1837-59); Peter McIntyre (1860-91) and Charles James MacDonald (1891-1912). Although the Scots dominated leadership in the Roman Catholic Church, they remained as impoverished as they had been in the Old World.²⁹

²⁸Bumstead, "Scottish Catholicism", p. 81.

²⁹Bumstead, "Scottish Catholicism", p. 82. Graeme Wynn discusses how emigrants from the British Isles fled hardship in the first half of the 19th century to come to New Brunswick. Lumbering, at first, allowed emigrants to

By 1840, the heavy wave of Scottish immigration was finished, but had been replaced by Irish Catholic immigration. According to a priest ministering in early 19th century Prince Edward Island, the immigrant Irish were also impoverished and, he added, immoral: "The greater number of the Irish we have here bring with them nothing but vices, because they are the very dregs of Ireland and Newfoundland."³⁰ Their economic plight was worsened by the fact that when they arrived in Prince Edward Island, the most fertile land had already been settled.³¹ Neither were the Irish especially welcomed in the Roman Catholic Church, which was Scots dominated. According to Jack Bumstead, "In

improve their circumstances and build the capital necessary to buy a farm. By the mid 19th century, however, the chance of improvement was greatly diminished. "Progress had drawn lines between owner, employer, and employee, far more clearly than had existed 40 years before." Wynn would thus expand upon the notion that emigrants remained as impoverished as they had been in the old world, by noting the initial opportunity which decreased from the early to mid 19th century. Graeme Wynn, Timber Colony: A Historical Geography of Early Nineteenth Century New Brunswick, (Toronto, 1981), pp.79,82,112,137.

³⁰Father De Calonne, quoted in the Rev. John MacMillan, The Early History of the Catholic Church in Prince Edward Island, (Quebec, 1905), pp. 111-12.

³¹Bumstead, "Scottish Catholicism", pp. 86,88.

general, no love was lost between Scots and Irish, and there was no positive collaboration between persecuted Irish and Scottish Catholics."³² By virtue of their earlier settlement and the proliferation of clergy, the Scots maintained control of Roman Catholic Church hierarchy until the election of the first Irish bishop, Henry O'Leary, in 1914.

Ethnic identity regularly permeated the Roman Catholic bond. Terrence Murphy has said that "The history of the Roman Catholic Church in the region during this period (1770-1850) is largely the story of trying to meet the needs of this diverse population with extremely limited means."³³ Brian Clarke has commented on the 20th century:

In Protestant bigotry Anglophone and Francophone Catholics faced a common foe, but the unit created by that fact would not endure. In the 20th century, Catholics of Irish descent were not only to make their language a touchstone of their group identity but to see in it a badge of their superiority vis-à-vis French-speaking Canadians.³⁴

³²Bumstead, "Scottish Catholicism", p. 84.

³³Terrence Murphy and Gerald Stortz, eds., Creed and Culture: The Place of English-Speaking Catholics in Canadian Society, 1750-1930, (Montreal and Kingston, 1993), p.i.

³⁴Brian Clarke, "English-speaking Canada from 1854", in Terrence Murphy and Roberto Perin, eds., A Concise History of Christianity in Canada, (Toronto, 1996), p.308.

If there was strong division within the Prince Edward Island Roman Catholic Church in the 19th century, there was even more distrust between Protestants and Catholics. The Reverend Dr Wendall MacIntyre has called the history of Prince Edward Island "...an 'ad hoc' but sometimes semi-rehearsed, game of hide and seek" as Protestants and Catholics watched and wondered what the other was plotting, "Protestants seemingly awaiting the arrival of the Pope to assume control of the Island."³⁵ Because Prince Edward Island Protestants and Roman Catholics were more evenly balanced numerically than in other provinces, anti-Catholicism played out differently than in other parts of Canada. For example, anti-Catholicism or anti-Protestantism could be effective political platforms. In the 1859 election the Tories capitalized on Protestant outrage at the Bishop of Charlottetown's attempt to exclude Bible reading from religiously mixed public schools, while the election of 1876 returned an all Protestant Liberal government and an

³⁵Rev. Wendell MacIntyre, "The Longest Reign", in Michael Hennessey, ed., Catholic Church in Prince Edward Island, 1720-1979, (Charlottetown, 1979), p.71.

all Roman Catholic opposition.³⁶ A former political scientist and principal of the public, Protestant, Prince of Wales College in the post-war era blamed the degree of Prince Edward Island religious ferment on too many provincial government representatives combined with too many Roman Catholic Church officials for an island only 225 kilometres long and with a population of just over one hundred thousand.³⁷

The clearest case of Prince Edward Island anti-Catholicism was the rise of the Orange Lodge in the late-19th century, despite the absence of any significant Protestant Irish population in the province. The Orange Lodge was founded in Armagh, Ireland, in 1776 to protect the interests of Protestant tenants. It became a mutual aid society dedicated to preserving the Protestant ascendancy in Ireland. In the mid-19th century the Orange Lodge was responsible for many riots in New Brunswick where the Irish

³⁶Frank MacKinnon, Church Politics and Education in Canada: The Prince Edward Island Experience, (Calgary, 1995) p.29.

³⁷Frank MacKinnon compared the situation to a 50 horsepower engine on a 10 horsepower boat, "exhilarating but dangerous." MacKinnon, p.12.

population was evenly split between Catholics and Protestants. In Prince Edward Island, however, the Orange Lodge was specifically anti-Catholic rather than pro-Irish because there were few Protestant Ulstermen.³⁸ According to Ian Ross Robertson, "Between 1859 and 1862 the number of primary lodges increased from one to 15, and in February 1862 the Grand Orange Lodge was founded to establish common policies for and coordinate the activities of the scattered primary lodges."³⁹ Orange Lodges remained active in Prince Edward Island well into the 20th century.

In 19th century Prince Edward Island, ethnicity and religion were linked to occupation, with Acadian Roman Catholics heavily engaged in the fishery and the remaining ethnic groups largely employed in agriculture.⁴⁰

³⁸T.W.Acheson, "The Irish Community in Saint John, 1815-1850", in P.M.Toner, ed., New Ireland Remembered: Historical Essays on the Irish in New Brunswick, (Fredericton, 1988), p.106.

³⁹Robertson, "Party Politics", p.46.

⁴⁰Although precise figures are unavailable, Catholics were employed in agriculture and fishing in very high numbers. Undoubtedly more Catholics than Protestants participated in the fishery because it was so common among the Acadians of West Prince, East Prince, and East Kings. Georges Arsenault, p.78. See also A.H.Clark, Three Centuries, pp.133-34.

Agricultural products counted for three quarters of Prince Edward Island's exports with fish second at 18 per cent. In fact, Prince Edward Island was the only Maritime colony which produced a significant agricultural surplus.⁴¹ As the historical geographer A.H.Clark noted of the late-19th century Maritimes, "In all of the three provinces economic man exploited the sea, forest and land. In the Island, however, the land itself was central to his interest; he shared only a little of the Nova Scotian's concern with sea and rock, or the New Brunswicker's concentration on trees."⁴² Potatoes, mostly grown for seed, were the largest late-19th century agricultural crop; seven million bushels were grown in 1891. In the same year three million bushels of oats and two million bushels of turnips were grown. The number of farmers identified by the 1891 census was 12,457. When farm labourers, farmers' sons and garden labourers are added, the total is almost 22,000. Thus, farming was by far the most common wage-earning occupation. The second most

⁴¹New Brunswick's biggest export continued to be forest products at two thirds of exports and Nova Scotia counted on the fishery for 40 per cent of exports. See S.A.Saunders, Economic History, (Fredericton, 1984), p.103.

⁴²Clark, p.121.

common occupation, that of servant, employed only 10 per cent of the number employed by the agricultural sector. The fishery employed less than one thousand people in 1891.⁴³

The fishery was not generally very lucrative in the late-19th century, although it received a boost in the 1880s and 1890s when the European demand for lobsters soared. In 1897 lobsters represented 52 per cent of the value of fish products, and by 1901 there were 227 lobster canneries which employed mostly farm women and children.⁴⁴

Despite what appears to be the relative success of agriculture and the fishery in the late-19th century, the per capita income in the province was the lowest of the Maritime provinces. At the turn of the century, Ontario's per capita income was already 20 per cent above the national average while Nova Scotia and New Brunswick were 25 per cent and 14 per cent below respectively. Within the Maritimes some areas, such as eastern Nova Scotia and northern New

⁴³Census of Canada, 1891, Table XIII. 914 fishermen listed.

⁴⁴Larry McCann, "The 1890s: Fragmentation and the New Social Order", in E.R.Forbes and D.A.Muise, eds., The Atlantic Provinces in Confederation, (Toronto, 1993), p. 137 and A.H. Clark, p.148.

Brunswick, had per capita incomes of only two thirds the national average, or half that of Ontario.⁴⁵ The variations in per capita income within the region occurred despite the prevalence of one industry, farming. Agriculture provided between forty to seventy per cent of all Canadian income in 1870, yet agriculture yielded varying profits. Kris Inwood and James Irwin's 1992 study has shown that in the 1860s "average income was lower in the Maritimes than in the rest of the country on a per acre and per household basis."⁴⁶

Although no systematic, quantitative study has proved that Canadian Catholics were poorer than Protestants, several historians have agreed with the assumption. Writing about Maritime cities in the first half of the 19th century, Judith Fingard notes:

...the indisputable fact that the larger proportion of poor rates and voluntary contributions went toward the

⁴⁵Kris Inwood and James Irwin, "Canadian Regional Commodity Income Differences at Confederation", (Department of Economics, University of Guelph, Discussion Paper 1992-11), p.34. Although this paper has been criticized for failing to take less traditional forms of wealth into account, I agree with the authors on the broader issue of regional disparity.

⁴⁶Kris Inwood, "Introduction", Farm, Factory and Fortune: New Studies in the Economic-History of the Maritime Provinces, (Fredericton, 1993), p. i.

relief of the poor Catholics. Piqued Protestants did not tire of reminding their Roman Catholic neighbours that nine tenths of the inmates of the poorhouse in Halifax were Catholics, or that it was the Protestant citizenry in St. John's who supported the Catholic poor. To such an extent did the Catholics constitute the labouring and disabled poor in the towns that the more bigoted Protestants began to pronounce publicly that the Roman Catholics were impoverished because they were Catholics.⁴⁷

Perhaps the question of whether Catholics were poorer than Protestants on Prince Edward Island is somewhat irrelevant given the high rate of poverty overall. In the late-19th century, the Maritimes was the poorest region of Canada, and within the Maritimes, Prince Edward Island had the largest per capita debt and smallest per capita income.

Poverty and the lack of occupational opportunities led many Maritimers to leave the region. Between the 1860s and 1920s the four provinces lost, in total, more than a half million people.⁴⁸ By the 1880s out-migration climaxed at 12.5 per cent of the Maritime population and through the

⁴⁷Judith Fingard, "Relief of the Unemployed Poor in Saint John, Halifax, and St John's, 1815-1860", Acadiensis Reader, vol 1, 2nd ed., (Fredericton, 1990), pp.193-94

⁴⁸Patricia Thornton, "The Problem of Out-Migration from Atlantic Canada, 1871-1921: A New Look", Acadiensis, 15:1 (Autumn, 1985), pp.3, 16.

1890s the rate was still as high as 11 per cent.⁴⁹ Prince Edward Island's rate of out-migration reached its all time high of 17 per cent in the mid-1890s; at this point Prince Edward Island emigrants far surpassed the numbers from New Brunswick and Nova Scotia per capita, which were both 10.5 per cent in the mid 1890s.⁵⁰ This exodus of people meant a tremendous loss to the province, and the region, of both human and capital resources.⁵¹

Out-migration permeated a broad range of Maritime occupations, institutions, and families. Migrants were likely to be the better educated, more highly skilled young, urban adults. Patricia Thornton says this was the group

⁴⁹Thornton, p.16.

⁵⁰Thornton, p.18.

⁵¹Judith Fingard, "The 1880s: Paradoxes of Progress", in Forbes and Muise, p.96. According to Patricia Thornton, there was no real need for people to leave in such numbers. In fact, despite a Canadian recession which affected the Maritimes no more than the rest of Canada in the 1880-90s, the Maritime economy was relatively healthy in the period 1880-1920. Thornton argues that people did not migrate out of the region because of a lack of opportunity or a dissatisfaction with the quality of life in the Maritimes but rather because of the tantalizing "pull" of the "Boston States". Furthermore, heavy out-migration was not a result of the Maritimes' inability to industrialize but more likely a cause of that inability. Thornton, pp.3,8, 30.

most pulled toward the opportunities of the "Boston States".⁵² Another view is that Maritimers were pushed out of the region due to a lack of opportunity: "A more substantial out-migration was that of the younger sons of farmers with little hope of inheritance, as well as the daughters of fishermen, lumbermen or farmers with limited work or marriage proposals so long as they stayed at home."⁵³

Whether Island youth were pushed into leaving the Maritimes or pulled to the Boston States, their leaving had serious consequences for their families and communities. If Thornton is correct, and the best and brightest left, virtually every aspect of Island society and the economy was affected. The Roman Catholic Church suffered along with business, education, and government as fewer Roman Catholics meant a potentially weaker Catholic social order and reduced funds on which to run the Church.⁵⁴

⁵²Thornton, p.28.

⁵³McCann, p. 141.

⁵⁴Despite the psychological and socio-economic influence of out-migration, its effects on the religious composition of Prince Edward Island were limited. Protestants and Catholics left in equal proportions. The

In the mid to late-19th century, the third Bishop of Charlottetown, Peter McIntyre (1818-1891), aggressively confronted the needs of his somewhat tattered flock. Bishop McIntyre, in his three decade episcopate (1860-1891), influenced Prince Edward Island Roman Catholics more than any other bishop. He made the Church's presence more visible by dramatically increasing--actually doubling--the proportion of priests from one to 2500 to one to 1200 parishioners, a very significant increase in terms of human commitment as well as of resources.⁵⁵ He was able to accomplish this primarily through St Dunstan's University, the Roman Catholic diocesan university where Island men with vocations obtained their first degrees before proceeding to the seminary and later being ordained. Bishop McIntyre was a

percentage of the population who were Catholic rose very minimally from 43.4 per cent to 44.4 per cent between 1881-1901, the years of highest out-migration. Similarly, the ethnic composition of the Island changed little during the same time.

⁵⁵He started his episcopate with 14 priests serving 38,852 Catholics and ended it with 40 priests serving 47,837 Catholics. Lawrence Landrigan, "Peter McIntyre, Bishop of Charlottetown, PEI", Canadian Catholic Historical Association Report, 1951-55, p.87. The first figure includes the province of PEI and the Magdalen Islands. See also McIntyre, "Longest Reign", p. 99, and Census of Canada, 1891.

very conservative Churchman and an ultramontane, an adherent to the Syllabus of Errors, and the only Maritime bishop to support the infallibility of the Pope at the Vatican Council of 1869-70.⁵⁶ It is hardly surprising that he made such changes.

Nineteenth-century Ultramontanism encouraged religious renewal through several avenues, including parish missions, devotional practices, and a strengthened Catholic run-social order.⁵⁷ Parish missions encouraged new piety which was further fostered by such communal devotions as recitation of the rosary, adoration of the Blessed Sacrament, or active membership in a Roman Catholic group such as the League of the Cross, which had its own devotions and special masses.⁵⁸

⁵⁶Ian Ross Robertson, "Party Politics and Religious Controversialism in Prince Edward Island from 1860 to 1863", Acadiensis, 7:2 (Spring 1978), p.33.

⁵⁷Parish missions, for example, consisted of several days of intense worship under the direction of a visiting priest or members of a religious order such as the Jesuits. Brian Clark explains that at these missions, "...preachers liberally invoked the fires of hell and used all sorts of dramatic devices, including open coffins, to remind their audiences of human mortality and bring them to the moment of decision, following which the faithful would confess their sins and receive communion." Brian Clarke, p.280.

⁵⁸The Catholic men's temperance society, the League of the Cross, was brought to Charlottetown in 1888 and

Whereas faithful Catholics were formerly only expected to receive the sacraments regularly, they were now expected to perform devotions as often as several times a day. These activities bonded members to the church more than in the previous century.⁵⁹

Ultramontanists, who were increasingly in the ascendancy in the 1860s and later, sought to strengthen the institutional Church's relationship with its flock by meeting its members' social needs completely. In seeking greater influence, the Church leadership attempted to create and administer all the social institutions Roman Catholics required, such as hospitals, orphanages, and schools. These institutions operated alongside those of mainstream society,

developed into a fathers and sons club. Its hall offered suitable entertainment as an alternative to alcohol, including bowling, music, and annual picnics for children. The League was patriarchal; males, representing their families, took a pledge to a penitential life for a certain period of time (often two years), hung large black crosses in their homes and led their families in daily temperance prayers. Sister Ellen Mary Cullen, CSM, "Growth and Expansion, 1891-1929", in Michael Hennessey, ed., The Catholic Church in Prince Edward Island, 1720-1970, (Charlottetown, 1979), p. 118.

⁵⁹Clarke, p.280.

which Roman Catholics feared were tainted by liberal secularism.

For advocates of Ultramontanism, including Bishop McIntyre, membership in the Roman Catholic Church required joining an enclosed subculture apart from the Protestant society. The hierarchy of the Roman Catholic Church argued that the state's role in the Roman Catholic order was to provide funding but not regulation. To this position the Protestants vigorously objected because public institutions were not, in name, Protestant. The Roman Catholic view was that government-funded public institutions were Protestant, even if not officially so, and thus separate Roman Catholic institutions should, likewise, receive public funding.⁶⁰

As bishop, McIntyre's promotion of the Roman Catholic faith was symbolized by a campaign through which he planned to bond Prince Edward Island Roman Catholics to the Church and concurrently raise them to a level of political, cultural, and intellectual strength equal to that of their Protestant neighbours. He oversaw the building of 25 churches, 21 presbyteries, eight convents, a hospital, and a

⁶⁰Clarke, p.271.

bishop's 'palace'. McIntyre then successfully solicited several religious congregations to staff the institutions: the Christian Brothers, the Congregation of Notre Dame, the Grey Nuns of Montreal, and the Jesuits. He also acquired substantial financial support for his campaign from the Society for the Propagation of the Faith in France.⁶¹ In short, Bishop McIntyre was driven to seek to provide institutions to educate and care for his Roman Catholic flock and spent much time trying to convince the Island government to fund the Roman Catholic social institutions. These efforts were to no avail, however, because successive governments, beginning at mid-century, took the view that education and religion should not mix, particularly in grade schools and secondary schools.⁶²

As a subscriber to Vatican policy and directives, McIntyre was not disheartened by the government's refusal to

⁶¹G. Edward MacDonald, "Peter McIntyre", Dictionary of Canadian Biography, vol. 12, p. 638. The Society for the Propagation of the Faith was founded by Pauline Jaricot (1799-1862) in 1818 as a "single collecting agency for all Catholic missions everywhere". Much of its annual budget went to North America in its first decade. "Society for the Propagation of the Faith", New Catholic Encyclopaedia, vol. 11, (New York, 1967), pp. 844-55.

⁶²MacDonald, "Peter McIntyre", p. 639.

fund Roman Catholic institutions. In fact, McIntyre became more and more convinced of and committed to the separate institutions advocated by Rome.⁶³ In 1864, soon after Bishop McIntyre's consecration, Pope Pius IX published the "Syllabus of Errors" which included 19 statements on the errors of the secular world and the Church's rights. The Pope was adamant that the Church's rights should supersede those of the state.⁶⁴ Bishop McIntyre, needless to say, supported Pius IX's argument in the "Syllabus of Errors" that "The Roman pontiff need not reconcile himself to progress, liberalism, and modern civilization." The mid-19th century Papacy feared that modernism would weaken the Roman Catholic faith.⁶⁵ The "Syllabus" "condemned all the

⁶³Robertson, "Party Politics", p.56.

⁶⁴To understand the Pope's teaching, each of the errors should be prefaced with "It is not true that...." Thus error 45, "The state has the exclusive right to decide all questions in schools in which Christian youth are educated", should be prefaced with "It is not true that the state has the exclusive right...." New Catholic Encyclopaedia, vol 13, pp.854-55.

⁶⁵The Pope saw his teaching authority as Vicar of Christ as necessary to the well-being of the Church of Christ. His concern about modernism had to do with false teaching--materialism, socialism, liberalism, and capitalism--that promoted values which would undermine the faith of ordinary Catholics, threaten their souls, and

movements contemporaries thought forward thinking."⁶⁶

Bishop McIntyre's actions surrounding the creation of a separate Roman Catholic sub-culture reflected the desperation of Pope Pius IX in trying to isolate the faithful from modernization. McIntyre explained the need for separate Roman Catholic education in an 1873 pastoral letter:

Education consists in the perfection of our faculties; it is therefore a developing of the intelligence to enable it to follow truth. Education, then, has for its object the cultivation of the spiritual powers of man, and consequently it is a spiritual function. Hence there is no such thing as a secular education.⁶⁷

In the mid-19th century, Island Protestants and Roman Catholics had fought bitterly over Bible reading in public schools. While evangelical Protestants were adamant that the Bible should be read, Roman Catholics were wary of any interpretation that was likely to be Protestant, and preferred that schools be godless rather than Protestant. In fact, for two decades, Island politics were dominated by

destroy the mission of the Church.

⁶⁶Stephen Happel and David Tracy, A Catholic Vision, (Philadelphia, 1984), p. 114.

⁶⁷Diocese of Charlottetown Pastoral letter, quoted in MacIntyre, Catholic Church in PEI, p.88.

controversy in education and religion.⁶⁸ Bishop McIntyre complained about anti-Catholicism the 1860s: "...the most intense prejudice had, for political purposes, been excited against our religion; we were ostracized--the press teemed with insults against us to an extent that seems incredible now...."⁶⁹

Finally, the Prince Edward Island School Act of 1877 ordered that public schools be neutral in religious matters. A compromise was reached, which allowed rural schools in primarily Roman Catholic areas to be run as Roman Catholic schools. Although the schools were government-funded, priests certified the proficiency of Roman Catholic teachers

⁶⁸Ian Ross Robertson, "Bible Question", pp.261-83.

⁶⁹P.McIntyre to Archbishop O'Brien of Halifax, February 1890, quoted in G. Edward MacDonald, "And Christ Dwelt in the Heart of His House': A History of St Dunstan's University, 1855-1955", PhD dissertation, Queen's University, 1984, p.88.

An example of anti-Catholic sentiment occurred in an 1863 editorial exchange in which Liberal MHA George Coles, stated that, "It is a well-known fact that Orangemen upon the Island would not, and did not, hesitate to seduce Catholic girls and afterwards refuse to marry them." James Pope, an unfortunately named Protestant Conservative, was accused of saying, "That a Catholic woman going to confess to a priest was the same as taking a mare to a stallion", but Pope denied having said these exact words. PEI Assembly Debates, 863, p.51. As quoted in Robertson, p. 50.

and chose textbooks with acceptable religious content. Families in the more urban centres of Charlottetown and Summerside had a choice of public schools, some of which were unofficially yet identifiably Roman Catholic or Protestant.⁷⁰ Such social institutions solidified the new Roman Catholic social order in English-speaking Canada in the late-19th century and put Roman Catholic Church directives into practice.

In the late-19th century, in fact, the Church issued another directive which affirmed the need for Roman Catholic institutions. The pronouncements in the "Syllabus of Errors" were confirmed in "Rerum Novarum", Pope Leo XIII's 1891 Papal Encyclical which became the "flagship of Catholic social doctrine" and the "standard against which Christian social action would be measured."⁷¹ "Rerum Novarum" responded to the late-19th century international socio-economic conditions in a variety of countries "as it tried

⁷⁰Arsenault, p. 114, and Clarke, p.294.

⁷¹George Weigel and Robert Royal, eds., A Century of Catholic Social Thought: Essays on 'Rerum Novarum' and Nine other Key Documents, (Washington, 1991), pp.23,13.

to minister to the new poor."⁷² It was specific and precise in addressing the importance of the family, the church's role in society, private property, a living wage, and fair labour practices overseen by the state. It criticized all the major political and economic currents of the time--capitalism, liberalism and socialism--for failing to recognize human dignity. Leo XIII condemned the dependence of capitalism and liberalism on state intervention for guaranteeing workers' safety, protecting children, and ensuring men's wages were adequate to support a family. Similarly, Leo XIII criticized socialism for failing to value private property as an essential aspect of human dignity, and for insisting that class conflict is inevitable.⁷³

One of the effects of "Rerum Novarum" was to justify and solidify the work of the Church in the secular sphere. The leaders of the Roman Catholic Church considered that its beliefs were compromised or disregarded in public institutions, not only in education, but also in health

⁷²Weigel and Royal, p.8.

⁷³Weigel and Royal, pp.13-25.

care, which risked disregarding fundamental Roman Catholic teaching and or natural law. As social institutions multiplied throughout North America in the mid-19th century, Church leaders sought control over them.

Building the Roman Catholic sub-culture often required Bishop McIntyre to step beyond the Church, into the secular sphere. The Bishop did not hesitate to enter the political arena. In fact, his various biographers agree that he did so often and very ineptly. According to Ian Ross Robertson: "On the local scene, McIntyre did not readily recognize bounds to his own authority.... (A)lthough the bishop gathered much political power in his hands over the years, he did not learn to use it skilfully."⁷⁴ McIntyre gained political power not only because he viewed provincial politics as part of his domain, but also simply because of his long episcopate. As Frank MacKinnon notes, there were 15 governments and 10 premiers during the years which corresponded to Bishop McIntyre's incumbency.⁷⁵ In such a

⁷⁴Robertson, "Party Politics", p.33.

⁷⁵MacKinnon, p.29.

small province it was inevitable that the bishop acquire a certain amount of power.

McIntyre dominated the provincial legislature's Roman Catholic members and supported any political leader who might agree to his educational demands for separate Roman Catholic and Protestant schools funded by the provincial government. McIntyre endorsed Confederation, for example, because he hoped a denominational schools system could be entrenched in an agreement with the new nation. In 1873, he pressured Roman Catholic representatives to back the pro-Confederate Conservative government. When that new government failed to implement denominational schools, McIntyre quickly shifted his support to the Liberals, although they, too, refused to make separate school concessions.⁷⁶

Even before McIntyre became bishop, he had illustrated his endorsement of Roman Catholic institutions in 1857 by engaging the services of the Congregation of Notre Dame, one of the most prestigious teaching congregations in Canada, to found Notre Dame Academy in Charlottetown, a convent school

⁷⁶MacDonald, "McIntyre", p.639.

for girls. McIntyre represented Bishop Bernard McDonald in these negotiations with the Congregation and encouraged the sisters' expansion of their Island work during his episcopate. The sisters consequently opened a day school for girls and a few little boys in Charlottetown in 1863 and soon took responsibility for district schools in Miscouche (1864), Tignish (1868), Summerside (1868), Souris (1881), and South Rustico (1882). These convent schools accepted boarders as well as day students and, in the case of the rural schools, were eventually accredited as public schools. This development allowed the sister-teachers to receive a salary from the provincial government, beginning in the mid-1870s.⁷⁷

Parishes in which Congregation of Notre Dame schools were located were expected to provide suitable convents, as well as schoolhouses and small salaries for the sister-teachers. The schools in which the sisters were located

⁷⁷While McIntyre did not become bishop until 1860, he represented Bishop Bernard McDonald in these negotiations. MacDonald, "Peter McIntyre", p. 639. According to MacDonald, McIntyre spent the first 17 years of his episcopate lobbying the provincial government to subsidize the unofficial Catholic school system which had been growing since the 1860s. MacDonald, "Peter McIntyre", pp. 637-38.

were in rural, Acadian areas which experienced especially high rates of poverty, so it was no small feat to raise the requisite funds to enable the Congregation of Notre Dame to accept the invitation to teach. Not only did the sisters teach in the schools, they accepted additional duties in the parish including teaching religion and catechism, preparation for confirmation, leading the choir, and taking care of the sacristy.⁷⁸ This additional influence exercised by the social institution's staff was exactly what any bishop desired. The Congregation of Notre Dame promoted the Roman Catholic subculture through social institutions, religious education, their own religious practice and contributing to Roman Catholic culture by being a strong spiritual, cultural, ethnic, and intellectual presence.

Perhaps the most significant social institution created by Bishop McIntyre in the mid-19th century was a hospital. The Bishop was determined that Island Roman Catholics should have access to their own hospital, as was beginning to

⁷⁸Doreen Vautour, "Maritime Entrants to the Congregation of Notre Dame, 1880-1920: A Rise in Vocations", Master of Arts thesis, University of New Brunswick, 1995, p.61.

happen in other dioceses.⁷⁹ In the second decade of his episcopate, Bishop McIntyre converted the former episcopal residence into a hospital. He then engaged a second Quebec congregation, the Sisters of Charity of Quebec⁸⁰ to administer the institution. Just as the Congregation of Notre Dame was one of the most prestigious teaching congregations in Canada, so the Sisters of Charity had come to be regarded as one of the most prestigious congregations of nursing-sisters. The hospital opened in 1879 under the care of eight sisters. It was crucial to McIntyre to provide a Roman Catholic hospital because the sacredness of the human body necessitated that care be administered by people not only with medical skills, and also with a Roman Catholic understanding and human compassion. As one of

⁷⁹The Sisters of Charity of Halifax, for example, opened the Halifax Infirmary in 1887. See Sister Maura, The Sisters of Charity of Halifax, (Toronto, 1955), pp.167-70.

⁸⁰Several publications relating to the Diocese of Charlottetown, as well as the Sisters of St Martha themselves, refer to the first sisters at the hospital as "the Grey Nuns", but the Quebec congregation is more accurately referred to as Les Filles de la Charité. See for example The Story of the Sisters of St Martha (Charlottetown, 1991), p. 6, and correspondence to Bishop O'Leary from Sister, Ste Christine, Superior General, Quebec [City], 8 May 1924, Sisters of St Martha Archives.

McIntyre's biographers explained, "The human body is a receptacle of the soul, the instrument of public worship, the medium of sacramental activity, prayer and good works. The body, then, is sacred for these reasons, but also because it has been created directly by God."⁸¹ In the year of its founding the Charlottetown Hospital admitted 61 patients, whose origins were equally divided between Charlottetown and rural areas, treated 170 outpatients and filled 300 prescriptions.⁸² Those able to pay their hospital bills were required to do so, but the hospital also served non-paying patients.

Bishop McIntyre built a superb foundation for a strong Roman Catholic community through three kinds of social institutions. He gave strong support to St. Dunstan's College which opened in 1855 to educate Islanders and particularly potential clergy, who could expand and solidify the influence of Roman Catholicism on Prince Edward Island. The institution endeavoured to raise the level of education

⁸¹Rev. Wendall MacIntyre, "The Longest Reign" in Michael Hennessey, ed., The Catholic Church in Prince Edward Island, (Charlottetown, 1979), p.94.

⁸²MacIntyre, p. 95.

available to Roman Catholic men who were seeking entry into the professions, including law and medicine, and business. Graduation from St Dunstan's would enable Roman Catholic men to stand on a more equal footing with Protestant leaders of the province.⁸³ The primary educational institutions on which McIntyre next focussed--convent schools--raised the level of education in the rural areas as well as in the City of Charlottetown by providing well qualified teachers not only for academic subjects but also for religious education, etiquette, culture, and the womanly arts of music, painting, and handicrafts.⁸⁴ The Montreal sisters also promoted Francophone identity and culture.⁸⁵ The education girls

⁸³Bishop McIntyre was a huge supporter of St Dunstan's. When financial problems threatened to close the College, he said, "Close my eyes first, then close the college." St Dunstan's remained the lynchpin social institution, as well as the province's only university, until its closure in 1968. See Sister Carmel MacDonald, CSM, Remembering 1829-1979, Diocese of Charlottetown, (Charlottetown, 1979), p. 60. Similar to other Catholic institutions, the college was also partly able to remain open because of the virtually unpaid priest-professors and sister-servants who staffed it. Chapter three contains more information on the history of St Dunstan's.

⁸⁴MacDonald, "Peter McIntyre", p. 639.

⁸⁵CND convents were well known for offering very good quality music lessons to children from the surrounding areas.

received in the six schools run by the Congregation of Notre Dame prepared them for post-secondary training, reminded them of the importance of accepting a vocation, made many women more cultured and thus, perhaps, more appealing marriage partners, and heightened general culture by focussing on the arts.⁸⁶

Despite living in what was long considered an 'underprivileged' province and despite their lower class status and the absence of amenities, many Prince Edward Island Catholics had access to good quality social services in Canada in the 19th century. The founding of the relevant institutions had not lagged behind other provinces in any way: St. Andrew's, the predecessor to St Dunstan's, opened in 1831, and was the first English Catholic college in the country; the Congregation of Notre Dame schools were established beginning in 1857, as early as those in any Anglophone province; and the Charlottetown Hospital opened at the very beginning of the wave of modern Canadian

⁸⁶For more information on how convent schools taught the womanly arts, see Eileen Mary Brewer, Nuns and the Education of American Catholic Women, 1860-1920 (Chicago, 1987), pp.59-60.

hospital construction.⁸⁷ Prince Edward Island Catholics symbolized what a strong bishop, Ultramontanism, and a separate Roman Catholic subculture could provide, and demonstrated that relative poverty could be overcome.

While the foundation of Prince Edward Island social institutions was exceptional in the late-19th century, their continued success was not guaranteed. St Dunstan's and the Charlottetown Hospital were functioning, but only as the result of great financial struggle. The Congregation of Notre Dame schools did well, but they provided only pockets of excellence in scattered communities. In 30 years Bishop McIntyre had more than done his share of construction. His successors attempted to build upon the model he initiated.

The most tenuous aspect of each social institution was its staffing. All depended on congregations of women religious. In the case of the Charlottetown Hospital the women religious were highly skilled and certainly difficult to replace. Although teaching licences were far easier to obtain than training in nursing and more highly specialized aspects of healthcare, it remains true that the Congregation

⁸⁷Earlier hospitals were much like poorhouses because the middle classes were nursed at home.

of Notre Dame's schools were also staffed by skilled women religious. Finally, St Dunstan's depended on women religious for a variety of domestic services. The women who provided these services, although unskilled, were just as difficult to engage because of the heavy demand for them and the overall preference for religious congregations to engage in more professional work. None of the social institutions could afford to pay secular women to do the work the sisters did, and, because of the high level of education required in some cases, they could not have found secular women to do the same variety of work. The Diocese of Charlottetown was extremely dependent on the sisters' labour to keep social institutions open, yet the sisters were at liberty to leave the Diocese at the will of their superiors. Bishop McIntyre had staffed the social institutions he created with the very best possible staff: the Sisters of Charity, the Congregation of Notre Dame, and les Petites Soeurs de la Sainte-Famille de Sherbrooke. Yet Charlottetown bishops had little control over these papal congregations in such matters as staffing, they were subject to the decisions of their various Superior Generals of the various congregations and more directly under Roman than diocesan authority.

Nor did 19th century Charlottetown bishops have control over the number of young women with vocations who left to join religious congregations in Nova Scotia, Quebec, New York or Boston. Since no congregations were based in Prince Edward Island, Island women had to leave their native province to fulfill their religious vocations and the Diocese had little likelihood of benefiting from their vocations. Before 1916 Prince Edward Island did not have a provincial or diocesan based women's religious congregation. There were several branch houses of three Quebec congregations in Prince Edward Island but no mother house which could offer religious formation to a woman who believed she had a vocation. It is virtually impossible even to estimate the number of Roman Catholic women who left the Island to enter religious life. It is known that between 1891 and 1929, 85 Island women joined the Sisters of Saint Joseph in Minnesota, 119 joined the Congregation of Notre Dame in Montreal, 20 entered the Sisters of Saint Anne in Quebec, and 16 went to the Sisters of Charity in Halifax. Sixty-five women a decade joined these four congregations, a significant number from a provincial population of 23,000 Roman Catholic women of all ages. Others joined the Sisters

of Charity of Quebec, the Sisters of Providence of Montreal and the Sisters of Saint Joseph in Boston, Toronto or Peterborough.⁸⁸

On Prince Edward Island entrants to these congregations, the best information is found on the Congregation of Notre Dame, which Doreen Vautour examined in her MA thesis. Vautour states that 166 Prince Edward Island women entered the Congregation of Notre Dame between 1871 and 1920. Despite its significantly smaller population, Prince Edward Island sent more women to the Congregation of Notre Dame than did either New Brunswick or Nova Scotia. This can mostly be accounted for by the fact that the Congregation's presence was so strong in Prince Edward Island, with three mission schools in Queens County, three in Prince County, and one in Kings County. Accordingly, the most Island recruits came from Prince and Queens Counties. In New Brunswick and Nova Scotia in the late-19th century there were more numerous active congregations to which young women with vocations may have been exposed.⁸⁹

⁸⁸Cullen, "Expansion", p.114.

⁸⁹Vautour, 65,68,104,106,112. This process whereby congregations received vocations from among their students

In 1915 Bishop Henry O'Leary confronted the inadequacy of depending on papal congregations and fought to set up a diocesan congregation which would provide him with an army of women to carry out his Roman Catholic campaign. Only with such a diocesan congregation could any bishop build upon the foundation Bishop McIntyre had forcefully established and then carefully nurtured in his 30 year episcopate.

is exactly what a congregation hopes and prays for, and in some cases actually gives the congregation a significant part of its purpose.

Chapter 2: Founding a Diocesan Community, 1916

The bishop responsible for the founding of the Sisters of St Martha, Prince Edward Island, was Henry O'Leary (1879-1938). The son of a merchant and member of the Legislative Assembly for Kent County, New Brunswick, O'Leary grew up in Richibucto and attained a BA from St Joseph's College, Memramcook at age 17. He attended the Grand Seminary at Montreal, was ordained a priest at 22 and then studied in Rome where he received Doctorates of Theology, Philosophy, and Canon Law by the age of 26. He served as a priest in Bathurst for two years, returned to Rome in 1908, and was appointed Bishop of Charlottetown in 1913. At 34, O'Leary was the youngest bishop in the British Empire, having spent only two years as a parish priest.¹ Within months of becoming bishop, O'Leary set out to create a diocesan

¹Grace Savage Cady, "The Bishops O'Leary", Atlantic Advocate, (April 1983), p. 51.

women's religious congregation which could staff Prince Edward Island Roman Catholic institutions with Island women.

The Sisters of St Martha were officially founded in 1916 to serve the Diocese of Charlottetown exclusively. Bishop O'Leary made it perfectly clear that entrants would remain on Prince Edward Island and be under his complete control. The Bishop expected the founding of the congregation in this manner would stem the out-migration of women with vocations and would thus allow the province finally to benefit from its own female vocations.

There were already three congregations of women religious active in Prince Edward Island in the 1910s: the Congregation of Notre Dame since 1858, the Filles de la Charité (Grey Nuns) since 1879, and the Petites Soeurs de la Sainte Famille since 1908.² Because all three groups were papal congregations, as opposed to diocesan congregations, they had no long term responsibility to Bishop O'Leary, or to any diocesan bishop. O'Leary judged that papal congregations, while valuable, were an insecure and unpredictable foundation on which to further develop the

²The Petites Soeurs de la Sainte Famille had replaced the Filles de Jésus who returned to Quebec in 1908.

province's Roman Catholic social institutions because they could leave Prince Edward Island at their discretion. Furthermore, papal congregations were more bound to the spirit and work of their founder than they ever could be to the vision of any Bishop of Charlottetown.³

The conjuncture of the smallest, most impoverished Canadian province, the youngest bishop in the British Empire, and the most equal Protestant-Catholic ratio of any province in the country were unique to early-20th century Prince Edward Island. The actual founding of the Sisters of St Martha, however, had much in common with the establishment of other North American diocesan congregations. There were difficulties founding the congregation, recruiting sisters, and finding an established congregation willing to mentor the young congregation.

As a cash-strapped province, Prince Edward Island was in a worse position than most provinces in funding social institutions. Thus, the charitable labour of female religious congregations was key to the success of Roman

³Patricia Wittberg, The Rise and Decline of Catholic Religious Orders: A Social Movement Perspective, (Albany, 1994), pp.51 and 96.

Catholic social institutions. Because the Diocese of Charlottetown, which was geographically equivalent to the province, could offer little in remuneration, accommodations, or other resources, it had more difficulty attracting religious congregations than some provinces. Bishop O'Leary realized that a diocesan congregation which was created specifically to serve Prince Edward Island, and which did not have the option of leaving the province, was integral to maintaining a strong Roman Catholic subculture in Prince Edward Island. As the only diocesan congregation in the province, the new congregation could staff numerous social institutions, the primary components of the Roman Catholic subculture.

The history of women religious has tremendous breadth, depth, and importance. It spans two millennia and every continent. Women religious were central to founding colonies, administering essential social and medical services, and breaking ground for other women in education, the professions, and civil rights. For their entire history, they have been alternatively, and sometimes simultaneously, feared, revered, idealized, criticized, humiliated, and undervalued: reactions which all point to

the degree of their influence. In a recent work on the history of Roman Catholic nuns and sisters,⁴ Jo Ann McNamara notes the importance of women religious and seeks to:

...call attention to foremothers who, for two millennia, have broken new paths for women in a hostile and forbidden world. They served their god and their church and in doing so they fulfilled themselves and laid a foundation for all women. Without the daring and sacrifice of these nuns, it is impossible to imagine the feminist movements of modern times finding any purchase in the public world. They created the image and reality of the autonomous woman. They formed the professions through which that autonomy was activated. They still devote their lives to the care and development of human beings everywhere.⁵

The most obvious precursors of 20th century sisters are to be found in the Counter Reformation in the 17th century and were engaged either in teaching within the boundaries of the cloister (*clausura*) or in serving the poor in the spirit

⁴While the terms "nuns" and "sisters" are often used interchangeably, they have different meanings. "Nuns" are women who have professed solemn or simple vows in a monastery where "at least the minor papal cloister is observed", and who thus live primarily contemplative, monastic lives. "Sisters", on the other hand, profess simple vows but live in a less strict cloister and often live apostolic lives in such roles as educators, nurses, or social workers. See "Nun", New Catholic Encyclopaedia, vol. 10, (New York, 1967), p.575; and "Sister, Religious", New Catholic Encyclopaedia, vol 13, p. 261.

⁵Jo Ann Kay McNamara, Sisters in Arms: Catholic Nuns through Two Millennia, (Cambridge and London, 1996), p.6.

of St Vincent de Paul in a variety of ways including running hospitals, orphanages, asylums and schools while living in the world (*les filles séculières*). The roots of these two main areas of work remain relevant because, by definition, congregations must be committed to the charism and spirit of their foundress and the purpose for which they were founded.⁶

The authority on this subject, Elizabeth Rapley, argues that "the complex of social services which developed in the 17th century, and especially feminine education, was the creation rather than the creator of religious congregations."⁷ The appropriateness of women religious to the teaching profession, Rapley further argues, must be understood in the context of the Counter Reformation, when the Roman Catholic Church needed female catechists to retain its women, and 'save' them from the new Reformed religion. Single, very devout women offered themselves as teachers but

⁶In fact, one of the main recommendations of Vatican II for religious congregations, was to study and return to their original charism. "Vatican Council II: Decree on the Adapted Renovation of the Life of Religious", New Catholic Encyclopaedia, vol. 14, (1967), p. 571.

⁷Elizabeth Rapley, The Dévotes: Women and Church in Seventeenth-Century France, (Montreal, 1990), p.8.

were prevented from working freely in the world. As religious they accepted cloister and female pupils came to their monasteries to be educated, as was the case with the first French Ursulines.⁸ In the mid-17th century, another "rush" of devout women offered their services, this time in the broader areas of social services for the poor. These women chose to work in the world among the poor. They could not be nuns, although their religious practice resembled that of the older congregations, because they were not cloistered or bound by solemn vows and they lacked the "stability" of the older foundations. Yet it was their work that made the difference. In Rapley's words, "Their freedom to work outside the cloister represented a serious challenge to traditional thinking, but the services which they offered to society went far toward allaying old prejudices."⁹

The first French congregation devoted to broad social services and which worked without *clausura*, was formed in the 1630s. The Sisters of Charity (*Filles de Charité*) were formed in the spirit of St Vincent de Paul to be servants of

⁸Rapley, p.56.

⁹Rapley, p.7.

the poor.¹⁰ They served specific parishes in a variety of ways from cleaning the church, to caring for the sick, to teaching the children of the parish. A Sister of Charity, or parish sister, was not professional and remained unspecialized, and thus, Elizabeth Rapley argues, the sisters' service was in keeping with an old, even Medieval, tradition of female charity.¹¹ In the 17th century, "The *filles séculières*, provided the muscle for the innumerable hospitals, orphanages, asylums, and schools which were now part of its mandate."¹² So, by the mid-17th century, the tradition of female religious life, which was to have such an influence on the welfare state and on North American women's flight to religious congregations in the late-19th century, was already firmly set. It continued to exist in the next three centuries with relatively minor changes in organization or theory.

¹⁰There is a strong argument that the constitution for the first congregation, founded by Mademoiselle Blosset in 1636, was actually written by Adrien Bourdoise. See Rapley, p. 98.

¹¹Rapley, p.100.

¹²Rapley, p.112.

In New France, the first secular female congregation was the Congregation of Notre Dame, founded by Marguerite Bourgeouys around 1653, which had much in common with the *filles séculières* in France.¹³ These women religious, along with other groups which came soon afterward, were instrumental in founding the colony, the first continuous, permanent European settlement, in what is now Canada. Sisters provided a hospital, pharmacy, and school, but perhaps more important for the success of the colony, they assisted hundreds of single women who came to New France to marry and produce the founding families. The sisters displayed tremendous religious virtuosity and were an inspiration to inhabitants both of France and New France.¹⁴

It was in the late-19th century, however, that membership in women's religious congregations--both orders and secular institutes--really took off. In the United

¹³Rapley, p.100.

¹⁴Jan Noel, "New France: Les femmes favorisées", in Veronica Strong-Boag and Anita Clair Fellman, eds., Rethinking Canada: The Promise of Women's History, 3rd ed., (Toronto, 1997), pp.41-43; and Alison Prentice et al, Canadian Women: A History, 2nd ed., (Toronto, 1996), pp.35-37. The story of Marie de l'Incarnation (Marie Guyart) is particularly fascinating. See Noel, pp.41-42, and Prentice, p.35.

States, the number of sisters grew from 1664 in 1850 to 44,542 in 1900.¹⁵ In Quebec, the number grew from 673 in 1850 to 9601 in 1900.¹⁶ In Canada, because of their sheer numerical force as well as their very capable leadership, women's religious congregations had a very significant impact first in Quebec, but then in the rest of Canada. With the Church's approval, women religious assumed responsibility for district and even provincial education systems, as well as for healthcare and other social services.¹⁷ In North America in the mid to late-19th century it was because women religious had successfully been administering schools for many years that many provinces and states agreed to subsidize Roman Catholic schools.¹⁸ In a mode typical of how sisters trail blazed secular women's entrance into the professions, women religious founded almost one third of American women's colleges as well as

¹⁵Eileen Mary Brewer, Nuns and the Education of American Catholic Women, (Chicago, 1987), p.15.

¹⁶Wittberg, p.39.

¹⁷McNamara, p.620.

¹⁸In other countries including Prussia, Denmark, and Holland, "Religious orders had such a strong influence on state schools ... that it made Catholic schools unnecessary." McNamara, p.621.

Canada's only longstanding women's university.¹⁹ Clerical suspicion, however, led to attempts to harness and control the autonomy, power and influence of women religious.²⁰

Conditions in 19th century Canada, and the western world generally, allowed women religious to wedge themselves into a widening sphere of acceptable endeavours.²¹ The 19th century women's movement, for example, argued the appropriateness of women's public activism both as guardians of the home and family and simply as human beings who deserved justice. The nature of women religious as celibate and part of a larger church community meant they did not empathise with female activism but they still benefited from other women's (mostly Protestant women's) entrance into public life. They also expanded their own sphere based on their special vocations and by working primarily in areas of women's traditional influence, including healthcare, education, and domestic work. As celibate women, sisters

¹⁹Mount Saint Vincent University was founded by the Sisters of Charity in Halifax. See Sister Maura, The Sisters of Charity of Halifax, (Toronto, 1955).

²⁰McNamara, pp.606-07.

²¹McNamara, p.606.

were able to portray an androgyny which was less threatening to secular and church society than leadership by non-celibate lay Roman Catholic women could have been.²²

Thus, thousands of Canadian women in convents in the late-19th century, took up the work of their communities in a number of areas, including healthcare, education, and social services. In so doing they influenced the history of women in these specific areas to the degree that a historian of women in established professions and social movements must consider sisters as well as secular women when studying these phenomena. Furthermore, the context in which North American women religious worked meant their role is central to understanding the development of the welfare state and the development of Roman Catholic subcultures.

Congregations performed important and visible work in the 19th century. They were able to have the broad influence they did because of the size of their labour force, which was very great. Women entered congregations for a variety of reasons. The seminal work on Canadian women's motivations for joining a convent, that of Marta

²²Wittberg, pp.118-122; and McNamara, p.3.

Danylewycz, remains the best work on the subject.²³

Danylewycz argued that entrants to two Quebec women's religious congregations were drawn to the convent because it offered an enticing alternative to the traditionally limited, but socially expected, role of marriage and motherhood, as well as to the often economically and socially devastating experience of spinsterhood. In Danylewycz's words:

Under the protection of their vocations, women pursued their life-long careers, wielded power, and, on occasion, entered the public sphere. In the final analysis entering a convent could well mean overcoming the disadvantage of being a woman in a man's world.²⁴

While Danylewycz concentrated on the very practical, somewhat secular reasons which prompted women to enter

²³Marta Danylewycz, Taking the Veil: An Alternative to Marriage, Motherhood, and Spinsterhood in Quebec, 1840-1920, (Toronto, 1987).

²⁴Danylewycz, p.160. The same argument is made regarding nuns in the middle ages by Penelope Johnston, "When women joined [religious] communities, they shed many of the attitudes and much of the behaviour of secular women.... By becoming participants in the church liturgy and life, by belonging to the Church more completely than was possible for any secular person, female or male, nuns collectively were empowered by their communal privileges and status to think and act with self confidence." Penelope Johnston, Equal in Monastic Profession: Religious Women in Medieval Europe, (Chicago, 1991), p.100.

religious life, other considerations include the strength of Ultramontanism and the communal activities and individual devotions it fostered as a spiritual incubator which increased the incidence of vocations.²⁵ Whatever their motivation, many women who entered religious life had successful careers, rewarding spiritual lives, and independence from men.

A congregation's degree of independence in decision making and government depended upon its status, papal or diocesan. Many congregations in the 20th-century preferred papal to diocesan status because being answerable to the Curia offered congregations more autonomy, respect, and control than did being answerable to the diocesan bishop. Understandably, women's religious congregations, composed of strong, capable women, did not appreciate the degree of power their bishop had over them. Every time a new bishop was appointed, sisters worried whether he would approve of and support their works. Women religious often succeeded in

²⁵Danylewycz, pp.42-46. For a good description of the expansion in devotional participation in Quebec, see Roberto Perin, "Chapter Four: French-Speaking Canada from 1840", in Terrence Murphy and Roberto Perin, ed., A Concise History of Christianity in Canada, (Toronto, 1996), pp. 197-203.

very difficult jobs and with few resources, only to have a newly-appointed bishop shut down their institutions or publicly criticize their actions or skills. Bishops had control over congregations' finances and were known to divert funds, in addition to interfering with congregations' plans for their members' educations and applying their veto power against the congregation's elected superiors. There was also the risk of differing opinions over prayer, work, and lifestyle.²⁶ Bishops also interfered by disallowing amalgamation of congregations, or even communication between

²⁶Wittberg, pp.91-95. An extreme example of episcopal interference in a diocesan community is illustrated by an early 19th century teaching community. In Judith Taylor's words, "The founder, Charles S. Nerinckx (1761-1824), like most emigre priests a proponent of the European ideal, required the nuns to go barefoot, to sleep on straw on the floor, to labour in the fields plowing, clearing land, cutting and hauling wood, to maintain silence except for an hour after dinner (a privilege withdrawn during Lent), and to begin their work day at 4:00AM in the summer and 4:30 in the winter. The rule was so severe that fifteen of sixteen sisters under thirty years of age died of tuberculosis in one year. Their regimens, which hardly suited Kentucky winters, thoroughly drained teaching sisters." Judith Taylor, "From Proselytizing to Social Reform: Three Generations of French Female Teaching Congregations, 1600-1720" (PhD dissertation, Arizona State, 1980), p. 396. Quoted in Wittberg, p.91.

communities, because they feared that networking could weaken episcopal power.²⁷

The primary response of a diocesan women's congregation to episcopal interference was to appeal to their rule or constitutions which thoroughly outlined their mission and government. Yet, in the case of diocesan congregations, the constitutions could be overridden by a disrespectful bishop. More autonomous papal congregations could threaten to withdraw their services.²⁸ In many instances, superiors of such institutions withdrew their sisters because of poor working conditions, either material or spiritual. Because of the high demand for religious staff, sisters knew they would always be welcomed somewhere else.²⁹ In fact, successive bishops of Charlottetown obviously feared the withdrawal of one of the religious congregations on which they were dependent.³⁰

²⁷Wittberg, pp.91-92.

²⁸Wittberg, p.95.

²⁹Doreen Vautour, "Maritime Entrants to the Congregation of Notre Dame, 1880-1920: A Rise in Vocations", (University of New Brunswick, MA thesis, 1995), p.52.

³⁰Bishop Louis O'Leary, Bishop Henry's successor, was deeply distressed by the withdrawal of the Sisters of Charity from the Diocese in 1925. The Quebec-based

Women's religious congregations underwent significant internal reform, directed by Church hierarchy starting in the mid 19th century. Congregations' constitutions were rewritten to include changes in the areas of government, education, organization, entrance requirements, communal life, and the process toward final vows, and were then submitted to Rome for recognition and approval. The purpose was to standardize the practice and structure of religious life and create a balance of power between local bishops and mother superiors.³¹ Women religious wanted effective superiors with councillors. In Marguerite Jean's words: "Cette garantie d'unité et d'autorité appelle nécessairement un nouveau dynamisme à l'intérieur des communautés, celui des généralats."³² Many of the changes limited the superior general's influence. While in charge of the daily administration of the congregation with its

congregation said they did not have enough French-speaking sisters to staff all the institutions. This potential for papal congregations to leave PEI was the very reason O'Leary was so anxious to found a diocesan congregation.

³¹Danylewycz, p.48.

³²Marguerite Jean, Evolution de communautés religieuses de femmes au Canada de 1639 à nos jours, (Montreal, 1977), p.240.

often numerous related institutions and convents, the superior general was required to consult with her councillors in matters of importance including establishing new missions, admitting novices, and signing contracts or agreements.³³ These reforms in structure meant that virtually any 19th century religious congregation was administered by the same standardized government as Danylewycz described:

[T]he superior general, whose term in office ranged anywhere from three to twelve years, governed the community with the help of a council; the council, composed of an assistant mother superior, three or four councillors, a bursar, sometimes the mistress of the novitiate, and, in teaching communities, the head mistress of education, deliberated with the mother superior over all the important affairs of the community; and the general assembly (or chapter), which consisted of the superior-general, her councillors, and delegates elected by all the sisters who had made permanent vows, met annually to elect provincial superiors and every three to six years to choose a mother superior.³⁴

The 19th century reforms contributed to the increased stability in religious congregations which has already been mentioned. The number of religious congregations also

³³Jean, p.244.

³⁴Danylewycz, p.48.

increased dramatically; six hundred new communities were founded worldwide in the 19th century. In Quebec, the number of communities grew from 21 to 60 between 1850 and 1900.³⁵

The 19th century North American race to secure women's religious congregations was motivated largely by bishops eager to further their episcopal ambitions and staff social institutions.³⁶ But, by the early-20th century, perhaps because of papal politics under Pius X (1903-1914), far fewer religious congregations were being founded than in the previous century. Yet, while few new congregations were founded in the early-20th century, existing Canadian religious congregations continued to receive thousands of women annually.³⁷ Had Bishop O'Leary not installed a diocesan congregation in 1916, many more Prince Edward Island women with vocations would doubtless have left the province and the crucial 1910s generation of recruits and their critical service to the Roman Catholic community of

³⁵Wittberg, p.39.

³⁶Wittberg, pp.86-89.

³⁷Wittberg, pp.87-88.

Prince Edward Island would have been lost to more established congregations outside the province.

It was in a period, then, when relatively few diocesan congregations were founded that the Sisters of St Martha came into existence. Bishop O'Leary contacted the Apostolic Delegate in Ottawa in March 1914 and sought confirmation that a diocesan community could be absolutely under his control.³⁸ Women's religious communities were most commonly established in North America in the 19th century by bishops who either invited European congregations to their diocese and later made the North American communities independent, or actually founded their own congregations. Of the 261 North American congregations founded before the 20th century, 22 per cent were founded by clerics and eight per cent were co-founded by a cleric and a lay woman. The remaining 70 per cent had been founded by bishops inviting European communities to the New World and creating diocesan congregations. In Quebec, Bishop Ignace Bourget (1799-1885) founded four women's diocesan religious communities and

³⁸Monseigneur Alfred Sinnott to Bishop Henry O'Leary, 31 March 1914, Sisters of St Martha of Charlottetown Archives [SSMA], Series 8, Sub-series 2, #6.

invited another five European congregations to send sisters to his diocese.³⁹

Many North American congregations were regularly subdivided or founded as small to medium sized communities, presumably so that they would continue to be subject to the specific bishops of the dioceses in which the houses were located.⁴⁰ Bishop O'Leary would have been among the majority of North American diocesan bishops who desired exclusive authority over a religious congregation. In fact, Bishop O'Leary would have resented control that was based anywhere outside his diocese because it could potentially

³⁹Wittberg pp. 82-4. Regarding Bishop Ignace Bourget, see Phillippe Sylvian, "Ignace Bourget", Dictionary of Canadian Biography, 1881-90, vol. 10, (Toronto, 1982), pp. 94-105.

⁴⁰This was consistent with a long tradition. As congregations were founded during the Counter Reformation, they became subject to the law made at the Council of Trent which "placed communities of women under the control of local bishops." Rapley, p.47.

A Florida bishop admitted to a mother general in France: "I believe I see a necessity to have only sisters who are entirely diocesan, sisters who obey the Bishop of the Diocese....I repeat, I want sisters who obey me like their Bishop; and who are not in any manner subject to the congregations of a superior in another distant country." See Patricia Byrne, "Sisters of St. Joseph: The Americanization of a French Tradition" US Catholic Historian 5 (3-4): 241-72, 1986. Quoted in Wittberg, p. 92.

interfere with his plans for a strong Prince Edward Island Roman Catholic subculture. Bishop O'Leary's founding of the Charlottetown Sisters of St Martha in the 1910s was consistent with the 19th century tradition of clerically founded congregations.

A crucial element in implementing and maintaining a religious congregation is the inculcation of new members with the necessary knowledge and skills of the traditional monastic life. These skills include saying or singing the daily offices and learning the procedures for fasting, as well as instructions for governing the community. If the novitiate training was haphazard, members of the congregation would be unlikely ever to develop the rigorous conventions of daily monastic life. This is especially so in an apostolic, uncloistered congregation because the sisters are usually overworked and the demands on their time great. In view of the many plans Bishop O'Leary had for his proposed congregation, it was particularly important for the young women to receive a strong religious formation which made spiritual life their highest priority.

The process of religious formation is very complicated for the founding members of the congregation who are without

experienced members to guide them, particularly if the founder does not live among them, as was the case with diocesan bishops who founded congregations, including Bishop O'Leary. Because of other responsibilities and not being part of the communal group, a diocesan bishop could not adequately teach new entrants the fundamentals of religious life. New communities were thus often mentored by established congregations until the skills were well ingrained within a nucleus of the new community.

Bishop O'Leary cast a wide net when looking for assistance in establishing a congregation. He approached at least five congregations requesting help establishing the new community: the Sisters of St Joseph of Carondelet (St Paul Province) of Minnesota, the Sisters of St Joseph of Peterborough, the Congregation of Notre Dame, the Hotel Dieu Sisters of Chatham, New Brunswick, and the Sisters of St Martha of Antigonish.⁴¹ When he approached the Sisters of St Joseph of Carondelet of Minnesota, a teaching congregation, for help in establishing a new congregation, O'Leary tried to call in a favour and made reference to the

⁴¹"The Dream of Henry O'Leary", photocopied booklet, [1991], pp.4-5, SSMA, Series 8, Sub-series 3, #8.

high number of vocations the congregation had received from Prince Edward Island over the years. The Bishop of Minnesota relayed the sisters' gratitude for the number and quality of Prince Edward Island entrants but added that the Sisters of St Joseph would have been willing to send sisters to teach in the Diocese of Charlottetown, but must decline to provide assistance in establishing a separate congregation. More important, their bishop explained to O'Leary, the Sisters of St Joseph were primarily a teaching congregation and only took charge of domestic service at a seminary at the 'urgent solicitation' of their former archbishop.⁴² The tone and content of the letter suggests that the Sisters of St Joseph thought the request was below their dignity and not respectful of their distinguished, middle-class, teaching reputation. They had ascertained that Bishop O'Leary wanted a working class congregation, and clearly were not interested. The Sisters of St Joseph in Peterborough likewise declined Bishop O'Leary's request saying they would

⁴²Bishop Reardon of Minnesota to H.O'Leary, 25 August 1914, SSMA, Series 8, Sub-series 2, #6.

"not undertake domestic work as it is a new departure; and the Sisters are not trained for such work."⁴³

The Antigonish Sisters of St Martha, on the other hand, were more sympathetic to the Bishop of Charlottetown because his request was so similar to the request which had caused their own congregation to be created.⁴⁴ The Antigonish Sisters had been founded in 1894 specifically to provide domestic service in imitation of the Biblical Martha who represented the importance of Christian hospitality.⁴⁵ The

⁴³Letter from Bishop O'Brien, Peterborough, to Bishop O'Leary, August 1914, as quoted in "The Dream of Henry O'Leary", p. 3.

⁴⁴Bishop O'Leary's request in 1914 was the second request to the Antigonish sisters from a Charlottetown bishop regarding domestic work in the Diocese of Charlottetown. The first came from Bishop James Charles MacDonald in 1901. At that time Mother Faustina and Mother M. Innocentia came to Charlottetown to inspect the domestic affairs at St. Dunstan's College. This must have included a request to take charge of the work, but for whatever reason on either their part or on the part of the Bishop, the Antigonish sisters did not commence this work and the Petites Soeurs de la Sainte-Famille of Sherbrook, Quebec continued. There was some comment that having French-speaking sisters at St. Dunstan's College provided a useful language barrier between the seminary students and sisters, which made contact more difficult. Perhaps because 1914 was the second request to assist the Diocese of Charlottetown, the Sisters of St. Martha accepted this request quite quickly.

⁴⁵See Luke 10:38-42.

Bishop of Antigonish, John Cameron, contacted the superior general of the Sisters of Charity of Halifax, seeking assistance in acquiring sisters to manage the domestic affairs of St Francis Xavier University. Coincidentally, the Sisters of Charity were at the same time establishing an auxiliary to take care of the domestic duties at the congregation's educational institutions.⁴⁶ Mother Fidelis and Bishop Cameron decided that women from the Diocese of Antigonish who agreed to enter the new community would receive their religious formation and work training with the Sisters of Charity. In 1897 ten auxiliary sisters and three Sisters of Charity took charge of domestic services at

⁴⁶This auxiliary is comparable to the existence of 'choir' and 'lay' sisters and brothers in many congregations until recently. In the Congregation of Notre Dame, for example, choir sisters taught in the prestigious schools the order ran while the lay sisters did domestic work for the institutions and for the choir sisters. There were also distinctions in vows, and the lay sisters did not sing mass. Danylewycz, pp.76-77. The Sisters of St. Martha, Antigonish and Charlottetown were distinct orders whose members took part in government and all aspects of religious life including the option to take perpetual vows. The decisions of Vatican II, "encouraged only one class of Sisters in communities of women." See "Lay Sister", New Catholic Encyclopaedia, vol. 8, p. 580.

St Francis Xavier.⁴⁷ By 1906 they had expanded into hospital work and at the time of Bishop O'Leary's request, they were operating two hospitals in Cape Breton and managing domestic services at Saint Augustine's Seminary in Toronto.⁴⁸

After securing the assistance of the Antigonish congregation, O'Leary turned to the subject of recruitment, on which the success of the new congregation was almost completely dependent. The process proved difficult. The Congregation had no history with which recruits could identify, including no success stories and no role models. Moreover, the Bishop's immediate plan for the new congregation was neither exotic nor glamorous. The new congregation would be a working class congregation.⁴⁹

The Bishop's immediate plan in 1916 was to provide domestic service for St Dunstan's University and for his own

⁴⁷Sarah MacPherson, CSM, "Religious Women in Nova Scotia: A Struggle for Autonomy: a Sketch of the Sisters of Saint Martha of Antigonish, N.S, 1900-1960" in The Canadian Catholic Historical Association, Historical Studies, Guelph, 1984, pp.89-106.

⁴⁸MacPherson, p.97.

⁴⁹While Bishop O'Leary had plans for the order to serve in a variety of ways, the only work proposed for the initial period, ie the only work for certain, was in domestic service.

residence, the Bishop's Palace. The new congregation's purpose was to serve the Diocese of Charlottetown; he did not intend for the Congregation to work solely in domestic service, but rather in a variety of areas that served Prince Edward Island Roman Catholics. O'Leary reminded Islanders in 1917 that the Congregation's role would, in time, be expanded. He thus appealed to skilled and unskilled recruits saying, "We desire to obtain recruits for all classes of work, but in particular teachers and those who would engage in nursing and other kinds of works."⁵⁰ His wish to attract skilled recruits was optimistic, however, for the vast majority of young Roman Catholic Island women, from whom the Congregation would draw recruits, had not gained an education beyond the district school level. Due to poverty and lack of educational opportunity in Prince Edward Island in the 1910s, few students were able to go to Prince of Wales College or St Dunstan's University to study

⁵⁰Bishop Henry O'Leary to Parish Priests, 05 May 1917, SSMA, Series 8, Sub-series 2, #6. There is evidence that Bishop O'Leary intended for the congregation to expand, particularly into teaching in rural schools and eventually into duties in the Charlottetown Hospital, but his initial priority for the new congregation was definitely domestic service. See "The Dream of Henry O'Leary", pp. 5 and 9.

the upper high school grades.⁵¹ Moreover, women were not admitted to St Dunstan's until 1942 and Roman Catholic families were wary about sending their daughters to the 'Protestant' Prince of Wales College. A further problem lay with those women with teaching or education backgrounds who preferred to join a teaching congregation, such as the Congregation of Notre Dame in Montreal, where they could practise their teaching skills, rather than a congregation which could offer no guarantee of teaching work, let alone a history of excellence within the profession. It would be unlikely that women with professional training would be drawn to a congregation engaged in the first instance in domestic service.

Not surprisingly, Island women in the early 20th century continued to join off-Island congregations which

⁵¹Senior high school grades were only obtained in PEI at the colleges, St Dunstan's or Prince of Wales, until the 1940s. At that time scattered district schools offered grade eleven if they could afford to mount it. Only in 1953 did the availability of grade 12 become more common and finally in 1963 there were 14 regional high schools. See Mary Olga McKenna, "Higher Education in Transition, 1945-1980" in Smitheram et al, (eds.), The Garden Transformed: Prince Edward Island, 1945-1980, (Charlottetown: 1982), pp. 208-09.

engaged in well-established, specialized work.⁵² By 1924, the 27 members of the Sisters of St Martha included only one nurse and a few teachers; the remainder, the vast majority, had no professional skills and minimal formal education.⁵³ Congregations which were created for a specific purpose, such as teaching or nursing, did not suffer the same problems. Entrants either had to possess the skills relevant to the Congregation or acquire them in the novitiate. The Congregation of Notre Dame was recognized, for example, for a novitiate that was equal to or better than any normal school in training teachers, although it did not provide a licence.

The dedication of a congregation to a single occupation worked well when there were several religious congregations in one diocese. Responsibilities such as education, healthcare, and domestic service to clergy were often divided so that each congregation specialized in a particular area. Because the Sisters of St Martha were to

⁵²For example, 41 PEI women entered the CND between 1911 and 1920. This was double the number of the previous decade. See Vautour, table 13, p.92.

⁵³SSMA, Series 3, Sub-series 2; and Series 9.

be the only diocesan congregation in the province, and would take so long to get established, the bishop wanted the sisters to provide as many services as possible. O'Leary was a young, driven bishop who wanted a dedicated, dependable, flexible, and inexpensive labour pool to carry out his vision for a strong Roman Catholic Prince Edward Island. The Bishop's grand notion of the Congregation's mission was not precise, however, which may have led to difficulties attracting recruits.

Another impediment to attracting aspirants to the new congregation was competition from other congregations. Bishop O'Leary wrote to Mother Stanislaus of the Antigonish Sisters of St Martha in January 1915: "It is a great pity to see this soil so fertile in vocations, furnish subjects to the US and elsewhere, and be forced to import others for diocesan works."⁵⁴ The next June he warned Mother Stanislaus of the urgency in gaining vocations for the diocesan community: "I have just received word that the Sisters of St Ann are coming to collect subjects. If you

⁵⁴Henry O'Leary to Mother Stanislaus, 7 January 1915, SSMA, Series 8, Sub-series 2, #6.

could get established soon, you would forestall them."⁵⁵ That same summer he again wrote about what he considered bad news: "The Sisters of St Paul, USA have gathered 8 or 9 subjects up east. It seems to me that if you with another Sister could go into the parishes you would get some of them."⁵⁶ Potential entrants, he believed, would accept the first invitation they received from a religious congregation.

The late Marta Danylewycz argued in her study of two large Quebec women's religious congregations, that there were numerous considerations a prospective postulant weighed up before committing to a congregation. A young woman might view a vocation more favourably, for example, if she could join a congregation to which a female relative or friend already belonged. Even if they were assigned to live in different cities or if they were not permitted to speak to each other, women tended to join congregations with which

⁵⁵Henry O'Leary to Mother Stanislaus, 12 June 1916, SSMA, Series 8, Sub-series 2, #6.

⁵⁶Henry O'Leary to Mother Stanislaus, 30 July 1916, SSMA, Series 8, Sub-series 2, #6. O'Leary is referring to the Sisters of St Joseph of Carondelet (St Paul Province) in Minnesota.

they had some familial link. Describing how young women strove to find the convent best suited to them, Danylewycz wrote: "Rather than abandoning themselves to God's will by rushing to the closest convent, they reasoned and calculated, determining which community best suited their particular social preferences and personal aspirations."⁵⁷ Social preferences of postulants referred largely to the collective class of a congregation's sisters and of those they served. Working class congregations were less prestigious and Sisters of St Martha, as the name implies, were associated more with the working class than were the Religious of the Sacred Heart or the Congregation of Notre Dame, for example.⁵⁸ In fact, Danylewycz chronicled one

⁵⁷Danylewycz, p.111.

⁵⁸The choice of patron saint was probably made more out of deference to the mentors of the order, the Sisters of St. Martha of Antigonish, than in imitation of the Biblical Martha of Bethany. Martha is best-known as the busy and practical woman who provided charity and hospitality to Jesus, who actually praised Martha's sister Mary for her preference for learning over domestic work: "...Jesus came to a village where a woman named Martha made him welcome in her home. She had a sister, Mary, who seated herself at the Lord's feet and stayed there listening to his words. Now Martha was distracted by her many tasks, so she came to him and said, 'Lord, do you not care that my sister has left me to get on with the work by myself? Tell her to come and lend a hand.' But the Lord answered, 'Martha, Martha, you

young entrant's mistake entering a Quebec-based Sisters of St Martha. She soon realized her unsuitability to domestic service, although not to religious life, and tried to enter the more middle class Congregation of Notre Dame. The entrant explained her reason for leaving the Sisters of Ste. Martha:

Since this community (SSM) was established for the upkeep of seminaries... I was assigned to wash dishes and peel potatoes, which I loathe doing.... As a result, I have been so bored that I spend my time crying because I have never washed so many dishes or big pots!... I put in my full eight months, but when the time comes for my taking the habit, I tell the Mother Superior that I cannot stay, this life is too hard.⁵⁹

This woman was clearly not accustomed to domestic service and thought she should belong to a more middle class congregation.

are fretting and fussing about so many things; but one thing is necessary. The part that Mary has chosen is best; and it shall not be taken away from her." (Luke 10:38-42, New English Bible, Oxford, 1972, p. 87). Martha's role is usually interpreted broadly as the apostolic life whether it be domestic work, hospitality, teaching or healthcare. By naming the new diocesan order the Sisters of St. Martha, Bishop O'Leary was not committing them exclusively to domestic work, but rather to an active work, which was what a rejuvenated Catholic social order required.

⁵⁹Excerpt from the autobiographical sketch of one the Sisters of the CND as quoted in Danylewycz, p.83.

While some congregations were engaged totally in domestic service, as was this group of Sisters of St Martha in Quebec, no congregation could avoid the domestic labour necessary to run the institutions they administered. Some congregations, however, allowed most of their members a more genial life by assigning menial labour to a distinct rank of sisters within their congregation. By 1888 the Congregation of Notre Dame had made the distinction between les soeurs converses, lay sisters who laboured domestically, and les soeurs de chœurs, a more professional class which participated fully in convent government. Particularly after 1888, the Congregation of Notre Dame guaranteed middle class educated women a continuation of their middle class existence.⁶⁰ The availability of such a range of class in women's congregations must have affected the appeal of the new Prince Edward Island diocesan congregation. By selecting the name 'St Martha' Bishop O'Leary clearly indicated this was a lesser congregation of manual workers. Although he promised the Congregation would expand into various works, the name carried a very working class connotation and

⁶⁰Danylewycz, p.93.

contradicted O'Leary's assurance that the Congregation would be occupationally diverse.

Bishop Henry O'Leary was, nevertheless, confident, optimistic, and perhaps naive, about the number of women who would desire to enter the new Island community. Many times he informed Mother Stanislaus that the "recruiting would be rapid" and that a tour of the Island parishes would "easily" produce six or seven entrants in the fall of 1916.⁶¹ He may have misread potential recruits. Danylewycz argued that 19th century women in Quebec were motivated to join religious convents to escape marriage and perpetual pregnancy, and pursue a career such as teaching or nursing.⁶² At the time of the founding of the Sisters of St Martha in 1916, Canadian women had far more legal rights and opportunities than at the turn of the century; thus the motivation to join a religious community for the career opportunities it offered had lessened somewhat.⁶³

⁶¹"Dream of Henry O'Leary", pp.4-5.

⁶²Danylewycz, pp.97-109.

⁶³Compared to the late 19th century, the 1910s were a time of expanding opportunity for women. Canadian women were accepted, albeit slowly and grudgingly, into universities and the professions. More important, World War

Nonetheless, career opportunity remained a strong attraction of the convent for many women in the early-20th century. While thousands of lay women were teachers, for example, their salary, often one third lower than their male counterparts, did not allow them to live on their own and they could not work if married.⁶⁴ While the professions of law and medicine were opened to women in the late-19th century and early-20th century, respectively, the number of women admitted remained very low, and the economic cost was far beyond the reach of many until well into the second half of the 20th century. Overall, Danylewycz's argument for the 19th century that career opportunities drew women to the convent remains relevant well into the 20th century.⁶⁵

I offered women greater opportunity for unwaged and sometimes waged employment beyond the bounds of traditional separate spheres. Legally, married women were allowed to own and dispose of property and, in 1918, were allowed to vote federally. Beginning in the late-19th century and to an increasing degree in the early 20th century, women were accepted into medicine and law as well as into degree programs in arts and sciences. Still, the decade's expanding opportunities did not lead to immediate or significant change. See Alison Prentice et al, Canadian Women: A History, (Toronto, 1996), pp.137-140.

⁶⁴Prentice, Canadian Women, p.135.

⁶⁵Prentice, Canadian Women, pp. 137-140.

Opportunities and legal rights had improved, but they were not widely enjoyed. Early 20th century Canadian women were still bound to traditional roles and their status had improved only relatively. Thus religious life continued to provide many opportunities that secular life did not.

Bishop O'Leary appeared unconcerned about Island women joining the congregation most suitable to them but rather expected first refusal on Island female vocations.⁶⁶ Contrary to Bishop O'Leary's expectations, after he founded the Sisters of St Martha, women continued to go off the Island to join a religious congregation. They did not rush to the closest convent despite the pressure Bishop O'Leary put on parish priests to encourage prospective postulants to join his congregation. Between 1916 and the end of his episcopate, O'Leary wrote several letters to the clergy

⁶⁶His expectation for first refusal on Island female vocations is illustrated in the case of a widow in her forties who had already contacted the Sisters of Charity in Quebec. Those sisters encouraged the woman to contact O'Leary, who, despite the recruits's very positive reference from her parish priest, did not accept her and recommended she try the Sisters of Charity again. Although he was possessive of Island recruits, O'Leary still accepted recruits very carefully. Recruits were difficult to attract but O'Leary was still discerning. See letter from Reverend A.J.MacDonald to Reverend Hughes [Bishop O'Leary's vacation replacement] 16 Sept 1915, SSMA, Series 8, Sub-series 2, #6.

including one in May 1917, which disregarded the personal fit necessary for entrants and congregations:

I may say that our diocese is in the greatest need of subjects for various diocesan works and we would urge you to do all in your power to assist us in securing recruits. It would indeed be a strange and incredible event if our Island diocese which has sent so many religious abroad could not obtain a sufficient number for its own needs.⁶⁷

Some entrants to the Sisters of St Martha were attracted to the new congregation because it presented less risk, since they would not be required to leave the Island. As Bishop O'Leary said emphatically to diocesan priests in 1917: "As you are well aware this congregation is diocesan and all subjects will remain in Prince Edward Island."⁶⁸ While life with the Sisters of St Martha demanded as much physically, mentally, and spiritually as in any other congregation, there was, albeit somewhat illogically, comfort in the propinquity of one's family. Such may have been the case with one of the first recruits, a 27 year old woman from western Prince County who had already entered a

⁶⁷Henry O'Leary to the Parish Priests of the Diocese of Charlottetown, 05 May 1917, SSMA, Series 8, Sub-series 2, #6.

⁶⁸Henry O'Leary to Parish Priests, 05 May 1917, SSMA, Series 8, Sub-series 2, #6.

congregation in St Paul, Minnesota, but left, dissatisfied, a year later. Bishop O'Leary encouraged Mother Stanislaus to accept her because, "She says she thinks she will be contented this time."⁶⁹ The woman's contentment may have been anticipated because of her familiarity with her own province.

After 1916, a number of Prince Edward Island women sought adventure by joining the Congregation of Notre Dame in Montreal, the Sisters of St Joseph of Carondelet (St Paul Province) in Minnesota, the Sisters of Charity in Halifax, or other congregations which had wider foci than a single province or diocese. Even though religious vows did not permit a sister any choice in assignment, a young entrant to the Sisters of Charity in Halifax in the early 20th century, for example, could be sent to a wide variety of missions during her life in the congregation. By 1930 the Congregation had missions in the provinces of Alberta, British Columbia, New Brunswick and Nova Scotia, and the states of Massachusetts, New Jersey, New York, and Washington. Likewise, between 1860 and 1920 the

⁶⁹Henry O'Leary to Mother Stanislaus, 26 September 1915, SSMA, Series 8, Sub-series 2, #6.

Congregation of Notre Dame founded 59 schools outside Quebec. The Bishop's guarantee that entrants to the Sisters of St Martha would stay on the Island gave aspirants some control over their destination but did little for those women seeking a higher degree of adventure.

In 1915, Bishop O'Leary, with crucial assistance from Mother St John (the) Baptist, Congregation of Notre Dame, negotiated the details of the agreement with the Antigonish sisters to found the new congregation and to provide the initial training of the entrants in Antigonish.⁷⁰ On O'Leary's behalf Mother St John visited the Bishop of Antigonish, the Rector of St Francis Xavier University, and the Mother Superior of the Sisters of St Martha, all of whom agreed to proceed with receiving the first entrants at the convent on the St Francis Xavier campus. Bishop O'Leary

⁷⁰Not only could a bishop not teach sisters the customs and theology of everyday life, he often was not in a position to approach an established congregation with the request to mentor his congregation. Such was the case with the local Mother Superior of the Congregation of Notre Dame in Charlottetown who represented Bishop O'Leary in arranging a mentoring role with the Sisters of St. Martha in Antigonish. The Sisters of St. Martha of Antigonish agreed to help O'Leary in an arrangement worked out between Mother St. John the Baptist of the Congregation of Notre Dame, the Bishop of Antigonish, Bishop O'Leary, and the Mother Superior of the Sisters of St. Martha of Antigonish.

would have preferred that a group of mature Antigonish sisters come to Charlottetown to set up a novitiate, but the congregation had too many demands on its already insufficient number of sisters to go to Charlottetown to entertain O'Leary's request.⁷¹ The Antigonish Mother Superior promised that, when a sufficient number of subjects were professed, she would have an experienced Antigonish sister accompany them to Charlottetown to "further direct and form them so as that their Bishop's views may be carried out as perfectly as possible."⁷² The final agreement read as follows:

Memorandum of Conditions under which the Sisters of
St Martha take up work in the Diocese of Charlottetown

1. It is the expressed and understood intention that the Bishop of Charlottetown has in view the establishing of an independent branch of the Sisters of St Martha, said branch to be entirely independent of the Sisters of St Martha of Antigonish.

⁷¹The Mother Superior preferred entrants between 25-30 years old, and the rector insisted that no charge for the Charlottetown sisters' upkeep be levied as the new recruits would be contributing to the group's small income.

⁷²From Mother St. John Baptist de Rossi to Mother St. Catherine of Sweden, 09 September 1914, quoted in Ida Mary, CSM (Mary Jeanette Coady), "The Birth and Growth of the Congregation of the Sisters of St Martha of Prince Edward Island", (MA thesis, University of Ottawa, 1955), p.13.

2. The Sisters of St Martha of Antigonish agree to send a sufficient number of professed Sisters to take charge of St Dunstan's College, namely _____.
3. When the subjects sent by the Bishop of Charlottetown to Antigonish shall be considered sufficiently formed and experienced and in sufficient number to begin a diocesan branch of the community, they shall all return to the Diocese of Charlottetown, and all the Antigonish Sisters shall return to Antigonish. The Superioress shall, however, remain in Charlottetown until another compenent [sic] Superioress shall be found to take her place and at least one Sister from Charlottetown shall remain to replace her in Antigonish until she returns.
4. All expense connected with the sending of the subjects to Antigonish and the bringing of the Sisters from Antigonish shall be borne by the Bishop of Charlottetown. ⁷³

The key part of the agreement was the mentoring role the Antigonish sisters would provide through novitiate training to the new Charlottetown group. By sending the first entrants to Antigonish, Bishop O'Leary ensured that the diocesan community would have a solid start in a well-ordered, communal, and mature environment.

The first two entrants left for Antigonish 04 January 1915: Teresa Murray (1887-1947) and Rose McQuaid (1895-

⁷³"Memorandum of Agreement", n.d., SSMA, Series 8, Sub-series 2, #5.

1919) both from St Anne's, Lot 65. They were joined a few months later by Sarah Farrell (1895-1977) from Sturgeon and Deliva Cahill (1888-1981) from Alberton. They ranged in age from 20 to 27, all were Irish, three were from eastern Prince Edward Island and one was from western Prince Edward Island. They finished their postulancy 11 June 1915, and spent the next year in the novitiate. Then, in July 1916 they returned to Charlottetown with three Antigonish sisters, Mother Stanislaus and two assistants, Sr. M. St Hugh and St Joseph Agatha. They immediately took charge of the domestic affairs at St Dunstan's College and the Bishop's Palace.⁷⁴

Neither the motivation nor the procedure for founding the Sisters of St Martha was unique. The founding was successful despite several difficulties including, complications finding a mentoring congregation, the world-wide decrease in clerically founded congregations, the young founder's relative inexperience, and the competition for recruits from more established, prestigious, and

⁷⁴"Annals", SSMA, Series 8, Sub-series 4; "Obituaries", SSMA, Series 9; and Mildred MacIsaac, et al., The Story of the Sisters of St Martha, 1916-1991, (Charlottetown, 1991).

geographically diverse congregations. In addition, while there were numerous diocesan congregations throughout Canada, no other single diocesan congregation was charged with the work of an entire province. In comparison, three dioceses composed Nova Scotia and two composed New Brunswick in the early 20th century. When the Charlottetown Sisters of St Martha were founded in 1916 they began the process of becoming a unique provincial force.

Chapter 3: Entrants, Work, and Development, 1916 to 1925

Four Prince Edward Island novices accompanied by three Antigonish Sisters of St Martha arrived in Charlottetown 17 July 1916 to start work at St Dunstan's College, replacing the Petites Soeurs de la Sainte-Famille who had been in charge of the College's domestic work since 1908. A month later, Bishop O'Leary formally announced the founding of the Sisters of St Martha of Charlottetown.¹ O'Leary hoped the new congregation would have a sufficiently wide appeal to end the significant out-migration of Island women with religious vocations who, before 1916, had to go off-Island if they wished to join a religious congregation.² However, rather than drawing a wide variety of entrants with skills

¹Mildred MacIsaac, et al., The Story of the Sisters of St Martha, 1916-1991, (Charlottetown, 1991), p. 2. The Sisters of St. Martha of Charlottetown regard 17 July 1916 as their founding date, although Bishop O'Leary waited another month before formally announcing the establishment of the new order.

²Bishop Henry O'Leary to Mother Stanislaus, January 1915, Sisters of St Martha Archives, [SSMA], Series 8, Sub-series 2, #6.

which could be utilized in numerous kinds of institutions serving the Roman Catholic population of Prince Edward Island, the new congregation attracted a fairly homogeneous group of primarily Irish, working-class women, few of whom had completed high school. Despite the Bishop's stated intentions, from 1916 until 1924 the number and nature of entrants limited the Congregation to serving in primarily domestic assignments, although their Constitutions stipulated a far wider range of work.³

In 1916 the Sisters of St Martha's domestic work comprised the various domestic affairs at St Dunstan's, a Catholic men's college, which emphasized preparing young men for seminary and the priesthood, as well as the domestic management of the Bishop's residence. Between 1914 and 1918 annual enrollment at the college was between 120 and 150. The post-war influx of students increased enrollment to 292

³The sisters' only non-domestic assignment was teaching at a district school in Kinkora. In addition to the number and nature of entrants determining the work of the order, the community did not have the financial or human resources to allow sisters to become formally educated, the only other thing that would have facilitated diversification. Like other congregations, including the Sisters of Charity of the Immaculate Conception of Saint John, the Sisters of St. Martha had to wait for a period of stabilization before they could afford university educations for their members.

students in 1919-20 and raised the college's domestic demands beyond what the sisters could manage.⁴ The sisters were responsible for all students' and staff's meals and laundry, cleaning the buildings, preparing the sacristy and chapel for services, and running a small farm owned by the College.⁵ The sisters also cleaned the residence rooms, repaired clothing, and even darned the men's socks.⁶ Bishop Bernard Donald MacDonald, who founded the college in 1854 described its purpose: "to give a literary, moral, and religious training to all who choose to avail themselves of it."⁷ Bishop after bishop considered St Dunstan's the provinces's most important Roman Catholic institution, and

⁴G. Edward MacDonald, "And Christ Dwelt in the Heart of His House': A History of St. Dunstan's University, 1855-1955", (PhD dissertation, Queen's University, 1984), p.359.

⁵Until 1920 the college physical plant consisted of only one building. In 1920 Dalton Hall opened and served mainly as a residence.

⁶"Memorandum of Agreement between the Sisters of St. Martha and St. Dunstan's University", 1930, SSMA, 12, Box 10, #5. I was unable to find a copy of an earlier written agreement.

⁷[Islander], January 1854. St Dunstan's College succeeded St. Andrew's College 1831-1854. SDC obtained university status in 1917. Lawrence K. Shook, Catholic Post-Secondary Education in English-Speaking Canada: A History, (Toronto, 1971), pp.35-36, 47.

Bishop Henry O'Leary was no exception. In a 1915 pastoral letter he wrote, "We would not conceal from you, dearly beloved, that of all of our cherished institutions St Dunstan's College by its fruitful abundance of vocations to the holy priesthood, is the dearest to our heart."⁸ Despite this high priority, the college was in constant financial distress. Nevertheless, upon becoming Bishop of Charlottetown in 1914, Bishop O'Leary immediately began making plans to enlarge the scope of St Dunstan's and was successful in applying to have the college raised to university status in 1917.⁹ Although Edward MacDonald notes in his 1984 dissertation: "A more mundane dilemma, who would do the chores there (SDC), helped lead O'Leary to one of his most notable accomplishments... founding the Sisters of St Martha."¹⁰, it could be argued that Bishop O'Leary would not consider any requirement of St Dunstan's a

⁸Pastoral letter, 1915, as quoted in MacDonald, p.323.

⁹O'Leary also approached three men's religious orders to establish a junior agricultural college or extension department at St Dunstan's, although it did not materialize. MacDonald, p.339.

¹⁰MacDonald, p.339.

"mundane dilemma": settling domestic arrangements satisfactorily was a priority for the Bishop.

Domestic affairs at St Dunstan's had been problematic since the opening of the institution. Men had been hired to look after the farm and women had been hired to look after the domestic labour, but the wages were always low, the work very hard, the conditions poor, and the machinery out-of-date. A diocesan congregation of sisters, almost regardless of how difficult to create or administer, was an ideal solution to St Dunstan's domestic requirements from an administrative point of view.¹¹ For these reasons the new diocesan women's congregation was based at St Dunstan's, to serve the staff and students of the diocese's most favoured institution, morally, efficiently, and frugally.

The domestic requirements at St Dunstan's were extensive and physically demanding. One early entrant, Sister M. Rita (Murial Kinch), explained the division of labour in the scullery: one sister was in charge of the meat; another was responsible for dessert, which required a lot of canning; and another was in charge of vegetables, the

¹¹MacDonald, pp.339-40.

most labourious part of which was carrying eight baskets of potatoes through a tunnel and up the stairs daily. Other sisters scrubbed the cement floors, kept the fires burning and served the students and faculty. Sister M. Rita spent eight years in domestic service at St Dunstan's, the Bishop's Palace, and St Francis Hostel (for the Aged) before being sent to St Vincent's Orphanage in 1925. Most of her days at St Dunstan's were spent making beds and washing potatoes while at the Bishop's Palace she was responsible for cleaning the priests' rooms and waiting on tables in the dining room.¹²

Many religious congregations in the 19th and early-20th centuries included a tiered membership of choir and lay sisters. The lay sisters served the domestic needs of the professional sisters, often teachers, and the institutions the congregation administered.¹³ The choir sisters were

¹²Sister Rita Kinch, transcribed oral interview, 1979, SSMA, Series 12, Box 11, #8.

¹³Initially lay sisters were entrants who could not afford to pay the entrance dowry. For more on the distinction between choir and lay sisters see Marta Danylewycz, Taking the Veil: An Alternative to Marriage, Motherhood, and Spinsterhood in Quebec, 1840-1920, (Toronto, 1987), p. 79.

more able to devote their time to the congregation's professional employment which was also the more economically lucrative work which financed the sisters' personal expenses and housing requirements. While sisters took vows of poverty and owned virtually nothing, their congregations often owned the institutions they administered and the various houses which accommodated the sisters and which required significant funds to maintain and operate. Members of congregations which did not include the tiered membership usually shared the domestic duties of their institutions and convents.¹⁴ In addition, some congregations hired secular women to do the most menial work. This was of greater concern in public institutions in which sisters were visible, including schools and hospitals. In some cases it was considered unacceptable to have sisters scrubbing floors. In other congregations a conscious decision was made not to hire any outside help because of insufficient funds. Some bishops did not permit hiring secular labour for a

¹⁴Laurie C.C. Stanley, "So Many Crosses to Bear": The Religious Hospitallers of St. Joseph and the Tracadie Leper Hospital, 1868-1910" in Elizabeth Gillen Muir and Marilyn Färdig Whitely, eds., Changing Roles of Women Within the Christian Church in Canada, (Toronto, 1995), pp. 19-37.

variety of reasons, no doubt including practising their authority to remind sisters of their servant status.¹⁵

The Sisters of St Martha hired domestic servants to help at St Dunstan's College and later at other institutions. This suggests either that the sisters required additional human resources,¹⁶ or perhaps they were attaching a class hierarchy to various duties by assigning the lowliest jobs to the hired help rather than burdening their members. Mother Stanislaus, for example, was

¹⁵The Hospitallers of St. Joseph ran a lazaretto in Tracadie, New Brunswick, starting in 1868. The sisters immediately assumed many health care and domestic duties at the lazaretto but their share of domestic duties increased after the sisters were in Tracadie a couple of decades. They prepared the lepers' meals after 1880 but were still assisted in other chores by one hired servant. In 1906 they were 'obliged' to take on all the washing and scrubbing which the former hired washerwoman had done. Over the years this community was allowed less paid secular help and eventually had to assume all domestic work. Stanley, p.23.

¹⁶G. Edward MacDonald noted in his dissertation that the sisters hired extra help because of the post-War rise in enrollment, but Congregation records include receipts for wages to women as early as 1917. See "Financial Statements", 1917, SSMA, Series 12, Box 10, #3; and MacDonald, p.364.

remembered for working on the rosebushes and garden, not for scrubbing floors.¹⁷

As part of their duties managing domestic affairs at St Dunstan's College the Sisters of St Martha ran a farm on the college property. They employed a local farmer to prepare the soil, plant the crops and do some of the harvesting, but they also did much of the work themselves. In the spring of 1920, for example, they paid a total of \$57.65 for 99 hours of labour which included harrowing with a tractor, harrowing with a team, sowing with a team, planting potatoes and turnips, and spreading manure.¹⁸ They spent \$232.23 on seed and also purchased a horse, turnip pulper, cream separator, and a plough, and other equipment for \$402.26. The farm would have required labour significantly in excess of these 99 hours, so the sisters were clearly involved.

¹⁷"Annals", 1921, SSMA, Series 8, Sub-series 4. The obituaries provide the most complete descriptions of individual members' work in the community, yet understandably, the dregs of domestic labour are unmentioned and it remains doubtful that the sisters would have performed the most menial labour given their ongoing hiring of domestic servants from Charlottetown, rural PEI and the Magdalen Islands.

¹⁸Depending on the labour, the hourly rate was between \$0.20 to \$1.00, "Financial Statements", SSMA, Series 12, Box 10, #3.

In 1919, the sisters paid out a total of almost \$350 to 20 women for providing domestic service. This work was a combination of menial work the sisters were not expected to perform, and regular work during times of increased demand, such as during epidemics of influenza or other common illnesses, or rises in enrollment. Periodically an epidemic would run through the men's residence, placing a much greater burden on the sisters who were expected to nurse and care for those who fell ill. If some of the sisters were also ill it was imperative that extra help be called in. In fact, a young sister died in 1918 from influenza, a real tragedy in a small struggling community. Two college students died during the same epidemic. In February 1920, Mother house annals described the strain the worldwide Spanish influenza epidemic caused to staffing the college:

Another severe epidemic of the "Flu" occurred this month. This time the Sisters and girls (servants) suffered severely and it was with great difficulty that the work was carried on. At one time only 4 girls and 4 sisters were up and they were none too well. Ninety students were sick....¹⁹

¹⁹"Annals", February 1920, SSMA, Series 8, Sub-series 4.

The real fear of death and the shortage of staff was a tremendous burden on the community, particularly in years when high enrollment led to more crowded accommodations. The sisters ran an infirmary for the college students and faculty although they did not always have a trained nurse among them.²⁰ The Sisters of St Martha were credited with the lack of casualties during the 1920 epidemic.²¹

Domestic service at St Dunstan's was clearly meant to be the priority of the Sisters of St Martha and was the immediate motivation for their creation. The labour the sisters performed was traditional female labour for which the bishop did not expect to pay. In Marxist terms, the sisters did all the private sphere reproductive labour required to return the priests and students to their work or study day after day. Perhaps because the work was the unpaid and undervalued work of the traditional domestic sphere, the Bishop hated the idea of having to pay secular women a standard wage for it and was therefore eager that sisters perform it with minimal remuneration. The sisters

²⁰An Antigonish sister who was a nurse was present for the 1918 epidemic but not the more widespread 1920 epidemic.

²¹MacDonald, p. 360.

received ten dollars a month salary, "scarcely enough to keep shoes on their feet--quite literally."²² Employing sisters had benefits in addition to their low cost, however. The sisters were less of a temptation to the male students and faculty than were secular women. The sisters, nevertheless, took precautions and entered residence rooms only in the men's absence and always with at least one female companion.²³

During the Congregation's first few years at St Dunstan's, it benefited from essential support from the Antigonish Sisters of St Martha. For its first five years Mother Stanislaus, along with two other sisters, provided leadership to the new Charlottetown congregation. Formerly Mary Anne MacDonald, Mother Stanislaus grew up near Antigonish and was among the first entrants to the Antigonish Sisters of St Martha in 1900, the year that congregation was founded. Although she was only 34 when she became the founding superior of the Charlottetown

²²MacDonald, p.344. This is not to suggest the bishop paid sisters engaged in other work, such as teaching or nursing, any more.

²³MacDonald, p.440.

congregation, she had already served six years as the superior of the Antigonish congregation. During that time she oversaw much expansion in the Congregation and set the stage for much of its work in the early 20th century.²⁴

She had broad experience which made her the ideal candidate to guide the first Charlottetown diocesan community in their role serving the Diocese of Charlottetown. In addition, Mother Stanislaus' own community was working class and accustomed to poverty both within the congregation and among those they served in industrial Cape Breton. At the same time, she was also a highly valued member of her own community; loaning Mother Stanislaus to the Diocese of Charlottetown was a very generous and selfless act given that the Antigonish sisters were a young congregation with more requests for their services than they could fulfill.²⁵

²⁴Forty beds were added to the hospital the congregation administered in 1912, the first mission outside the diocese was established in Toronto in 1913, a home for the aged was founded in 1914, and the first general council was elected in 1915. Sarah MacPherson, CSM, "Religious Women in Nova Scotia: A Struggle for Autonomy: A Sketch of the Sisters of St Martha of Antigonish, Nova Scotia, 1900-60", The Canadian Catholic Historical Association, Historical Studies, 1984, pp.89-106.

²⁵Stanley, pp.89-106.

The meagre resources of the Diocese of Charlottetown combined with the high expectations of Bishop O'Leary were politely refused by several women's religious congregations, but not by Mother Stanislaus.²⁶ For five years she guided the young community, instilled the Prince Edward Island novices with the fundamentals of religious life, and negotiated with Bishop O'Leary on behalf of the Charlottetown sisters.²⁷

While Mother Stanislaus was in charge of the daily life of the Congregation in the late 1910s, Bishop O'Leary, as bishop, held authority over the Congregation. He represented it publicly in such things as making the

²⁶Mother Stanislaus' predecessor, a superior in Antigonish, had to share a pair of good shoes with another sister; they took turns wearing the shoes when one had to appear in public. See clipping from Antigonish Casket, 21 Jan 1970, in "Mother Stanislaus MacDonald, Memorial Booklet", SSMA, Series 8, Sub-series 3, #21. Mother Stanislaus was the founding superior of St. Augustine's Seminary Convent in Toronto from 1926-32. She also served several terms as local superior in hospitals in Banff and Antigonish. Ibid.

²⁷In 1920 Miss Mary Monaghan donated \$11,000 to the diocese to purchase property adjoining the college. Mother Stanislaus and the novices moved into the farmhouse while the other sisters continued to live at nearby St. Dunstan's in the convent annex to the main building. See Story of the Sisters of St. Martha 1916-1989, p.3.

Congregation known and coordinating any new work it would take on including the domestic affairs of his own residence, which the sisters assumed in 1918. The sisters had great respect for their bishop. When he was appointed Archbishop of Edmonton on 13 August 1920, they were shocked and greatly concerned about the impact of his departure.²⁸ They worried, as do religious communities awaiting the appointment of a new bishop, that his successor could be less supportive and understanding of them.²⁹ They were reassured by the appointment of O'Leary's older brother, Louis, as his successor, confident that the new bishop would value the sisters' mission in the spirit which his brother had worked so hard to create and foster. In addition to his family tie to the congregation's founder, Bishop Louis O'Leary had relevant experience with a religious

²⁸"Annals", August 1920, SSMA, Series 8, Sub-series 4; Sister Ellen Mary Cullen, "A History of the Sisters of St Martha of Prince Edward Island", (1969; revised 1988), p.32, SSMA, Series 8, Sub-series 3c, #5.

²⁹The Halifax Sisters of Charity, for example, had a serious conflict with Bishop Michael Hannan who openly criticized the congregation for not being properly disciplined, and refused to give some of the members communion. See J. Brian Hanington, Every Popish Person: the Story of Roman Catholicism in Nova Scotia and the Church of Halifax, 1604-1984, (Halifax, 1984), pp.102-139,49.

congregation in Chatham, where he had spent 18 years of his ordained life, six of them as auxiliary Bishop of Chatham (New Brunswick).³⁰

Like his brother, Louis O'Leary had studied both in Memramcook, New Brunswick, and in Rome, where he received a doctorate in Canon Law. He was ordained a priest in 1900 at the age of 22 and returned to New Brunswick in 1902 to become secretary to Bishop Thomas Barry, the second bishop of Chatham.³¹ Unlike his brother, Louis O'Leary suffered from poor health, which affected his work. Nevertheless, within a year of becoming bishop of Charlottetown, he guided the Sisters of St Martha through the first two major events which solidified their existence: he wrote their first Constitutions and presided over their first General Chapter in 1921.³²

Every religious congregation must have Constitutions approved by Rome. Constitutions explain the purpose and spirit of the institute, its government, entrance procedures

³⁰Grace Savage Cady, "The Bishops O'Leary", Atlantic Advocate, (April 1983), p. 51, and Cullen, p. 33.

³¹Cady, p.51.

³²Cullen, p.34.

and stages leading to final profession, as well as an explanation of the vows of poverty, chastity, and obedience, the role of its administration, and financial responsibilities. Constitutions must be written in accordance with the most recent papal decrees or standards and are meant to ensure all members live within their religious vows.³³

The 1921 Constitutions of the Sisters of St Martha contained 317 articles explaining the administration and functions of the Congregation. The first article described the two purposes of the new congregation:

The Sisters of St Martha of Prince Edward Island, living under a common Constitution, have for their first end to become true spouses of Christ, and to aid one another in the work of their perfection. For this reason they bear the name "Sisters", and form but one family, whose invisible head is Jesus Christ, Whom alone they should strive to please.

The secondary end of the Congregation is the practice of charity towards their neighbour in teaching the young, caring for the sick, aged, and orphans, and by their service in co-operating, in their degree and according to their strength, with those who devote themselves to the Christian

³³Until 1921 the Charlottetown congregation operated under the Constitutions of the Sisters of St Martha of Antigonish, but their Constitutions needed renewal, and, of course, the Sisters of St Martha needed their own Constitutions as soon as possible. Cullen, p.33.

education of youth and the training of young men for the priesthood in the Seminary, Colleges, and other Educational Institutions of the Diocese.³⁴

The secondary end of the Congregation was very broad. In 1921 the Congregation was not engaged in most of the purposes outlined in the Constitutions. In the next four years, however, they began work teaching (1921), as well as caring for the sick (1925), aged (1923), and orphaned (1925). The Constitutions thus served as an agenda to be implemented as quickly as was feasible.

Once the Constitutions were written and accepted by the Vatican, it was possible to hold the first General Chapter in July 1921. All 17 professed sisters voted on the items considered by General Chapter, although as a diocesan organization, all decisions of the Congregation were still subject to approval of the bishop. At the General Chapter, held every six years beginning in 1921, professed members elected the Mother General and her council. In July 1921 the 17 professed members voted for Mother Stanislaus to continue as Mother Superior. This election did not meet with the approval of Mother Stanislaus' Antigonish community

³⁴"1921 Constitutions", p. 3, SSMA, Series 6, Box 1, #1.

from whom she was merely on loan to the Charlottetown group, however. Despite an appeal to the Antigonish General Chapter, Mother Stanislaus was not permitted to remain with the Charlottetown congregation another year. Her recall was even more traumatic than the loss of their founder, Henry O'Leary, a year earlier.³⁵ In response to the new congregation's appeal to retain Mother Stanislaus, the Antigonish Mother General stated that they would have to assume responsibility eventually and were at a reasonable point to do so in the summer of 1921:

(M)y dear Sisters(,) in the first years of our Community's existence we would consider ourselves very fortunate, were we as well prepared to begin our work in Antigonish, as you are to begin yours at present.... (A)t the time of our first election we had seven sisters to cast a vote, and even these, had only made vows one and two years before. We had including Novices eleven sisters in all, and a much bleaker prospect, humanly speaking, than it is possible for your Community to have..... During the first few years it was predicted on more than one occasion that our Community could not long exist, as we seemed to lack material for holding together; but God does not require much human material for His works....³⁶

³⁵MacIsaac, Story of the Sisters of St Martha, p.3.

³⁶Letter from Mother M Faustina to Sisters of St. Martha, Charlottetown, 08 August 1921, SSMA, Series 8, Sub-series 2, #7.

Bishop O'Leary had obviously hoped Mother Stanislaus would stay another year but once he received Mother Faustina's refusal to extend Mother Stanislaus' leave, he appointed Sister Frances Loyola (Ellen Mary Cullen) Mother Superior for one year. Sister Frances Loyola, a 23 year old native of Hope River, Queens County, Prince Edward Island, had only been a member of the Sisters of St Martha for three years, but she proved a capable administrator and served as Mother Superior a total of 12 years.

Sister Frances Loyola was elected Mother Superior in 1922 by the professed sisters for another five years. The sisters became increasingly secure in the early 1920s once their Constitutions were approved, limited self-government was implemented, and a native-Islander was chosen as Mother Superior. Their work, however, continued to be limited due to meagre financial and human resources, as well as the absence of a clear mission beyond domestic service at St Dunstan's and the Bishop's Palace.

At the request of the bishop and the Parish of St Malachy's, in the fall of 1921, the Sisters of St Martha expanded their work outside domestic service by taking charge of a primary and secondary public school, grades one

to eleven, in Kinkora.³⁷ Although they were the first sister-teachers at the school, there was a long history of sisters teaching in Island schools. The Congregation of Notre Dame had been teaching in four Island schools for several decades: Tignish (1868), Miscouche (1864), Rustico (1882), Summerside (1868) and Charlottetown (1857 and 1863). Although the School Act of 1877 said public schools had to be neutral in religious matters, it became the custom that some rural schools in primarily Acadian, Catholic areas were publicly funded but staffed by the Congregation of Notre Dame.³⁸ Such was the case with schools in Tignish, Miscouche and Rustico, which were also bilingual schools. When the Sisters of St Martha, Sisters M. Baptiste, M. Sacred Heart, and M. Alfred, started teaching in Kinkora they too received a government salary, which went into the

³⁷Cullen, pp.38-39.

³⁸Verner Smitheram, "Development and the Debate over School Consolidation", in Smitheram et al, eds., The Garden Transformed: Prince Edward Island, 1945-80, (Charlottetown, 1982), pp. 178-79.

Congregation's coffers to subsidize other endeavours after the Kinkora convent bills were paid.³⁹

Bishop Louis O'Leary clearly illustrated his views on Roman Catholic teachers' roles, and in particular their enormous spiritual responsibility, when he addressed the Catholic Teachers of Prince Edward Island in July 1921, just a month before the Sisters of St Martha first taught in an Island school: "In your care are a number of souls, each of an infinite worth since for each an Infinite God shed His Sacred Blood. As you mould them, so shall they be."⁴⁰ O'Leary reminded the teachers, "How much greater will be your merit should such a child become a priest or a religious and spread the perfume of the love of God

³⁹The convent school in Tignish was placed under provincial authority in 1922 but Notre Dame Academy, Charlottetown, and St. Mary's Academy, Summerside, continued to operate as private schools despite regularly requesting government funding. See "Report of the Chief Superintendent of Education, Annual Report, 1921", Public Archives and Records Office, Charlottetown [PARO] and "Our Lady of Angels Convent", Tignish, PARO, RG 3476 #295.

⁴⁰Louis O'Leary, "The Catholic Teacher" Address to the Catholic Teachers of Prince Edward Island by the Bishop of Charlottetown, Bishop Louis O'Leary, July 1921, p.1, Roman Catholic Diocese of Charlottetown Archives [RCDA], "Bishop Louis O'Leary". I have not been able to determine whether this was a formal organization.

throughout His vineyard."⁴¹ O'Leary offered a great deal of practical advice. He told the teachers they must treat their students equally, be aware of their individual requirements, never punish a child while angry, encourage an understanding of authority, teach good study habits, and "imbue" students with the spirit of charism.⁴² For O'Leary to give such basic advice indicates that he saw himself as the overseer of these teachers, most of whom, if not all, were lay teachers in public schools over whom he had no real authority.

Collecting vocations was never far from Bishop O'Leary's mind. At the Catholic Teachers' 1921 meeting, he took advantage of the opportunity to speak to a mostly young, female audience and reminded them of their responsibility to consider vocations in religious life, and he advertised the fact that there were three congregations from which to choose which served within the provincial boundaries. The new diocesan community was clearly O'Leary's first choice, though. He described it as "a new

⁴¹O'Leary, "Catholic Teacher", p.3.

⁴²O'Leary, "Catholic Teacher", pp. 4-14.

community of the Diocese... which God has established to meet the many new educational, charitable, and institutional needs that shall arise, and are now arising in the diocese."⁴³

Bishop Louis O'Leary, like his brother, assumed the new congregation would be suitable for any Island woman with a vocation. He spoke of the duty of Roman Catholic girls to join the new congregation rather than any other:

Hence, outside a special vocation most clearly manifest, the duty of a well-regulated charity, beginning at home, should impede you from looking elsewhere to devote yourself to God and His service than in the place He chose for your birth and education. The needs of other places may be great, but they come second to the demands of your own native Diocese and merely human considerations should not sway you from making your choice.⁴⁴

The Bishops O'Leary sought to attract a wide variety of women to the new diocesan congregation. Bishop Henry O'Leary, as founder, intended to create a dependable diocesan workforce and envisioned an eclectic congregation, with a membership which would encompass a broad spectrum of women, ranging from those who would serve the community in

⁴³O'Leary, "Catholic Teacher", p.17.

⁴⁴O'Leary, "Catholic Teacher", p.17.

numerous professional capacities to those who would serve as domestic servants, both in existing Roman Catholic institutions and in the Bishop's own residence. By 1925, 57 women had made first vows with the Sisters of St Martha but the new congregation O'Leary founded did not attract women with the variety or level of skills needed to staff the variety of institutions the bishop envisioned. Entrants in the first decade were fairly homogeneous in ethnicity, class, geographic origin, and education.

Because Prince Edward Island had a history of being rich in religious vocations, Bishop O'Leary was optimistic about the appeal of the Sisters of St Martha to Island women.⁴⁵ As noted in the previous chapter, Bishop O'Leary remarked several times that the "recruiting would be rapid"

⁴⁵Father Art O'Shea estimates 150 Island women joined the Sisters of St. Joseph in St Paul, Minnesota in the last 120 years. He associates the attraction of this order with a similar exodus of several Island priests to Minnesota which no doubt encouraged the women's congregation to recruit PEI women. Correspondence with Father Art O'Shea, Acting Archivist, Diocese of Charlottetown, 17 June 1998. Doreen Vautour also determined that between 1871 and 1920 significantly more women from PEI entered the Congregation of Notre Dame in Montreal than from Nova Scotia or New Brunswick despite PEI's much smaller population. Doreen Vautour, "Maritime Entrants to the Congregation of Notre Dame, 1880-1920", (MA thesis, University of New Brunswick, 1995), p.68.

to his new congregation. Although this prediction proved overly optimistic, during its first decade the Sisters of St Martha did attract 57 women who persisted in the Congregation at least six months.

Table 5: Entrants Per Year, 1916-25⁴⁶

1915	4
1916	4
1917	9
1918	4
1919	6
1920	5
1921	5
1922	6
1923	8
1924	3
1925	3
Total	57

Although 57 entrants over ten years seems a good number given that the Roman Catholic population of the Island was under 40,000, as has been discussed earlier, about 65 women

⁴⁶"Card File of All Applicants", SSMA, Series 10 (restricted). This file, held in the Secretariat, was compiled from a list taken from the profession register and thus excluded entrants who stayed less than six months and who therefore did not take the Holy Habit or make first profession. It is restricted for the confidentiality of those women who did not remain in the Congregation. I gained access to the file and agreed not to name specific sisters listed in the file.

The Congregation of the Sisters of St Martha was founded in 1916 but four entrants were accepted in 1915 and trained in the Antigonish novitiate.

a decade entered off-Island congregations. The Bishops O'Leary had directed their appeals only to the spiritual motivations which brought women to religious life,⁴⁷ yet other considerations, particularly the function of the Congregation, motivated women to choose one congregation rather than another. In particular, the primary function performed by the Sisters of St Martha in its first decade, domestic service, largely dictated the kind of woman drawn to the Congregation. Given the function, who, then, was attracted to the Bishop's newly created congregation, and then defined the congregation?

The average age at entry of the first 57 entrants was 24 years.⁴⁸ This is a high average compared to other religious congregations--the average age of Prince Edward Island entrants to the Congregation of Notre Dame in the

⁴⁷In addressing the women teachers, for example, Bishop Louis O'Leary had not considered the possibility that offering them the opportunity to establish and direct their own schools might well have represented a compelling appeal to women already embarked on a teaching career.

⁴⁸More precisely the average age was 23.96 years, "Card File", SSMA, Series 10.

1910s was 22.4⁴⁹--but the high average age at entrance is comparable to Prince Edward Island's high average age at first marriage. In 1921 the average age at first marriage for Prince Edward Island women was 26.5, the highest in the country.⁵⁰ The average age at entry was high, probably for the same reason Prince Edward Island's average age at marriage was high: poverty. The main reason historians offer for delaying marriage in poorer economic times is that it takes longer to acquire the necessary household goods.⁵¹ Entering a convent was a decision most women made at around the same age other women considered marriage. Perhaps Prince Edward Island women with vocations held off entering

⁴⁹The average age of Maritime entrants was a year lower than the PEI average, 21.4 yrs. Vautour, pp.92,98.

⁵⁰Ellen Gee, "Fertility and Marriage Patterns in Canada 1851-1971" (PhD thesis, University of British Columbia, 1978), p.221, as quoted in Veronica Strong-Boag, The New Day Recalled: Lives of Girls and Women in English Canada, 1919-1939, (Toronto, 1988), p.82. The next highest were Quebec (25.1) and Nova Scotia (24.8).

⁵¹Ellen Gee, "Female Marriage Patterns in Canada: Changes and Differentials" Journal of Comparative Family Studies 11:4 (Autumn 1980), p. 460, as quoted in Alison Prentice et al., Canadian Women: A History, 2nd ed., (Toronto, 1996), p.176. It is not surprising that PEI, the poorest province in Canada, also had the highest age of marriage.

convents just as their female neighbours held off marrying. Comparatively, women did not have to save money to enter the Sisters of St Martha--a dowry was never required in the Sisters of St Martha--but potential entrants may have been needed in the household economy and may have had to delay entry until another sibling could take over their responsibilities. Whatever the cause, the average age of the first entrants to the Sisters of St Martha was still 2.5 years below the provincial female average age of marriage, a trend which suggests that most future sisters did not enter convents to save face after bungled marriage opportunities.

What is more telling than the average age of entrants, however, is the wide range of age at entry. Consider the following:

Table 6: Age of Entrants, 1916-1925

age	1915-20	1921-25	1915-25
15-17	5 (15.6%)	0	5 (8.8%)
18-20	4 (12.5%)	11 (44%)	15 (26.3%)
21-23	4 (12.5%)	4 (16%)	8 (14%)
24-26	6 (18.8%)	5 (20%)	11 (19.3%)
27-29	3 (9.4%)	4 (16%)	7 (12.3%)
30+	8 (25%)	1 (4%)	9 (15.8%)
unknown	2 (6.3%)	0	2 (3.5%)
Total	32 (100.1%)	25 (100%)	57 (100%)

Source: "Card File of All Applicants", SSMA, Series 10.

Although the majority of entrants were between 18 and 26, the age range is much wider than this would seem to imply. For example, two 15-year-olds entered in 1917 and two siblings in their mid-40s entered in 1919. Delayed entry is often easily explained by family responsibilities such as caring for elderly relatives. One woman waited until she was 34. Her father died when she was young, her three sisters married quite early, and her only brother died in infancy. Despite her strong longing for religious life, she stayed at home to look after her mother, not entering the Congregation until 1920, presumably after her mother's death.⁵²

⁵²"Obituaries", SSMA, Series 9.

Another 25 year old woman entered in 1921 after being widowed that same year. She had been married to a prosperous farmer, "whose early demise after only three years of wedded happiness", her obituary noted, "left a void which God alone could fill".⁵³ By accepting such a recently married and widowed woman, the bishop was allowing that void to be filled 'post haste' through his diocesan congregation.

The entry of younger women, particularly those under 18, is more difficult to explain than the entry of women in their mid-20s and older. Before 1918 five women entered the Sisters of St Martha before their 18th birthday but no one under 18 entered during the remainder of the decade. This suggests that more stringent entrance standards developed as the Congregation matured. Canon laws stipulated that final profession could not be made before the age of 18. As these vows were normally made two years after entry, it was unusual to receive entrants before the age of 16. Not surprisingly, the practice of receiving women under 16 seems to have been discontinued after 1917, which was the peak year for entrants. That such young women were received

⁵³"Obituaries", SSMA, Series 9.

before 1917 suggests the bishop may have been worried about a dearth of recruits. Although the Congregation's first Constitutions, written in 1921, stipulated that entrants should be between 16 and 30, exceptions continued to be made.

Although the wide range of age of entrants to the Sisters of St Martha might seem to imply a varied congregation, this was not true. An analysis of their ethnicities, levels of education, skills, and socio-economic backgrounds reveals a far greater homogeneity.

The ethnicity of the early entrants did not reflect the diverse ethnic composition of the Roman Catholic population of Prince Edward Island. The Island's Roman Catholic population was 39 per cent Irish, 33 per cent French, 21 per cent Scots, and just six per cent English.⁵⁴ Yet, although the Irish comprised only two out of five Island Catholics, they provided the overwhelming majority of

⁵⁴In 1931, the Island's population was composed of 37 per cent Scots, 26.6 per cent English, 20 per cent Irish, and 14.7 per cent Acadians. Canada, Census of Canada, 1931. I am using 1931 ethnicity figures because 1931 is the first census in which ethnicity is cross referenced with religion. 1921 ethnicity statistics are only slightly different: 37 per cent Scots, 26 per cent English, 21 per cent Irish, and 13 per cent Acadian.

entrants to the Marthas. In the first decade, 77 per cent of entrants were of Irish descent, only 12 per cent were French (Acadians and Magdalen Islanders), and nine per cent were Scots.⁵⁵

⁵⁵All entrants were Canadian born and therefore are more precisely of Irish, Scots, or Acadian descent.

Table 7: Ethnic Composition of the Roman Catholic Population of Prince Edward Island (1931*) and Ethnic Descent of Sisters of St Martha Entrants 1916-1925.⁵⁶

Ethnicity	PEI R.C. 1931	Entrants 1916-1920	Entrants 1921-1925	Entrants 1916-1925
Irish	38.9%	26 (81.3%)	18 (72%)	44 (77.2%)
Scots	21%	3 (9.4%)	2 (8%)	5 (8.8%)
French	32.6	2 (6.3%)	5 (20%)	7 (12.3%)
English	6%	0	0	0
unknown	--	1 (3.1%)	0	1 (1.8%)
total	--	32(100.1%)	25(100%)	57(100.1%)

Source: Canada, Census of Canada, 1931, and "Card File of All Applicants", SSMA, Series 10.

*Note: 1931 was the first year the census included a correlation between ethnicity and religious denomination. Because the ethnic population did not change significantly from 1921-1931, the 1921 figures for Catholic ethnicity were very likely much like the 1931 figures above.

Several factors may explain the disproportionate number of Irish among the entrants, including the founder's ethnicity, the development of internal convent culture, Irish dominance in the administration of the Congregation,

⁵⁶In the first five years there were no cases of 'mixed' parentage. In the second five years there were four cases of Irish fathers and Acadian mothers which were counted as Irish. I concede that a mother's ethnic influence may have been more significant than a father's. The cases of mixed ethnic parents support the evidence that people were more likely to marry outside their ethnicity than their religion. See T.W. Acheson, Saint John: The Making of a Colonial Urban Community, (Toronto, 1985), pp.235-6.

the higher level of poverty among the Irish than Scots, and the lack of career choices for uneducated women who sought to enter religious life.

The Irish ethnicity of Henry O'Leary, the founder of the Sisters of St Martha, may have led some Irish families to encourage their daughters to join the new congregation. O'Leary was the first non-Scottish and non-native Islander to become bishop of the Diocese of Charlottetown. The diocese he inherited had been largely shaped by Bishop Peter McIntyre (1818-1891), who had ruled for 30 years, and who was both a "proud Scot" and a "vigourous ultramontane".⁵⁷ Self-consciously pro-Irish, Bishop O'Leary undoubtedly increased pride among Irish Islanders, and this may well have encouraged some Irish Catholics to support their Bishop's new congregation.

Once the first few women entered with surnames which included Power, Murry, McQuaid, Monaghan, and Kenny, prospective recruits inevitably identified the Congregation as Irish, a trend solidified by the Congregation's administration. As was the case with most religious

⁵⁷G. Edward MacDonald, "Peter McIntyre", Dictionary of Canadian Biography, 1891-1900, vol 12, pp.637-640.

congregations, all professed sisters--those who had finished the six month postulancy and two year novitiate⁵⁸--met every six years to elect a general council who would carry out the daily administration of the Congregation and set the Congregation's agenda for the following six years. In 1921 the Congregation elected its first native Islander to the position of Mother Superior.⁵⁹

The governing council of the Sisters of St Martha comprised the Mother Superior and four councillors.⁶⁰ The elected councillors who joined Mother Frances Loyola in 1922 were Sisters M. Clare (Teresa Murray) from Lot 65; M. Paula (Ellen McPhee) from Georgetown; M. St John (Sarah Farrell) from Sturgeon; and M. Faustina (Rose Ella Monaghan) from

⁵⁸Entrants spent the first six months in the Postulancy after which, if they wished to remain in the congregation and the administration believed they were suitable, they entered and remained in the novitiate for two years. At the end of this time, if accepted, they could take final vows, and be considered professed. The first two and a half years has been compared to a marriage engagement, as a period of discernment before final commitment.

⁵⁹The previous Mother Superior, Mother Stanislaus, had been on loan from the Antigonish Sisters of St Martha.

⁶⁰Many congregations chose a Mistress of Novices and a Treasurer to be on the general council but the Sisters of St. Martha have always had only five members in its general council.

Kelly's Cross. All five members of the governing council were Irish and were from predominantly Irish communities. As these women governed the Congregation, developed its goals, and managed its daily affairs, they inevitably imposed an Irish culture on the Congregation which must have been identifiable to prospective postulants and the diocese at large. Irish Roman Catholic women with vocations were sure to be more drawn to the Sisters of St Martha than were Acadian and Scottish women who continued to find their way off the Island to the Congregation of Notre Dame in Montreal,⁶¹ the Sisters of Charity in Halifax, the Sisters of St Paul in Minnesota and other congregations. As the Irish began to dominate the new congregation, the Sisters of St Martha did not develop the prestige of some congregations more associated with the middle class.

In turn, Irish women, because of their higher rate of poverty, may have been particularly attracted to the Sisters of St Martha. Next to the Acadians who had trickled back to

⁶¹Before the 1910s PEI entrants to the Congregation of Notre Dame were disproportionately Irish, but in the 1910s the number of Acadians, Irish, and Scots entrants was equal. Vautour, p.105. Presumably some potential Irish aspirants entered the Sisters of St Martha instead of the Congregation of Notre Dame.

Prince Edward Island after the 1755 deportation and who were the poorest and most marginalised of Island ethnic groups, the Irish were the poorest ethnic group.⁶² The newly established congregation offered particular advantages for impoverished families. Because families were responsible for the cost of their daughters' travel home for visits, the Sisters of St Martha were far more affordable in this regard than an off Island congregation. Furthermore, many congregations requested substantial dowries in the early 20th century. While most congregations were willing to accept women whose families could not afford the asking price of the dowry, the necessity of negotiating a lower price would have served as a deterrent to proud families who preferred instead to approach a congregation such as the Sisters of St Martha, that did not request a dowry.⁶³

⁶²A.H.Clark, Three Centuries and the Island: A Historical Geography of Settlement and Agriculture in Prince Edward Island, Canada, (Toronto, 1959), p. 91.

⁶³The dowry for entering the Congregation of Notre Dame in the early 20th century was \$500, a very substantial amount to Island families, most of whom were dependent on farming or fishing for their incomes. Some women were sponsored by wealthier relatives or members of the community while other families sold land to come up with the dowry money or negotiated payment over a period of time. Oral interview Sister Florence Bertrand, CND, Montreal, 26 June

The creation of internal culture is a natural if not inevitable development in religious congregations. For example, conflicting convent cultures forced a major schism in the Sisters of Charity of the Immaculate Conception (Saint John) in 1924. For years tension had been mounting between the Irish who comprised 63 per cent of the Congregation and the Acadians who comprised 31 per cent,⁶⁴ a tension which mirrored strong ethnic divisions in the Roman Catholic population of New Brunswick.⁶⁵ Although the

1998. Because of archives renovations, exact figures were unavailable for the dowry amount but Sister Bertrand estimated \$500.

The argument that because of their poverty the Irish were particularly drawn to the Sisters of St. Martha, should apply to Acadian women who were more impoverished and marginalised than the Irish, but understandably, most Acadian women preferred to join one of the many French-speaking congregations.

⁶⁴Elizabeth McGahan, "The Sisters of Charity of the Immaculate Conception: A Canadian Case Study", Canadian Catholic Historical Association, Historical Studies, 1994, p.110. These percentages refer to the period 1854-1897.

⁶⁵Despite Acadians significantly outnumbering the Irish in the Diocese of Chatham, in particular, the Acadians were deliberately kept out of Church hierarchy. Beginning in 1900 Acadian Catholics fought hard for their own diocese which they achieved when Moncton became an archdiocese with an Acadian bishop in 1936. See Leon Theriault, "L'acadianization de l'Eglise catholique en Acadie, 1763-1953" in Jean Daigle, ed., Les Acadians des maritimes, (Moncton, 1980), pp.305-14, p.359, as quoted in E.R.Forbes

Congregation divided their resources between French and English-speaking convents and institutions, and operated a French-speaking novitiate from 1881 until 1890 in addition to the English-speaking novitiate, Acadian sisters complained that they and their culture were underrepresented because of the Irish stranglehold on the administration of the Congregation.⁶⁶ Irish ideals and culture dominated and the Acadians' language was spoken only in the specifically French schools. After arguing for years that Acadian sisters should be more prominent in the convent administration, 53 Acadians left the Sisters of Charity in 1924, reducing the number of sisters in the Congregation by one quarter. They created their own separate community and convents in French-speaking areas were formally ceded to the new Congregation. Because of the disruptive nature of the long-standing conflict, the Irish element of the Sisters of

and D.A.Muise, eds., Atlantic Provinces in Confederation (Toronto, 1994), p.146 (footnote 51, p. 544).

⁶⁶Every Mother General between 1854 and 1897 except one was Irish and every Novice Mistress, the second most influential post, was Irish with the exception of one Anglican convert from England who led the French novitiate during the period of the dual novitiate. See McGahan, p.111.

Charity were not unhappy to see the Acadian members leave and the Mother General argued that, "only a complete separation would restore this peace and harmony".⁶⁷ Congregations like the Sisters of St Martha quickly developed an internal culture based on ethnic domination without suffering a major conflict or cession.

In early-20th century Prince Edward Island, well-educated and wealthier Scottish and English women with vocations were more drawn to congregations which were explicitly professional, including the Halifax-based Sisters of Charity and the Religious of the Sacred Heart. But poorer, less educated Roman Catholic women with religious vocations, many of whom apparently were Irish, did not have such a choice of congregations in the Maritimes to which to apply.⁶⁸ And, although several religious congregations

⁶⁷Mother Alphonsus to Cardinal Sbaretti Box 3B, folder 802, 8 September 1922, as quoted in McGahan, p.120.

⁶⁸The Sisters of Charity of the Immaculate Conception, Saint John, was another primarily Irish order whose 20th century entrants usually received their educations after joining the order. (McGahan, p. 132.) The Sisters of St Joseph of the Archdiocese of Toronto, on the other hand, were predominantly Irish, but usually required that entrants who wished to teach or nurse enter with the proper qualifications. See Elizabeth Smyth, "Congregavit Nos in Unum Christi Amor: The Congregation of the Sisters of St

included a tier of membership called lay sisters which served the domestic needs of the institutions and professional sisters of the congregation, this differential status perhaps did not have the same appeal. The new Congregation of the Sisters of St Martha, with its working class connotation derived from its patroness St Martha, may have filled this void, despite the founder's vision of a more skilled and versatile congregation.

Early entrants were not only bound by ties of ethnicity but also by the often correlating characteristic of socio-economic status. Biographical data on the entrants which included fathers' occupations was unavailable, but obituaries hint at some of the entrants' socio-economic backgrounds, and census records flesh out other material. As with education, a father's occupation or the family's social class are noted in the obituaries only when the sister's background was seen as exceptional. The fathers' occupations noted specifically in the obituaries are ship's

Joseph in the Archdiocese of Toronto, 1851-1920", Ontario History, 84:3 (1992), pp.230-233.

captain ("mariner" on the census) and stationmaster. The 1901 Census shows many fathers were farmers or fishers.⁶⁹

It seems that the majority of entrants came from poor families. Given the range of prosperity within the agricultural class, daughters of farmers, who comprised a majority of entrants are difficult to classify. Yet the obituaries provide some clues hinting very delicately at class. For example, one sister was praised, for the "Vow of Poverty required great sacrifices from her, not that she ever wanted much for herself, but she loved to give and was used to giving to others in all her early years". The same sister was remembered for making a definite contribution to her companions in teaching etiquette and for setting high standards in the art of food service, an important phase of community work.⁷⁰ Another 'well-bred' sister's elegant circumstances in earlier years are hinted at: "From her cultured Island home Sister brought to the Novitiate that dignity of bearing and gentleness of manner that

⁶⁹Canada, Census of Canada, 1901.

⁷⁰"Sister Mary Michael McKenna (1886-1955), Obituary", SSMA, Series 9.

characterized her during the whole of her religious life."⁷¹ These two sisters are remembered in their obituaries as exceptional. The vast majority of entrants were from poor families which could ill afford the luxury of middle class manners and culture.

Records were not kept on the skills or education entrants brought to the Sisters of St Martha, but again, obituaries suggest a great deal. In providing biographical information these commonly emphasized a sister's educational attainments. If a woman entered the Congregation with an education above the grade 10 level offered in district schools, it was usually noted in her obituary. Obituaries of five of the 28 sisters who entered between 1916 and 1925, and who stayed permanently, mention attendance at Prince of Wales College and teaching for between one and five years before entrance.⁷² Among this 28 at least, probably only

⁷¹"Sister Mary Joseph Montigny (1889-1960), Obituary", SSMA, Series 9.

⁷²The 28 obituaries are for people who died before 1994, and who died while still members the congregation. Admittedly six of 28 women, or 21.4 per cent, is higher than the rate of college education among PEI women in the early 20th century generally, but the majority of the six likely attended the high school which Prince of Wales also operated, rather than the college.

one other had received even a grade 10 education.⁷³ In many cases the obituaries list the education obtained once in the Congregation, and in the Annals there is much discussion of the cost, measured in terms of both economic and human resources, of educating sisters. Finally, before the sisters received notification that they would be required to take over the Charlottetown Hospital in 1924 only one of their 27 active members had any nursing training, and she went to nursing school only after her novitiate training. Most entrants to the Sisters of St Martha were not educated beyond their district schools. Despite their 'mature' average age at entrance, women did not bring a wide variety of education or skills to the Sisters of St Martha.

It is clear that many early entrants for whom there are obituaries lived lives of domestic service in the Sisters of

⁷³As was discussed in chapter 2, until school consolidation in the 1960s, few district schools offered education beyond the grade 10 level. Grades 11 and 12 were available at St Dunstan's and Prince of Wales. Education seems to be mentioned in the obituaries if exceptional, as was considered attendance at one of the colleges mentioned. After looking at about 150 obituaries, I believe if a sister received education beyond her district school it would have been mentioned in the obituary, which is why I say only five or six of the 28 early entrants for whom we have obituaries probably received more than a grade 10 education.

St Martha. At least a third are remembered for their domestic skills: their strength, their cooking skills, their simple lives of faith, their capacity for physical work, their perfection in cleanliness, their ability to serve dainty meals, or, as one obituary noted, excellence in decorating cakes. Had these women trained in teaching or nursing they would have been employed in one of the Congregation's schools or hospitals as long as their health permitted. More likely, the 1916-25 entrants arrived without an education, and, unless noted otherwise, never received one in the convent. One of the first entrants, Sister M. St John (Sarah Farrell), spent a total of 39 of her 62 professed years in domestic service at St Dunstan's University, which accounts for virtually all of her adult working life.⁷⁴

Some obituaries mentioned former employment other than teaching. One woman from near Tignish, who was crippled from birth, had worked for a few years in Lawrence,

⁷⁴Sister M. St. John's duties at St. Dunstan's included being sacristan and infirmarian in addition to more standard domestic service. She retired in 1963. "Sister M. St. John's (1895-1977), Obituary", SSMA, Series 9.

Massachusetts, likely in a factory or as a domestic.⁷⁵

Another entrant had worked in Baltimore with an aunt who was reported to be a successful business woman.⁷⁶ Two childhood friends from western Prince Edward Island moved to Charlottetown to find employment. While working in Charlottetown their zeal in attending Cathedral services caught the attention of the rector who approached the girls about joining the Sisters of St Martha. The two friends joined the Congregation in 1922, both aged 18, and made their final profession together in 1929. There they found domestic employment in the service of their faith.⁷⁷

At least three early entrants had first entered other congregations, one the Sisters of St Joseph, St Paul Minnesota, and two the Congregation of Notre Dame. One left her previous congregation because of unhappiness, while the other two left because of illness. One of those who left due to illness had first answered the call to religious life

⁷⁵"Sister Margaret Mary Cassie (1892-1980), Obituary", SSMA, Series 9.

⁷⁶"Sister Eileen Gertrude McPhee (1892-1982), Obituary", SSMA, Series 9.

⁷⁷"Sister Margaret Chaisson (1903-1983), Obituary" and "Sister Marie Melanie LeClair, Obituary", SSMA, Series 9.

by entering the Congregation of Notre Dame, to which her aunt already belonged. While teaching as a novice in Sherbrooke, Quebec, she was diagnosed with diphtheria and rheumatic fever and was not expected to recover. She returned to Prince Edward Island and, after a few years of rest and recovery, entered the Sisters of St Martha. For these women, the proximity of the Sisters of St Martha to their families provided the opportunity to reenter religious life.⁷⁸

Fifty-five of these first 57 entrants to the Sisters of St Martha were from Prince Edward Island. This is not surprising given that the bishop assured Islanders that the new congregation would serve the province exclusively.⁷⁹ Several entrants joined the Sisters of St Martha specifically because it did not require leaving their home province. The first elected Mother General, Mother Ellen Mary (Ellen Mary Cullen) joined partly because her father had such a great love of the Island that she wished to

⁷⁸"Sister M. Bonaventura Cahill (1888-1981), Obituary" and "Sister M. Catherine Byrne (1887-1982), Obituary", SSMA, Series 9.

⁷⁹Bishop Henry O'Leary to Diocesan Parish Priests, 05 May 1917, SSMA, Series 8, Sub-series 2, #6.

remain in the province.⁸⁰ The only two entrants from outside Prince Edward Island were from the Magdalen Islands, which was part of the Diocese of Charlottetown from 1829 to 1946.

Geographically, entrants to the Sisters of St Martha loosely reflected the Catholic population's distribution in the province. Kings County, with 26 per cent of the Island's Catholics, sent 13 women or 24 per cent of entrants in the first decade; Prince County with 39.5 per cent of Prince Edward Island Roman Catholics sent 17 women or 32 per cent, while Queens with 34.4 per cent of the Island's Catholic population sent 43 per cent of entrants between 1916 and 1925. More useful in determining geographic patterns, however, is the home parish of the 55 Island entrants, displayed in Map 2: Place of Birth of Prince Edward Island Entrants to the Sisters of St Martha, 1916-1925 (p.150).

⁸⁰Sister Mary Walker, "Sister Ellen Mary Cullen: First General Superior of the Sisters of St. Martha of PEI", UPEI, 1977, p. 5, SSMA, Series 8, Sub-series 1, #5. Sister Cullen's mother died six weeks after she entered the Sisters of St. Martha, so Cullen may have been keen to remain near her family.

Most of the entrants came from 12 parishes which indicates either the influence of parish priests who supported Bishop O'Leary's congregation or the influence of kinship and neighbourhood networks. As in Quebec, women were more likely to join congregations to which relatives already belonged.⁸¹ Among the 57 entrants, there were four pairs of sisters and another family sent three siblings. In other words, 20 per cent of members had a sibling in the Congregation. In three cases two siblings entered the same year and in three cases either the second or third siblings entered within the next two years. Other clusters represent women from the same parish who may have been more comfortable joining convents to which other members of their parishes already belonged.

The significant role of kinship ties in strengthening and maintaining the Congregation can be illustrated by an analysis of three siblings from Vernon River who joined the Sisters of St Martha in 1920 and 1922. Their commitment to their vocation was tested by a family tragedy in 1928, in which two of their sisters and one brother were drowned.

⁸¹Danylewycz, pp. 111-116.

The eldest of the siblings who had entered the Sisters of St Martha was called upon to inform her parents of the tragedy. The temptation to leave the Congregation at that time must have been great--and had there not been two daughters and a son still at home, leaving the Congregation may have proved necessary for at least one of them--but all three persevered in the new congregation. Combined they gave 150 years of service to the Sisters of St Martha. The second to join served as Mother Superior of the Congregation from 1945 until 1951. The obituary of one of the Walsh sisters credited the industrious activities of the family farm along with the upbringing in Christian faith for preparing her for the strenuous years as a Sister of St Martha.⁸²

The same phenomenon of kinship and community ties that drew some women to the Sisters of St Martha undoubtedly encouraged others to enter off-Island congregations. Prospective postulants in the early 20th century who left Prince Edward Island were often joining congregations to

⁸²"Sisters M. Aloysius Walsh (1897-1969), Obituary"; "Sister M. Stephen Walsh (1898-1990), Obituary"; and "Sister M. Teresa Walsh (1895-1987), Obituary", SSMA, Series 9.

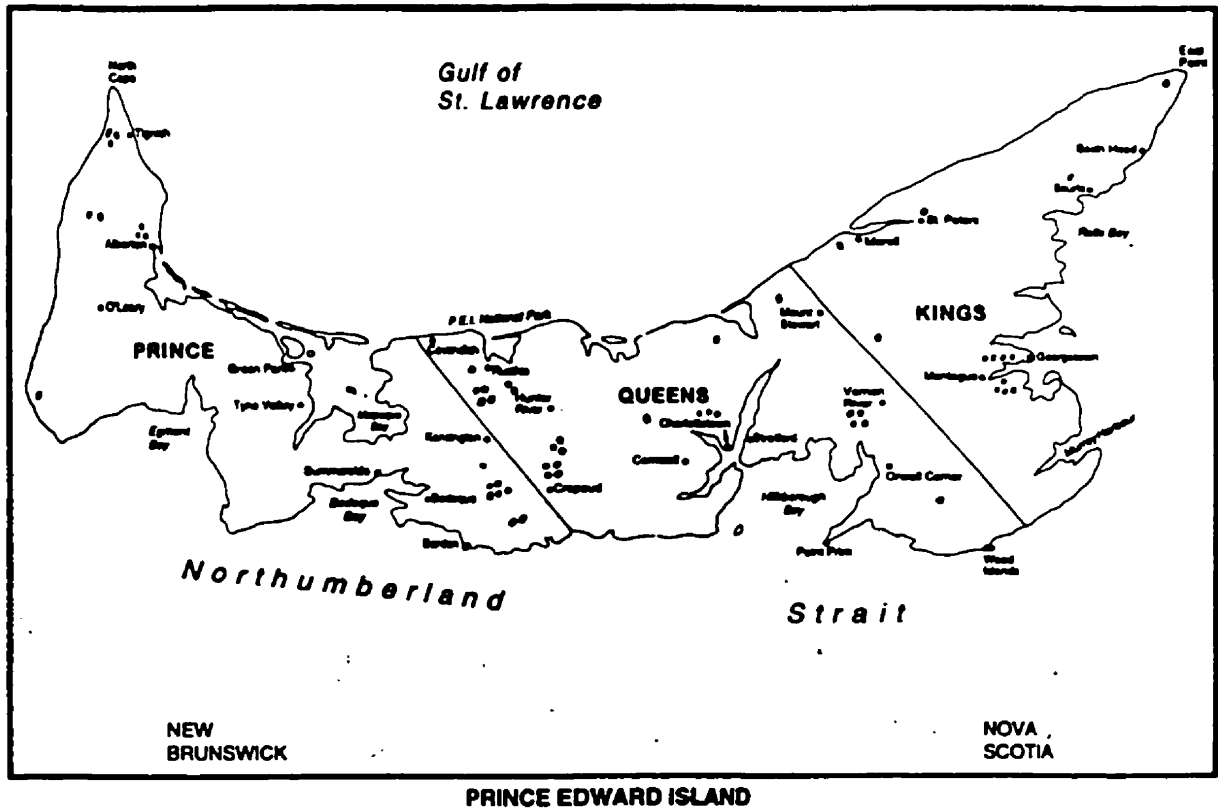
which relatives or friends already belonged.⁸³ These entrants valued such connections more than the opportunity to stay on Prince Edward Island.

The 57 entrants to the Sisters of St Martha in the decade 1916-1925 ranged widely in age but were otherwise quite a homogeneous group. They were almost 80 per cent Irish, 97 per cent native Islanders, largely unskilled and uneducated and from poorer families. With the exception of a small school which three of their sisters staffed beginning in 1921, the first decade of the Sisters of St Martha focussed on domestic service at the diocesan seminary and Catholic men's college, and at the bishop's residence. Furthermore, many Island women continued to exercise their choice of religious congregations by leaving the Island; they clearly did not feel a sense of duty to their diocesan congregation but rather found congregations which more precisely matched their skills and desires.

⁸³A high 30 per cent of PEI entrants to the Congregation of Notre Dame between 1880 and 1920 had a relative already in the order. Vautour, p. 132. My suspicion is that the percentage was even higher among Island entrants to the Sisters of St. Joseph in St Paul, Minnesota.

Bishop O'Leary intended for the Sisters of St Martha to serve Prince Edward Island's 40,000 Catholics in a myriad of ways. He failed to take into account, however, that the Congregation would inevitably be defined by its initial function, domestic service, which would, in turn, attract a particular kind of aspirant. Membership was thus comprised of a relatively small and homogeneous group. The women's lack of skills solidified the Congregation's initial function in the diocese: because the women entered the Congregation with few professional skills and little education, and both the Congregation and Diocese were too poor to educate them formally, from 1916 to 1925 the sisters' work largely consisted of domestic service at the diocesan seminary and at the bishop's residence. Although not what Bishop O'Leary intended, the Congregation assumed working class status. Indeed, by the end of the first decade it seemed that everyone but Bishop Louis O'Leary had forgotten the original vision: that the Congregation was founded to serve the Island Catholic population in a variety of ways.

Map 2: Place of Birth of Prince Edward Island Entrants to the Sisters of St Martha, 1916-1925. Source: "Card File of All Applicants", SSMA, Series 10.



Chapter 4: Up By Their Bootstraps: The 'Embourgeoisement' of the Sisters of St Martha, 1925-1930

While the first decade of the Sisters of St Martha's work was characterized by domestic service, the period 1925 to 1930 saw a rapid and arguably reckless expansion into two new social institutions: a hospital and an orphanage. These institutions required far more varied and skilled labour than the sisters possessed and much more financial responsibility than they were accustomed to. Nevertheless, in June 1924, Bishop Louis O'Leary informed the Sisters of St Martha that, effective July 1925, they would take charge of St Vincent's Orphanage as well as the Charlottetown Hospital, the provincial Roman Catholic referral hospital and the single largest endeavour of the Roman Catholic Church in Prince Edward Island. It was not only remarkable that O'Leary made a request that was so far beyond the sisters' proficiencies, but even more remarkable that the sisters were able to respond to the request.

The Sisters of St Martha may have been unqualified to administer a hospital, but O'Leary justified his request because they were suitable as members of the diocesan congregation, and they had a year to train for the assignment. Their religious vows promised loyalty to the bishop, very inexpensive labour, and continued adherence to Roman Catholic laws and traditions. Thus the moral, medical and sexual ethics of Island Catholics would continue to be protected and monitored as much as was possible. The sisters overcame a dearth of funding, medical training, and autonomy to successfully take over the administration of the two social institutions in the mid 1920s. As the Island's Roman Catholic referral hospital and the province's most utilized Roman Catholic social institution, the eighty-bed Charlottetown Hospital provided essential health services to an economically depressed province and particularly its Roman Catholic population. St Vincent's Orphanage, another significant Roman Catholic social institution, was home to almost one hundred children when the Sisters of St Martha accepted its administration in 1925.

The Sisters of Charity of Quebec had been running the diocesan hospital for 45 years and the orphanage for a

decade, when, in May, 1924, the Congregation contacted the Bishop of Charlottetown to say they could no longer continue this service, and would withdraw effective July, 1925.

Sister Ste. Christine, General Superior of the Sisters of Charity of Quebec, wrote to Bishop O'Leary that the nine sisters had to be recalled due to a shortage of English-speaking sisters and the high demand for them. She explained that their community's decreasing number of entrants did not allow them to give adequate numbers of sisters to study English. She wrote:

Pour ces graves raisons, la Communité a décidé, d'accord avec l'Autorité ecclésiastique, de retirer nos Soeurs et de les rappaller à Quebec. Mais aforce que Notre Grandeur ait le temps de pourvoir a nous replacer nous pourrons continuer notre oeuvre encore quelque mois et même toute l'année, s'il en est besoin, mais en juillet mil neuf cent vingt-cinq, nos Soeurs quitte ront définitivement Charlottetown.¹

Bishop Louis O'Leary, clearly terrified by the possibility of losing the Sisters of Charity and perhaps the Charlottetown Hospital, replied in writing to Sister Saint Christine:

¹Letter to Bishop O'Leary from Sister Ste. Christine, Superior General, Sisters of Charity of Quebec, 8 May 1924. Archives of the Sisters of St Martha of Charlottetown [SSMA], Series 8, Sub-series 2, #7.

Your letter came to me as an absolute surprise, a blow from the blue sky, as I had not the slightest intimation that you were even considering the withdrawal of your sisters, nor did I know of any reason that would lead you to so consider.

Neither am I aware of what representations were made to you to make you take such an unprecedented step, and am therefore at a total loss to understand your decision.

You have, however, made it and intimated it to us and we have only to abide by it, it leaves us under the necessity of providing for the hospital and orphanage with only one nurse in our own community of religious....²

A month later, knowing he had few other options, Bishop O'Leary informed the Sisters of St Martha that they would take over the Charlottetown Hospital the following summer. The sisters' reaction was recorded in their annals:

Humanly speaking [taking over the hospital] was utterly impossible but we were not left any choice in the matter[;] it was a question of obedience as the bishop said, 'It is not a question of taking it up but how best to prepare for it.'³

And so, after a decade of domestic service and a few years of teaching, the young congregation embarked on a plan to

²Letter to Sister Ste. Christine, Superior General, Hospice of the Sisters of Charity, Quebec, PQ, from Bishop Louis O'Leary, 19 June 1924, SSMA, Series 8, Sub-series 2, #7.

³"Annals", July 1924, SSMA, Series 8, Sub-series 4.

assume the administration of the Charlottetown Hospital a year later.

Given that the hospital was owned by the Episcopal Corporation, it was very advantageous for the Diocese to have a diocesan congregation of sisters administering it. This made for unambiguous episcopal authority in its running. As was discussed in Chapter Two, a bishop's power could be more firmly asserted over a diocesan congregation than over any papal congregation. The Sisters of Charity were able to withdraw from the Charlottetown Hospital because of their papal status. Their autonomy from any bishop allowed them to prioritize requests based on their members' skills and the degree of need, as they determined it, rather than according to the desires of Bishop O'Leary.⁴

⁴In fact, autonomy in accepting requests may have been the greatest benefit of papal status for any congregation. Most congregations are anxious to gain papal status in case they come under the control of an unsympathetic bishop. Such was the case with the Halifax Sisters of Charity. See J. Brian Hanington, Every Popish Person: The Story of Roman Catholicism in Nova Scotia, 1604-1985, (Halifax, 1984), pp. 102-139. The Sisters of St Martha were finally granted papal status in 1957. Albeit an artificial construction, I believe, had a congregation with papal status but the same resources as the Sisters of St Martha in 1925 been faced with the request Bishop O'Leary made, the congregation would have undoubtedly denied the request due to insufficient resources.

The Charlottetown Hospital was owned by the Episcopal Corporation and managed by a board of governors. From the founding of the hospital the Bishop was the ex officio chair of the board of governors and president of the hospital. In addition to the bishop, the board included the rector of the Basilica of Charlottetown and the sister superior and the sister directress of nursing of the Charlottetown Hospital. The rector was the vice president and the sister superior was the secretary treasurer.⁵ The bishop also chose the eight remaining non-medical members of the hospital board, while the medical staff chose its own representatives, the only three non-episcopal appointments to sit on the board. Under hospital by-laws, the bishop held veto power over the entire board which ensured that no decision of the board was valid unless it met with his approval.⁶ The same system of administration was in place

⁵The bishop was responsible for assigning a priest to be rector of the Basilica and from 1916 until 1951 the bishop had to approve the outcome of the democratic election of the Sister Superior of the Sisters of St Martha. Thus the bishop had direct control over these three appointments to the hospital board.

⁶"Act to Incorporate the Charlottetown Hospital", 1933, Prince Edward Island Statutes, Chapter 26, 1933, p. 207, and "By-Laws of the Charlottetown Hospital", [1952], pp.1-5,

during both the Sisters of Charity's and the Sisters of St Martha's tenure at the hospital, yet because Sisters of Charity could withdraw at any time, bishops of Charlottetown had more to gain by reasoning and compromising with them than with the Sisters of St Martha over whom the bishops held authority.

It was not standard practice for a Roman Catholic hospital run by sisters, even diocesan sisters, to lack autonomy in its administration. In Antigonish, for example, the sisters owned the hospital and made up a majority of the fifteen-member board of governors. The remaining members of the board of governors were chosen by the organizations who made annual grants, the provincial government, municipal council, and the town. The final three were suggested by the sisters and appointed to the board. Furthermore, there were regularly non-Roman Catholics on the Board.⁷

Despite the Sisters of St Martha's limited managerial control over the Charlottetown Hospital, they were placed in

SSMA, Series 12, Box 1, #5.

⁷Bishop James Morrison (Bishop of Antigonish) letter to Bishop O'Sullivan 02 May 1932, SSMA, Series 8, Sub-series 2, #7. The Antigonish sisters were an incorporated body and the hospital came under that corporation. (Ibid.)

charge of the daily running of the hospital; they were entrusted with the health care of Island Roman Catholics, the enforcement of Roman Catholic social theology as outlined in the medical moral guide, the supervision of hospital employees, and the balancing of a significant operating budget.

The Congregation's most obvious need in taking on their new responsibilities at the hospital was for medical training. Bishop O'Leary was aware of this and worried about the quality of medical care the sisters could provide after only one year of preparation. He turned to the Bishop of Antigonish for help and begged Bishop James Morrison to allow the Sisters of St Martha of Antigonish to again come to Charlottetown to rescue the Charlottetown congregation. O'Leary wrote:

We certainly were left in a precarious position for we have only one trained nurse among the Martha's (sic) here.... I think our hospital will be ready for organization about May 1st, but we will not be able to organize properly or to continue the work as we should unless we get temporary help from the Sisters of St Martha of your diocese who promised to do their best for the

... sisters here in the hospital lines when the sisters were founded.⁸

Bishop O'Leary specifically requested two operating room nurses and another "experienced person". Bishop Morrison and the Antigonish sisters refused Bishop O'Leary's request perhaps because there had been too many desperate requests in the last decade, from O'Leary and other bishops. The Charlottetown Sisters of St Martha were forced to take charge of the Charlottetown Hospital by themselves, despite O'Leary's previous admission that by the time of the takeover, the Charlottetown Congregation would not be organized properly to run the hospital as it should be run.

Had it been possible, the young congregation undoubtedly would have refused the assignment. By 1924, although 57 women had entered the Congregation, only 27 had finished their novitiate, and many of the remaining 30 had left the Congregation. Of the 27 ready for active ministry, only six had taken permanent vows and were considered fully professed, and there was only one sister with any sort of

⁸Letter to Bishop James Morrison, Bishop of Antigonish, from Bishop Louis O'Leary, 25 February 1925, SSMA, Series 8, Sub-series 2, #7.

medical training.⁹ Due to these very limited human and economic resources, the greatest number of sisters the Congregation was able to send for hospital training was four: Sister M. Paula, Sister Philip, Sister Faustina, and Sister Mary of Mercy. Twelve sisters continued to be engaged in domestic work at St Dunstan's University, four were engaged in domestic service at the Bishop's Palace, and three were public school teachers in Kinkora. Most of the remainder did not yet have work assignments because they had not finished their novitiate training.¹⁰

⁹Congregations place a very high priority on new members' formation in religious life and in their specific congregation. The first six months "postulancy" may be compared to an engagement or trial period. If the entrant wishes to remain and the congregation considers her suitable to religious life and their congregation, she is invited to take first vows and enter a two year novitiate, in which intense religious formation is taught. Normally new members are unavailable for active ministry until they have completed the postulancy and novitiate and thus been in the congregation a minimum of 2.5 years. It seems some of the Charlottetown congregation's novices may have been rushed through their novitiate or had it interrupted because of the bishop's anxiety to have so many jobs filled by the new congregation.

The one sister with medical training was a registered nurse who trained at the Charlottetown Hospital School of Nursing under the direction of the Sisters of Charity.

¹⁰"Sisters' Ministries", SSMA, Series 3, Sub-series 4.

The sisters appointed to receive hospital training could have received it at the school of nursing which the Sisters of Charity ran at the Charlottetown Hospital, but the bishop thought it unwise to do so. His concerns probably centred on the twin embarrassments of exposing the inexperience of the sisters to public scrutiny and training them with other student nurses whom they would have to supervise in a year. Instead, the four sisters appointed to receive hospital training were sent to St Joseph's Hospital School of Nursing in Glace Bay, Nova Scotia, run by the Antigonish Sisters of St Martha since 1902. The Charlottetown sisters returned to the Antigonish Marthas, who, less than a decade before, had provided the younger congregation's novitiate; they were obviously chosen for their previous loyalty, sensitivity, and invaluable mentoring of the Prince Edward Island sisters. After six months at St Joseph's, Sister M. Paula and Sister Faustina went to Marquette University in Milwaukee for training in hospital administration.¹¹

¹¹"Annals", 1924-25, SSMA, Series 8, Sub-series 4. The previous loyalty included sending three mature, experienced Antigonish sisters to Charlottetown for five years to help give the Congregation a solid start, as well as the ongoing

When the transfer of administration from the Sisters of Charity to the Sisters of St Martha took place in June 1925, Sister M. Paula was appointed Superintendent of the hospital and Superior of the local community of six sisters. Sister Faustina became superior of Nurses and x-ray technician. Sister M. St Hugh Campbell became the lab technician, Sister M. Mercy (Helen Lanigan) and Sister Philip Neri McCarthy served as nurses.¹² Sisters Mary Stephen, Mary of Lourdes, and Mary of Carmel were also on the pioneer staff, most likely filling the roles of secretary/bursar, supervisor of housekeeping, and supervisor of dietetics.¹³ All the hospital's senior and supervisory

advice the Bishop of Antigonish gave to the neighbouring Bishop of Charlottetown.

Marquette University is a Catholic institution which was affiliated with one of the three early-20th century Catholic medical schools in the United States, the others being Lily University School of Medicine and Seton Hall School of Medicine and Dentistry. While the sisters had a very limited amount of time in which to receive training in hospital administration, they nevertheless received that training in a prestigious American institution. See "Medical Schools", New Catholic Encyclopaedia, vol 9, (New York, 1967).

¹²"Annals", 1925, SSMA, Series 8, Sub-series 4.

¹³Members of the group loosely reflected the demographic make-up of the congregation: they were young (the average age was 27); all were from rural areas of the

staff, with the exception of the doctors, were completely new to the hospital. Only the paid housekeeping staff, repairman, and orderly, as well as the unpaid student nurses, had experience at the Charlottetown Hospital previous to the summer of 1925.¹⁴ When the change in administration of the Hospital took place on 24 June 1925, the sisters' annalist recorded the young congregation's level of anxiety:

June 24th came all too quickly and the Sisters had to lean so much the more closely on their Divine Spouse since He had seen fit to give them almost unsupportable burdens and beg their Mother Mary so much the more earnestly for her help. As before in the trying days after the departure of Mother Stanislaus they learned God can make use of weak instruments and in spite of inexperience, nothing terrible happened.¹⁵

province; three were from eastern Prince Edward Island and five were from central Prince Edward Island; six were Irish and three were Scots. It was considered inappropriate for sisters to work as maids in a place as visible as the hospital, thus I am quite certain the 'non-nursing' sisters worked as directors of household and dietetics.

¹⁴"[Financial Information of Charlottetown Hospital]", 1925, SSMA, Series 12, Box 1, #7. Ironically, the sisters' work was somewhat in keeping with the 17th century intentions of *les filles séculières*, discussed in Chapter 2, to avoid specialization but rather to work in a variety of areas. The difference was that standards in medicine had risen infinitely in three centuries!

¹⁵"Annals", June 1925, SSMA, Series 8, Sub-series 4.

Although nothing terrible happened, neither did things go smoothly.¹⁶ The daily running of the hospital was a huge challenge to the Sisters of St Martha whose annalist remarked in 1926, "A deep feeling of gratitude for the favours God was giving us to 'carry on' in spite of many difficulties such as lack of numbers, unprecedentedness [sic], etc., kept us constantly saying 'Thank God'".¹⁷

The Charlottetown Hospital was a key component of the Prince Edward Island Roman Catholic culture. Social institutions were central to creating a Roman Catholic social order in the province of Prince Edward Island just as in most Canadian provinces.¹⁸ The social and theological

¹⁶On the first day the sisters ran out of sterilized equipment because fuses blew and the sterilizers did not function properly. The matron of the Prince Edward Island Hospital, the "Protestant" Hospital, fulfilled the Charlottetown Hospital sisters' request for a supply of sterilized equipment so that operations could continue at the Charlottetown Hospital. "Annals", June, 1925, SSMA, Series 8, Sub-series 4.

¹⁷"Annals", 1926, SSMA, Series 8, Sub-series 4.

¹⁸The other central Catholic social function was education. At the centre of education was St Dunstan's University, the source of most Prince Edward Island priests. The university also garnered emotional support among Catholics because, unlike the public, but unofficially Protestant, Prince of Wales College, it was not allotted any funding from the provincial government. The public school

basis for the fervent desire of Roman Catholics to administer their own hospital derived from several factors, including Vatican directives, and rules made by the Catholic Hospital Association, most importantly, those rules described in the Medico-Moral Guide which outlined proper Roman Catholic hospital ethics. Roman Catholics required their own hospitals to ensure protection of their faith's medical ethics. These ethics are based on "natural law", the basic principle of which is that nothing can interfere with that which God has created. This law has been ascertained by Roman Catholic theologians through "... the observation of creation, and by the use of man's unaided reason in relation to what he has observed."¹⁹

system allowed funding for unofficial Roman Catholic schools in scattered Island communities (Charlottetown, Kinkora, Tignish, Rustico, and Miscouche) but not to the degree the Catholic population wished. There were also instances of bitter fighting over the issue of providing for Roman Catholic schools. In Summerside the Roman Catholic school, which had more than 700 students in the 1950s never received any public funding while the 'Protestant' school was deemed the public school and received the maximum funding possible for a public school. "Congregation of Notre Dame Convent Annals", 1950s, Summerside, and "History of Notre Dame Convent, Summerside", nd, Records and pamphlet held in convent in Summerside.

¹⁹Contraception, for example, breaches natural law because it interferes with the nature of the sexual act, the

Roman Catholic hospitals practised medical ethics which included special concern for their Roman Catholic patients.

As one Roman Catholic theologian noted:

True medical ethics are more than casuistry, more than a code of law; they are a plan for living and for professional conduct which will develop to the full the role of the doctor in the Mystical Body of Christ, and will serve to the best advantage the true interests of his patients.²⁰

Some common medical procedures are in direct violation of Roman Catholic teaching and therefore are forbidden in Roman Catholic hospitals. These procedures include artificial insemination, male infertility tests that require masturbation, sterilization,²¹ euthanasia, and ending a baby's life during childbirth specifically to save the mother. All these procedures are in violation of the Roman

primary purpose of which is procreation. Roman Catholic teaching says that the other consequences of the sexual act, such as displaying love and satisfying sexual desire, are secondary and completely unacceptable justification of contraception. Sex which takes place deliberately during infertile times of a woman's hormonal cycle, however, is in keeping with natural law because it interferes with nothing. John Marshall, Medicine and Morals, Twentieth Century Encyclopaedia of Catholicism, vol.129, (New York, 1960), p.20.

²⁰Marshall, p.27.

²¹Sterilization was permitted in some individual cases if the hospital's ethics committee agrees on it.

Catholic understanding of natural law. Furthermore, Roman Catholic teaching says that any Roman Catholic, most notably a hospital staff person, who is in a position to prevent such procedures and fails to do so, commits mortal sin.²²

Along with the preservation of natural law, Roman Catholic hospitals are expected to ensure an understanding of other less specific Church habits or customs. For example, a Roman Catholic might refuse medicine to reduce pain because enduring the pain might serve as "...suffering in expiation of his sins, to gain merit for himself, and to fulfil the divine command to shoulder his cross."²³ The Church is clear that the decision to refuse pain reducing medicine is entirely voluntary and should not adversely affect the patient's health, but Roman Catholics are also reminded that "...the acceptance of suffering is an integral part of the Christian life..... [It] is a necessary criterion for admission to the Kingdom, an essential experience."²⁴

²²Marshall, p.27.

²³Marshall, p.116.

²⁴Marshall, p.115.

An efficient, respected hospital, run according to the Roman Catholic understanding of natural law and the guidelines of the medical moral guide was essential to maintaining a faithful Roman Catholic community on Prince Edward Island. At a time when the standard training for a registered nurse was three years, Bishop Louis O'Leary imposed sister-nurses with only one year of training on Island Roman Catholic patients at the Charlottetown Hospital; he thus may have risked the lives of Roman Catholic patients for the sake of the denominational and financial future of the hospital.²⁵

Prince Edward Island's two main referral hospitals, which were also Charlottetown area general hospitals, were strongly divided along religious lines throughout most of the 20th century.²⁶ Roman Catholic patients saw their Roman

²⁵Another option for the hospital might have been to hire a lay staff under Roman Catholic direction, but I suspect this was not considered because it was financially not feasible; the sum of user fees could not support many secular staff people, particularly in the more highly trained, and thus more highly paid, positions.

²⁶The Prince County Hospital in Summerside, Prince Edward Island, on the other hand, served a mixed clientele of both Roman Catholic and non-Catholic patients. In the 1950s and 1960s the Charlottetown Hospital kept statistics on the number of Catholic and Protestant patients. The

Catholic doctors in their Roman Catholic hospitals and Protestant patients received parallel treatment.

Charlottetown area doctors, similarly, held privileges at either the 'Protestant', Prince Edward Island Hospital, or the Roman Catholic, Charlottetown Hospital, rather than at both hospitals. The two-hospital tradition was rooted in their separate foundings. Bishop McIntyre founded the Charlottetown Hospital in 1879 while a group of Protestants founded the Prince Edward Island Hospital in 1884.²⁷

In the 1920s there were six doctors on staff at the Charlottetown Hospital. They charged fees directly to their patients who were also required to pay a separate hospital bill. Doctors shared the case load of patients classified

latter were never more than 10 per cent of the total. As there was no 'other' category, I suspect some of those counted 'Protestant' were more specifically 'non-Catholic'. I expect the number of Protestant patients was also very small in the 1920s and 30s, as well. "Charlottetown Hospital Statistics" 1950s and 1960s; PEI Hospital Statistics", 1950s and 1960s (incomplete), Queen Elizabeth Hospital, Charlottetown, Medical Records Department.

²⁷Wendell MacIntyre, "The Longest Reign", in Michael Hennessey, ed., The Catholic Church in Prince Edward Island, 1720-1979, (Charlottetown, 1979), p.94; Lorne Callbeck, "Economic and Social Development Since Confederation", in F.W.P.Bolger, ed., Canada's Smallest Province: A History of Prince Edward Island, (Charlottetown, 1973), p.346.

as free patients, a category which included 'paupers' as well as diocesan priests and women religious, by each accepting two months of 'free patient duty' a year.²⁸

From the opening of the hospital in 1874, the financial future of the Charlottetown Hospital was always uncertain.²⁹ Like other Canadian hospitals, Roman Catholic, Protestant, or public, the Charlottetown Hospital did not receive significant government funding until the introduction of national hospital assistance funding in 1959.³⁰ From 1925

²⁸Free patients were distinguished from non-paying patients in that the former were never issued bills while the later were issued bills but did not pay them.

²⁹Prince Edward Island was consistently the poorest province in Canada, at least until Newfoundland joined Confederation in 1949. The Maritime economy received a small boost for a short time from World War I, but afterward wages fell and unemployment rose. In the 1920s and 1930s Atlantic Canadians tried to fight their underdevelopment rather than see the beginning of their dependence on various transfer payments from the federal government that would sustain the future of the region. Even with transfer payments the per capita income of Prince Edward Island remained a great deal lower than the national average. Ian McKay, "The 1910s: The Stillborn Triumph of Progressive Reform" in E.R. Forbes and D.A. Muise, eds., Atlantic Provinces in Confederation, (Toronto, 1993), p.229.

³⁰Della Stanley, "The 1960s: The Illusions and Realities of Progress" in Muise and Forbes, p.437. All Atlantic Canadian provinces signed Hospital Care Acts in 1959. Prince Edward Island joined the national Medical Care Insurance Act, which was available in 1967, in 1970.

to 1959 the hospital obtained very little of its operating costs through endowments or other gifts, which contributes to the never challenged stereotype that Island Roman Catholics were poorer than their Protestant counterparts whose hospital received far more endowments.³¹ In addition, numerous Roman Catholic institutions, including a university, orphanage, and family services bureau, all of which reported constant financial crisis, competed for money.³² Finally, Islanders, in the 1920s and earlier, consistently voted for political parties which advocated very little government involvement and minimal public spending.³³ Families, as the basic unit connecting the individual to society, were expected to take care of

³¹A more thorough comparison between the Prince Edward Island and Charlottetown Hospitals' operating budgets will be undertaken in Chapter 5.

³²"Diocese of Charlottetown Yearbooks", 1920-1940 (incomplete), Roman Catholic Diocese of Charlottetown Archives [RCDA). Arguably, St Dunstan's University received the most attention from several bishops. For more information, see G. Edward MacDonald, "'And Christ Dwelt in the Heart of His House': A History of St Dunstan's University, 1855-1955", (PhD dissertation, Queen's University), 1984.

³³Leonard Cusack, "The Prince Edward Island People and the Great Depression, 1930-1935", (MA Thesis, University of New Brunswick, 1972), pp.16-24.

individuals who could not support themselves financially, and churches were supposed to provide support as extensions of the family. Leonard Cusack has argued that in the late 1920s and even in the early 1930s, Islanders, "...confident that the present (agricultural) prosperity would continue did not consider that public economic security was necessary."³⁴ Without the virtually unpaid labour of the Sisters of St Martha in administering the cash-strapped Charlottetown Hospital, the hospital, which served more than one thousand people annually in the late 1920s, might not have survived.

In the first two and a half decades of the Sisters of St Martha's administration, patient fees accounted for the largest receipt of money at the Charlottetown Hospital. A distant second was charitable fundraising, and third was the money the sisters raised through miscellaneous activities such as singing masses and sewing. Fourth and fifth were the provincial and city grants. Rarely noted in the hospital budgets, however, is the sisters' largely unpaid labour.

³⁴Cusack, p.30.

The value of this work is huge but difficult to determine precisely.

In the first years of the Sisters of St Martha's administration of the Charlottetown Hospital, eight to ten sisters were assigned to the hospital to work in various areas. Although it is difficult to precisely measure the value of their labour, consider the average Maritime rates of pay for the following hospital jobs the sisters filled:

Table 8: Average Rates of Pay for Nursing Staff, Maritime Region, 1929-30

Position	Average Pay	Number at Chtn. Hosp.	Total
Superintendent	1850	1	\$1850
Nurse and x-ray tech	1600*	1	\$1600
Nurse	1339	3	\$4017
Lab Tech	1200**	1	\$1200
Total		6	\$8667

*Calculated on the basis that this senior nurse with training in x-ray would receive marginally more than a ward nurse.³⁵

**Calculated on the basis that a lab technician would receive slightly less than a nurse.

Source: George Weir, Survey of Nursing Education in Canada, (Toronto, 1932), p. 50 and my estimates as noted above.

Admittedly, the figure \$8667 is very rough, but it provides an indication of the economic value of these six sisters' work at the hospital. The sisters, who lived in a convent inside the hospital, were remunerated eight dollars a month in addition to room and board which came out of the hospital budget. Some lay nurses at many Canadian hospitals

³⁵The sister-nurses did not have the three years training required for a standard degree, yet I have assigned the average salaries for a registered nurse to them because although their training was very condensed, they were doing the same work that registered nurses' did. In addition, because the hospital was understaffed with only a total of five nurses, the sister-nurses would have been forced to be very productive.

were also boarded at the hospitals, less as a fringe benefit than as part of being on 24 hour duty; thus it seems unreasonable to deduct the value of board from the sisters' salaries. If the pay of \$8 a month is multiplied by six, the number of sister-nurses, and multiplied by 12 months, the total remuneration is \$576. This amount may be subtracted from the total value (\$8667) to show that the approximate unpaid value of the sisters' labour was \$8091 a year in the late 1920s.

Two lay nurses were also employed in the hospital, most likely part-time, in the 1920s. Although their rate of pay is not available for the 1920s, in 1936 the total for both nurses was \$2213, which is close to the average that George Weir gives in his survey of the profession.³⁶ Thus the total cost of the nursing staff was \$576 plus approximately \$2213, as opposed to the \$10,880 it would have been at standard rates of pay.³⁷

³⁶I doubt this changed significantly in a decade, particularly as the decade in question included the Depression.

³⁷\$10,880 is derived from the \$8667 added to the lay nurses' pay of \$2213.

The remaining sister-hospital workers filled the roles of bursar/secretary, director of housekeeping, and director of dietetics. The wages lay people might have received for these occupations are more difficult to discern. A bursar, however, probably would have received as much pay as a teacher with a first class licence on Prince Edward Island in 1929, \$411.³⁸ The two directors would have received a wage similar to the top range for an urban domestic servant, which was \$12 a month in Halifax in 1891.³⁹ Again the Diocese of Charlottetown saved a significant amount of money by paying these three sisters \$8 a month for a total of only \$288 rather than their estimated value of \$899.⁴⁰

³⁸In 1931 Prince Edward Island female teachers with first class licences received pay of about \$411 and usually a supplement of about \$75. This seems very low given the nurse's rate of pay but I have not been able to account for the great difference. I think this figure for the economic value of the bursar is modest. "Prince Edward Island Department of Education, Annual Report", 1931, Public Archives and Records Office (Charlottetown) [PARO], RG 10.

³⁹I could not find any statistics for the rate of pay for domestic servants closer to the 1920s. M.C.Urquhart and K.A.H.Buckley, eds., Historical Statistics of Canada, (Ottawa, 1965), Series "D" 196-207, p.94.

⁴⁰This is based on a bursar being paid the wage of a teacher, \$411, added to the pay for 2 senior domestic servants (\$12/month @ 12 months).

Because of the size of the community and its limited resources, it was difficult to find the personnel and money to permit sisters to obtain training. Despite this, by 1927 there were three registered sister-nurses on staff. The cost of training continued to be one of the heaviest burdens on the young community for many years because the kinds of institutions the sisters ran required specific skills, and because the work was rarely planned in advance but rather dictated by the bishop as he determined the need.⁴¹ In the late 1920s, many entrants did not even have a grade 10 education and it became the Congregation's responsibility to train them in occupations useful to the community. There was always an inadequate number of entrants with nursing training.⁴² Nursing training, in fact, was probably the

⁴¹In the entire 20th century, fewer than half the entrants came to the convent with skills that were in demand for the congregation's professional work, most notably teaching and nursing. "Sisters' Ministries", SSMA, Series 3, Sub-series 4, #1; and "Annals", 1925-1989 (see the month of September, most years, for a report of the number of sisters enrolled in various educational programs), SSMA, Series 8, Sub-series 4.

⁴²There is no evidence that any bishop ever actively recruited nurses as Bishop Louis O'Leary recruited teachers. Bishop Louis O'Leary, "The Catholic Teacher" Address to the Catholic Teachers of Prince Edward Island by the Bishop of Charlottetown, Bishop Louis O'Leary, July 1921, Printed

largest expense for the Congregation next to the cost of the whole Congregation's personal needs of food, shelter and clothing. Furthermore, the new entrants were required to finish their two years in the novitiate before leaving the Congregation to train. This requirement, combined with the educational requirement--which often took three to four years--meant that it was close to seven years after a woman entered that she could finally contribute to the Hospital. The annalist at the hospital wrote in 1933,

Our greatest need seems to be more supervision by sisters and where are we going to find these sisters! Only three nurses have entered the novitiate in the last eight years.... It takes so long to educate and train sisters, which cannot be done until after profession. This year one of the newly professed Sister M.A. begins training at St Joseph's Hospital Glace Bay, but it will be four years at the least, before she will return to us with her BSC. Besides we need more technicians for laboratory, x-ray, and also a dietitian.⁴³

When the Sisters of St Martha assumed the administration of the Charlottetown Hospital in June 1925,

address, RCDA, "Bishop Louis O'Leary".

⁴³Of the three nurses mentioned, two of them entered after the Congregation began its work at the Hospital which illustrates that once the function of the congregation included nursing, nurses were attracted to it. "Charlottetown Hospital Annals", 1933, SSMA, Series 12, Box 1, #1(b) .

they also assumed the Hospital School of Nursing which the Sisters of Charity had founded in 1920 at the bishop's request. Hundreds of Canadian hospitals operated schools of nursing in the early-20th century, including the Charlottetown Hospital. Not only was the Charlottetown Hospital School of Nursing a valuable source of labour, it was also an educational institution which contributed to the Roman Catholic social order. Non-Catholic girls who wished to become nurses could enter a similar nursing program at the Prince Edward Island Hospital while girls from the western part of the province could receive nurses' training at the non-denominational Prince County Hospital.⁴⁴

Because nursing education was an apprentice endeavour in the early-20th century hospitals benefited a great deal by operating nursing schools. In fact, historian Kathryn McPherson has argued that hospitals administered nursing schools specifically for the very inexpensive labour the

⁴⁴Genevieve MacDonald, Time of Challenge and Change: A History of the Prince Edward Island School of Nursing, 1969-1994, (Charlottetown, 1994), pp. 3-10. The Prince Edward Island Hospital School of Nursing opened in 1891. The Prince County Hospital opened in 1910 and its school of nursing opened in 1912. Ibid., pp. 2-4.

students provided.⁴⁵ The first Canadian nursing school was founded in 1874 and by 1920 there were 200 such schools in the country.⁴⁶ Student nurses trained on the job, performing many of the same duties the graduate nurses did including bathing patients daily, assisting in the operating room, and ordering and maintaining supplies and equipment.

Until healthcare received significant government funding after World War II, Canadian hospitals with nursing schools employed a minimum of graduate nurses and a plethora of student nurses. The Vancouver General Hospital, for example, employed five graduate nurses and 25 students in 1905, and in 1920, had 45 graduate nurses and 196 student nurses who served up to 1200 patients daily.⁴⁷ The Charlottetown Hospital was in no way unique operating in the

⁴⁵Kathryn McPherson, "Nurses and Nursing in early Twentieth Century Halifax", (MA thesis, Dalhousie University, 1984), p. ii.

⁴⁶Kathryn McPherson, Bedside Matters: The Transformation of Canadian Nursing, 1900-1990, (Toronto, 1996), p.30.

⁴⁷McPherson, Bedside Matters, p. 31.

late 1920s with four or five graduate nurses and a body of between 20 and 30 student nurses.⁴⁸

The Charlottetown Hospital School of Nursing offered the same training program as virtually any Canadian school of nursing. Students usually worked a 12-hour day and rotated between wards and departments every few weeks. A member of the first class described a typical day for early 20th century student nurses:

...day began with mass in the Chapel at 6:20 am followed by breakfast; on the wards at 7:00am for 12 hours. The students had two hours off each day, however, classes were frequently held during that time. The students were given extra time off one day a week. Recreational facilities were limited partly because the students lived in the hospital on the top floor.⁴⁹

In 1922 the Registered Nurses Act of Prince Edward Island set standards for the province's three schools of nursing: The Charlottetown, the Prince Edward Island and the Prince County Hospitals. The Charlottetown Hospital School of Nursing was immediately approved under the new standards. Oral and written exams were held at the end of the three year program, and beginning in 1921, exams were

⁴⁸Genevieve MacDonald, Appendix 1: "Graduates of the Charlottetown Hospital School of Nursing", pp.85-95.

⁴⁹Genevieve MacDonald, p.33.

also required for nurses to receive registration in the province.⁵⁰

The Sisters of St Martha, then, inherited an established school of nursing in 1925. Without it the hospital could not have functioned. Yet there was an irony that they, who were only nursing students themselves, were teaching nursing to students whom in many cases had more practical experience than most of the nine Sisters of St Martha who began work at the hospital in 1925.

Clearly the sisters operated the school of nursing because the labour it provided was too valuable to lose. The school was also an institution in which many sisters could be educated and was thus of further value for the sisters to control.⁵¹ If the Charlottetown Hospital School of Nursing was allowed to close there would be no Roman Catholic institution to train Prince Edward Island Roman Catholic girls who wished to become nurses; potential student nurses might have been forced to attend a Protestant

⁵⁰Genevieve MacDonald, p.36.

⁵¹In addition, when the administration of the Hospital changed hands in 1925, about 20 students were midway through their program. Genevieve MacDonald, pp.85-86. They simply could not discontinue their program.

School of Nursing, which was unacceptable to the Roman Catholic church hierarchy. The Rev. Dr. Allan MacDonald described the components of Roman Catholic education in an article on the history of Diocese of Charlottetown:

Catholic education involves the study of the various branches of knowledge according to their own principles and methods, and the student's integration of these in the light of the gospel. Its purpose is to bring about in the student a twofold synthesis: of human culture and faith; and of faith and life through formation in the Christian virtues.⁵²

Just as it was deemed necessary to have a Roman Catholic hospital, so too was it deemed necessary to have a Roman Catholic school of nursing which would train nurses specifically how to care for Roman Catholic patients whether in hospital, public health or private homes; in addition, student nurses went to mass daily. Because the Charlottetown Hospital was run largely by graduate sister-nurses and student nurses,⁵³ few lay graduates of the nursing program received work at the hospital after

⁵²Allan MacDonald, "The Past Fifty Years", in Michael Hennessey, ed., The Catholic Church in Prince Edward Island, 1720-1979, (Charlottetown, 1979), p.137.

⁵³No more than two lay nurses were employed at the Charlottetown Hospital between 1925 and 1939. "[Employment Records]", SSMA, Series 12, Box 1, #7.

graduation. Graduates were more likely to work as private nurses or as hospital nurses in community hospitals in the province. They also had the option, as did their Roman Catholic counterparts at the Halifax Infirmary or St Joseph's Hospital, Antigonish, or students from any Maritime nursing program, to go to New England to work. Particularly before the Depression, "Halifax graduates migrated in droves to work in New England" according to Kathryn McPherson's thesis on nursing in 20th century Halifax.⁵⁴ Because nursing school was viewed as fine preparation for marriage and motherhood, many graduates of the program "joined the married state" and used their skills in raising children. Some of these women also served in the reserve army of skilled labour required during World War II.⁵⁵ With the exception of the first Sisters of St Martha staff at the Charlottetown Hospital, sister-nurses also received training at the Charlottetown Hospital which cost the Congregation very little. Specialized training, such as x-ray, pharmacy,

⁵⁴Kathryn McPherson, "Nurses and Nursing", p.2.

⁵⁵"Charlottetown Hospital School of Nursing", Unpublished document, [1955], p. 2, SSMA, Series 12, Box 1, #4.

and dietetics, was received at other Roman Catholic hospitals and universities in Antigonish, Halifax, or the United States.⁵⁶

One of the few lay nurses in the Charlottetown Hospital in the late 1920s was supervisor of the Obstetrical Department. While sisters provided Christian care to hospital patients, enforced Roman Catholic biomedical ethics, and cost the Diocese virtually nothing, the Church was concerned that the tasks associated with obstetrics could be harmful to chastity. As Jo Ann McNamara explains of the 19th century: "Papal prohibition forbade sisters to work in obstetric units and nurseries. They were obliged to demand special contracts adjusting their care of patients to Vatican regulations barring them from venereal wards and other threats to their sexual purity."⁵⁷ The position of

⁵⁶"Annals", 1924-1930, SSMA, Series 8, Sub-series 4. Mention is made regularly (usually in September) of sisters who left the province to obtain medical training in the late 1920s, as the Congregation invested a great deal of hope and funding in each sister's specialized education

⁵⁷Jo Ann Kay McNamara, Sisters in Arms: Catholic Nuns Through Two Millennia, (Cambridge and London, 1996), p. 626.

director of obstetrics was filled by lay women for the entire history of the Charlottetown Hospital.⁵⁸

The Charlottetown Hospital held priority over the other institutions the Sisters of St Martha operated, for several reasons. The number of sisters required to staff the hospital was higher than any other institution because it served more people than any other single mission. The Charlottetown Hospital was also the most visible of the Congregation's works. Over the years, hundreds of thousands of patients, visitors, and staff witnessed the sisters, in their very distinctive habits, doing their work. Thus until the 1960s, it continued to be a priority to staff the Charlottetown Hospital with proportionally more sisters than any other area or mission.

The staffing requirements of the 80 bed hospital were great, but with a minimal operating budget the sisters' least expensive source of labour was themselves, because

⁵⁸When the maternity department opened in 1913, a lay nurse, Mrs. Rose Monaghan was the first supervisor, and then Miss Mae King served as director of obstetrics from 1928 until 1950. "Until 1950, the majority of the students received their knowledge of maternal and child care through the teaching and example of this devoted nurse." Genevieve MacDonald, p.34.

they were not entitled to a personal wage, and their vow of poverty was a happy fit with an underfunded hospital. In the first full year of operation, 1926, 30 percent of active members of the Sisters of St Martha worked at the hospital, eight of 27.⁵⁹

In addition to the Charlottetown Hospital the Sisters of Charity turned over another significant institution to the Sisters of St Martha in 1925, St Vincent's Orphanage, which had been operating since 1910. When the administration passed to the Sisters of St Martha on 25 June 1925, 97 children were living at the orphanage, 38 of them in the nursery, and the number remained relatively constant until the mid-20th century.⁶⁰ Adoptions were arranged for some of the children, most commonly the babies, and daily care and education was given to the children who remained, in some cases, until adulthood.

⁵⁹This number fluctuated between 20 and 32 per cent until 1960 when the number declined consistently from 17 per cent in 1969 to 10 per cent in 1966 through 1976 with the exception of 1968 when there were 11 per cent. See "Sisters' Ministries", SSMA, Series 3, Sub-series 4.

⁶⁰"St Vincent's Orphanage", Unpublished, photocopied booklet, 1985, p. 3, SSMA, Series 12, Box 11, #7.

While nine Sisters of Charity operated the orphanage, the Sisters of St Martha could only afford to delegate six sisters to St Vincent's to take charge of the nursery, kitchen, school and residences. There was a great deal of labour required, however, and soon another sister was sent to work in the nursery.⁶¹ Unlike the sisters who first staffed the hospital, the orphanage sisters varied in age from 22 to 42, with a median age of 30. Ethnically, five sisters were Irish and two Acadian, and at least five of them came from serving as domestic servants at either the Bishop's Palace or St Dunstan's and probably did not have education beyond district school. At least one of the other two sisters was a teacher.⁶²

⁶¹"St Vincent's Orphanage", p. 3.

⁶²The first sisters who served at the orphanage were Sisters M. Augustine Trainor, (b. 1885); M. Agnes Leslie, (b.1898); M. Rita Kinch (b.1902); M. Imelda Le Clair, (b. 1903); M. Henry Monaghan, (b. 1902); M. Catherine Byrne, (b. 1887); M. Louis, (b. 1894). See "Sisters' Ministries", Series 3, Sub-series 4, #1; "Obituaries", SSMA, Series 9, #3; and "Sisters who have made profession, 1917-1984", SSMA, Series 3, Sub-series 4, #4. Clearly the most educated sisters, or those thought to have the most potential to learn quickly, were sent to the hospital. The orphanage sisters were far less skilled.

Sister Mary Henry, who worked many years at the orphanage, wrote in her MA thesis for the University of Ottawa in 1956 that,

Much attention was therefore given to creating a homelike atmosphere, one in which the children would have the feelings of belonging, so necessary for preschool happiness and so essential for happiness in later life. The sisters provided for their education which included music, drama, manual training and sewing, in addition to the regular curriculum and spiritual training.⁶³

The orphanage was loosely connected to the Charlottetown Hospital's Department of Obstetrics. The hospital sisters were expected to convince mothers who did not want, or who believed they were not able to keep their children, that they should keep them or arrange for their family to care for them. Orphanage sisters were also told to strictly limit the number of children admitted to the orphanage. Bishop O'Leary and succeeding bishops were most concerned that the orphanage could become a dumping ground for illegitimate children and they made it clear that the orphanage would provide no such immoral service. Rather, the orphanage was intended to serve the moral and truly

⁶³Mary Henry, CSM (Catherine Mulligan), "Development of the Catholic Social Welfare Bureau", (MA thesis, University of Ottawa, 1965), chapter 1.

needy children, one or both of whose parents had died, or were too incapacitated to care for their children and who did not have any relatives able to provide guardianship. On paper, only children in the most extreme need could be accepted at the orphanage. A pastoral instruction on "The Orphanage and Illegitimate Infants" noted that:

[Relatives] seem to look upon the infant as the culprit, to be gotten rid of at any price, and the Orphanage seems to be taken for granted as an easy refuge in their trouble.... All these angles of every illegitimate birth should be carefully explored before any attempt is made to place the infant in the orphanage. That should be the very last resort... it should not be undertaken until some provision is made for the maintenance of the child.⁶⁴

About three-quarters of the funds required to run the orphanage were donated by Charlottetown area Roman Catholic business people, particularly druggists and grocers. Other funds were received from the relatives of the children.⁶⁵

⁶⁴Bishop O'Sullivan, "Pastoral Instruction on the Orphanage and Illegitimate Infants", [1935], SSMA, Series 12, Box 11, #8. According to sisters who worked at the orphanage, whom I spoke with informally over the course of my research, children, often two or more from a family, were literally left on the doorstep of the orphanage and became long term residents, because the sisters understood that there was no other place for the children to go.

⁶⁵"St Vincent's Orphanage Financial Statements", 1925-30, SSMA, Series 12, Box 11, #3; and Mary Henry (Catherine

And of course there was the women religious' virtually free labour. In the later 1920s seven or eight sisters were posted at the orphanage annually, including Sister Mary Henry Mulligan who became a leader in professional social work in Prince Edward Island in the following decades. The sisters who worked at the orphanage were not required to have the professional skills to the degree that the Sisters at the Hospital or Kinkora School were, although the orphanage sisters did educate the children for which teacher training would have been necessary. The seven sisters required to run the orphanage were a significant number in the 1920s given the size of the Congregation, but because of the minimal need for post-secondary education, the orphanage was less of a drain on the specialized human resources than the school or hospital.

When the Sisters of Charity of Quebec exercised their right as a papal congregation to withdraw from the Charlottetown Hospital, Bishop O'Leary faced a very serious dilemma with real crisis potential. Seeing no better alternative, he delegated the crucial task to his young

Mulligan), "Development", chapter 1.

diocesan congregation. The Sisters of St Martha, in turn, overcame a dearth of education, self-government, and economic resources to run the Charlottetown Hospital, a cornerstone of Prince Edward Island Roman Catholicism, beginning in 1925. Administering the hospital was a challenge which the sisters were keenly aware greatly exceeded their skills but which they knew they must do out of obedience to their bishop, who decided inexperienced diocesan sisters were preferable to secular staff or another papal congregation. Because the sisters were paid only eight dollars a month, they operated the hospital at a far lower cost than secular people could have. Islanders in the 1920s considered government involvement unnecessary in most social institutions, including funding hospitals and orphanages; thus for Roman Catholic Islanders, the sisters' inexpensive labour was key to their receiving health care. From the Bishop's perspective, the sisters' loyalty, rooted in their diocesan status, vows of obedience and poverty, was indispensable to Roman Catholic health care and the continuance of the Roman Catholic social order, even though their inexperience inevitably risked patients' health.

But if the Charlottetown Hospital was difficult to run in the 1920s, it, along with other social institutions, was no easier the following decade. The sisters may have gained valuable experience in the 1920s, but the financial burden of running a hospital during the Depression made the second decade of hospital work at least as difficult as the initial takeover.

Chapter 5: The Catholic Social Order in Crisis, 1930-1939

By the late 1920s, the Sisters of St Martha had proven themselves capable of weathering extreme challenges. Most notably, they had overcome a major dearth of education, experience, and human resources to administer the Charlottetown Hospital successfully. While their resources were still stretched, they were more stable than at any other point in their 15 year history. Then, beginning in 1929, the Depression rocked the world, and marked the onset of another serious challenge for the sisters. The institutions they administered were barely able to hold on during the 1930s; St Dunstan's, the Charlottetown Hospital, and St Vincent's Orphanage were all highly dependent on user fees, but in the cash-strapped days of the Depression, far fewer clients than before were able to pay.¹ In the 1930s, an average of 39 per cent of Charlottetown Hospital patients

¹See Table 9.

did not pay any part of their bill, while at St Vincent's, contributions fell by so much that the 1935 budget was cut to one third of the 1930 budget.² The magnitude of the Depression elicited responses from every level of government, few of which were any help to Islanders.

Over much of the world, the threat to the Roman Catholic order, which had been so successful and so carefully fostered for almost a century, sparked a strong response from the Pope. In a 1931 encyclical, Pope Pius XI asserted the Church's right to deal with social and economic problems and recommended that institutions and government should exist for the individual rather than a larger group. A particularly strong new Bishop of Charlottetown, James O'Sullivan, affirmed the papal directive and ordered the Sisters of St Martha to implement a plan to apply it. Thus, in 1933, the sisters opened the Social Service Department to serve needy Roman Catholics; they also maintained their ongoing assignments: a hospital, orphanage, school, and college domestic department. The skill and labour provided by the Sisters of St Martha were key to conquering the

²See Tables 11 and 12.

threat to the Roman Catholic social order that the Depression posed in the 1930s.³ While responding to the very difficult task before them, the sisters themselves benefited from a major expansion within their order as their membership grew from 42 to 72 sisters between 1930 and 1939. Where the state failed in the 1930s, the sisters succeeded.

The Depression of the 1930s was certainly not the world's first serious economic slump and, in fact, economists accepted and even expected cycles of boom and bust every decade or so.⁴ But, as Eric Hobsbawm explains, the breadth and depth of the 1930s Depression was not anticipated:

(W)hat nobody expected, probably not even the revolutionaries in their most sanguine moments, was the extraordinary universality and depth of

³In "The 1930s: Depression and Retrenchment" in E.R.Forbes and D.A.Muise, eds., The Atlantic Provinces in Confederation, (Toronto, 1993), E.R. Forbes suggests the most significant Roman Catholic response to the Depression in the Maritimes was the St. Francis Xavier University's Department of Extension's adult education endeavours. While no group of women religious was created to respond to the depression, virtually every existing group responded to increasing poverty in a way that was undoubtedly of higher immediate economic value, and certainly affected and benefited more people directly.

⁴Eric Hobsbawm, Age of Extremes: The Short Twentieth Century, (London, 1994), p.87.

the crisis which began, as even non-historians know, with the New York Stock Exchange crash of 29 October 1929. It amounted to something very close to the collapse of the capitalist world economy, which now seemed gripped in a vicious circle where every downward movement of the economic indices (other than unemployment, which moved to ever more astronomic heights) reinforced the decline in all the others.⁵

Both industry and primary production were greatly affected and, consequently, unemployment rose steadily to 22 per cent in Britain, 27 per cent in the United States, 32 per cent in Denmark, and 44 per cent in Germany.⁶ As world trade decreased by 60 per cent between 1929 and 1932, most countries reacted by imposing protectionist barriers against foreign goods, which further crushed international trade.⁷

Canada was at least as vulnerable as other countries to the economic slump, particularly, because of heavy reliance on a few exports to two countries. Eighty per cent of Canadian forest, mineral and agricultural products were exported; wheat alone comprised 40 per cent of all world exports, thus Canada was hit hard by the fall of world

⁵Hobsbawm, p.91.

⁶Hobsbawm, p.93.

⁷Hobsbawm, p.94.

markets. Canada was especially dependent on exports to one country, the United States, which experienced a worse downturn in its economy than any other industrialized country. American policymakers tried to protect their own products by imposing a particularly strong trade barrier in the form of the Hawley-Smoot Tariff to manufactured and agricultural goods.⁸ For Canada, the outcome of the stark decline in the American economy combined with the Americans' implementation of heavy protectionist measures, was that Canadian exports to the United States dropped 50 per cent between 1929 and 1932.⁹ Canada's other major trading partner, Britain, also suffered serious decline during the 1930s and, likewise, Canada's exports to that country, largely comprised of wheat, decreased by two thirds from 1929 to 1932. Other aspects of the Depression have been successfully summarized in this way:

Unprecedented heavy investment within Canada in the late 1920s also made the nation vulnerable to the depression. In fact, investment in durable assets such as pulp and paper mills and hydro electric plants, comprised the fastest growing aspect of Canada's income

⁸Kenneth Norrie and Douglas Owram, A History of the Canadian Economy, 2nd ed., (Toronto, 1996), p.355.

⁹Norrie and Owram, p.55.

in the late 1920s. As the economy constricted, however, excess supply accumulated and domestic investment fell by the early 1930s to only 11 per cent of what it had been. Canada's debt multiplied rapidly during the 1930s economic slump. The devastating drought in the Prairies, for example, led to the collapse of the railroad as tariff income fell dramatically.¹⁰

Individual aspects of the depression were serious enough, but the synergy of commodity surpluses, dependence on undiversified trade, a Prairie drought, and international trade protectionism, left its imprint on Canadians and shaped their political, social and economic history in the 20th century.¹¹

The Depression hit Prince Edward Island later than most provinces, but nonetheless, caught the province unaware.

Agricultural revenue and agricultural production increased steadily in the latter half of the 1920s. Fishing production was far less stable in the 1920s but because it made up only six percent of the gross provincial product, its impact on the Island economy was minimal in comparison to agriculture.¹² Leonard Cusack has argued that this

¹⁰Norrie and Owram, pp.56-61.

¹¹Norrie and Owram, p.354.

¹²Agricultural revenue increased from \$16,840,000 in 1922 to \$25,976,000 in 1929 and agricultural output increased 21.2 percent between 1925 and 1929. Canada Year Book, 1926, p. 204 and 1931 p.205, as quoted in Leonard Cusack, "The Prince Edward Island People and the Great Depression, 1930-35", (MA thesis, University of New

agricultural prosperity, combined with an appreciation for capitalism, made Islanders, and especially farmers, a very confident and independent lot, only willing to hand over minimal responsibility to provincial government administration.¹³ Even after the Depression was acknowledged in Prince Edward Island in 1930 and 1931, publicly funded charity beyond an insane asylum and an inadequate tuberculosis sanatorium was frowned upon, while support for the laissez faire economy remained strong.¹⁴ Existing private social institutions, usually denominational in nature, including the Roman Catholic and Protestant hospitals and orphanages, were expected to continue providing services despite clients' inability to pay.

While the Depression was misunderstood and misdiagnosed in its first years on Prince Edward Island, its severity was clear in 1932 when the gross value of production had fallen to half its value three years earlier: \$15,943,467 compared

Brunswick, 1972), pp.1-5. The peak year for fishing production was 1923 (\$1,754,980). Production dropped to \$1,279,407 in 1928. Canada Year Book, 1926, p.309, and Guardian, 18 February 1929, as quoted in Cusack, p.4.

¹³Cusack, pp.35-36.

¹⁴Cusack, p.30.

to \$32,807,542 in 1929.¹⁵ Even though the economy had been severely shaken, the Charlottetown City Council failed to distribute unemployment relief in 1932.¹⁶ That year, however, marked a turning point, a shift away from traditional laissez faire attitudes and towards an increased expectation that government should help citizens weather financial crises. Unfortunately, as is the 'catch 22' with economic depressions, tax revenue had decreased markedly, and very little money was available for civic or provincial public spending.¹⁷ Added to this, the federal government, rather than undertaking a per capita program for relief, undertook a matching grant scheme, the result of which was that the poorest region of the country, the Maritimes, received only 3.3 percent of federal funding or one-third, per capita, of the national average. Island relief recipients in 1935 received an average \$1.93 a month while

¹⁵Canada Year Book, 1936, pp.208-209, as quoted in Cusack, p.37.

¹⁶Cusack, p.49.

¹⁷Hobsbawm, 93. Canada was like other countries lacking public provisions for social security. In most of Europe only one quarter of unemployed workers were eligible for relief.

Canadians outside the Maritimes received an average of \$6.18 a month.¹⁸ Although Islanders showed a radical change of opinion in supporting increased public spending for relief in the mid-1930s, that ideological change was virtually irrelevant because of the provincial and civic governments' very limited means to implement it.¹⁹

As the Depression wore on, more Islanders expected government sponsored relief to ensure personal economic survival. Some were radical in calling for relief, including the Unemployed Workman's Association, many of whose members rioted on Labour Day in 1934.²⁰ Others,

¹⁸The Maritimes' cost of living was estimated to be 7.4 per cent lower than the national average, yet this does not account for the Maritimes' much lower rates of federal funding. E.R.Forbes, "Cutting the Pie into Smaller Pieces: Matching Grants and Relief in the Maritime Provinces During the 1930s", in E.R.Forbes, ed., Challenging the Regional Stereotype: Essays in 20th Century Maritimes, (Fredericton, 1989), pp.149 and 153.

¹⁹It should be noted that in 1933, after years of deliberation, the Island was the first of the Maritime provinces to implement old age security payments. It did so only by limiting the program to fit their revenues. In fact, only 20 per cent of Islanders 70 years of age and over were able to meet the more restrictive provincial eligibility requirements and the monthly pension amounted to \$15 instead of the \$20 previously agreed upon. See Forbes, "Cutting", p.155, and, Forbes, "1930s", p.281.

²⁰Cusack, p.123.

though supportive of vastly expanded public relief, were fervently against borrowing to finance public assistance. In 1935 the Central Farmers' Institute seemed unaware that borrowing was the only way government could deliver relief when the Farmers' criticized deficit financing for being, "A policy which tends to waste and extravagance, having in its system the latent germ of decay and corruption.... (W)e strongly urge and request the 'powers that be' to inaugurate a policy of retrenchment with a view to a balanced budget."²¹ While Islanders approved of public spending, many disapproved of its necessary partner, deficit financing. The Roman Catholic bureaucracy also maintained an anti-deficit financing stance throughout the Depression.²²

In some cases Roman Catholics were more affected by the Depression than non-Catholics because certain ethno-religious groups congregated in certain occupations. In

²¹Guardian, 21 February 1935, as quoted in Cusack p.158.

²²This was not an official policy, per se, but in the early 1930s, the Bishop told the sisters and priests that social institutions must not go into debt under any circumstances. This is discussed with reference to specific social institutions later in this chapter.

particular, the fishery was dominated by Acadian Roman Catholics for decades. Premier MacMillan stated in 1934 that "entire fishing villages existed on direct relief".²³ After a poor fishing season in 1897, the Acadian newspaper L'Impartial recommended that Acadians should find more lucrative means of financial support, specifically farming. In the 1920s and 1930s, the demand for herring was so low that fishers sold it to farmers at a 'ridiculously' low price for fertilizer. Spurred by the desperation of the Depression as well as by the hope of the Antigonish Movement, fishing cooperatives were formed in the following Acadian Roman Catholic communities during the 1930s: Mont Carmel, 1931; Miminigash, 1935; North Rustico, 1936; Egmont Bay, 1938; and Skinner's Pond 1939.²⁴ Although precise figures are unavailable, far more Roman Catholics than Protestants were engaged in this unstable occupation.

Prince Edward Islanders were by no means immune to the devastating effects of the Depression. The federal government's feeble attempts to alleviate the economic

²³Guardian, 20 Jan 1934, as quoted in Cusack, p.124.

²⁴Georges Arsenault, The Island Acadians, 1720-1980, trans., Sally Ross, (Charlottetown, 1989), p.222.

crisis, moreover, were of little help to Islanders.

Fortunately there were other institutions to which at least some of the impoverished could turn.

The Papacy addressed the effects of the Depression in 1931 with a Papal Encyclical "Quadragesima Anno", the main theme of which was reconstructing the social order by encouraging self-determination.²⁵ Pope Pius XI promoted subsidiarity, a theory based on the centrality of the human being which stated that all institutions, including governments, exist for the individual rather than for society. Furthermore, he argued, it was preferable that organizations function at the most basic and local level possible. In one Roman Catholic theologian's words:

Societies should not assume what individuals can do, nor should larger societies undertake what smaller associations can accomplish. Conversely the state has the responsibility to take up those tasks that neither individuals nor smaller societies can perform.²⁶

²⁵This name translates into "Forty Years Having Passed" and refers to Rerum Novarum. See Thomas C. Kohler, "Quadragesima Anno" in George Weigel and Robert Royal, (eds.), A Century of Catholic Social Thought: Essays on 'Rerum Novarum' and Nine Other Key Documents, 1991, pp.27-8.

²⁶Kohler, p.30.

This principle of subsidiarity combined with the encyclical's confirmation that it was the church's "right and duty ... to deal authoritatively with social and economic problems",²⁷ fuelled the Roman Catholic Church's actions during the Depression.

A new bishop led Island Roman Catholics through the Depression. As Edward MacDonald has noted, "Louis O'Leary was spared the '30s wasting struggle against the dark tide of Depression. The delicate constitution that had conspired against his whole episcopate at last betrayed him in 1929."²⁸ The Reverend Joseph O'Sullivan, a 46 year old Ontario native, succeeded O'Leary and became the 7th Bishop of Charlottetown on 18 May 1931. The authoritarian O'Sullivan firmly steered Island Roman Catholics through the Depression with a personality often considered arrogant: "Whether touring in the huge Cadillac he inherited from Louis O'Leary, or striding about the streets on his daily constitutional, he was eminently visible, yet somehow

²⁷Kohler, p.33.

²⁸G. Edward MacDonald, "'And Christ Dwelt in the Heart of His House': A History of St. Dunstan's, 1855-1955", (PhD dissertation, Queen's University, 1984), p.415.

unapproachable, frequently 'among' the people but never 'of' them."²⁹

O'Sullivan was well aware of the threat the Depression posed to the Prince Edward Island Roman Catholic social order. He determined that the Church must continue to care for its own despite the increased financial difficulty of doing so. Yet, how could the Church help Roman Catholics through the Depression when it depended entirely on the contributions of those in the pews for its basic operations? Although he did not have a specific economic blueprint to support them, O'Sullivan saw that Roman Catholic social institutions were the only way the Church could guarantee

²⁹MacDonald, p.417. Along with a particularly strong bishop during the Depression, Prince Edward Island also had a Catholic premier from 1933 to 1935. In 1933 Dr. William Joseph Parnell MacMillan (1881-1957), a devout Roman Catholic and Chief of Staff of the Charlottetown Hospital, became the third Catholic premier of the province. MacMillan, who received a medical degree from McGill in 1908, was elected to the Legislature in 1923. He served as Minister of Education and Public Health before becoming leader of the Conservative Party and Premier in 1933 to 1935, when the Conservatives fell victim to the Depression and lost the provincial election. Canada Who's Who, 1926, p. 763. I did not find any clear evidence of the Bishop talking with the Premier, or the two of them implementing the papal programme, but Dr MacMillan, as chief of staff of the Charlottetown Hospital and a devout Catholic, inevitably brought an understanding of the Catholic Community in the Depression to his office.

that institutions would exist for the individual, as "Quadragesima Anno" dictated.

Like the two previous bishops, Henry and Louis O'Leary, O'Sullivan depended upon the Sisters of St Martha's labour and skill to maintain strong Roman Catholic institutions, which were now frequented by at least 5000 Island Roman Catholics annually.³⁰ Bishop O'Sullivan delegated much of the responsibility for operating social institutions to the Sisters of St Martha, but he was clearly in charge of the master plan. Throughout his episcopate, he ruled the sisters more firmly than had his predecessors. When Bishop O'Sullivan was first appointed, the Congregation worried about how he would define their role. The sisters' annalist recorded:

³⁰The estimated clientele of PEI Catholic institutions in 1935, for example, follows: Kinkora School, 100 pupils; Sacred Heart Home, 74 residents; Charlottetown Hospital, 1340 patients; St Dunstan's University, 115 students; St Vincent's Orphanage, 85 children; and Social Service Department, 3195. The Sisters ministered to at least the same number again, less directly, including visitors to the Charlottetown Hospital and parents of school children. See "Annals, St Stanislaus Convent, Kinkora", 1930s, Sisters of St Martha Archives [SSMA], Series 11, Box 9; "Diocese of Charlottetown Yearbook", 1935, Roman Catholic Diocese of Charlottetown Archives [RCDA]; and "Statistics and Financial Information, Charlottetown Hospital", 1935, SSMA, Series 12, Box 1, #7.

The priests who knew Monseigneur O'Sullivan were highly pleased but we remained quite anxious as we had no idea of what his attitude towards our congregation would be - so much depended on that, even our existence. His reply to our letter offering him our loyal and respectful homage was prompt and kind and made us hope all would be well as in prayerful wonder we put in the days until we learn just what he'd do with us.³¹

The sisters were later delighted with Bishop O'Sullivan's praise for them in his first pastoral letter in which he also recommended Island Roman Catholics financially support the small congregation. The sisters' reaction to the public praise and the donations it elicited reflected their earlier discouragement:

Only God can know how helpful was their encouragement thus given to the community so often found fault with - and perhaps sometimes unjustly and uncharitably - when brain and sinew were being pushed to the limit to carry on the works committed to their small and inexperienced care.³²

O'Sullivan's single action both mobilized economic resources and rallied the sisters' assistance. He probably intended to stimulate Island Roman Catholics to dig deeper into their shallow pockets to support Roman Catholic social

³¹"Annals", 1931, SSMA, Series 8, Sub-series 4.

³²"Annals", 8 September 1931, SSMA, Series 8, Sub-series 4.

institutions during the Depression, however, more than he meant actually to commend the sisters.

Although the Depression was a threat to every Roman Catholic social institution, running a hospital was especially difficult on a very limited budget which may account for Bishop O'Sullivan's particular concern for the institution. Roman Catholic diocesan officials involved in administering the Charlottetown Hospital tried to maintain business as usual during the Depression, but that business was getting tougher, and what was "usual" was a lack of cash. While hospital fees had been kept low in comparison to the Prince Edward Island Hospital, the percentage of patients not paying any of their hospital bill was 38 per cent in 1932, 37 per cent in 1933, and 41 per cent in 1934. In the early 1930s, the number of patient days was up, the number of paying patients was low, and the hospital's budget was not balanced.

Table 9: Patients and Patient Days in Selected Years, Charlottetown Hospital, 1931-1939.

Year	Patients	Pat. days	Pay Pat.	Part. pay	Non. pay	Free
1931	1599	14682	na	na	na	na
1932	1485	na	583 (39%)	337 (23%)	565 (38%)	na
1933	1340	12918	543 (42%)	283 (21%)	399 (29%)	115 (8%)
1934	1572	13596	551 (35%)	367 (23%)	515 (33%)	39 (9%)
1935	1677	15105	735 (44%)	230 (14%)	472 (28%)	122 (7%)
1936	1752	16296	862 (49%)	343 (20%)	474 (27%)	73 (4%)
1937	1947	16608	751 (39%)	285 (15%)	763 (39%)	148 (8%)
1938	1727	16599	671 (39%)	351 (20%)	565 (33%)	140 (8%)
1939	1798	18293	694 (39%)	377 (21%)	617 (34%)	110 (6%)

Source: "Charlottetown Hospital Financial Records, 1931-39", Sisters of St Martha, Charlottetown, Archives, [SSMA], Series 12, Box 1, #7.

Despite the difficulty of operating the Charlottetown Hospital when less than half the patients paid their fees, Bishop O'Leary blamed the Sisters of St Martha, rather than non-paying patients and the wider economic slump, when the Charlottetown Hospital's budget did not balance. When a deficit started to mount in the early 1930s, the Bishop found fault with the sisters' administration and would not allow them to carry any debt. In fact, in 1933, he not only blamed the sisters for the hospital's debt, but condemned

them for taking a salary: "It seems to me incongruous that, when your Sisters cannot run the hospital without going into debt monthly, they still have collected their monthly salary."³³ At this time there were thirteen sisters working at the hospital: one graduate nurse, four registered nurses, two nurses in training, two office staff, two kitchen staff, and one seamstress.³⁴ The secular, paid personnel consisted of one orderly, one bookkeeper, one engineer, one general man, two laundry women, nine maids, and 20 student nurses. For the year 1933 there were 1340 patients, only 42 per cent of whom paid fully. Twenty-one percent paid only part of their bills while 36 per cent paid nothing.³⁵ Nevertheless, the Bishop demanded that the \$4.66 a month average salary of the 14 sisters for the last

³³There was a strong suggestion that the sisters were poor financial managers. Bishop O'Sullivan, letter to Mother M. Paula, 02 December 1933, SSMA, Series 8, Sub-series 3(c), #1.

³⁴"Sisters' Ministries", 1934, SSMA, Series 3, Sub-series 4, #1.

³⁵The 36 per cent is composed of 29 per cent non-paying patients and 8 per cent free patients. The free patients were those who were not charged, diocesan priests, sisters, and the very poor without family. "Statistics and Financial Information, Charlottetown Hospital", 1933, SSMA, Series 12, Box 1, #7.

10 months (since February) be returned to the hospital and "...have this matter adjusted in the hospital books so that it will be shown that your sisters are receiving absolutely no monetary recompense for their labours, and that they are really Sisters of Charity."³⁶ Needless to say, given the poverty in the province and in the Congregation, the \$652 in question was long spent. Mother M.Paula relayed this to the Bishop, writing:

In reply I may say it is impossible to do this as the money has been spent, and in great part for the wherewithal necessary of the sisters to carry on their work- for clothing, footwear, dentists' and opticians' bills.... Our community bank balance in current account today stands at \$57.76.

Though we cannot give what we have not, yet we are willing to forego all future salaries until such time as the hospital is in a position to cover the expenses of its sister-personnel.³⁷

If the sisters had the money which the Bishop requested available, they would have been required to give it back; their congregation was diocesan, the hospital was owned by

³⁶Bishop O'Sullivan, letter to Mother M.Paula, 02 December 1933, SSMA, Series 8, Sub-series 3(c), #1.

³⁷Letter M.Paula to Bishop O'Sullivan, 11 Dec 1933, [RCDA], "Bishop O'Sullivan".

the Episcopal corporation, and the vow of obedience dictated that sisters must act as the Bishop directed.³⁸

When dealing with them directly, Bishop O'Sullivan was very critical of the sisters' management of the hospital, but he only praised in public. He regularly mentioned them in his pastoral letters which were read in every Roman Catholic Church in the Diocese. In his 38th circular letter in April 1935, for example, Bishop O'Sullivan took up the sisters' cause, recreating the facts surrounding their lack of a salary. He wrote:

...since October 1933 the Sisters have been unable to receive one cent of revenue from the hospital for their personal and community needs. They felt it not proper for them to take any monetary recompense for themselves when they had to borrow the money to pay the ordinary running expenses of the hospital.... With their limited resources as a young and struggling community this loss of revenue has been a heavy sacrifice... I feel we cannot decently allow this condition to continue any longer....³⁹

³⁸Bishop O'Sullivan must have known that in the first 40 years of their existence--and particularly at the height of the Depression--the sisters probably never had that amount of money in their bank account. Asking for it back, therefore looks suspiciously like an act of intimidation.

³⁹Bishop O'Sullivan, Circular, April 1935, RCDA, "Bishop O'Sullivan".

The Bishop then proposed that a special fundraising bazaar be held in June. He had forced the hospital sisters, who represented about one quarter of the whole Congregation, to go without remuneration for a year and a half. Certainly it was a means to prevent further debt and an opportunity to save money, but it was also punishment for failing to run a hospital debt free. The lesson the sisters learned was that they must practise frugality fastidiously and remember their vows of poverty and obedience, and to whom the obedience should be directed. Like a good parent, when the punishment was complete, the Bishop made every effort to protect the sisters' reputation, and he insinuated to Islanders that the decision to hold back wages was made by the sisters, and that the wisdom and maturity were theirs. In the financial year of 1934 the hospital showed a deficit of only \$49.70, a feat which the Bishop praised and noted, "They have conclusively shown that they know how to manage a hospital economically."⁴⁰ The sisters must have been extremely frugal because they had almost 400 more patient days in 1934 than in 1933 and they had 7 per cent fewer fully paying

⁴⁰Bishop O'Sullivan, Pastoral letter, 22 April 1935, RCDA, "Bishop O'Sullivan".

patients. The annalist noted in 1934: "The years of the depression have been especially difficult for all hospitals which must have the equipment at whatever cost to carry on its work."⁴¹ Finally, in 1935 the hospital sisters started receiving their \$56 a year salary again and they even received an increase in 1937 as the economy began to recover. Bishop O'Sullivan noted the economic value of the sisters' work:

...there is no comparison between the cost of our hospital and the cost of hospitals conducted entirely by lay help. If the remuneration received by the Sisters was according to the salaries paid in other institutions, our Hospital could not begin to carry on. This item of salary alone would soar to about \$15000 per year. But we know the Sisters are devoting their lives to the service of the church.⁴²

The following year Bishop O'Sullivan compared the wages at the Charlottetown Hospital to the Prince Edward Island Hospital. "Comparisons are odious, but it may be pardonable to remind you that the total salaries and wages paid by our hospital last year amounted to only \$7,436.80 while the

⁴¹"Annals, Charlottetown Hospital", 1934, SSMA, Series 12, Box 1, #1.

⁴²Bishop O'Sullivan, letter to PEI clergy 03 May 1937, RCDA, "Bishop O'Sullivan".

Prince Edward Island Hospital reported \$19,369.43. We can imagine what our deficit would be if we had to pay for the services of our sisters."⁴³ The Bishop offered the following comparison to further convince Island Roman Catholics of the value of the sisters' work and their good management.⁴⁴

⁴³Bishop O'Sullivan, letter to Island clergy, 30 March 1938, RCDA, "Bishop O'Sullivan". The \$7,436.80 refers to all wages: sisters and secular staff.

⁴⁴Certainly the Bishop is using these figures to illustrate his point, but I have no reason to think the figures are exaggerated. Records from the Prince Edward Island Hospital did not survive a fire in the 1940s. Interview with Joann Edgecomb, Director of Medical Records, Queen Elizabeth Hospital, July 1995.

Table 10: Comparative Financial Statement Charlottetown Hospital (Roman Catholic) and Prince Edward Island Hospital (Protestant), 1933

	Chtn. Hosp.	PEI Hosp.
Number patients	1359	1568
Number Paying	543 (40%)	842 (53.7%)
Part Paying	283 (20.8%)	[462] (29.5%)
Non-Paying and Free	514 (38%)	264 (16.8%)
Patient Days	12918	14731
Non-Paying and Free Days	4385 (33.8%)	3617 (24.6%)
Cost Non-pay. and Free	\$11357.09	\$11670.10
Per Diem Cost	2.87	3.28
Total Revenue	26,436.83	48,287.68
Expenditure	33,474.59	NA
Patients' Fees	20,469.57	32,809.71
Endowment	1,103.05	60,000 (approx)
Interest on Endowment	--	2,909.63
Salaries	8084.81	18,126.63
Food	8,128.89	10,680.61
Light and Power	1448.85	1680.03
Fuel	4643.03	2,545.36
Insurance	666.66	901.69
Medicine and O.R.	2564.88	4,636.29
Laundry and Cleaning	474.26	2,235.31
Telephone	92.78	319.73
X-Ray	783.39	841.41

Source: RCDA, "Bishop O'Sullivan".

The two hospitals were frequented by patients in numbers approximating the Protestant-Roman Catholic split in the provincial population. Both the Protestant and Roman Catholic hospitals received a small amount of government funding, \$2000 each from the province and \$1500 each from the city, and thus were dependent on user fees and donations to meet operating costs. The Charlottetown Hospital had 13 per cent fewer patients and 12.3 per cent fewer patient days than the Prince Edward Island Hospital. While the Prince Edward Island Hospital undoubtedly struggled to serve Protestant patients during the Depression, they were far more able to depend on patient fees and endowments than the Charlottetown Hospital. The percentage of non-paying and free patient days at the Charlottetown Hospital was 9.2 per cent higher than at the Prince Edward Island Hospital. While the two hospitals had very similar totals for the cost of non-paying and free patients, these costs were calculated on the basis that per diem costs at the Protestant hospital were 21 per cent higher than at the Charlottetown Hospital, \$2.59 compared to \$3.28. Several costs affected per diem costs at the two hospitals, including the amount of money paid in wages, which was much lower at the Charlottetown

Hospital. The Charlottetown Hospital was able to charge lower per diem rates because of savings in wages.

Proportionate to the number of patients, food, light and power, insurance and x-ray costs were no more than 10 per cent higher at the Protestant hospital than at the Roman Catholic hospital in 1933.⁴⁵ The difference in the fuel, salaries, medicine and operating room, laundry and cleaning, and telephone are far greater. With the exclusion of heating costs, which may indicate a poorer quality building, all the above costs at the Charlottetown Hospital were only half of what they were at the Prince Edward Island Hospital even considering the Roman Catholic hospital's fewer patient days.

As the decade wore on, the difference in the budgets of the two provincial referral hospitals continued. While in 1933 the Charlottetown Hospital received 71 per cent less in patient fees per patient day than the Prince Edward Island

⁴⁵Food costs were 8.7 per cent higher, light and power was 0.02 per cent higher and insurance was 0.96 higher at the PEI Hospital. The Charlottetown Hospital figures were multiplied by 1.13 to account for the 13 per cent more patients at the Prince Edward Island Hospital.

Hospital, in 1937 the Charlottetown Hospital still received 57 per cent less.

Table 11: Patient Days and Fees at the Charlottetown and Prince Edward Island Hospitals, 1937⁴⁶

1937	Charlottetown Hosp.	PEI Hosp.
Patient Days	16,608	19,248
Patient Fees	\$22,469.57	\$45,041.47
Fees/Patient Day	\$1.33	\$2.34

Source: Bishop O'Sullivan, Circular, 1938, RCDA, "Bishop O'Sullivan.

Income from Charlottetown Hospital patient fees decreased 16 percent or \$0.25, per patient day, between 1933 and 1937 while Prince Edward Island Hospital patient fees income increased by five percent or \$0.11. Patient fees, the main source of revenue for both hospitals, were consistently lower at the Charlottetown Hospital and were insufficient to finance the day-to-day operation of the hospital.

While the annual operating expenditures of each social institution were to be met with user fees, government grants, and fundraising,⁴⁷ the cost of building and

⁴⁶Bishop O'Sullivan Circular, 30 March 1938, Roman Catholic Diocesan Archives, Charlottetown, RCDA, "Bishop O'Sullivan".

⁴⁷The Hospital Bazaar was one of the main sources of hospital funding from 1934 to 1957. The first bazaar, held in 1934, raised \$5000, which is remarkable during the

equipment was raised by parish payments according to annual assessments. This was relatively successful. A new Charlottetown Hospital building opened in 1925, built and equipped at a cost of \$264,382. More than half this amount was paid by 1932, but at that point, because of the Depression, it became more difficult for parishes to pay their annual assessments; nevertheless, Bishop O'Sullivan warned Island Roman Catholics in 1932, at the height of the Depression:

A few have fallen behind in their payments and are finding it hard to recover... due to the scarcity of money, but if there is the least slackness on the part of the priests in this matter, we can see nothing but a financial crisis ahead.⁴⁸

Depression years. There were many booths run by lay women's groups including St Elizabeth's Aid and the Catholic Women's League. Despite the fact that these very successful bazaars were coordinated by Roman Catholic women's organizations, Bishop O'Sullivan refused a request for Hospital Board representation from the Saint Charles Auxiliary, a woman's auxiliary which donated a significant percentage of the hospital's operating budget. He said, "The two ideas: governors and auxiliaries, don't seem to synchronize too well." Bishop O'Sullivan, letter to the Officers and Members of the Saint Charles Auxiliary, City Hospital, October 1933, RCDA, "Bishop O'Sullivan".

⁴⁸Bishop O'Sullivan, Circular to Island Clergy, 24 June 1932, p.6, RCDA, "Bishop O'Sullivan".

In the same pastoral letter Bishop O'Sullivan reminded Roman Catholics that they were not entitled to free service at any diocesan social institution just because they had contributed to the parish assessment.

The Depression made running a hospital for Island Roman Catholics very difficult. The hospital had to meet health and safety standards of the American College of Surgeons in order to maintain the accreditation for a 'standardized' hospital.⁴⁹ The Sisters of St Martha's frugal and skilled management allowed the Charlottetown Hospital to remain open in the 1930s. Because Prince Edward Island Hospital patients paid user fees at a higher rate, the Protestant hospital did not struggle to operate during the Depression to the degree that the Charlottetown Hospital did.

The hospital was the Prince Edward Island Roman Catholic social institution most at risk during the Depression because of its high operating costs and the essential nature of its service. Bishop O'Leary ensured the survival of the hospital during the 1930s by delegating its responsibility to the sisters and demanding they not run a

⁴⁹They passed this examination in June 1930.

deficit. While this was a defensive move in dealing with the Depression, the Bishop also used the sisters to confront the Depression offensively.

At the Bishop's request, in 1931, the Sisters of St Martha opened a social services department to serve impoverished Roman Catholics in a variety of practical ways.⁵⁰ The community's newspaper, Laudate, explained the department's purpose:

to provide part time nursing where required and to care for out-patients; follow-up work is done among the hospital's patients; the sick poor are attended; the down and out are assisted and encouraged to help themselves and where carelessness about duties to God is evident, efforts are made to remedy this.⁵¹

The department was originally staffed by two women: a lay nurse who was a graduate of the Charlottetown Hospital School of Nursing, and a Sister of St Martha. A clearly Roman Catholic endeavour, the Social Service Department

⁵⁰The opening of the department marked the beginning of the sisters' foray into social work.

⁵¹Laudate December 1931, p.11, SSMA, Series 8, Sub-series 5. "Laudate" was a publication of the Sisters of St Martha which ran from December 1929 to August 1933. It had 400 subscribers in its first year and 949 subscribers in its history. See "[Laudate] Introduction and Historical Sketch", SSMA, Series 8, Sub-series 5.

concentrated in social work but stressed religion throughout. It strove "to combine what is best in recognized social service methods with the highest and holiest in religion."⁵² The department was consistently busy trying to alleviate stress for the city's poor.⁵³

Bishop O'Sullivan saw an obvious need for social service in the economically depressed province, particularly in the 1930s, and the Sisters of St Martha accepted the new assignment despite already being overburdened.⁵⁴ Bishop O'Sullivan used the department to fulfil the sisters' role

⁵²Laudate, 31 Dec, p.11, SSMA, Series 8, Sub-series 5.

⁵³In 1942, the department left the hospital and continued its work from the Pownal Street location as the Catholic Family Services Bureau. This Bureau is one of the few of the sisters' endeavours which has lasted until the end of the 20th century and is likely to continue into the 21st century. It has changed with the times but is also clearly a product of the age in which it was born, the 1930s.

⁵⁴Costs for the new endeavour were kept low because the department was operated from within the hospital so a new building was not required and the sister-social worker(s) could live at the convent in the hospital. A secular nurse may have been employed because some of the work was in maternity care and post-partum care and the Sisters of St Martha were not usually engaged in this field. (See Chapter 4.) In addition, the sisters' skills and labour was already stretched beyond reasonable limits so a secular nurse may have been necessary for human resource reasons.

in charitable service as the Bishop quoted Pope Leo XIII's "affirmation of duty of charity. People are not free to choose whether they will take up the cause of the poor or not: it is a matter of simple duty; what the weight of our obligation is we may discover from the super abundance of the good things we have received."⁵⁵

In its first six months of operation the Social Service Department paid 1250 home visits, clothed 62 children for school, cared for 10 bedridden patients and nine maternity cases, and attended six dying people. The department was aided by three Roman Catholic women's groups: St Vincent de Paul sewing circle, St Charles Auxiliary, and the Catholic Women's League, in distributing food and clothing to 51 families. At Christmas 30 baskets were distributed and 160 Christmas stockings were given to children, the supplies for which came from Charlottetown Roman Catholic merchants and druggists.⁵⁶ Three thousand home visits were made in 1931 and that number remained steady for the remainder of the

⁵⁵Laudate, Dec 1931, p.11, SSMA, Series 8, Sub-series 5.

⁵⁶Laudate, June 1932, p.8, SSMA, Series 8, Sub-series 5.

decade.⁵⁷ The Social Service Department not only coordinated charity for Charlottetown Roman Catholic families, but also engaged in professional home nursing, serving as a Roman Catholic version of the Victorian Order of Nurses.⁵⁸

In addition to their expansion into social work, Bishop O'Sullivan's predecessor, Bishop O'Leary, directed the sisters to expand into charitable collecting. Just before the Depression, in June 1928, the sisters began taking up the 'bread collection', first performed by the Sisters of Charity of Quebec in the late 19th century. At that time, many mornings, two Sisters of Charity walked around Charlottetown stopping at Roman Catholic homes to solicit donations of bread for the hospital. Sometime in the early-20th century, probably because of the difficulty in transportation and the preference for cash, money, rather than bread, was requested, although the name of the

⁵⁷Laudate, August 1933, p.12, SSMA, Series 8, Sub-series 5.

⁵⁸Although it did not materialize, the Bishop hoped that eventually several sisters would work in the Social Service Department and each be responsible for an area in the city.

collection stayed the same.⁵⁹ When the orphanage was founded in 1910, contributions went to the orphanage rather than the hospital, and at this time, one of the older boys accompanied a sister on the bread collection. When the Sisters of Charity returned to Quebec in 1925, the bread collection was discontinued, but Bishop Louis O'Leary requested that it begin again in 1928 when the Sisters of St Martha were more settled at the hospital.⁶⁰

A sister who participated in the bread collection recalled the process as follows:

...two sisters (one did not travel alone in those days but we did walk each side of the same street alone) [solicited donations]. The usual donation was 25 cents and if you happened to get a 50 cent piece you considered you were wealthy. There were between 250 and 300 calls on the list and it occupied the first two days of every month rain or shine snow or ice twelve months of the year-- really the only cash we ever had.⁶¹

⁵⁹Some accounts say the orphanage maintenance man and tallest boy at the orphanage performed the bread collection while other accounts say two sisters did it. Probably both accounts are true of different times.

⁶⁰"Annals", 1928, SSMA, Series 8, Sub-series 4.

⁶¹Written recollection from unidentified Sister of St. Martha, SSMA, Series 12, Box 11, #8.

The bread collection could never garner much given the wealth of the people who were canvassed, but it remained a steady source of income for the orphanage even during the Depression.

The Bishop also directed the sisters to take up a collection for themselves in the midst of Depression; the timing and purpose suggests the Bishop had undisclosed motives regarding the collection. In 1931 he requested the sisters do a door-to-door collection for the mother house and novitiate building fund in every Island parish. As they recorded in their Annals, and perhaps as was the Bishop's intent, the sisters' reception in Island homes taught them more about the depth of poverty than it made them hopeful for the quick construction of a mother house: "The sight of so much real poverty in many homes made a deep impression on the collectors; in so many cases they would rather have been giving than taking from the poor toilers on the farm and at sea."⁶² One has to wonder if the bishop wished to quickly extinguish the sisters' dreams for a mother house by sending them on a collection in the early days of the Depression.

⁶²"Annals", September 1931, SSMA, Series 8, Sub-series 4.

In the early 1930s the sisters could not afford the transportation costs, let alone the human resources necessary to canvass the province, but they did collect in a few scattered parishes.⁶³

The Bishop's tactic was remarkably similar to his request that the sisters return their hospital salary in 1934. Both demands underscored the sisters' subservience to the Bishop and emphasized their own impoverishment. It seems the sisters recognized his concern. Although they were concerned that their shabby novitiate discouraged prospective postulants from entering the Island Congregation, the annalist noted in 1934 that,

...it is easier to practise poverty when our lives ...[are] surrounded by the evidence of poverty. It can also be the occasion of humiliations, which after all are the foundation for humility, especially when some young girls come out and look at the place and turn away, 'sad'. However, vocation to the religious life cannot be strong

⁶³They continued to collect during the Depression. They collected between \$900 and \$1000 in a total of 18 parishes in 1934, \$600 in eight parishes in 1935, \$300 in 1936 and \$800 in 1937. In 1937, they also received their first major single donation of \$6000 from the estate of the Rev P.D. McGuigan. In addition, the Catholic Women's League persisted in sending annual donations of increasing amounts to the building fund in the 1930s. "Annals", 1934-39, SSMA, Series 8, Sub-series 4.

when externals count in that way. Our Lord had not even a Mount St Mary's to offer his apostles and they followed the covation he held out to them....⁶⁴

While the hospital, Social Service Department and fundraising initiatives received special promotion from Bishop O'Sullivan, the sisters instituted their own plan for saving other Roman Catholic institutions, particularly St Vincent's Orphanage. At the same time that the state failed to ensure the survival of Canadians, the Sisters of St Martha succeeded in ensuring the survival of Prince Edward Island Roman Catholics.

St Vincent's Orphanage suffered the effects of the Depression very keenly. Because St Vincent's provided 24 hour care, its operation was labour intensive. The nursery, which was home to between one-third and one-half of the residents in the 1930s,⁶⁵ required a great deal from the staff. Among the older children, one sister was responsible for the "girls' side" and one for the "boys' side". One or

⁶⁴"Annals", 1934, SSMA, Series 8, Sub-series 4.

⁶⁵Thirty-eight of the 97 residents were in the nursery at the time of the Sisters of St Martha's takeover in 1925. See, "Annals, St Vincent's Orphanage", 1925, Series 12, Box 11, #1.

two sisters were also engaged in teaching the children during regular school hours as the children did not go outside the orphanage to attend school.

The Diocese intended for St Vincent's Orphanage, like the Charlottetown Hospital, to be partly financed by user fees paid by the families of residents, but understandably, as at the hospital, a significant number of these bills were not paid during the 1930s. Instead, the sisters continued to depend on local Roman Catholic businesses to donate food and other supplies for the orphanage, and upon charitable groups and individuals to donate cash.⁶⁶ In 1930, the sisters noted, however, that cash was lacking much more so than in the previous five years. The following year, 1931, the bursar of the orphanage wrote:

(I)t is with trepidation I think of how I am going to find the 850 loaves of bread we have to have every month, the 12 hundred dollar bills we have to pay for coal, not to mention anything else needed for housekeeping not the little bits that make a muckle going out for lead pencils, shoe laces etc., We receive payment in part for only

⁶⁶Lay women's groups such as Saint Elizabeth's Aid and the Catholic Women's League raised money for Catholic institutions including the orphanage and hospital. "Annals", 1934, SSMA, Series 8, Sub-series 4.

11 of our 80 children so we look hopefully for a continuation of the charity always shown us.⁶⁷

The sisters at the orphanage had to slash their budget as the Depression continued. In fact, expenditure dropped two-thirds from \$9471.43 in 1930 to \$3500.33 in 1935 because of stark decreases in contributions. In fact, contributions from Roman Catholic charities dropped 251 percent and children's board dropped 497 percent between 1930 and 1935. With such a small operating budget in the 1930s, it was a tremendous struggle for the sisters to keep the orphanage open, and they were only able to do so through very frugal management.

⁶⁷Laudate, Dec. 1931, p.12, SSMA, Series 8, Sub-series 5.

Table 12: St Vincent's Orphanage Receipts, 1930 and 1935

	1930	1935
Catholic Women's Charities	\$1911	\$759
Children's Board	\$1407	\$283
Bread Contributions	\$1318	\$1371
Farm Produce Sold	\$588	\$733
Bequests	\$2047	\$1836
Provincial Government Grant	\$1600	\$1600
City Government Grant	\$400	\$400
Total Expenditure	\$9271	\$5182

Source: St Vincent's Orphanage, Financial Records, 1930 and 1935, SSMA, Series 12, Box 11, #3.

Table 13: St Vincent Orphanage Expenditures, 1930 and 1936

	1930	1935
Food	\$1894	\$675
Clothing and Bedding	\$403	\$252
Salaries	\$2373	\$752
Coal	\$1201	\$705
Farm Expenses	\$790	\$586
Misc.Repairs	\$1471	\$192
Other	\$1440	\$338
Total	\$9572	\$3500

Source: St Vincent's Orphanage, Financial Records, 1930 and 1935, SSMA, Series 12, Box 11, #3.

Probably in response to the increased financial difficulty operating the orphanage, which fed complaints "that the orphanage was being made a dumping ground for

[illegitimate] children and that the mothers were frequent repeaters", in 1939 the Bishop clarified the policy on accepting 'illegitimate' children at the orphanage.

O'Sullivan wrote:

The heart of every priest is troubled whenever an unfortunate girl in his parish becomes an unmarried mother..... But often enough, with careful investigation and proper urging, both mother and child can be provided for in a more reasonable and just way than separating them and making the child an orphanage nobody.⁶⁸

O'Sullivan continued by explaining the various alternatives to placing a child at the orphanage, particularly encouraging the marriage of the child's parents, and guardianship by maternal grandparents. If a child had to be placed at the orphanage, his/her provision, about \$100 annually, should be secured, if possible, by means which could include putting a lien against the father's real estate.

Because of a lack of public funding in the early 20th century, even St Vincent's Orphanage was dependent on user

⁶⁸"The Orphanage and Illegitimate Infants: A Pastoral Instruction by the Bishop", 1939, SSMA, Series 12, Box 11.

fees or "board" paid by the children's guardians.⁶⁹ The sisters had difficulty, not surprisingly, collecting these fees even when the economy was reasonably healthy; during the Depression very few relatives paid any amount on the children's board. Understandably donations to the orphanage also dropped off considerably during the 1930s. Nevertheless, the sisters kept the orphanage open throughout the decade with as many as 125 children resident.⁷⁰

In the decade of the Depression, the Sisters of St Martha continued to provide teachers for Kinkora School, which provided instruction in grades one through ten. Although staffed completely by sisters, the school was considered a public district school and the sister-teachers were paid by the provincial department of education.⁷¹ In

⁶⁹A very small number of children, usually under 10 per cent of residents, were wards of the state and thus their board was paid by the provincial government. "St Vincent's Orphanage Financial Statements", 1931-1940, SSMA, Series 12, Box 11, #3.

⁷⁰"St Vincent's Orphanage Financial Statements, 1930s, SSMA, Series 12, Box 11, #3.

⁷¹The founder of the Sisters of St Martha, Bishop Henry O'Leary, noted that the Congregation would become engaged in teaching in the rural schools, but I suspect because the Congregation took on the administration of the hospital and orphanage on short notice, and because these institutions

1931 the three teachers held first, second and third class teachers' licences. Jeanette Coady, Nellie MacDonald and Annie Walsh received \$411.50 (and a \$25 supplement), \$247.50, and \$140 respectively.⁷² This money went into the Congregation's general coffers and financed those aspects of the Congregation, such as the novitiate and infirmary, that did not receive any funding. The instruction must have been of good quality; in 1930 five students passed grade ten examinations and Dorothy Cullen, a 14 year old, led the

were so demanding of human resources, plans to staff other rural schools in addition to Kinkora had to be postponed.

⁷²These are the sisters' birth names as they appeared in the Department of Education Annual Report. The Congregation of Notre Dame also ran convent schools within the district school system. The Congregation of Notre Dame teachers received higher wages and assumedly held higher licences than the Sisters of St Martha, and all Congregation of Notre Dame sister-teachers received supplements in 1931. Furthermore, the Congregation of Notre Dame schools received higher scores on property evaluation. In 1925 Tignish, Miscouche, and Rustico Convent schools received a full score of 250 while Kinkora lagged behind at 156. The higher class teaching licences among Congregation of Notre Dame teachers in Island schools combined with their schools' perfect property evaluation indicate that the Congregation of Notre Dame run schools were more elite than most Island schools, including the Kinkora school. Department of Education, Annual Reports, Provincial Archives and Records Office (PEI) [PARO], RG 10.

province, "being 30 marks ahead of the next one."⁷³ The year before another Kinkora student, Bernice Cullen, a future Sister of St Martha, won a provincial award for her high marks.⁷⁴

Because the Sisters of St Martha teachers in Kinkora were paid by the provincial government, their school was no more economically difficult for the Congregation to run during the Depression than in earlier years. The Congregation still often had to pay for the sisters' educations, however, as many were unprepared for a career in teaching, and the Congregation also had to manage its human resources around the commitment to Kinkora. This became more difficult during the 1930s because of the increased demands of the Charlottetown Hospital. On the other hand, running the school in the 1930s was more crucial than in earlier years because it provided a source of income which the Congregation could put toward the deficits its other institutions created and compensate for the lack of wages to sisters at the Charlottetown Hospital in 1934-35.

⁷³"Annals", 1930, SSMA, Series 8, Sub-series 4.

⁷⁴"Annals", 1929, SSMA, Series 8, Sub-series 4.

St Dunstan's was the only social institution in which the Sisters worked but did not administer. Thus their contribution to the university was part of a wider effort to stave off the threat of the Depression, most clearly manifest in the decline in enrolment from 170 at the beginning of the decade to a low of 115 in 1935-36. The broad effort the university directed toward surviving the Depression included low student fees, a large number of bursaries, and a staff of largely unpaid, sisters and priests.

Edward MacDonald explained in his dissertation on St Dunstan's that the availability of scholarships and bursaries was most significant in keeping the university open in the 1930s, and, in fact, in 1933-34 sixty per cent of Island students received bursaries. Irish Roman Catholic students were eligible for Connolly bursaries of \$175 annually while Scottish Roman Catholic students could apply to the St Andrew's Society for financial help to the sum of \$150 annually. Tuition had always been low, about \$50 annually in the early twentieth century.⁷⁵ This is not to

⁷⁵Estate of (Owen) Connolly. The St. Andrew's Society was formed in 1919 specifically to coordinate bursaries for

suggest that all students promptly paid their bills.

Outstanding board and tuition totalled \$8716.36 in 1920.⁷⁶

Just as the hospital was dependent on patient fees because no substantial endowments or other funding were available, so too was St Dunstan's dependent on student fees. Unlike the Prince Edward Island Hospital, the post-secondary institution which non-Catholic students attended, Prince of Wales College, was a public institution and received public funding from the provincial government. St Dunstan's did not receive any government funding until 1951, despite being the province's only university from 1917 until 1968. Neither was St Dunstan's able to depend on endowments.

The large proportion of students dependent on bursaries to pay the cost of their schooling was certainly significant in explaining how St Dunstan's survived the Depression. MacDonald has not put enough emphasis, however, on the importance of low student fees. Fees at some Maritime

Scottish Roman Catholic men. Acadian Roman Catholic students did not have a fund to which to apply and many more went to Memramcook than to St. Dunstan's. G. Edward MacDonald, Chapter 10.

⁷⁶"Financial Statement, 1919-1920", MacDonald, p. 363.

universities were more than double the \$50 a year tuition at St Dunstan's. In 1931, fees were \$84 at the provincially funded University of New Brunswick, \$125 at Dalhousie and Kings, and \$130 at Mt. Allison.⁷⁷ Nevertheless, it is true that endowments could be stretched to provide more bursaries because tuition was lower. Furthermore, the low student fees helped the forty to fifty percent of non-bursary Island students to attend, as well as allowed the off Island students, who comprised about one quarter of the student population in the mid-1930s, to attend university relatively inexpensively.

The most significant reason student fees were kept low was the inexpensive cost of the priests and sisters who worked at the institution. Although, like the women religious, the priests had their room and board and basic expenses covered by the university, the university still saved money by hiring priest-professors. The difference between the salaries of ordained and lay university professors in the Maritimes was at least two thousand dollars a year. When living expenses of \$800 annually are

⁷⁷John G. Reid, Mount Allison University: A History to 1963, vol II, (Toronto, 1984), p.96.

added to this amount, the university still saved about \$1300 per professor by hiring priests.⁷⁸ With about eight priest-professors, St Dunstan's was able to save about \$11,400 in comparison to a secular teaching staff.⁷⁹

The 10 sisters responsible for the university domestic department did not save the university nearly as much as the priest-professors did; the gap between the amount of money the sisters received, in addition to their accommodations, and the amount that lay women would have received in similar circumstances, was much smaller than the gap between lay and clerical professors. Clearly, however, the sisters' value

⁷⁸St Thomas University priest-professors were paid \$200 a year in the 1930s while Mt Allison professors were paid \$2400-2800 and Pine Hill theological professors received \$4000 annually in the late 1920s. Reid, p.91. University of New Brunswick professors received a starting salary of \$2300 in 1931, University of New Brunswick Senate Minutes, 8 September 1931, University of New Brunswick Archives. For more information on St. Thomas, which provides a reasonable comparison with St. Dunstan's, see James A. Fraser, By Force of Circumstance: A History of St. Thomas University, 1970, p. 66. Unlike St. Dunstan's, St. Thomas showed a profit during the Depression, although "no one was quite sure where the money came from." (Ibid.).

⁷⁹Suppose secular staff cost \$3000 annually, eight of whom would cost \$24,000. Consider St Dunstan's professors' salaries at about \$200 in addition to room, board, and other miscellaneous expenses which, to be generous, might total \$800 a year. St Dunstan's must have saved at least \$16,000 annually by hiring priest professors.

for upholding a moral standard, while serving over a hundred young men, was immeasurable, and Bishop O'Sullivan knew it. The sisters' work at St Dunstan's was their least skilled and they might, at least theoretically, have been replaced with secular women at a similar cost, yet even during the Depression, when the sister-staffs at the orphanage and hospital were overextended, there was no move to decrease the number of sisters at the college. Their work was not only a priority for their low cost, but more so because they were so unlikely to engage in improper behaviour with the students.

The continuance of this domestic work tied the Congregation to their working-class origins in domestic service and illustrated the importance of menial labour when performed in the name of Biblical hospitality. The St Dunstan's sisters explained their work in a submission to the June 1931 issue of Laudate, referring to their patron saint:

And to her, the housekeeper of Nazareth, we pray,-
Take every daily task, take every duty,
Take little homely things as dusting, sweeping;
Change them into your heavenly housekeeping;
Touch them with Nazareth's most striking beauty.
Think that my busy hands weave raiment fair
For Christ to wear;

Know that my hurrying feet
Go all your errands sweet.⁸⁰

The 1930s were not a completely painful decade for the Sisters of St Martha. While saving Prince Edward Island social institutions in the 1930s, the sisters strengthened themselves. Although the Depression years made the Congregation's operation of social institutions more difficult, the decade witnessed steady, much-needed expansion in membership as well as professional development.

A total of 70 women entered the Congregation during the decade, 30 of whom stayed to finish their novitiates.⁸¹ While 41 Sisters of St Martha were engaged in active ministry at the beginning of the decade, there were 71 in 1939. Compared to entrants in the Congregation's first decade, entrants in the 1930s were, on average, younger, but

⁸⁰Laudate, June 1931, SSMA, Series 8, Sub-series 5.

⁸¹The high number of entrants during the Depression may relate to the lack of employment as well as the difficulty in supporting large families. The attrition rate is also high, but not exceptional. The Sisters of Misericorde in Quebec, for example, had a higher rate of attrition at least in an earlier era. In both 1901-1910 and 1911-1920, 75.5 per cent of entrants did not make final vows. See Marta Danylewycz, "In Their Own Right: Convents, an Organized Expression of Women's Aspirations", Veronica Strong Boag and Anita Clair Fellman, eds., Rethinking Canada: the Promise of Women's History, 3rd ed., (Toronto, 1997), p.185.

they were equally homogeneous in ethnicity, place of birth, and level of skill. In other words, entrants in the 1930s were largely Irish, uneducated beyond district school level, and, overwhelmingly, native to Prince Edward Island.

Compared to the entrants of the Congregation's first decade, 1930s entrants were younger and the age range was less wide. The average age at entry in the period 1916 to 1926 was 23.96 while in the 1930s the average age at entry was 22.4, more than a year and a half younger. Only four of the 70 women were over 30 when they entered the Congregation and the eldest of these four was 34, nine years younger than the eldest entrant in the Congregation's first decade. Neither were entrants unusually young in the 1930s, although one 16 year old and three 17 year olds did enter, despite the canonical stipulation that entrants should be at least 18 years of age. The overall narrower range of age among entrants suggests increased stability in the Congregation and that a more rigorous acceptance process was in place. It seems significant that the average age of entrants was significantly higher in the years 1932 and 1933, as 1932 is generally considered the worst year of the Depression. This could mean that older women, fearing poverty and lack of

marriage opportunities, may have entered the Congregation because it offered more stability than the secular world.

Table 14: Annual Number of Entrants Taking First Vows and their Average Age at Entrance

Year	Number of Entrants	Average Age at Entrance
1930	9	20.4
1931	6	26.6
1932	6	25.5
1933	10	22.7
1934	10	23.2
1935	4	20.2
1936	6	19.4
1937	11	21.5
1938	2	24.5
1939	6	22.4
TOTAL	70	22.4*

Source: "Card File of All Applicants", SSMA, Series 10. 66 of the 70 entrants' ages at entrance were available.

Entrants in the 1930s affirmed the Congregation's Irish identity. Although the percentage of Irish entrants was six per cent lower in the 1930s than in the decade 1916 to 1925, a high 71 per cent of 1930s entrants were of Irish origin. Only 10 per cent were Scottish and 11 per cent Acadian. Clearly young Irish women with vocations were drawn to the Sisters of St Martha at a much higher rate than Acadian or

Scottish women with vocations, most of whom continued to join off-Island congregations. In the 1930s only two entrants were not Irish, Acadian, or Scottish; one was of English origin and one was Lebanese.

Table 15: Ethnic Origin of Entrants, 1930-1939

Year	Irish	Scottish	Acadian	Other	Total
1930	5 (56%)	2 (22%)	1 (11%)	1 (11%)*	9 (100%)
1931	5 (83%)	0	1 (17%)	0	6 (100%)
1932	5 (83%)	1 (17%)	0	0	6 (100%)
1933	8 (80%)	1 (10%)	1 (10%)	0	10 (100%)
1934	8 (80%)	2 (20%)	0	0	10 (100%)
1935	1 (25%)	1 (25%)	2 (50%)	0	4 (100%)
1936	4 (67%)	1 (17%)	0	1 (17%)**	6 (101%)
1937	8 (73%)	0	3 (27%)	0	11 (100%)
1938	1 (50%)	1 (50%)	0	0	2 (100%)
1939	5 (83%)	1 (17%)	0	0	6 (100%)
Total	50 (71%)	10 (14%)	8 (11%)	2 (3%)	70 (99%)

Source: "Card File of All Applicants", SSMA, Series 10.

* One English entrant.

** One Lebanese entrant.

As with Table 7, ethnicity has been calculated according to parents' surnames. Because the dates are so recent, ethnicity could not always be confirmed by the census or obituaries.

The tradition of attracting largely unskilled and uneducated women was less marked in the 1930s than in the first decade. Yet, while the Congregation was in desperate

need of trained nurses and other hospital professionals, they only attracted one nurse in the 1930s. A few women in the 1930s entered with teaching licenses but with only one school in the 1930s the Congregation only required three teachers. As will be discussed later in this chapter, because of the lack of useable skills among the members, the Sisters of St Martha educated many of its members, at great cost, during the 1930s.⁸²

Entrants to the Sisters of St Martha in the 1930s also confirmed the Congregation's diocesan nature. Only two of the 70 entrants were not born in Prince Edward Island. The understanding that the Congregation would serve the Diocese of Charlottetown exclusively continued to attract a certain

⁸²In Chapter Three obituaries were used to assess the level of skill and education among entrants in the period 1916 to 1925. Only 10 obituaries are available, however, for entrants in the 1930s as many of the entrants who remained in the Congregation are still alive. Access is restricted to the curriculum vitae of specific living members. From the 10 obituaries of the 1930s entrants, I have determined that five had teaching licences, two had commercial training, one had been a store clerk, and two came without paid work experience or a formal education beyond grade 10. According to Sister Mary Irene MacKinnon, who was general superior from 1973 to 1981 and involved in administration for much of her career, a minority of women entered the Congregation with professional training, and subsequently the Congregation had to educate them. Oral Interview, Sister Mary Irene MacKinnon, 26 April 1998.

element of Island women and failed to attract more than a couple of women from outside the province. Of the 68 entrants from Prince Edward Island, 10 were from Prince County, 20 from Queens County, 35 were from Kings County, and one entrant's place of birth was not listed. No single parish sent a significant number of entrants. Finally, the entrants were overwhelmingly from rural areas; only three of the 70 entrants were from Charlottetown.

The 'healthy' number of entrants translated into a more modest increase of 30 active members from 41 in 1931 to 71 in 1939. Of the other 40 women who made first profession in the 1930s, many left and others were unable to be appointed to work assignments because they had not finished their novitiate--they entered after 1937--or were assigned to study.

Out of the pool of members, the Congregation staffed six social institutions: Kinkora School, the Sacred Heart Home, the Charlottetown Hospital, St Vincent's Orphanage, and the Catholic Social Service Bureau, and they managed the domestic affairs at St Dunstan's University and the Bishop's Residence. The number of sisters assigned to each of these institutions follows:

Table 16: Sisters' Work Assignments and Percentage of the Congregation at each institution, 1931, 1935, and 1939

Institution	1931	% tot	1935	% tot	1939	% tot
Kinkora School	4	9.7	6	10.7	8	11.3
Sacred Heart Home	5	12	9	16.1	11	15.5
Charlottetown Hospital	8.5	21	11.5	20.5	18	25.3
St Vincent's Orphanage	5	12	7	12.5	7	10
Social Services Bureau	2.5	6.1	2.5	4.5	3	4.2
St Dunstan's Univ.	9	22	10	17.9	10	14.1
Bishop's Palace	4	9.7	4	7.1	7	10
Congregation Administration	3	7.3	6	10.7	7	10
Sick*	4	-	NA	-	4	-
Studying*	NA	-	NA	-	2	-
Total	41	99.8	56	100	71	100.4

Source: "Sisters Ministries", SSMA, Series 3, Sub-series 3, #1.

*Percentage of total active members excludes those sick and studying but includes them in the total number of Congregation.

In the entire history of the Sisters of St Martha there were always more requests for labour than the sisters could fill, but this was particularly so during the Depression. Three or four times the sisters they actually had could have easily been employed in various pursuits. Bishop O'Sullivan said in 1932, "If we had 50 more nuns at the moment, our

present institutions would be only properly staffed..."⁸³

In the 1930s there was almost no end to the charitable work for the young congregation in the economically depressed province. As entrants finished their novitiates, and special training if chosen to do so, and thereby became available for active ministry, they were readily and easily absorbed into the Congregation's existing responsibilities. As Table 16 illustrates, the number of sisters working at the hospital doubled over the decade. This is more of an indication of the under-staffing at the beginning of the decade than a comment on a large staff at the decade's end. Similarly, the number serving increased at the Bishop's Palace from four to seven. In this case the workload expanded to include caring for the Basilica sacristy and taking on some clerical duties. The Bishop clearly had plans for the sisters as more became available for active service.

Many entrants to the Sisters of St Martha left after a matter of weeks, months, or very occasionally, years. While in the 1930s there were sometimes over ten postulants

⁸³Bishop O'Sullivan, Circular Letter to all Priests of the Diocese, 24 June 1932, RCDA, "Bishop O'Sullivan.

annually,⁸⁴ the Congregation learned painfully that a far fewer number would stay for the duration of their earthly lives. The Congregation's annalist recorded on the eve of the Depression in 1928:

We began to say the Litany of the Sacred Heart daily to obtain good subjects for our institute. May our prayers not be in vain and at the same time may we get grace to bear resignedly the trials in the way of sickness of promising subjects and disappointments in various ways.⁸⁵

And the July 1931 issue of Laudate, the Congregation's newsletter, included an, ambitious, firm, and somewhat resentful note on vocations:

Do the young women of Prince Edward Island realize that in the Congregation of St Martha ... there is unlimited scope for the utilization of every talent to the honour and glory of God? Throughout the length and breadth of North America and in foreign countries are found Sisters who were born and brought up in Prince Edward Island...we even hope in the not too distant future their adopted lands will pay back the debt owing our Province by sending us useful subjects.... Dear Catholic girls, it depends on YOU. Are you interested?⁸⁶

⁸⁴Throughout this dissertation I have not given figures for total entrants but rather for entrants who stayed at least six months, the length of time required to finish the postulancy and take first vows.

⁸⁵Annals, 1928, SSMA, Series 8, Sub-series 4.

⁸⁶Laudate, June 1931, pp. 3, 15, SSMA, Series 8, Sub-series 5.

Later in the 1930s, the Congregation's annals are peppered with similar concern over the threat of not having enough sisters to do the work expected of the Congregation. The annalist was heartbroken at the attrition rate:

Only one of the four aspirants who entered so hopefully last September persevered and we had a lone ceremony for Sister M. Annunciatta... on March 25.⁸⁷

Some of our postulants did not receive the grace of perseverance and the only consolation we have is to remember the maxim: "Quality is better than quantity". How we would like to have quantity too.⁸⁸

Subjects are needed so badly for the houses now in existence and for the many other demands being constantly made upon the community. We will have to pray more and make greater sacrifices.⁸⁹

Clearly the members of the Congregation yearned for new members to join and share some of the burden of the work expected of the diocesan congregation. At the same time, no matter how desperate the staffing requirements of Roman Catholic social institutions, the sisters were made well aware of the necessity of accepting and maintaining only

⁸⁷"Annals", 1936, SSMA, Series 8, Sub-series 4.

⁸⁸"Annals", 1937, SSMA, Series 8, Sub-series 4.

⁸⁹"Annals", 1939, SSMA, Series 8, Sub-series 4.

those entrants with the qualities suitable to religious life. In 1929, a 29 year-old sister was asked to leave the Congregation after five years of membership, when she caused a scandal which, although the annalist did not describe, was devastating to the Congregation. In the annalist's words:

It was during the retreat that we got convincing and certain proof of the misdoings of one unfortunate sister. Who was dismissed at once by our Bishop and left for home.... Dearest Jesus, what awful suffering and trouble she has given us by her defects in character. What a lesson to teach to be wary of admitting to vows anyone so lacking in strength and wanting in interior spirit. May the good God wipe away all the scandal and the harm done to others and teach her that the only hope of salvation for her is increased sincerity with her confessors. The sisters were solemnly warned never to mention her name.⁹⁰

It can be very difficult for any religious congregation to determine whether prospective postulants might become good religious. In the Depression years, it must have been especially difficult for the sisters to turn candidates away when so much work was expected of the Congregation.

Because of the high demand for the sisters' dependable and inexpensive labour during the 1930s, formally educating members was very difficult. Removing a sister from a

⁹⁰"Annals", April 1929, SSMA, Series 8, Sub-series 4.

specific work in order to train her meant losing a much needed source of labour, the benefits of which were often not realized for several years, depending on the course of study. The further burden of tuition and board, raised thorough the sisters' small salaries, was very hard on the small community. Nevertheless, professional training for members was always a priority with the Sisters of St Martha, which Sister Ida Mary stressed in her MA thesis:

Although the spiritual formation of the members has always been placed first in importance, the necessity of the best professional training has never been overlooked, even at the cost of great sacrifice. Perhaps it is precisely because its various works have been founded on sacrifice that the Congregation has been able to contribute much to the educational enrichment of the diocese.⁹¹

Despite the strain on human resources that professional training posed, the Congregation supported several of their members' furthering their educations in the 1930s. Sisters M. Dunstan and M. Delores took a [6] week course at Miss Farmer's cooking school in Boston in 1929; three sisters finished grade 10; Sister St Hugh became a registered

⁹¹Ida Mary, CSM (Mary Jeanette Coady), "The Birth and Growth of the Congregation of the Sisters of St Martha of Prince Edward Island", (MA thesis, University of Ottawa, 1955), p. 85.

pharmacist after attending Dalhousie University; four sisters graduated from Prince of Wales College with teaching certificates; Mother Loyola obtained a B.Sc. in Home Economics from St Francis Xavier; Sister M. Angela obtained a B.Sc. in Nursing from St Francis Xavier; three sisters graduated from the Charlottetown Hospital School of Nursing; and two sisters completed grade 12 at St Dunstan's, the first two women to attend or graduate from St Dunstan's high school program.⁹²

The Depression was a real threat to private social institutions in Canada. In Prince Edward Island, the poorest province in the nation, the threat to the province's Roman Catholic institutions was serious. The amount of money the Roman Catholic population could donate or pay in user fees was finite and falling in the 1930s. Roman Catholics were expected, nevertheless, to support several social institutions; there were preferences, however, and a hierarchy of Episcopal support seemed to develop with the hospital at the top and the orphanage at the bottom.

⁹²"Annals", 1930s, SSMA, Series 8, Sub-series 4.

Bishop O'Sullivan saw the Charlottetown Hospital as the most threatened Prince Edward Island Roman Catholic institution; he delegated its burden to the Sisters of St Martha whom he blamed for the mounting hospital deficit. While the bishop did not interfere in the sisters' administration of their other social institutions, he demanded that they forfeit their hospital salary in the midst of the Depression.

The sisters' low rate of remuneration and particularly frugal management allowed Prince Edward Island Roman Catholic social institutions to operate during the 1930s in spite of decreased receipts in donations and user fees.⁹³ In addition to keeping every existing Roman Catholic social institution open in the 1930s the sisters also provided a much-needed social services bureau which executed three thousand home visits annually in that decade.

Despite the tremendous pressure on the small Congregation to meet 45,000 Roman Catholics' increased needs during the Depression, the Congregation actually emerged from the Depression stronger. They not only increased their

⁹³"Annals", 1930s, SSMA, Series 8, Sub-series 4.

membership by almost 60 per cent, they also obtained professional training for almost half of their members. In 1939 it may have been a stronger, more respected congregation, which received many new requests each year, but the Sisters of St Martha remained a very poor congregation. They especially felt the lack of a mother house and proper novitiate training facilities and knew they could not afford any building in the near future given their financial situation.

In 1939 the sisters were poorer but stronger; they were pushed beyond reasonable limits to ensure Prince Edward Island Roman Catholics survived the Depression, yet they had succeeded where the state had failed.

Chapter 6:
Institutional Expansion in the 1940s:
Autonomy From the Bishop But Dependence on the State

After emerging from the Depression poorer but stronger, the Sisters of St Martha accepted four new missions in the 1940s. There was much variety among the many requests for the sisters' labour in the 1940s, including the four requests they accepted, but they all identified the Sisters of St Martha as a congregation of last resort. They had developed a reputation as a congregation which might accept an assignment that more prestigious congregations would not.

Their four new ventures fell into two categories. In continuation of their original domestic work supplemented by public school teaching, they accepted a second college domestic department and a second rural district school. In conjunction with the federal government's increased funding of selected social services in the mid to late 1940s, the Congregation also accepted the administration of a variety

of services on a Native reserve and a new community hospital. The latter two new endeavours broke the sisters' tradition of employment in specifically Roman Catholic social institutions, and illustrated the spirit of modernization, the rising influence of the federal government in Prince Edward Island, and the sisters' willingness to become more closely intertwined with the state.

The 1940s witnessed the beginning of a new relationship between the Bishop and the sisters as Bishop James Boyle, consecrated Bishop of Charlottetown in 1944, offered the sisters far greater autonomy, than had his predecessors. Thus the sisters made the decision to accept all the new missions relatively independently of their bishop.

In contrast to a decade of fumbling attempts to alleviate the economic depression, the federal government reacted with urgency and foresight in mounting an effective war effort in 1939.¹ In Prince Edward Island, almost fifty per cent of the eligible male population joined one of the

¹Carmen Millar, "The 1940s: War and Rehabilitation," in E.R.Forbes and D.A.Muise, eds., The Atlantic Provinces in Confederation, (Toronto, 1993), p. 307.

armed forces, and, in addition, an air force base opened in Summerside.² The federal government, concerned that a depression would follow World War II as had happened with World War I, and following Britain's lead, initiated post war reconstruction in Canada at least two years before the war ended, and recommended, "a 'Slate of Social Services', including measures to provide full employment, cradle-to-grave social security, health insurance, better schools and transportation facilities, and the more efficient exploitation of natural resources."³ Provincial policy makers in the Maritimes were particularly interested in improved health care and education, and were willing to hand control of the responsibility to the federal government.⁴

According to Carmen Millar,

Most Maritimers, caught between the commitment to the war, and their need of employment and social security, and divided and distracted by post-war adjustment and cold war rhetoric, seemed content to leave the solutions to their problems to the

²Millar, pp. 309-10.

³Millar, p.327.

⁴According to the terms of Confederation, education and health care were both provincial responsibilities.

interventions of the federal government and the operation of the 'free market'.⁵

They paid for their contentment in the 1940s by relinquishing control of significant public and private policy to the federal government, yet Islanders really had little choice, for they were seriously in need of increased federal funding of social services.⁶

Prince Edward Island was sorely lacking in educational funding in the mid-20th century. The province spent less on education, per student, than any other province. Verner Smitheram has noted that, "As late as 1956, per pupil expenditures in elementary and secondary education were the lowest in Canada: \$92 compared with the Canadian average of \$219."⁷ Prince Edward Island district schools were known

⁵Millar, p.306.

⁶Millar, p.345.

⁷Verner Smitheram, "Development and the Debate Over School Consolidation" in Verner Smitheram, David Milne and Satadal Dasgupta, eds., The Garden Transformed: Prince Edward Island, 1945-1980, (Charlottetown, 1982), p.177. Carmen Millar argues that the low funding to education was due to a lack of total funding available, and not because of a low priority placed on education. In fact, Millar points out that "as a percentage of the provincial budget, only Alberta spent more on education than Prince Edward Island." Millar, p.330.

for their poor construction, poor quality teaching, high turnover of teachers, and high drop-out rate among students.⁸ Many districts were either too impoverished or too little interested to obtain capable teachers and had to settle for novice teachers who would forego the local supplement to the salary provided by the province.⁹

Nor did the early 1940s, unfortunately, witness any increased commitment to educational funding. District schools remained dependent upon scrounging for the best possible teachers willing to work for a minimal salary. Indeed, as late as 1962, the average Prince Edward Island teacher's salary was only \$2734 compared to \$4522 for the country.¹⁰

In keeping with the Public School Act of 1877, districts were responsible for hiring teachers and raising one third of their salary. Although the act was non-sectarian, "gentleman's agreements" allowed districts to hire sister-teachers who were paid two thirds of their

⁸Miller, p.330.

⁹Smitheram, p.181.

¹⁰Smitheram, p.183.

salary by the provincial government. Of course, only primarily Roman Catholic districts would normally wish to hire sisters.¹¹ Because of the poor quality of education in some district schools, combined with the sisters' good reputations as teachers, some non-Catholic students also sought an education from the Sisters of St Martha. In 1957, for example, five non-Catholic boarders attended high school in Kinkora. In the same year, Mother Loyola noted in correspondence that the Congregation had requests for about twenty sister-teachers, and, "a certain non-Catholic trustee made inquiries of a neighbour how they could procure sisters for their school..."¹² With their reputation for dependability, their vow of poverty, and their working class roots, the sisters were viewed by many school trustees as

¹¹Smitheram, pp.177-79. In the Chapter Minutes of 1945, Mother Loyola noted that St Teresa's Parish had been promised a teacher and that, "Other parish priests are very anxious to have the sisters, too, for the various works which only a religious congregation can perform satisfactorily.... The harvest indeed is great but the labourers are few." Mother M. Paula, Report to Chapter 1945, Sisters of St Martha Archives [SSMA], Series 1, Sub-series 5, Box 5.

¹²Mother Loyola to Dr. Joe [MacMillan], 15 March 1957, "Requests for Foundations", 1927-1967, SSMA, Series 2, #1.

likely to provide the most value for their wages in the days before the state fully regulated the school system.

Although education did not benefit from state intervention in the 1940s, health care did. Beginning in 1947, the federal government made health grants to the provinces which were passed on to hospitals at the rate of 50 cents per patient per day. Rural hospital construction was already on the rise in Prince Edward Island in the mid 1940s; a 17 bed hospital opened in Souris in 1945 and an expanded 30 bed hospital opened in Montague in 1947, both in the eastern part of the Island.¹³ Construction occurred not only because of increased federal health care funding to the provinces,¹⁴ but also due to increased demand for hospital care, originating from demographic changes in the population and the professionalisation of health care.

¹³Untitled report on Prince Edward Island health care, 1950, Public Archives and Records Office (Charlottetown) [PARO], RG 34 Series 11.

¹⁴The inflation rate accounts for some but certainly not the majority of increased expenditure in health care between the inter-war and post-war era. The estimated cost of living during WWII rose no more than 18 per cent higher than pre-war levels. Millar, p.315.

Table 17: Patients Admitted to Prince Edward Island General Hospitals, 1943 and 1948

Hospital	1943	1948	increase
PEI	3034	6208	105%
Charlottetown	2939	3156	7.4%
Summerside (P.C.)	2268	3119	37.5%
Montague	354	937	165%
Souris	opened 1945	597	--
Western	opened 1946	1087	--
Total	8595	15,100	43%

Source: Untitled report on Prince Edward Island health care, 1950, Table 10: "Number of patients in General Hospitals in PEI, 1943-48 Inclusive", PARO, RG 34, Series 11.

Canadian hospitals were financed primarily by user fees until 1958 when national health insurance was introduced. Until 1947, Prince Edward Island hospitals received a meagre flat-rate annual grant from provincial and municipal governments,¹⁵ and were all largely dependent on user fees which were collected with varying degrees of success. In May 1947, however, the provincial government, through federal government health grants to the provinces, began to pay hospitals \$0.50 per patient, per day. In just ten

¹⁵The provincial government grant was \$2000 when the sisters took over the Hospital in 1925, \$3000 in the late 1930s, and \$6000 in the mid-1940s. "Statistics and Financial Information, Charlottetown Hospital," 1925-1960, SSMA, Series 12, Box 1, #7.

months the amount was raised to \$0.75 and made retroactive to April 1947.¹⁶ This very significant funding increase and obvious shift in ideology regarding government responsibility was clearly reflected in the rise in the provincial government's health related costs by almost three hundred per cent from 1939 to 1949 despite a mere one percent rise in the population. Per capita, government-assumed health and welfare costs increased from \$1.86 in 1931 to \$3.59 in 1940, and to \$10.14 in 1949.¹⁷ Hospitals still depended heavily on patient fees, however; even in 1949 patient fees amounted to 52.3 per cent of Prince Edward Island general hospitals' incomes.¹⁸ Increased professionalization of health care accounted for increased post-war hospital demand, and was accompanied by increased pressure on the public to seek medical help in hospitals,

¹⁶Untitled report on Prince Edward Island health care, 1950, PARO, RG 34, Series 11, n.p. See item D in "Expenditure by government for public health and health institutions".

¹⁷Untitled report on Prince Edward Island health care, 1950, PARO, RG 34, Series 11, n.p. See Table 7 "Cost of Health and Welfare in Provincial Government".

¹⁸Untitled report on Prince Edward Island health care, 1950, PARO, RG 34, Series 11, p.3. "Medical Insurance".

most notably for the delivery of baby boomers. Between 1946 and 1955, 3.9 million babies were born in Canada. By the early 1950s about 80 per cent of births occurred in hospitals compared to about 20 per cent immediately after the war.¹⁹ Returning veterans, many of whom required medical care, comprised another large demographic group in the late 1940s. The federal government, through the Department of Veterans' Affairs, took financial responsibility for the medical care of the former members of the armed forces. In fact, the federal government offered both Charlottetown area hospitals half the funds required to construct veterans' wings, which both hospitals did in the early 1950s, and which partly accounts for the increase in beds and in hospital construction in the city.

Federal dollars were made available to survey provincial health care needs in the immediate post-war era.²⁰ The Prince Edward Island survey, written by two out-of-province senior nurses, made many recommendations, in particular, for dealing with what the authors perceived to

¹⁹Doug Owsram, Born at the Right Time: A History of the Baby Boom Generation, (Toronto, 1996), pp.31-32.

²⁰Millar, p.328.

be a severe shortage of nurses as well as for improving standards in nursing education. An almost doubling of total patients and patient days in the province between 1943 and 1949²¹ increased the demands on nurses but was not met with a similar increase in the number of employed nurses nor in the number of students graduating from nursing programs. In 1949, there were 95 graduate nurses employed in hospitals, private nursing, or public health, a number which represented a ratio of about one nurse to every thousand residents of the province, which the writers of the report considered far too low.²² Of all the post war modernization

²¹Two small hospitals opened during this time but do not account for the total increase. The original four hospitals open before 1943 also saw significant increases in the number of patient days. Untitled report on Prince Edward Island health care, 1950, PARO, RG34, Series 10, p.20.

²²Part of the recommendation for training 50 more nurses annually in the province's three nursing schools addressed the issue of apprenticeship training. The authors wrote:

(I)t may be reasoned that if our hospital training schools are being maintained for securing low cost hospital service, it is quite possible they are an asset to the hospitals concerned. If, on the other hand, they are considered to be primarily educational institutions, the degree of training received by student-nurses would be inversely proportional to the amount of services available to the hospital... the more training the student would receive the greater financial liability to the school. (PARO, RG 34, Series

and social welfare improvement plans, health care received the most attention, the effects of which materialized immediately.

As soon as the war ended, Islanders began to benefit from increased government spending on health care. As with education, Islanders associated health care with the Sisters of St Martha, and despite the Town of Alberton being religiously mixed, the sisters were approached in 1944 to operate a hospital there.²³

Aboriginal affairs was another aspect of social welfare that the federal government addressed in the late 1940s.

11, "Brief Presented By Nursing Association".) Certainly the three schools of nursing did operate for the low cost labour provided to the hospital. See Untitled report on Prince Edward Island health care, 1950, p.23.

See Chapter 4, pp.178-182, for more information on the valuable labour provided by nursing schools. Government would not have requested a report which risked making this obvious statement, that nursing schools were not primarily educational institutions, before some federal finding to health care had been secured in the provinces in 1949.

²³Even in 1957, after government funding had increased to account for a significant portion of the operating budget, and as full national hospital insurance was on the verge of implementation, a doctor from Tignish, 15 miles north of Alberton, asked the Sisters to set up a hospital in that community. Sister Frances Loyola (Ellen Mary Cullen) to Dr. Dubicanas, 29 May 1957, "Requests for Foundations", SSMA, Series 2, #1.

After First Nations Peoples served in World War II in proportionately higher numbers than any other segment of the population, the restrictions and inequalities they faced were even more obvious. Thus, in the post-war years government paid more attention to addressing Native issues through various community development projects. This work culminated in 1951 in significant revisions to the Indian Act, formulated through a Joint Senate and House of Commons Committee.²⁴

Lennox Island was one of the many reserves the federal government targeted with a community development plan in the

²⁴The new act restricted the Minister of Indian Affairs' power, increased self determination, granted women the vote at band elections, granted bands the right to spend capital and revenue from the band, and repealed anti-potlatch and anti-dance measures. Olive Dickason has argued that the revisions were not ultimate solutions to Native issues, but they, "still heralded the dawn of a new era." Olive Dickason, Canada's First Nations: A History of the Founding Peoples from Earliest Times, (Toronto, 1992), p. 329-31. When the initial draft of revisions were heavily criticized for not improving the act at all, the government solicited aboriginal witnesses for the very first time at such a level. According to Dickason, for at least a couple of decades before World War II, "Time and again they demonstrated they were prepared to endure deprivation and misery rather than being treated like children. The government paid lip service to consultation, but in practice it could not bring itself to listen and actually take into account what the natives were saying." Dickason p.328. See footnote #35.

1940s. About forty families lived on the 1320 acre Native reserve, located in northwestern Prince Edward Island, in the 1940s.²⁵ The increased commitment was itself racist, however; part of the reason the federal government was interested in developing and modernizing Lennox Island was to entice other Prince Edward Island natives to 'centralize' on Lennox Island so they would stop "encroaching on the white lands". The community development plan included an attempt at agriculture diversification, including planting 2500 strawberry plants and 150 fruit trees and purchasing a pure bred bull to improve the quality of livestock.²⁶ The most immediate matter that the local Indian Superintendent and the federal government endeavoured to address, though, was the reserve's serious difficulty procuring a suitable teacher for their school. From the 1880s to 1909, teachers usually resigned after a couple of years.²⁷ Then, from 1909

²⁵A causeway joined the island with the rest of PEI in 1973.

²⁶M. Olga McKenna, MicMac By Choice: Elsie Sark, An Island Legend, (Halifax, 1990), pp.130-32.

²⁷This was a problem in the whole province due to low rates of pay, and the custom of using teaching as a stepping stone to another occupation or a stage before marriage. The situation on Lennox Island seemed somewhat worse, however.

to 1945, John Joe Sark, a member of the Lennox Island reserve, taught on the Island, with the exception of the time he served in World War I. During Sark's tenure staffing problems shifted from trouble procuring a teacher, to strong criticism of the teacher.

Lennox Island's problems operating a school were probably more typical than atypical of reserve schools. At the turn of the century fewer than half of the 20,000 aboriginal children in Canada, who were aged six to fifteen, attended school.²⁸ Whatever the case, when Sark died in 1945, the Indian Superintendent mounted a campaign to bring the Sisters of St Martha to Lennox Island, not only to teach, but to provide other social services on the reserve as well. His campaign fortuitously coincided with federal government funding initiatives.

Between 1900 and 1909 there were five different teachers; three resigned and one died, while the fifth, John Joe Sark, stayed from 1909 to 1914 when he enlisted in World War I, and then continued from 1919 until 1945. See "Misc. correspondence between PEI Indian Agent and the Department of Indian Affairs", National Archives of Canada [NAC] RG 10 vol. 6059, file 270-71,

²⁸Dickason, p. 334. 3,285 children enrolled in 22 industrial and 39 boarding schools and another 6,349 in 226 day schools.

The federal government began preparing for the post-war era even before World War II was over. The MacKenzie-King government called a federal provincial conference to plan post-war reconstruction in 1945. While a comprehensive slate of services was proposed to take care of Canadians' social needs, the taxation to fund the initiatives could not be agreed upon and the plan was largely abandoned.²⁹ Thus improvements to social welfare were implemented slowly in the post-war era.

The most relevant areas of social concern to the Sisters of St Martha, given their new 1940s ventures, were education, health care, and aboriginal development. The first received almost no attention from government in the 1940s, and the sisters, accordingly, continued to receive requests for teachers into the 1960s, because the state did such an inadequate job paying teachers and setting standards. Health care received steadily increased government funding through the 1940s. The Western Hospital, which the sisters opened in 1945, received both the benefits

²⁹Alvin Finkel, "Paradise Postponed: A Re-examination of the Green Book Proposals of 1945", Journal of the Canadian Historical Association, vol. 4, (1993), pp.120-21.

of the sisters' sense of duty, experience, and frugal management, and the benefits of federal funding; it represented cooperation between the sisters and the state. Similarly, Lennox Island, after decades of employing unsatisfactory teachers, was targeted for a comprehensive development plan which placed the sisters at the centre, thus representing an even higher level of collaboration between the sisters and the state and more intense government intervention.

Mainline churches benefited from the same post-war optimism that surrounded social security and a better quality of life in the late 1940s. The resurgence in religiosity was particularly noticeable in increased rates of church attendance and significant church construction.³⁰

In Prince Edward Island in the 1940s the Roman Catholic Church underwent a stark change in leadership from an authoritarian bishop to a far less imposing bishop. Edward MacDonald wrote of the change when Bishop O'Sullivan left

³⁰Brian Clarke, "English-Speaking Canada From 1854", in Terrence Murphy and Roberto Perin, eds., Concise History of Christianity in Canada, (Toronto, 1996), pp. 354-55.

Charlottetown to become archbishop of Kingston in 1944 and was replaced by James Boyle (1886-1967):

In the imperious Ontarian (O'Sullivan) departed the last of the "prince-prelates" whose wills had so often dominated the Diocese of Charlottetown. In muted contrast to O'Sullivan's vertical bureaucracy, Boyle ruled more as "chairman of the Board"...Boyle came to the See with his life's work largely accomplished. Thus where the once forceful O'Sullivan had always led, the new Bishop chose to preside.³¹

For the most part, Boyle did not wield control over diocesan affairs but let them ride the era of post-war expansion.³²

When making an appointment to the Charlottetown Hospital Board in 1945, for example, the Bishop apologized for having the sole authority to appoint board members: "It has been the custom here to leave the power of appointing board members with the Bishop. This is placing a good deal of authority in the bishop's hands and personally I am not in favour of exercising such power. However, for the time

³¹G.Edward MacDonald, "'And Christ Dwelt in the Heart of His House': A History of St Dunstan's, 1855-1955", (PhD dissertation, Queen's University, 1984), pp.483-484.

³²St Dunstan's, for example, had a long and prosperous post-war golden age and wisely launched its largest funding drive, which had a goal of a quarter a million dollars, at this time. Enrolment increased 24 per cent between the fall of 1944 and the fall of 1945 and had reached a total of 306 students by 1947. MacDonald, p.278.

being... I have no alternative procedure."³³ He allowed the sisters the opportunity to determine the manner in which they would administer the Congregation and expand their work. He rarely interfered with the sisters' decisions and when his permission was necessary, as in the case of borrowing large amounts of money for construction, Bishop Boyle gave it.³⁴

Although a relatively easy going bishop, Boyle was still protective of the Roman Catholic social order and intended to guard it in the face of increasing government intervention in social institutions, particularly hospitals. Thus he did not hesitate in influencing the province's 45,000 Roman Catholics on matters which threatened the Roman Catholic social order. In the late 1940s Boyle made very negative remarks on national health insurance. He clearly feared the loss of Roman Catholic social institutions, and

³³Letter to R.A.MacInnis from Bishop Boyle, 02 June 1945, Roman Catholic Diocesan Archives [RCDA], "Bishop Boyle".

³⁴The sisters required a loan of \$60,000 to open the Western Hospital. Mother Teresa to Bishop Boyle, 7 November 1945, RCDA, "Bishop Boyle". They had been incorporated since 1930 but still required their diocesan bishop's approval.

the related social order and warned: "But if the national health insurance plan becomes effective, let no one imagine that the government will be a Santa Claus. The people will have to pay the bill."³⁵ He continued, writing that the advocates of national health insurance wrongly argued their scheme was inevitable because the voluntary (user pay) system had failed. He summarized: "In other words the voluntary system has failed and therefore must be supplanted by compulsion."³⁶

The most significant and broad social welfare change in the immediate post war era was increased health care funding. The Diocese of Charlottetown, however, held an official policy against national health care insurance and in support of the contemporary voluntary system. Government was welcome to make additional grants to hospitals--and even this could be considered 'eating out of the public trough'--but not to interfere with any administration. The Roman Catholic Church in Prince Edward Island, even with its new

³⁵Untitled, n.d., [1940s], p.1, RCDA, "Bishop Boyle".

³⁶Ibid., p.3. Chapter 8 considers the Roman Catholic view of national health insurance more in depth.

less authoritarian bishop, jealously guarded its social institutions.

The Sisters of St Martha were pleased with some of the influences the War had on their work. In particular, their annalist noted their much improved financial position in 1943: "In spite of the sad state of a world at war, or perhaps by reason of it, our financial situation was never better. We received \$12,000 additional revenue from the hospital this year and \$1200 from the orphanage. Our Christmas donations were \$200. We are investing our building fund account mostly in Victory bonds."³⁷ Clearly many of the people whom the sisters served were in the unprecedented position of being able to pay their bills and even donate to the diocesan congregation. Throughout the War the sisters were regularly astonished at how plentiful money had become,³⁸ although they were also made aware that

³⁷"Annals", 1943, SSMA, Series 8, Sub-series 4.

³⁸They undoubtedly noticed the change more than most people, having been so aware of the Roman Catholic population's inability to pay their relatively small user fees at various diocesan social institutions during the Depression.

a skilled labour shortage made obtaining improvements to their buildings problematic.³⁹

The Sisters of St Martha were well aware of changes in Prince Edward Island in the 1940s. The combination of a more vibrant economy, a less autocratic bishop, 25 years of experience, and a healthy number of aspirants through the 1930s, placed the administration of the Sisters of St Martha in a far more confident position than they had ever been. They were in a good position to respond to some of the many requests from diocesan bishops for their services. Some requests to the Sisters of St Martha, particularly that for domestic servants at a men's university, reflected the Church's desire to avert imminent social changes. Accepting certain requests, such as those for administrators for a community hospital and for a teacher and a nurse at a Native reserve, illustrated the Church's and the sisters' eagerness to control some of the new federal funding. None of the

³⁹In 1943 the annalist remarked, "So many men can get work and high wages, even unskilled labourers, that it is almost impossible to get any necessary repair work done on our institution." "Annals", 1943, SSMA, Series 8, Sub-series 4. This remark was made as a comment about an airforce training school being built in Mount Pleasant, a very significant financial project in a quite impoverished agricultural and fishing area near Ellerslie.

requests were an indication of the Congregation's acknowledged reputation or prestige; virtually all requests reached the Mother Superior's desk because other congregations had refused them and the Sisters of St Martha were known to be the least demanding and least expensive option available. Accepting the assignments they did, however, does not imply that the Sisters of St Martha were either precipitate or foolish; they weighed the costs and benefits of each request. For example, domestic work at Regiopolis College in Kingston, Ontario, gave them the opportunity for expansion outside the diocese, while opening the Alberton Hospital allowed them to minister to a mixed, Roman Catholic and non-Catholic, clientele.

Whereas the first six assignments were arranged by the Bishop, St Dunstan's University, the Bishop's Palace, Kinkora District School, Sacred Heart Home, the Charlottetown Hospital and St Vincent's orphanage, and thus the lack of an area of specialization was beyond the sisters' control, the 1940s expansion was far more under the sisters' control. One might therefore have expected more unity or similarity and even a trend toward a certain work such as hospital care, domestic work, or education. Instead

the sisters carried out the same tradition, or lack of tradition, taking on a real variety of skilled and unskilled labour. They were, in fact, fulfilling their founder's vision to serve the Diocese in a multitude of ways. But, while the assignments were unrelated, they shared a common denominator: they all were assignments that no else had been prepared to accept. Although the Congregation had proven themselves by successfully meeting many challenges in their 25 year history, they acquired, in the process, a reputation as a congregation of last resort, a congregation that might accept assignments that others would not. Each of the assignments the sisters accepted in the 1940s involved missions that were very difficult to staff due to inadequate housing and facilities, unusually hard labour, isolation, a complete lack of prestige, and a long history of staffing problems. The Sisters of St Martha's 1940s expansion could be considered either bold and courageous, or haphazard and naive. Whatever the case, their options were few given the sorry pool of requests they received.

Increased membership and more experience had, nevertheless, benefited the Congregation and allowed for more capable administration by the 1940s. Since the

founding of the Congregation, every six years all professed members elected sister-delegates to Chapter. A Mother Superior, four councillors, and a treasurer were elected. They then appointed delegates from each of the missions to attend General Chapter meetings in which the future of the Congregation was planned. The Mother Superior was in charge of day to day governance of the Congregation, with the assistance of her four councillors when required.

The five members elected to Chapter in the 1945 election were Mother M. Teresa Walsh (b.1895), Mother M. Paula McPhee (b.1892), Mother Loyola Cullen (b.1898), Sister M. Ida (b.1900), and Sister M. Angela Keefe (b.1920). Four were between 45 and 53 years of age and had entered between 1918 and 1925 while the fifth was 25 years old and had entered in 1940. Clearly the majority were senior members of the Congregation; in fact, in addition to the current general superior, there were two former general superiors. The two other members of the Congregation had never held administrative positions before.⁴⁰ All were Irish, three were from eastern Prince Edward Island and two from central

⁴⁰Keefe, the youngest, was elected general superior 1963 to 1973, SSMA, Series 2, #2.

Prince Edward Island. At least four of the five sisters had entered the Congregation with teachers' licences, and the fifth and youngest member was superior of the Charlottetown Hospital at the age of 23, which suggests she was trained before she entered. All five members were from the professional class of the Congregation and may be considered the elite.⁴¹

Because the Congregation was diocesan, the Bishop attended General Chapter and continued to have veto power over any of the Congregation's administrators' decisions, yet by the mid-1940s, the Congregation was fairly independent in its decision making, due to both the new bishop's less controlling style and no doubt to the impressive accumulation of experience and skill in the Congregation's administration. The construction of the mother house was a clear exception to this as the bishop repeatedly refused requests from the sisters to build. The general chapter dealt with the admissions of entrants, financial issues, and discipline among members and set very

⁴¹"Obituaries", SSMA, Series 9; "Sisters' Ministries", SSMA, Series 3, Sub-series 4, #1; and "Chapter Minutes", 1945, SSMA, Series 1, Box 5, Sub series 5.

high standards for sisters' behaviour.⁴² The Chapter also dealt with the many requests the Congregation received for their services.

While many requests for foundations outside the province had to be refused,⁴³ the sisters gave special consideration to one request from Kingston, Ontario. This first new mission since 1925 was very significant in its location but not in its specific assignment. In 1942, the Congregation took over the domestic department at Regiopolis College in Kingston, the first work outside the province of Prince Edward Island, and thus outside the founders' vision to serve the Diocese of Charlottetown. After noting in their annals that the Bishop of Kingston had coaxed and pleaded with Bishop O'Sullivan to arrange the sisters' acceptance of the Regiopolis domestic assignment, the sister-annalist explained the Congregation's reasoning: "It

⁴²"Chapter Minutes", 1939,1945, SSMA, Series 1, Box 5, Sub series 5.

⁴³In 1943, for example, there were requests for three domestics in Halifax, six domestics in Winnipeg, and three in California. In 1944 there were requests for Sisters to run hospitals in Toronto and Winnipeg, as well as for 10 domestic servants in Ottawa, and three in New York. "Requests for Foundations", 1940s, SSMA, Series 2, #1.

may be fitting that the first foundation outside the diocese should be in the same nation as our first foundation was in Prince Edward Island ...the domestic department at St Dunstan's University."⁴⁴ The assignment at Regiopolis was very much like St Dunstan's: caring for priest-teachers' and male students' domestic needs, by preparing their meals, cleaning the residence rooms and buildings, and doing laundry. By accepting Regiopolis, the sisters confirmed their faithfulness to their working class origins.

Mother Paula McPhee, the current general superior and Mother Loyola, her first assistant and a retired general superior (1926-33), were uncertain of the suitability of the Regiopolis mission at first, but their inspection of the college in June 1942 led them to believe that if assistance was not obtained immediately, the school might close. This, in fact, became the rationale for accepting all of the missions founded in the 1940s.

Five sisters were assigned to Regiopolis: Sisters M. Stanislaus, M. Stephen, M. Leonard, Joan of Arc, and M.

⁴⁴"Annals", 1941, SSMA, Series 8, Sub-series 4.

Frances. The Superior was a recent Mistress of Novices,⁴⁵ clearly chosen for her strong attention to religious life. Two of the remaining members' assignments previous to Regiopolis were in domestic service at St Dunstan's; they were obviously chosen for their experience in the field required. The final two sisters were transferred from the Charlottetown Hospital and St Vincent's Orphanage, where they may have also been engaged in aspects of domestic work. They left for Kingston in the summer of 1942 in preparation for the students' arrival in September. While it was inappropriate to comment on one's pleasure or displeasure about an assignment, the annalist of the new mission poignantly stated her desire to return to Prince Edward Island soon:

At Port Borden we stood on the end of the train as the car ferry was unlocked from the pier. As the blue water gradually separated us from the shores of the Island where we had always lived, we

⁴⁵The Mistress of Novices holds an integral and very respected position because it is so connected to the future of the Congregation. The Mistress of Novices lives with the novices apart from the Congregation, and inculcates in new members the fundamentals of religious life.

wondered under what circumstances we would return, for we do hope to return someday.⁴⁶

The College was ill-prepared to receive the sisters when they arrived in Kingston. The mother house annals reported of the first out-of-province mission: "We never expect to encounter again, such a discouraging situation."⁴⁷ The onus on the sisters was not only to take over the domestic requirements for the college and boys school but also to renovate the buildings to make them livable. The 'pioneers' next month, before the opening of school on September 8th, comprised endless cleaning, organizing, and pleading for more materials, most urgently and most often, a new kitchen floor, which despite being promised, did not

⁴⁶"Annals, St Ignatius Convent, Regiopolis", 31 July 1942, SSMA, Series 12, Box 9, #1.

⁴⁷The Annalist continued, "After viewing the parlour, one did not expect to find much order elsewhere. However, we were more than ordinarily taken aback at the general unpreparedness for our arrival. The first floor of... our convent had been sprayed with paint the previous day. Brother O'Hara ... was vainly trying to remove dry paint from the floor.... On the way kitchenwards the Superior whispered to the slightly bewildered followers, 'Remember that we are pioneers.' This... warning was meant to have a steadying influence under the shock of seeing... the scene of our future labours." (This was from sisters who were well accustomed to inadequate quarters that more prestigious congregations would rarely encounter.) "Annals, St Ignatius Convent, Regiopolis", 1941, SSMA, Series 12, Box 9, #1.

materialize until the following year.⁴⁸ When Mother Paula visited Regiopolis in early September, she wrote of the college clean-up: "All were working at carpentry, painting or general cleaning--Rector, priests, scholastics, brothers, sisters, girls, women, and men"⁴⁹ During that visit Mother Paula herself "attacked" some of the students' rooms until the moment the students arrived.⁵⁰ Once the school opened the sisters were responsible for the 80 residents' meals and laundry, and the upkeep of their surroundings.

The Regiopolis domestic assignment was in keeping with the Church's commitment to Roman Catholic social institutions. That commitment was becoming more difficult to maintain, as is clear from the Bishop of Kingston's dilemma in his quest to obtain sisters to staff the assignment. Many religious congregations preferred

⁴⁸"Annals, St Ignatius Convent, Regiopolis", 07 August, 11 August, and 28 August, 1942, SSMA, Series 12, Box 9, #1.

⁴⁹"Annals", 1942, as quoted in Ellen Mary Cullen, CSM, "The Sisters of St Martha, 1930-1960", Vol. 2., p.96, SSMA, Series 8, Sub-series 3(c), #5.

⁵⁰"Annals, St Ignatius Convent, Regiopolis", 07 September 1942, SSMA, Series 12, Box 9, #1.

professional work, particularly teaching. Lay domestic servants were also in short supply during the War because of significant expansion in women's employment in factories, the service sector, and the armed forces. In Nova Scotia, for example, female domestic servants could make three times their wages in war related industries such as aircraft, transport, and shipping industries.⁵¹ Thus, two Island girls, Mary Power of New Perth and Lilia McGrath of Morell, accompanied the sisters to Regiopolis to be domestic servants in the school. Clearly their labour was necessary given the amount of work expected. For the first two years the girls served the boys their meals at tables but afterward they were required in the kitchen.⁵² The likelihood that all available Ontario women were involved in more lucrative war work is implied by the sisters' decision to take girls from the Island, rather than hire local women.

⁵¹Millar, p. 315.

⁵²There is no indication in the Annals that these two girls were aspirants, nor are their exact ages given. The change may have been more due to the risk of familiarity than to an increase in labour, for the amount of labour was consistently high. "Annals, St Ignatius Convent, Regiopolis", 31 July 1942, SSMA, Series 12, Box 9, #1

Twenty-nine Sisters of St Martha worked at Regiopolis in various years between 1942 and 1969 and four of them returned for a second term after several years interval. The average length of assignment at Regiopolis was 3.7 years which was shorter than most missions.⁵³ Because the work was very demanding, and hard on the women's health, sisters were not expected to stay as long as at other missions. The administration may have also wanted as many sisters as possible to experience an off-Island assignment, and thus turnover was more rapid. Like the sisters, none of the Island lay domestic servants stayed at Regiopolis for more than a few years. Most years there was at least one new girl.

The mission at Regiopolis was typical of the 1940s, second wave of missions in that the body which invited them had not adequately prepared the accommodations or workplace, the work was physically gruelling,⁵⁴ there had been a history

⁵³See "Lists of sisters appointed to staff Regiopolis College, 1942-69", SSMA, Series 12, Box 9, #6.

⁵⁴In the case of the Lennox Island, the Western hospital and Tracadie Cross School, if the work was not gruelling, the renovations and preparations for it certainly were.

of staffing problems, and, finally, there was a real threat that the institutions would close if the Sisters of St Martha refused the assignment. Obvious in this real threat is the refusal of other religious congregations to accept the request for reasons which became obvious to the Sisters of St Martha on or before their arrival.

The sisters' assignment at Regiopolis was atypical because it broke the tradition of placements within Prince Edward Island. Regiopolis broadened the experience of the Congregation and terminated the silent promise that entrants would be missioned in the Province of Prince Edward Island. Because the previous understanding that they would be able to remain in Prince Edward Island appealed to some potential aspirants and dissuaded others from joining, Regiopolis changed the nature of the Congregation, both in terms of the women it attracted and in terms of the people it served. On the other hand Regiopolis, as a domestic assignment, had only limited appeal as a mission and limited influence in changing the nature of the Congregation. In fact, it solidified the original intention to serve in the spirit of the Biblical Martha, and thus confirmed the working class tradition of the Congregation.

After accepting Regiopolis, the Congregation's expansion continued into another traditional field. In 1942, the sisters accepted their second district school teaching assignment at Tracadie Cross. The arrangement was much like the one they had had in Kinkora since 1921 in that the parish priest, with the support of the primarily Roman Catholic community, invited the Congregation to staff the local district school.⁵⁵

As part of the new assignment, one sister took over the district one room school house, Glenaldale District School #155 and taught the junior grades while another sister taught the senior grades in a room attached to the parish hall that had previously been the Credit Union office.

It was difficult for many rural schools to acquire capable, dependable, and experienced sisters, particularly when local residents' resources were too limited to offer

⁵⁵Tracadie Cross is a very small community and thus the census does not provide a denominational breakdown for it. The township in which it is located, Township 36, however, was comprised of 690 residents in 1951, 670 of whom (97 per cent) were Roman Catholics. Such uniformity in religion in several school districts facilitated the agreement to employ sisters to teach in a given district. Canada, Census of Canada, 1951, Table 41: "Population by specified religious denominations for census subdivisions, 1951".

well-kept classrooms or schoolhouses, as was the case with Tracadie Cross. The Parish of Bonaventure in Tracadie Cross agreed to provide accommodation for the sisters, although the accommodation provided proved completely unsuitable. The sisters' house was half a mile from the church and school and "lacked modern conveniences."⁵⁶ In fact, it was an old house which had been vacant for many years. There was no running water, electric lights, or sewerage.⁵⁷ The sisters were later given a two-room apartment in the parish house; it was also inappropriate but better located.⁵⁸

⁵⁶Convents were normally adjacent to the sisters' workplaces so the sisters could go to mass, then eat breakfast at home, as well as go home for lunch, and be available for church work in the evenings and on weekends. Quotation from , "A Celebration of Friendship with the Sisters of St Martha, Parish of Bonaventure, 50 years of Dedicated Service, 1942-1992", SSMA, Series 11, Box 16, #6

⁵⁷Ibid.

⁵⁸The two room apartment was very cramped for the three sisters living there. (It is preferred that each sister should have a cell or bedroom to ensure privacy, although the Sisters of St Martha were certainly not the only congregation who went without preferred accommodations.) In addition, canned goods were stored behind the toilet and in the shower; in fact the lavatory was in a corner of the kitchen. There was merely a door with a nail keeping it closed which separated the sisters' apartment from the quarters of the two priests living in the remainder of the house. Needless to say, no inspector, from the Roman Catholic Church or otherwise, would have approved of the

Finally, after six years they were provided with a 'real' convent. Thus obtaining capable sister-teachers who did not complain about their own unsuitable and meagre accommodations and whose community was able, tentatively, to offer a commitment of several years, was extremely valuable to a rural area such as Tracadie Cross. A more established congregation, on the other hand, would not have accepted such irregular arrangements, not because of lack of comfort but because of the difficulty in maintaining the structure of religious life in such surroundings.

The school trustees, aware that the Sisters of St Martha were making a sacrifice that other congregations might not, did not take the sisters' presence for granted and noted in a letter to ratepayers in July 1947. "We all realize that they are the best teachers obtainable and the children of the school have benefited greatly from their teaching. It is our earnest desire to keep the sisters in our school...."⁵⁹ It is very relevant that the trustees

sisters' living arrangements.

⁵⁹Minutes of Annual Meeting of Glenaldale School #155, July 1947, quoted in "A Celebration of Friendship", SSMA, Series 11, Box 16, #3.

noted that the Sisters of St Martha were the best teachers obtainable rather than the best teachers available. The Congregation of Notre Dame would, no doubt, have been preferred, but the residents of Tracadie knew they could not afford the construction of a suitable convent and school for them. The letter goes on to say that school facilities needed to be improved and more money had to be raised to collect the increased amount of teachers' supplement "...despite the fact that none of the ratepayers are burdened with surplus wealth to any great extent..."⁶⁰ Tracadie was clearly an impoverished area with a history of difficulty attracting and retaining competent teachers. Other evidence of poverty in the district is in school closing both for blueberry picking and potato picking in 1943-44,⁶¹ and the disproportionate concern over the handful

⁶⁰I argue that the ratepayers probably would have preferred the Sisters of Notre Dame because of the excellent reputation they had gained operating schools and providing music lessons in several communities in the province since the mid-19th century.

⁶¹Two or three weeks off for potato digging in October was very common until the 1960s, but time off for blueberries was uncommon. See "Glenaldale High School Notes" by Sister Margaret Devereaux, SSMA, Series 11, Box 16, #3.

of out of district school children whose parents were not paying taxes in the district.⁶²

A third classroom was added to Glenaldale School, in Tracadie Cross, in 1946, and boarders were accepted in 1950 once the new convent opened. In the fall of 1952 there were 80 students registered, including nine boarders, but boarding was discontinued in 1956 when enrolment reached 93 students and space in the convent was needed for another classroom. Only in 1960 was a new consolidated school, Tracadie Consolidated School, opened.⁶³ The sisters' decision to accept Tracadie Cross was based on having sisters with the relevant training, the assignment fitting

⁶²Ibid.

⁶³"A Celebration of Friendship", pp.2-3, SSMA, Series 11, Box 16, #3. The sisters's mission at Bonaventure Parish, Tracadie Cross, was a good example of how, when the sisters moved to an impoverished community to accept a job such as teaching, the community and parish benefited from their leadership, skill, labour, and spiritual presence in many ways outside the specific assignment. Regularly the sisters coordinated extracurricular, parish, and community activities for children and adults. The sisters often ran fellowship or educational groups, assisted the priest in various ways, trained altar boys, led the music at services, and did a great deal of unofficial social work. In Tracadie, Sister Hilda Gorman set up a sewing club and Sister Katherine MacDonald taught bicycle safety. There were clearly many opportunities to encourage social development in the impoverished community.

the founder's goals for the Congregation,⁶⁴ significant support from the Roman Catholic community as well as the parish priest, and the argument that no one else was available to do the job.⁶⁵ Whatever the case, staffing district schools, especially for the higher grades, was problematic in the 1940s and there was evidence of higher than average poverty in the district as well as appreciation and commitment of support for the sisters. Even if the district could have obtained a lay teacher, the trustees preferred a religious congregation who could do additional parish work. Given the accommodations offered, very likely no other congregation would have accepted the assignment at Tracadie Cross; the resources did not allow for the requirements of religious life, including individual cells or bedrooms, and a chapel in or adjacent to the convent. Neither were the working conditions suitable, as the classrooms were in different buildings in the early years

⁶⁴Bishop O'Leary in a letter to Clergy, 5 May 1917, wrote: "We desire to obtain recruits for all classes of work... in particular teachers...", RCDA, "Bishop O'Leary".

⁶⁵In June of 1942, after the sisters accepted the assignment, federal regulations froze teachers in their positions for the remainder of the war. Millar, p.330.

and the sister-teachers were separated from each other. The Sisters of St Martha improved the quality of teaching by sending some of their best teachers with first class licences to the school, and assigning them to the school for more than a single year. Thus the Sisters of St Martha interceded in Tracadie Cross before the 1960s school consolidations when government finally committed a great deal of money to school construction and teachers' salaries, and increased the standards in teaching by eventually requiring a university degree.⁶⁶

While the sisters' assignments at Regiopolis and Tracadie Cross were similar to earlier established missions, their next two assignments, Lennox Island and the Western Hospital in Alberton, were started "from scratch" and involved working closely with the state.

Beginning in 1945, the Indian Agent for Lennox Island Reserve lobbied the Sisters of St Martha to send a sister to teach on the reserve. By the time they accepted in 1948, the Congregation was part of an expensive and fairly comprehensive community development project. As mentioned,

⁶⁶Smitheram, pp. 177-183.

Lennox Island had a long history of difficulty staffing the school; the Superintendent, John Arsenault, noted in 1903: "No teacher will remain on Lennox Island many years for it is so inconvenient to cross the river, and it is a very lonesome place to be with Indians only."⁶⁷ It appeared very fortunate that a native of Lennox Island, John Joe Sark, became the teacher for the local school in 1909, but numerous complaints were made against Sark by many members of the Lennox Island band. Although inspectors always gave Sark top marks for his teaching methods, personal appearance, and upkeep of the classroom, critics complained that Sark was too hard on the children, had a drinking problem, and that an English teacher would be preferable. Letters were also received in Sark's defence including one in 1914, written when Sark was overseas: "Mr John J. Sark ...was the greatest teacher there ever was."⁶⁸ Throughout the 1920s, however, continued complaints finally led to Mr.

⁶⁷Letter from John Arsenault to J.D. MacLean, Department of Indian Affairs, 18 July 1903, NAC, RG 10, vol 6059, file 270-71.

⁶⁸Letter from Noel Labobe to the Department of Indian Affairs, 01 September 1914, NAC, RG 10, vol 6059, file 270-71.

Sark being "let go" in 1929, although he was immediately rehired and given another chance. The criticism continued in the 1930s; during part of the decade the only three pupils attending the school were Sark's own children despite there being about thirty school-aged children on the reserve and a compulsory school attendance policy in effect since 1894.⁶⁹ Again Sark was asked for his resignation, but he was reinstated after he wrote a passionate eight page letter to the Department of Indian Affairs in 1938.⁷⁰ Sark continued teaching until the day he died in April 1945.

Sark's death allowed the opportunity to hire a teacher more agreeable to more residents of Lennox Island, yet in 1945 teachers were no easier to obtain than at the beginning of the century.⁷¹ After Sark's death, the Indian Agent, J.E. Daly, naively told his superiors he might be able to obtain

⁶⁹Dickason, p.333.

⁷⁰The letter ended with : "Would I ask too much if I beg you not to close our school or dismiss me as I always fought for honesty, justice, and fair play, and my past record from 1909?", Sark to R.A.Hoey, Superintendent of Welfare and Training, 05 October 1938, NAC, RG 10, vol. 6059, file 270-71.

⁷¹In fact, many teachers left the profession in 1945 after being locked into their positions since 1942, because of the war. Miller, p.330.

two Sisters of St Martha to finish the 1945 school year.⁷² Assignments had been made within the Congregation the previous August and, of course, no teachers were available to go to Lennox Island in April.⁷³ In his June quarterly report Daly mentioned the possibility of getting the sisters for the fall and could think of no other alternative: "Otherwise, little if any progress could be made ... I doubt if we could procure a competent teacher for Lennox Island other than what I have recommended (the Sisters of St Martha).⁷⁴ I am quite convinced that a good educational policy is the only hope we have of carrying out any program for the improvement of the indians..."⁷⁵ While the federal department too was interested in the sisters⁷⁶ and wondered

⁷²J.E. Daly to Department of Indian Affairs, 20 April 1945, NAC, RG 10, vol. 6059, file 270-71.

⁷³Daly's assumption is a good example of how the clergy and laity both within and outside the diocese assumed there was an endless supply of sisters waiting to fulfil requests at a moment's notice.

⁷⁴This is a perfect example of how the sisters were viewed as the very last resort.

⁷⁵Quarterly report ending June 30th, 1945 from J.E. Daly, Indian Agent, NAC, RG 10, vol 6059, file 270-71.

⁷⁶Letter to J.E. Daly from Philip Phelan, Indian Affairs, n.d., NAC, RG 10, vol 6059, file 270-71.

where the sisters could live, Daly reported later in the summer of 1945 that the sisters would not be available for at least another year. Daly also commented on the lack of teachers provincially: "...there is a great shortage of teachers in this province at present and many of the schools will have to remain closed."⁷⁷ In addition to staffing the school, Daly saw other potential in the sisters' coming to Lennox Island, just as did the parishioners in Tracadie.

Indian Agent Daly was unable to acquire any Sisters of St Martha to replace Sark to teach at Lennox Island but the reserve did obtain a teacher for the school years 1945-46 and 1946-47.⁷⁸ Conditions in the school were poor, however; the building was run-down and too small. Although enrolment totalled 33 pupils, the seating capacity was for only 24 pupils.⁷⁹ Some Lennox Island children went to Shubenacadie Residential school in the 1940s because the Lennox Island

⁷⁷Daly to Department of Indian Affairs, 22 August 1945, NAC, RG 10, vol 6059. There is a suggestion here that the sisters had a reputation, true or not, for taking on anything.

⁷⁸The teacher was Mrs. L.J. Murphy, the parish priest's mother.

⁷⁹Quarterly Report, September 1945, NAC, RG 10, vol 6059.

school was unable to accommodate everyone, the upper grades were not offered, and in some cases families found it more affordable to send their children to a residential school which provided most of their daily needs. A few students attended the Congregation of Notre Dame convent boarding school in Miscouche and had their tuition paid by the Department of Indian Affairs. In 1946, the Indian Agent estimated that there could be fifty-eight children attending Lennox Island day school if the arrangements could be made for a new school house and staffing by the Sisters of St Martha, as there were about forty school age children on the Island and eighteen enrolled at Shubenacadie.⁸⁰

Negotiations became more serious by 1948, when the Indian Agent acknowledged the sisters' requirement for daily Mass. Lennox Island was part of the 'mainland' parish of Grand River and the parish priest resided there. Because Lennox Island was inaccessible for part of the year and there was not regular ferry service when it was accessible, the only obvious way the sisters could accept the mission was if a priest was also missioned to Lennox Island.

⁸⁰J.E. Daly to Philip Phelan, Indian Affairs Branch, Ottawa, 22 May 1946, NAC, RG 10, vol 6059.

Bishop Boyle then agreed to appoint a parish priest who could also teach the upper grades at the new school. The priest, at least in his duty as teacher, would also be paid by the Federal Department of Indian Affairs. In his reply to the Department of Indian Affairs, Bishop Boyle took the opportunity to suggest that a sister could be engaged to teach the "domestic arts" including cooking, sewing, weaving, and spinning. Arrangements had also been made to send a sister to serve as a nurse who would be in charge of the infirmary and dispensary.⁸¹

The ongoing problem of finding an acceptable teacher to staff the Lennox Island School had certainly mushroomed. Four years after the initial request to the Sisters of St Martha to send a teacher to Lennox Island, opening ceremonies celebrated a new two room school, which could accommodate sixty-five students, a convent to house three sisters (a nurse, teacher, and housekeeper), a house for a senior teacher-priest, and an infirmary and dispensary. The total cost the Department of Indian Affairs assumed for the buildings was approximately \$50,000. In addition, the

⁸¹Bishop Boyle to R.A.Hoey, Director, Indian Affairs Branch, 15 March 1948, NAC, RG 10, volume 6059.

Department paid the annual salary of \$1800 for the sister-teacher and \$900 for the nurse to the Congregation, as well as \$1500 to the priest-teacher, payable to the Diocese of Charlottetown.⁸²

The official opening was a bit premature but the Department of Indian Affairs was obviously eager to signal the beginning of the modern era in Lennox Island. As was the case with all the Sisters of St Martha's 1940s assignments, preparations for the sisters' arrival were

⁸²Sister Carmelita Soloman was paid \$180 a month for ten months based on her first class licence and 14 years experience. Father MacInnis received \$1500 annually based on a first class licence--no experience was noted in his application to the Department of Indian Affairs, thus I assume his lack of experience accounts for the difference in pay between him and Sister Carmelita. "Memorandum to the Chief Treasury Office re Lennox Island Day School #270" 22 September 1948, NAC, RG 10 vol 6059.

The nurse received \$75 a month. A Memorandum of August 1948 noted that the population of Lennox Island only justified one quarter of a nurse's salary but the Indian Agent made the argument that she would not be able to obtain other employment because of the isolation of Lennox Island. "Memorandum" from Indian Health Service, 26 August 1948, NAC, RG 10 vol., 6059.

The total building cost of \$50,000 is an estimate based on the cost of the school and convent being \$18,000. No figures were given for the priest's residence, pump room, dispensary and nurses station, but I assume they must have totalled at least \$32,000.

incomplete in September 1948.⁸³ There was no electricity in the convent until 18 December 1948, and because there had been no requisition for supplies in time, the pupils had no chairs to sit on and no paper to write on. In addition, the school day was constantly interrupted by inspectors, supervisors, and other Department of Indian Affairs employees. Sister Carmelita Soloman said of the first year: "It was difficult enough to try to teach English to children who heard nothing but MicMac at home without having to cope with daily interruptions in the school schedule."⁸⁴ While there were numerous frustrations about the lack of resources, and a high level of disorganization, the first sisters assigned to Lennox Island have often remarked that

⁸³One of the first sisters to serve on the reserve explained: "When the Sisters arrived on September 8, 1948, the place was far from being ready for occupancy. The only room finished was the kitchen. With the help of kind friends beds were put up in the classrooms." Sister Mary Immaculate, CSM, "Compilation of a Brief History of Lennox island, PEI" [1949], SSMA, Series 11, Box 10. Sister Carmelita Soloman, the first sister-teacher on Lennox Island, noted that the sisters slept on the floor on mattresses for the first few nights.

⁸⁴M. Olga McKenna, MicMac By Choice (Halifax, 1994), p. 137. While a quotation from a member of the reserve would be more valuable, Sister McKenna is a retired Professor of English at Mount St Vincent University and has written an admirable and critical account of life on the reserve.

the local natives consistently treated them with respect and kindness. Sister Olga McKenna has noted, "The Indians idolized the sisters and were willing to do anything within their power to assist them."⁸⁵ In fact, according to McKenna, whereas the natives "merely tolerated" Elsie Sark, a British woman who married John Joe Sark in England in 1916 and moved to Lennox Island in 1918, "they fully accepted the sisters."⁸⁶

The sisters' accommodations and the school house were fully equipped by the new year, January 1949. Ironically, at that time, the Congregation had never had more suitable--even lavish--living and working surroundings, which included a modern, new refrigerator and washing machine. Yet it was not the demands of the Sisters of St Martha which led the Department of Indian Affairs to thrust so much money into their assignment after paying John Sark a comparatively modest annual salary of \$650,⁸⁷ and ignoring his requests for

⁸⁵McKenna, p.135.

⁸⁶McKenna, p.136.

⁸⁷NAC, RG 10, vol 6059. This was Sark's salary in 1944.

school house repairs for three decades, but rather a grander scheme for modernization and centralization.⁸⁸

The post-war attempt to improve Native life also included revisions to the Indian Act. The late 1940s and early 1950s were an unsure and awkward time for a religious congregation to commit themselves so heavily to a reserve. A less naive congregation may have foreseen the intensity and speed of change of the immediate post-war era and thus avoided a reserve appointment at this time. In fact, the sisters withdrew from Lennox Island a decade after they started their work there. The development plan had not materialized as all involved had hoped. There had been progress in the first two or three years of implementation: 1950 was a particularly profitable year for potato baskets, telephone communication with the mainland was attained in 1953, electric lighting was available in every home by 1955, welfare houses were constructed, wells were drilled, and school attendance was at an all time high in the early 1950s.⁸⁹ Adverse effects were soon associated with the new

⁸⁸McKenna, p.132.

⁸⁹McKenna, p.141.

government assistance, however, and the negative influence mounted as the decade wore on. Elsie Sark was very disappointed with the turn of events in Lennox Island in the mid-1950s, and commented that, "the government seemed to be encouraging indolence and self-indulgence and, as a group, the Indians were becoming victimized under the new regime. There was little, if any, incentive to work.... Within a decade, the promise of a brave new world on Lennox Island was crumbling before their very eyes."⁹⁰

While the Sisters of St Martha do not wish to elaborate on the issue, they were also disappointed and even fearful of the drinking, vandalism, and violence on Lennox Island in the 1950s.⁹¹ They withdrew their services with the bishop's

⁹⁰McKenna, p.150.

⁹¹McKenna, p.149.

support in 1961.⁹² According to Jimmy Sark who had left the Island and returned in 1965,

The place was a mess. No one was working; everyone was on welfare. There had not been a new house built since the mid-fifties; the farms had disappeared; there had not been a St Anne's Day celebration in five years; the church was in bad shape; the school was even worse-not only was there a constant turnover in teachers, but those who were hired were not perceived as good role models and therefore did not have the respect of the pupils; one female teacher, he was told, kept a shotgun in her desk at all times!⁹³

The sisters do not deserve the blame for the failure of the development plan, and the fact that they were invited back to Lennox Island in 1968, after things had settled down and a new priest was appointed, certainly suggests the Natives did not hold them responsible. Other times when the state

⁹²There is no record in the sisters' archives about why they withdrew, but McKenna alludes to it through Mrs Sark's concerns. In reference to the conditions of the late 1950s, for example, McKenna describes "...conditions on the reserve not unlike those which prompted the Sisters to leave" (McKenna, p.152), which suggests a combination of violence and lack of progress. McKenna also noted repeatedly Mrs Sark's notion that conditions were worse in 1961 than before the development plan. McKenna also makes reference to the parish priest, Rev Emmett MacInnis's, alcoholism (McKenna, p. 160), which could well have been disturbing to the sisters.

⁹³Interview with Chief James Sark, Rocky Point, September 1988, in McKenna, p.159.

had failed, though, the sisters had succeeded. This time the scheme was too big and too far beyond the sisters' control.

The Western Hospital, another new venture of the Sisters of St Martha in the 1940s, was also accepted during a time of significant change in surrounding government policy and funding. The hospital was the most labour and economically intensive mission the sisters assumed in their decade of expansion. With the Bishop's permission, the sisters borrowed \$60,000 for hospital construction in 1945 and sent five sisters to the new mission.⁹⁴ Again, their rationale for their acceptance of the resource-depleting, and otherwise demanding assignment, was that no one else was willing to take responsibility for a hospital east of

⁹⁴Mother Paula to Bishop Boyle, 7 November 1945, RCDA, "Bishop Boyle". The sisters were an incorporated body under the laws of the province in 1930. The Act of Incorporation was amended in 1956 at which time the original \$50,000 property limit was removed. General Chapter Minutes, 1957, p. 2, SSMA. (It would seem that the original cost of the building was \$160,000 because in the 1957 General Chapter Minutes reference is made to: "The Western Hospital has paid off its building cost of \$160,000." The sisters sometimes borrowed money for mission construction from their Mother house Building fund.) "Chapter Minutes", 1945, SSMA, Series 1, Box 5, Sub-series 5.

Summerside, despite the obvious need. Until the 1940s, there were only three hospitals in Prince Edward Island: two in Charlottetown and one in Summerside, the Prince County Hospital which opened in 1912. Residents of both ends of the Island were as many as 70 miles from a hospital and were thus often without adequate medical care. In addition, towns without a hospital, including Alberton, found it very difficult to retain doctors.⁹⁵

In July 1944, the priest in the Parish of Alberton, W.E. Monaghan and a graduate nurse who no longer practised, Marie MacLellan, and her husband John, personally requested that the Sisters of St Martha open and operate a hospital in Alberton, which would serve the West Prince Area.⁹⁶ Requests in earlier eras would have gone through the bishop rather than the sisters, and perhaps the local priest did ask the bishop first and received permission to ask the sisters directly. Whatever the case, the decision to accept the mission belonged to the sisters. A week after the request, Mother Paula and Sister Mary of Lourdes visited Alberton.

⁹⁵Untitled Report on Prince Edward Island health care, [1950], PARO, RG 34, Series 11. 1950.

⁹⁶"Annals", 1944, SSMA, Series 8, Sub-series 4.

From the outset, it was clear that Alberton would be a difficult mission. The Congregation accepted it, nevertheless, for its potential. Not only was there a great need for a hospital, Alberton represented a special opportunity: the hospital would be the Congregation's first mission to serve a significant proportion of Protestants. St Dunstan's University, the Charlottetown Hospital and Regiopolis were identifiably Roman Catholic institutions and schools such as Kinkora and Tracadie Cross were located in predominantly Roman Catholic communities. This opportunity to "break down" prejudice appealed to the Sisters of St Martha.⁹⁷ The Town of Alberton, happy to have a hospital, responded to the sisters positively. The annalist remarked that even before the opening: "The people are most cooperative and many donations are coming in, especially for the chapel."⁹⁸

⁹⁷"Annals", 1944, SSMA, Series 8, Sub-series 4. In her report to General Chapter in 1945, Mother M. Paula noted: "This past year saw the opening of a small hospital in Alberton, a very non-Catholic section of the Island. God has blessed this undertaking in many ways." "Chapter Minutes", 1945, SSMA, Series 1, Box 5, Sub-series 5.

⁹⁸"Chapter Minutes", 1945, SSMA, Series 1, Box 5, Sub-series 5.

Mother Paula spent much of the next year overseeing the renovation of the former Albion Terrace Hotel into an up-to-date hospital, a task which may have been more difficult because of war time demands on labour. Sister John the Baptist arrived in July 1945 to administer the 15 bed Western hospital. The annalist remarked in mid-1945: "After months of difficulty in securing carpenters, painters, plumbers and general workmen, the house is actually running a hospital."⁹⁹ Patients were received before the hospital opened simply because of the emergencies in which there was no other place to go.¹⁰⁰

It was quickly acknowledged that the hospital was too small and an addition was built in 1946 that almost doubled the number of beds and included a maternity ward, children's ward, laboratory, x-ray department, surgery, chapel, and larger kitchen.¹⁰¹ The sisters had undoubtedly started small so that if the reaction to them was poor, their losses could be contained. Clearly, however, the reaction was positive.

⁹⁹Annals, 1945, SSMA.

¹⁰⁰Alice Green, Footprints in the Sands of Time: a history of Alberton, 1980, p.203.

¹⁰¹Green, p.203.

At the official opening on 18 May 1948 local representatives and politicians as well as the Premier and the Minister of Health, had much praise for the sisters.¹⁰²

The Western Hospital served a surrounding population of 12,100 in 1948, of whom only 800 lived in the town.¹⁰³ With a capacity of 28 beds, the beds per 1000 population were 2.3, which compared with 4.5 beds per 1000 population in the whole province. The area that the Western Hospital served was by far the least served by doctors in that there were only three doctors, or one for every 4033 residents of West Prince even though the national standard was one doctor for every thousand people.¹⁰⁴ In the general hospitals in Kings County the ratios of doctors to population were 1:2300 and

¹⁰²"Annals", 1948, SSMA, Series 8, Sub-series 4.

¹⁰³In other words, 93 per cent of the population served were rural. The figure 12,100 is taken from Untitled Report on Prince Edward Island health care, [1950], PARO RG 34 Series 11. The total population of Lots 1-11 in the 1941 Census is 12,551, yet because the hospital was known as a Catholic institution, some non-Catholics, especially those who lived east of Alberton, chose to go to the non-denominational Prince County Hospital in Summerside.

¹⁰⁴Millar, p. 327. See L.G. Dewar to Jones, Ottawa, n.d., "Premier J. Walter Jones Papers", PARO, RG 25.33. Communities farther than a few miles away from hospitals consistently have self-perpetuating difficulty acquiring and keeping doctors.

1:2900 in Montague and Souris respectively, while the ratio of doctors in the province was much lower at one per 1410 people.

The opening of the Western Hospital in 1944 reduced the farthest distance a resident of West Prince had to travel to receive hospital care from 53 miles, the Summerside Hospital, to 27 miles, and was thus a tremendous improvement in facilities. The sisters' willingness to take on the responsibility, including the debt of the hospital, in an economically impoverished area, was very valuable, yet their resources could not meet the actual needs of the area of West Prince which continued to be the 'region' in Prince Edward Island least served regarding the number of hospital beds and doctors.

In 1948, the year of the Western Hospital's official opening, expenditure exceeded revenue by \$7223,¹⁰⁵ but the following year the deficit had dropped to \$1,232.¹⁰⁶ Revenue

¹⁰⁵Revenue in 1948 was \$72,928 and expenditure was \$80,252. Untitled Report on Prince Edward Island health care, Table 10: "Revenue and Expenditure in General Hospitals, 1948-49", PARO, RG 34, Series 11.

¹⁰⁶Revenue in 1949 was \$43,840 and expenditure was \$45,072. Ibid.

increased at all six Prince Edward Island general hospitals in 1949 no doubt due to the increased government sharing of hospital costs which meant less dependence of user fees. Nevertheless, in 1948 the Alberton hospital again showed the highest deficit.

Table 18: Patient Days, Revenue, and Expenditure in Prince Edward Island General Hospitals, 1948

1948	Prince Edward Island	Chtn.	S'side	Montague	Souris	Western
Pat. days	62391	39674	-	-	-	-
Revenue	258530	216829	140038	22643	23402	72928
Expenditure	278315	229990	118860	22354	24812	80252
Deficit	19785	13161	+20177	+298	1349	7223
Rev/pt.day	\$4.14	\$5.46	n.a.	n.a.	n.a.	n.a.
Exp/pt.day	\$4.46	\$5.79	n.a.	n.a.	n.a.	n.a.

Source: Untitled Report on Prince Edward Island health care, Table 10: "Revenue and Expenditure in General Hospitals, 1948-49", PARO, RG 34, Series 11.

Table 19: Patient Days, Revenue, and Expenditure in Prince Edward Island Hospitals, 1949

1949	PEI	Chtn.	S'side	Monta- gue	Souris	Wester n
Pat. days	53274	39651	27573	6984	6195	8922
Revenue	311594	204232	145840	20025	25849	43840
Expendi- ture	311304	198322	128422	20890	25744	45072
Deficit	+294	5910	+17418	865	+105	1232
Rev/pt.day	\$5.85	\$5.15	\$5.29	\$2.87	\$4.17	\$4.91
Exp/pt.day	\$5.84	\$5.00	\$4.66	\$2.99	\$4.15	\$5.05

Source: Untitled Report on Prince Edward Island health care, Table 10: "Revenue and Expenditure in General Hospitals, 1948-49", PARO, RG 34, Series 11.

The sisters were eager to contain the debt at the Western Hospital. As noted in Chapter 5, perhaps the most common way to limit hospital costs in the early to mid-20th century was to hire a minimum of graduate nurses. By the late 1940s, nursing associations criticized hospitals for depending so heavily on inexpensive student nurses and nursing assistants.¹⁰⁷ While the Sisters of St Martha themselves operated a nursing school and must have been very aware of the problems in the profession and the need for hospitals to hire a higher proportion of graduate to student

¹⁰⁷Untitled Report on Prince Edward Island health care, "Brief From Nursing Committee", PARO, RG 34, Series 10, January 1949, p.1

nurses (or assistants), the Western Hospital only had four graduate nurses on staff in the late 1940s. Comparatively, the 30 bed Montague Hospital had a total of six graduate nurses. Thus the Western Hospital had the fewest graduate nurses per bed of the small general hospitals, all of which were understaffed by graduate nurses.¹⁰⁸ One can only assume that the sisters limited the number hired because of financial restraints.

Table 20: Patient Days, Hospital Beds, and Graduate Nurses, 1949

1949	PEI	Chtn	S'side	Montague	Souris	West
Patient days	62391	39674	n.a.	n.a.	n.a.	n.a.
Beds	193	106	50	30	17	28
Grad. Nurses	16	14	14	6	4	4
nurses/ pt. day	1:389 9	1:3528	n.a.	n.a.	n.a.	n.a.
Nurses/ Bed	1:12	1:7.6	1:3.6	1:5	1:4.5	1:7

Source: Untitled Report on Prince Edward Island health care, PARO, RG 34, Series 11.

¹⁰⁸When one considers the twenty-four hour a day operation of a hospital, one wonders how a graduate nurse was always on duty at the Western Hospital. The administration could argue, however, with the sisters living in a convent in the hospital, a nurse was always in the building, if not specifically on duty.

The Western Hospital was not considered a Roman Catholic Diocesan social institution. Whereas the Charlottetown Hospital, St Vincent's Orphanage, and St Dunstan's were owned by the Episcopal Corporation, the Western Hospital was owned by the Sisters of St Martha who had taken a loan for its construction and operated it for the Town.¹⁰⁹

Although the denominational affiliation of patients is not available, the hospital certainly served many local Protestants.¹¹⁰ The town of Alberton was comprised of 58 per cent Protestants in 1941 and 52 percent Protestants in 1951. The area the hospital served, Lots One through Eleven was 57 per cent Roman Catholic in 1941 and 58 per cent Roman Catholic in 1951.¹¹¹ Unlike specifically diocesan institutions, the board of directors of the Western hospital

¹⁰⁹"Chapter Minutes", 1945, SSMA, Series 1, Box 5, Sub-series 5. Residents of the Town could also go to the Prince County Hospital in Summerside for treatment. The Western Hospital was not included in the Annual Diocesan Yearbook.

¹¹⁰I know this from living in the area. I am also aware that the sisters were widely respected.

¹¹¹"Population by religious denomination, for census subdivisions", Canada, Census of Canada, 1941 and Census of Canada, 1951.

was not entirely Roman Catholic. The founding board did not, however, reflect the religious composition of the Town of Alberton or the area it served. The only non-Catholics on the board were three Anglican men from Alberton: a lawyer, postmaster, and fish plant owner. The only other lay member of the board was a Roman Catholic store owner in nearby Elmsdale. The remaining seven board members were parish priests or curates from the surrounding parishes of Tignish, Alberton, Bloomfield, Palmer Road, Lot 7, and the Brae. While the sisters purported to serve both Catholics and Protestants, the Catholic Church clearly controlled the board of directors, and that board did not reflect the area's population. While Alberton was comprised of 48 per cent Roman Catholics, 22.4 per cent United Church members, 16.3 per cent Anglicans and seven per cent Presbyterians, the hospital board was comprised of 75 per cent Roman Catholic clergy and 25 per cent lay Anglicans.¹¹² The sisters' attempt to serve Protestants was, therefore, not as

¹¹²Canada, Census of Canada, 1951. I assume the Bishop chose the board on the advice of the local parish priest, W.E.Monaghan, and also that the Bishop was the twelfth member and likely, chair, of the board, but I have not been able to verify this.

far-reaching as it could have been. Furthermore, while the sisters were eager to benefit from government funds in the immediate post war era, they clearly were not accommodating anything that state intervention did not demand.

The Western Hospital opened before significant federal government funding was secured, but at a time when it was expected to become a reality.¹¹³ The sisters were the only people willing to take the risk of constructing and operating a new hospital in Western Prince Edward Island in 1944. The community support that materialized in Montague and Souris was not evident in Alberton and thus the Roman Catholic priest asked the sisters to take responsibility. Only five sisters worked in the hospital, thus a larger portion of the Western Hospital's staff were lay, paid employees than at any other institution in which they were involved.¹¹⁴ The sisters shouldered a large financial responsibility in the Hospital's first few years. While they had managed large budgets in other institutions, the Western Hospital was the first one for which the sisters

¹¹³Finkel, pp.133 and 135.

¹¹⁴"Sisters' Ministries", 1945-50, SSMA, Series 3, Sub-series 4.

were ultimately responsible.¹¹⁵ They were fortunate that after a year administering the hospital, federal health payments committed the provincial government to contribute to patient fees. The Western Hospital was constructed without government funding, but it quickly became dependent on federal funding. Because the funding was made available, the sisters expanded the hospital in 1947 and doubled the number of beds. The hospital venture was an example of the sisters' willingness to provide social services in collaboration with the state, as well as of their confidence and ability to work independently of the Bishop. Although they needed Bishop Boyle's permission to borrow money for the construction of the Western Hospital, their first responsibility for capital costs, the Congregation successfully shouldered the debt.¹¹⁶

The Sisters of St Martha have always received many more requests for their services than they could possibly fill. A steady rise in aspirants , more financial stability, and

¹¹⁵They were responsible for the operating costs but not the capital construction costs at St Vincent's and the Charlottetown Hospital.

¹¹⁶"Chapter Minutes", 1945,1951, and 1957, SSMA, Series 1, Box 5, Sub-series 5.

increased autonomy from the bishop allowed the sisters to accept four new requests in the 1940s. The requests were very different from each other and destined the sisters to continue as an unspecialized congregation. The new projects fell into two categories. During the war the sisters accepted two requests in the founding tradition of the Congregation: a domestic assignment at a men's university and a district school teaching assignment. The former, in particular, illustrated the sisters' commitment to their working class origins. Immediately after World War II, and after the election of a new bishop in 1944, the sisters ventured into two new areas: a variety of tasks on an Native reserve, and the construction and management of a small community hospital. The two latter assignments were very related to and affected by federal funding initiatives. The sisters' work on a Native reserve was part of an extensive and costly modernization and centralization scheme while the Western Hospital benefited from federal funding which allowed the provincial government to pay a portion of patients' daily fees at Canadian accredited hospitals, thereby making hospitals less financially vulnerable to unpaid hospital bills.

With the exception of the Lennox Island reserve, all the missions were successful in accomplishing their purpose. The reserve, however, did not benefit from the federal initiative as many hoped it would. Many believed that increased funding created an unhealthy dependence on the federal social services and even contributed to drunkenness and violence. While there is no evidence that the sisters were held responsible for the failure of the plan, they did leave the mission only a decade after accepting it. The sisters themselves, without interference from the Bishop, determined they would accept the latter two missions and by doing so illustrated their willingness to become intertwined with the state. The Western Hospital and Lennox Island were just the beginning of the sisters' dependence on the state, which, as will be illustrated in the next two chapters, partly led to the their retreat from institutional work.

Chapter 7:

Hanging On: Social Work in the Post War Era, 1950-1970

But as far as we were concerned ourselves, we used to say we were the ombudsmen for Prince Edward Island because no matter who had problems, it landed on our doorstep. No matter who they were or what they were, because we were the oldest [social welfare] agency, and we seemed to be sort of firmly established, and they just accepted us. (Sister Mary Henry, 1902-1996)¹

The fear of a second depression combined with increased expectations of state responsibility, led federal and provincial governments to plan comprehensive social welfare programs in the post-War era. It was only because the Sisters of St Martha were so well entrenched in social work, the transition from private charity to government sponsored social programs so gradual, and leadership among the sisters so strong that they were not rendered obsolete

¹"Oral History interview with Sister Mary Henry, (Catherine Mulligan), Mount St Mary's, Charlottetown, PEI", (transcribed), conducted and edited by Karen Hill, Project Director, "Oral History of Social Work in Canada", 10 February 1984, p.12, Sisters of St Martha Archives [SSMA], Series 14, Sub-series 5(b), #13.

by the state's partial assumption of their work. The sisters responded to the secular threat of the government's expanding authority to their social service ministry by a combination of tactics. They responded to claims they were unqualified by seeking academic training in social work; they economized by shifting resources from an orphanage to an expanded family practice; they cooperated with other agencies by joining the United Way; and they remained relevant to the needs of the modern world by creating a much needed, non-denominational, publicly funded Addictions Foundation. Thus, in the three decades after World War II, Island Roman Catholics sought assistance from the sisters at a rate similar to what they had before the war, and the sisters maintained significant influence and control over social welfare for Island Roman Catholics.

The sisters, on behalf of the Church, were determined to secure funding for the institutions in which they were involved, at the same rate that public institutions received. They tried to emerge from their Roman Catholic ghetto by expanding into the mainstream, particularly in their work with alcoholics. In the process, a few sisters played significant leadership roles in creating and

directing the new family welfare system and in negotiating with the state. In fact, more than in any other era or any other area of service, one individual sister directed the Roman Catholic diocese's post-War social work. Sister Mary Henry boldly confronted the state's increased social welfare authority in the post-War era. This chapter explores this central development between 1950 and 1975 through the work of Sister Mary Henry.

Sister Mary Henry's influence on social work in Prince Edward Island was so great that she often worked independently of the rest of the Sisters of St Martha, in terms of managing both the programs and the funds.² Her

²For example, as overseer of the Congregation's adoption program Sister Mary Henry administered a fund to which adoptive parents donated significant amounts of money, and from which she provided money to Islanders whom she saw as needy, and to her favourite projects. The archives of the Sisters of St Martha does not contain the financial records of this fund, but they may be held with the records of the Catholic Family Services Bureau which is still operating and which also contains the personal files of former residents of St Vincent's Orphanage. See note in "Finding Aid: Series Scope and Content Notes", SSMA, Series 12, Box 11. John Eldon Green confirmed that Sister Mary Henry did have such a discretionary fund. Interview, John Eldon Green, Deputy Minister of Welfare, 1971-80, (Taped), 26 September 1998. (I gratefully acknowledge the very informative, two hour interview John Eldon Green granted me. He agreed without hesitation to a taped interview on the topic of social work in PEI in the post-War era after I

activities, however, were in keeping with the Congregation's long history of dynamism; the Congregation consistently adapted to deal with social problems particular to specific eras. Representatives from the provincial government's Department of Social Services were often uneasy with Sister Mary Henry's activities. John Eldon Green, a Roman Catholic Islander who obtained a social work degree in 1951, worked in Prince Edward Island for both the federal and provincial governments from 1951 to 1981.³ During his career he regularly disagreed and sometimes fought openly with Sister Mary Henry over how best to deliver social services to those who needed them. The tension between them may have stemmed from issues concerning the control of social work in the post-War era. The Congregation's operation of their Social Services Department since 1931 gave them more practical social work experience than the government, but, as the government hired more professional social workers in the

explained my doctoral research to him. I also thank Harry Holman, the provincial archivist, for suggesting Green as a source.)

³Green, interview, (taped).

1950s, some aspects of social work, particularly the creation of new institutions, became contested ground.

The story of the sisters' social work efforts in the post-War era offers many important lessons and possibilities for analysis. It exemplifies the effects of the shift from sectarian to non-sectarian social welfare, the professionalization of social work, the development of the social welfare state, and, finally, debates within the Congregation over the most appropriate response to the new systems. These issues will be explored in this chapter through the consideration of federal and provincial involvement in social welfare, and the specific work of the Catholic Family Services Bureau, Prince County Family Services Agency, and their related projects.

According to the terms of Confederation, social welfare was primarily a provincial responsibility. In the late-19th century the federal government was absorbed in, as well as financially consumed by, settling the west, expanding the economy, and transforming Canada into "the homeland of a prosperous and contented people."⁴ By the 1880s, however,

⁴Donald Creighton, Canada's First Century (Toronto, 1970), p.24, as quoted in Dennis Guest, The

the pressures of urbanization and industrialization had increased to such an extent that, over the next 30 years, the federal government would call no less than 21 Royal Commissions on labour disputes.⁵ Nonetheless, as Moscovitch and Drover note, the social ferment of the late-19th and early-20th centuries "still did not exert sufficient pressure to generate the variety of state reforms for which they laboured."⁶ Until World War I, state intervention in welfare remained limited to regulating the workplace, and thus required a minimal financial commitment from the federal government.⁷

Provincial governments before World War II supported social welfare in a scattered, minimal way, according to what they could afford. Manitoba and Ontario introduced

Emergence of Social Security in Canada, (Vancouver, 1981), p.18.

⁵Jane Ursel, Private Lives, Public Policy: 100 Years of State Intervention in the Family, (Toronto, 1992), p.86.

⁶Allan Moscovitch and Glenn Drover, "Social Expenditures and the Welfare State: The Canadian Experience in Historical Perspective", in Alan Moscovitch and Jim Albert, eds., The 'Benevolent' State: The Growth of Welfare in Canada, (Toronto, 1987), p.20.

⁷Dennis Guest, Emergence of Social Security in Canada, 2nd ed., (Vancouver, 1985), pp.19-31.

Mother's Allowances in 1919 and 1920, for example. In the 1920s, provincial and federal governments received reports recommending a far more comprehensive range of welfare programs. Eventually a federal-provincial cost-shared old age security program was implemented in 1927.⁸ Generally however, early 20th century governments left the care of the impoverished to voluntary, often church sponsored, agencies.

Agitation for social welfare took on a new urgency following World War II. In the interwar years, and particularly the Depression, more Canadians than ever before expected government to become involved in welfare issues. Not only was government pressed to give financial support to improving social standards of public health, income assistance, and occupational safety, so too was government expected to fund and establish departments and regulate agencies which would improve and promote social development. Local societies against cruelty to animals, women and children had been founded in many cities and provinces in the late-19th century, but in the early to mid-20th century, Canadians expected something more comprehensive, more

⁸Moscovitch and Drover, "Social Expenditures", pp.24-25.

standardized, and less condescending. At the same time that the general population expressed the need for an improved system of social welfare, social work professionals, though small in number, were becoming increasingly frustrated with how government ignored their 'scientific' skills, and instead administered relief haphazardly and inefficiently.⁹ One response to both groups' concerns was the founding of the Canadian Council of Child Welfare in 1920 and the federal funding of one thousand dollars annually to the Council. The amount increased to five thousand dollars in 1926, the year that Charlotte Whitton became the first full time employee and executive secretary.¹⁰ Whitton was later hired by the federal government to study unemployment relief in western Canada in 1933. Her lengthy report, which influenced Prime Minister Bennett greatly, concluded that

⁹James Struthers, "A Profession in Crisis: Charlotte Whitton and Canadian Social Work in the 1930s", in Moscovitch and Albert, eds., 'Benevolent' State, p. 112.

¹⁰Richard Splane, 75 Years of Community Service to Canada: Canadian Council on Social Development, 1920-1995, (Ottawa, 1996), p.5, and Struthers, "A Profession in Crisis", p.114. Over the years, as Whitton became Canada's most well-known social worker, the council expanded from a child welfare council to a more broadly based agency promoting more comprehensive and more ably administered welfare programs.

too many people who did not really require it were receiving relief, and that tax payers were thus the real victims of the Depression.¹¹ When MacKenzie King came to power in 1935, he, too, hired Whitton to report on national employment. Not surprisingly, Whitton repeated her earlier critique that relief overpayment could be solved by having professional social workers administer relief programs.¹² By 1938, Whitton's recommendations on tightening relief were put into practice.

Needless to say, interwar social policies, over which Whitton had considerable influence, were implemented not to redistribute wealth, but rather to avoid further national economic collapse. Such programs as unemployment insurance, introduced in 1941, were meant to lower the number of men looking for work, and were often financed by workers' contributions through taxes. There was little redistribution of wealth from the rich to the poor, for as

¹¹Struthers, "A Profession in Crisis", pp.117-19. Whitton exaggerated her claims in order to increase the professional social worker's image as the most capable distributors of relief, but her plan backfired. Bennett cut relief but did not engage social workers' help. Struthers, "A Profession in Crisis", p.118.

¹²Struthers, "A Profession in Crisis", p.118.

Alvin Finkel puts it, "...the state saw fit to rob Paul to pay Paul."¹³

Dennis Guest has noted that "...the pressures and demands of war have a number of consequences, both positive and negative, for developments in social policy."¹⁴ The motivation World War II provided for advancing social programs was particularly positive. Canadian social reformers were further motivated by the findings of the 1942 Report on Social Insurance and Allied Services in England, which advocated a great deal of federal spending on public welfare.¹⁵ In Canada, government compensated the people for the War by promising a better future and commissioned two major studies to report on how that future should be realized.¹⁶

¹³Alvin Finkel, "Origins of the Welfare State in Canada" in Raymond Blake and Jeff Keshen, eds., Social Welfare Policy in Canada: Historical Readings, (Toronto, 1995), p.230.

¹⁴Dennis Guest, "World War II and the Welfare State in Canada" in Moscovitch and Albert, eds., 'Benevolent' State, p.205.

¹⁵Splane, 75 Years, p. 11.

¹⁶Splane, 75 Years; and Guest, "World War II", p.205.

The first report which shaped the World War II era was begun in 1937 and completed in 1940. The Royal Commission on Dominion-Provincial Relations, headed by Rowell and Sirois, was established to re-examine the "economic and financial basis of Confederation and the distribution of legislative powers in light of the economic and social developments of the last 70 years."¹⁷ The commissioners considered a wide range of subjects including education and social security as well as the clearly related shift in regional equality. Most promising and relevant to impoverished provinces was Rowell and Sirois' acknowledgment of regional disparity and recommendation that the federal government, with access to the widest tax base, should be responsible for securing adequate social programs. Although the federal government had already slowly begun to become more involved in social programs, the Commission was the clearest indication that the 1867 constitutional provincial-federal division of responsibility, which allotted social welfare responsibility to provinces, was ineffective,

¹⁷Donald Smiley, ed., The Rowell-Sirois Report: An Abridgement of Book I of the Royal Commission on Dominion-Provincial Relations, (Toronto, 1964), p. 2.

unrealistic, out of date, and out of reach of many of the provinces. While the Mackenzie King government did not implement many of the report's recommendations, over the next two decades recommendations were slowly implemented. In consequence, by the 1970s, one third of Atlantic Canadian income was provided by federal initiatives.¹⁸

The most significant and far-reaching study commissioned during the war for the purposes of creating a better post-War Canada was the Marsh Report, formally titled the "Report on Social Security for Canada".¹⁹ The report made six social security proposals: a national employment program, supplementary occupation and training schemes, a comprehensive system of social insurance protection, medical care, children's allowances, and public assistance.²⁰ Most notably, the Marsh Report addressed "...the problem of poverty, its measurement, and a comprehensive plan for

¹⁸Della Stanley, "The 1960s: The Illusions and Realities of Progress" in E.R.Forbes and D.A.Muise eds., The Atlantic Provinces in Confederation, (Toronto, 1993), p.421.

¹⁹Leonard Marsh, Report of Social Security for Canada, 1943, (Toronto, 1975).

²⁰Guest, "World War II", pp. 212-13.

combating it."²¹ The plan had tremendous potential and was undeniably appealing to the majority of voters but far less appealing to the federal conservative cabinet members who were in the position of deciding whether to implement it. Even the provinces, although they could receive numerous benefits, were unwilling to give up taxes in exchange for health insurance or income security.²² The Marsh Report remains of great importance to Canadian social security not because it had an immediate and sharp impact but because it sowed seeds for a system that developed over the next two decades. In fact, the post-War era was characterized by both decreased commissions and decreased public debate. But the Rowell-Sirois and Marsh Commissions had ensured where negotiations would take place--Ottawa--and what the main agenda would be--social security.²³

By 1946 the pillars of the modern welfare state had been legislated: workers compensation (1914), old age pensions (1927), unemployment insurance (1941), family

²¹Guest, "World War II", p.216.

²²Guest, "World War II", p.217.

²³Ursel, Private Lives, p.253.

allowances (1944), and Veterans' rehabilitation (1945). It was in the two decades following World War II, however, that social welfare policy and programs developed the tone or flavour that so largely defines Canada in the late 20th century. Whereas earlier programs sought to curtail acute or chronic problems, the post World War II era, with its unexpected and unprecedented prosperity, provided the financial affluence to begin to consider seriously the nation's relationship with the poor.²⁴

Prompted by the Rowell-Sirois Report, the drafters of post-World War II programs began to consider the redistribution of wealth between rich and poor individuals as well as between regions. In the process, many voluntary organizations which had previously helped impoverished families were replaced by government sponsored and regulated programs and trained social workers. Remaining voluntary organizations were required either to embrace the philosophy of the expanding social work profession--which the Sisters of St Martha did--or not to benefit from government's relatively hefty post-War coffers. Many organizations which

²⁴A process which is far from complete, but the beginning of which is worth noting.

followed the latter course found it increasingly difficult to continue without government help.

Few Prince Edward Islanders involved in social welfare would have argued with the Rowell-Sirois or Marsh Commission conclusions that many provinces were financially ill-equipped to provide the social services post-War Canadians required. The inadequacy of the Province of Prince Edward Island's efforts to administer social welfare was painfully clear in the years immediately after the War. The Department of Health and Welfare was just created in 1946. Initially, under the section "Welfare", responsibilities were limited to administering Old Age Pensions and Mothers' Allowances, the latter starting in 1949. In 1950, the department still did not have a field staff. The only member of the department with formal training in social work was the Chief Welfare Officer. Not surprisingly, the department was criticized in a report by F.R.Mackinnon, which was sponsored by the Children's Aid Society of Prince Edward Island in 1950, for delegating child welfare services and shirking responsibility: "The government cannot delegate responsibility in this manner and absolve itself from a continuing moral and financial obligation to ensure

not only that the job is well done, but that the agency has the means to do the job."²⁵ MacKinnon went on to point out that the Ontario and Nova Scotia governments had created acts which ensured that Children's Aid societies received provincial grants to offset costs beyond what could be garnered through private donations. Prince Edward Island's insufficient legislation, on the other hand, made it "...difficult or impossible for a child welfare agency to function under the Act."²⁶ Two such agencies to which MacKinnon referred were St Vincent's Orphanage and the Catholic Family Services Bureau.

Child services were not the only aspect of public welfare to which the government of Prince Edward Island had been turning a blind eye; financial social assistance was also lagging behind other provinces. Prince Edward Island was the last province to implement Mothers' Allowances, which they finally did in 1949. Similarly, the province continued to depend on the City of Charlottetown and the

²⁵F.R.MacKinnon, "Survey Report to the Children's Aid Society of Charlottetown", 15 May 1950, p.6, Provincial Archives and Records Office (PEI) [PARO], Accession 2825/436.

²⁶MacKinnon, "Survey" p.7.

Town of Summerside to provide municipal relief after World War II, even though the financial burden was well beyond what either municipality could manage. In 1949 the City of Charlottetown's debt and the interest on the "Sinking Fund" soaked up three quarters of every tax dollar collected.²⁷ Rural residents who required assistance were in an equally bad or possibly worse position. Belonging to no municipality, rural people could only apply for assistance through a grant by cabinet. Because individual cabinet ministers who sat on the committee were often most interested in obtaining money for their constituents, and because the deputy minister administering the program chose to grant considerably less than was available to individuals and families, the system was inequitable.²⁸

John Eldon Green, who became Deputy Minister of Welfare in 1971 explains the late 1960s process:

The Cabinet committee met once a month to decide who should get what.... The Deputy Minister decided the

²⁷MacKinnon, "Survey", p.8. Despite much room for improvement in Prince Edward Island's social assistance plan, F.R.MacKinnon noted that it was superior to relief programs in the other Maritime provinces. Many provinces continued to depend on municipal relief for their poor.

²⁸Green, interview, (taped).

amount. There were regulations for the maximum benefit, but he never came close to it. They were getting quite a bit of money for social assistance from the federal government but they moved it to other areas. People would run out of money mid-month and request more. The Deputy Minister would agree to advance maybe fifty dollars. The advance would be deducted from the next cheque and the family would run short again. Then the parish priest might come in and plead the family's case. The Deputy Minister would then give another twenty-five dollars and the priest would get credit. Next month the family would run short again and this time the MLA might come in to arrange for more money and he would get credit. Sister Mary Henry for the Catholic Family Service Bureau also came in to get more money for needy families. The families never got half of what the regulations allowed and they were constantly being subjected to having someone plead their case with the Deputy Minister.²⁹

It was two decades after World War II before the provinces were affected by significant change in social welfare policy. The implementation of the Canadian Assistance plan in 1966 brought more federal dollars to Prince Edward Island, as the federal government became much more involved in social welfare and endeavoured to standardize social welfare payments nationally.³⁰ Prior to

²⁹Green, interview, (taped). The department's name changed from the Department of Welfare to the Department of Social Services in 1974.

³⁰The Canada Assistance Plan expanded the scope of federal funding to social assistance. A culmination of two years of discussion between federal and provincial governments, the plan merged several welfare programs

the implementation of the Canadian Assistance Plan, several categories of federal benefits were delivered to the provinces, including old age assistance and unemployment assistance. The Canada Assistance Plan replaced them with a lump sum of benefits to be cost-shared and distributed by the provincial cabinet. The Canada Assistance Plan was meant to replace arbitrary eligibility restrictions, such as those described by Green in Prince Edward Island, with standardized payments according to need.³¹

That by the mid-1940s, the Sisters of St Martha had far more experience in social work than any comparable Prince Edward Island organization, was recognized at the time. In fact, when F.K. MacKinnon surveyed the poor state of child

including Unemployment Assistance and Old Age Security into standardized payments. The provinces set the rate of payment according to local costs of basic items. James Struthers, The Limits of Affluence: Welfare in Ontario, 1920-1970, (Toronto, 1994), pp.233-235. The Prince Edward Island Chief Welfare Officer commented that, "We believe that this will prove to be one of the most important and far reaching pieces of legislation passed by the Parliament of Canada.... We see great possibilities in this Act...." Report of the Chief Welfare Officer, E.A.MacDonald, Department of Welfare and Labour, Annual Report, 1967, p. 12, Prince Edward Island Government Services Library [PEIGSL]. See also Prince Edward Island Public Accounts, Welfare and Labour, 1960s, PEIGSL.

³¹Struthers, Limits of Affluence, p.233.

welfare organization in Prince Edward Island in 1950, the only Island organization for which he had praise was the Catholic Family Services Bureau:

The first and by far the most important [social agency] is the Catholic Welfare Bureau.... This organization... is the only social agency in Prince Edward Island headed up by a trained social worker and carrying on a social case work program as such is generally conceived throughout the rest of Canada and the United States.³²

The sisters' early social work was performed largely through the Charlottetown Hospital's Social Services Department but was linked and reinforced by their work at St Vincent's Orphanage, the Charlottetown Hospital, Lennox Island Reserve, and four public schools.³³ By the time two members received university training in the mid-1940s, the Congregation already had strong practical experience to which the new principles of social work could be applied. After two decades of coordinating relief and providing

³²MacKinnon, "Survey", p.4. Some would question whether the two sisters were professional social workers because they had a certificate in social work rather than a degree. MacKinnon's use of the term is significant, however, given that he had a degree in social work. He certainly appreciated and lauded the sisters' qualifications and work.

³³These were publicly funded schools in Kinkora, Tracadie Cross, Lennox Island, and Fort Augustus (1954).

family counselling with grossly insufficient funds, many sisters were pleased to benefit from government funding in the post-War era, as well as to seek professional training; in 1943 two sisters enrolled at the University of Ottawa.

Much of the original Sisters of St Martha's Social Services Department's purpose was to provide home nursing to elderly and maternity patients, yet the department was more than a Roman Catholic Victorian Order of Nurses, it was the foremost provincial agency which served the poor.

Established in 1931, the department made over 30,000 home visits in its first decade. Even the City of Charlottetown depended on the Sisters of St Martha. During the 1930s the City of Charlottetown provided relief to about 350 families to the tune of \$14,000 annually.³⁴ Payments of five dollars

³⁴MacKinnon, "Survey", p. X. See also, "Social Service Department, Annual Reports", 1933-1943, SSMA, Series 12, Box 1, #7. This number translates into 60 home visits weekly. With two workers, one might say they had a caseload of 30 families a week. In 1949 caseworkers in Ontario noted that after their initial one hour interview, caseworkers only had time for a 20 minute home visit every month and this dropped to once every three or four months in the late 1950s. Their workload was expected to average eight home visits a day for a total of 40 a week. (Struthers, Limits of Affluence, p. 151.) Given that the 1950s Ontario figures are reported as a significant increase, probably the sister-social workers accomplished a comparable amount of work to that of their secular counterparts in Ontario.

a month were given to qualified applicants whose family income was less than \$50 monthly. The city also provided relief in the form of groceries and fuel. The city did not offer any follow up work, however. Instead, they often referred families to the sisters' Social Services Department. The sisters determined whether the relief was really used by the family, and promoted self-sufficiency within the family.³⁵

Throughout the Depression the Social Services Department provided relief in the form of food, clothing, and money to help Roman Catholics survive the Depression.³⁶ World War II, however, added new problems, particularly for the family. Many families had much difficulty coping,

³⁵The History of the Catholic Family Services Bureau: 60th Anniversary, ([Charlottetown], 1991), p.9. The clientele was primarily comprised of Catholics although there were some Protestants too. The sisters received the referrals but were not compensated for them. I cannot determine whether the sisters were officially 'policing' for the city, as was common among social service agencies until well into the 1960s. Government appointed social workers spent much of their time on moral regulation of clients. James Struthers argues that even, "welfare continued to be suffused with moralizing assumptions about worthiness, responsibility, sobriety and honesty of its clients." (Struthers, Limits of Affluence, p.158.)

³⁶See chapter 5.

particularly when heads of households enlisted. Furthermore, according to the sisters, the increased amount of cash provided by government-sponsored social programs and the war-time economy was not always beneficial; it was often squandered on drink. Alcoholism was the most pervasive problem with which the sisters believed Island society was faced. They perceived sexual morality as a very serious problem as well, one which was, in their view, often linked to alcoholism.³⁷

When the War ended, the Social Service Department faced a significant transition period. Two sisters finished their professional training in social work the very year the war ended, and became widely known as Prince Edward Island's first trained social workers.³⁸ At the request of the

³⁷Sister Mary Henry said, "often when the men went off to war the woman took in somebody else...." See "Oral History Interview with Sister Mary Henry", p.20, SSMA, Series 14, Sub-series 5(b), #13.

³⁸Sister John of the Cross and Sister Mary Eugene graduated from St Patrick's College in Ottawa in 1943. Strictly speaking, because the sisters had certificates in social work rather than degrees, their training is more accurately referred to as 'para-professional', although the term was not in use at the time. The sisters consider their members the first social workers, however, because they were the first field social workers. The first social workers with Masters degrees in Social Work were employed by

Bishop, they surveyed social conditions in Charlottetown. The results of the survey led to the Diocese's, and the province's, first modern and semi-professional social service.³⁹ The Social Services Department, which had been connected to the Charlottetown Hospital, was transformed into the Catholic Welfare Bureau in 1948. It was an independent, private institution with a constitution, by-laws, and a board of Directors. The bureau received a small provincial government grant annually throughout the 1950s.⁴⁰

While the Catholic Welfare Bureau was meant to serve Protestants and Roman Catholics, particularly before an equivalent Protestant agency opened in 1957, it was also a canvas on which the sisters could paint their interpretation

government and administered relief programs; the sisters and most Islanders considered these men administrators, and not field workers.

³⁹History of the Catholic Family Services Bureau, pp.1-6.

⁴⁰"Prince Edward Island Public Accounts", 1949 and 1954, PEIGSL. There was no parallel Protestant Welfare Bureau until 1957. John Eldon Green explained that the Protestant Bureau was a response to the Catholic one and was required by the Protestant population if they were to receive funding and to coordinate adoptions under the 1956 Adoption Act discussed later in this chapter. Green, interview, (taped).

of Roman Catholic social welfare. Nevertheless, the bureau was only one piece, albeit the most significant one, of the sisters' social welfare slate. Because they operated the province's three most prominent Roman Catholic social welfare institutions or agencies, the Charlottetown Hospital, St Vincent's Orphanage, and the Catholic Welfare Bureau, they were able to provide a more cohesive program of social services than Protestant agencies.⁴¹

Whereas single and married women had carried much of the burden of the successful early-20th century reform movement, they were insufficiently skilled for the later-20th century social reform.⁴² The degree of Master of Social Work could be acquired from only a few Canadian centres and required two years of study beyond the Bachelor's degree. The nature of the immediate post-War

⁴¹The same group of Protestants were not involved, for example, in the Prince Edward Island Hospital, the Protestant Children's Home, and the Protestant Welfare Bureau.

⁴²Alison Prentice et al, Canadian Women: A History, 2nd ed., (Toronto, 1996), pp. 200-109; Mariana Valverde, The Age Light, Soap and Water: Moral Reform in English Canada, 1885-1925, (Toronto, 1991); and Veronica Strong-Boag, The Parliament of Women: The National Council of Women of Canada, 1880-1930, (Ottawa, 1976).

society made sisters the ideal candidates for the new social work: many already had practical experience in the field, their congregations could support their training financially,⁴³ they had no family responsibilities, and they had guaranteed work, albeit virtually unpaid.

The most remarkable aspect of the Sisters of St Martha's social work was undoubtedly the knowledge they gained and the actions they took based on their home visits made through the Social Service Department, renamed and reorganized in the immediate post-War era, as the Catholic Welfare Bureau. Through this organization, the sisters made many referrals to other social institutions they administered, including the Charlottetown Hospital, for clients too ill to receive proper care in their home; the Sacred Heart Home, for elderly patients unable to care for themselves financially or otherwise and who did not have relatives in the city to care for them; and St Vincent's

⁴³Financial support could be obtained several ways, including from a congregation's general coffers filled by paid work, such as teaching, or from a bishop if he made the request for the specific service. Expenses were kept low by sisters' boarding in a convent of another congregation. The two Sisters of St Martha's tuition was paid by the Congregation and was a major expense. Their board was no doubt subsidized by the convent at which they boarded.

Orphanage for abused, neglected, or orphaned children. Through their field work the sisters also referred and often physically transferred patients to government run institutions, few as they were, including Falconwood Home for seriously mentally ill patients and the Sanatarium for Tuberculosis patients.⁴⁴ All these transfers were made directly from the clients' homes. In some cases, of course, additional transfers occurred, such as from home to the orphanage and then an adoption to a new family or from home

⁴⁴The 1951 Annual Report of the Catholic Family Services Bureau, for example, notes: "The Bureau utilizes by referral, various community health resources. Here we must highly commend our Catholic doctors for their generous assistance to the poor without any hope of financial remuneration. See "Catholic Family Services Bureau, Annual Report", 1951, as quoted in Mary Henry, CSM, (Catherine Mulligan), "Development of the Catholic Social Welfare Bureau of Charlottetown, Prince Edward Island, 1931-1956", (MSW thesis, St Patrick's College, University of Ottawa, 1956), p. 79, SSMA, Series 14, Sub-series 5(b0, #1. The bureau also found adoptive homes for children (ibid, p.82), and referred unmarried expectant mothers to maternity homes outside the province (ibid. p.83). The Annals and annual reports for various institutions are peppered with references to transfers of clients to other Roman Catholic social institutions. A c.1965 report on the Sacred Heart Home notes under the category "Medical Care": "The services of the nearby Charlottetown Hospital are available for transfer of residents who require hospitalization.... The hospital also shares its physiotherapy service with the Sacred Heart Home." ("Informal Report on the Sacred Heart Home", [1965], p. 2, SSMA, Series 12, Box 15, #10.)

to the Sacred Heart Home and then to the Charlottetown Hospital. Whatever the case, the sisters continued their control of the Roman Catholic social institutions in the three decades following World War II. They provided an umbrella of services in constant contact with each other given that their staffs belonged to the same organization where a common mission was lived. These sisters all had the same "bosses": the Mother Superior, who was well in control of her ship; penultimately, the Bishop who may have had less practical experience but an even broader base for overseeing Roman Catholic social welfare and for placing the mission in a North American Roman Catholic context; and ultimately, Christ to whom they devoted their lives. It would be difficult to find another group with such potential for cohesiveness. Thus the Sisters of St Martha created a significant means to implement their Roman Catholic view in post-War Prince Edward Island.

Social work philosophy in the 1950s stressed the sanctity of the Christian family. This emphasis was logical given that the years immediately following the War saw a huge rise in the rate of divorce; many couples had grown

apart during the War or were disillusioned by it.⁴⁵ The Pope argued that women had a tremendous role in keeping their families together. Just after the end of World War II, he told Italian women:

Your day is here, Catholic women and girls. The fate of the family, the fate of human relations, are at stake. They are in your hands. Every woman has then, ... the strict obligation in conscience, not to absent herself, but to go into action in a manner or way suitable to the condition of each so as to hold back those currents which undermine the foundations of the family, so as to prepare, organize, and achieve its restoration.⁴⁶

Bishop MacEachern confirmed the Pope's views on the importance of the family and added a precise definition of the ideal family:

a circle with Christ as its centre, with parents reflecting His presence in their attitude toward their God-given children, and children, even in their

⁴⁵Prentice et al, Canadian Women, p.381. Divorce rates almost tripled when the War ended. While PEI did follow this trend, it was by no means as pronounced, possibly because getting a divorce remained such an unwieldy procedure. Still, rates of separation were relatively high. See Wendy Owen and J.M.Bumstead, "Divorce in a Small Province: A History of Divorce on Prince Edward Island from 1833", Acadiensis, 20:2 (Spring 1991), pp. 86-104.

⁴⁶Pope Pius XII in His Address to Italian Catholic women, 21 October 1945, as quoted in Bishop MacEachern, "Catholic Family Life Conference", Diocese of Charlottetown, 01 September 1956, p.2, SSMA, Series 8, Sub-series 3(c), #1 (Mother Mary Paula McPhee).

maturity, in turn cognizant of the quasi-infinite love and obligations which they owe to them without whom they would not have come into being.⁴⁷

In the same speech the Bishop pointed out the threats to the family in the post-War era, including, "the sinister influences that inevitably accompany the different elements of technical progress."⁴⁸ These included the threat posed by inventions which reduced the time spent in cooking.⁴⁹ The Pope's and the Bishop of Charlottetown's views were clearly influential at the Catholic Welfare Bureau, the 1952 annual report of which noted:

⁴⁷Bishop MacEachern, "Catholic Family Life Conference", p.3, SSMA, Series 8, Sub-series 3(c), #1 (Mother Mary Paula McPhee).

⁴⁸Bishop MacEachern, "Catholic Family Life Conference", p. 2, SSMA, Series 8, Sub-series 3(c), #1 (Mother Mary Paula McPhee).

⁴⁹Bishop MacEachern gave an example of one of the potentially sinister influences of technical advancement: "...no one would want to go back to the crude convenience of former days, but, they have their effect, -and all too often, an evil one, -upon the sanctity and integrity of the family setting. If, for example, the now common item known as cake mix means that women have more time to denounce their neighbours to one another... then, it is truly time for us ... to give serious thought to the necessity of devising ways and means of holding our own." Bishop MacEachern, "Catholic Family Life Conference", p.3, SSMA, Series 8, Sub-series 3(c), #1 (Mother Mary Paula McPhee).

We want to see sent forth from the home men of character and endowed with the spirit of fortitude, penance and prayer.... The home of Nazareth was a model Christian home. Would not many problems be solved if the time used in striving for this so-called "higher standard of living" were utilized in planning and carrying out the true Christian ideal? Would not less income put much more true happiness into home life.⁵⁰

Most clients at the welfare bureaus were women seeking help on behalf of their families. The advice the sisters gave these women was based on papal teaching, domestic science, professional social work theory, as well as accepted, patriarchal norms. Mother Loyola, for example, warned an audience of Roman Catholic women in 1956 about the serious threat to families in the post-War era. She quoted the director of the American National Family Life Bureau:

The divorce rate is one for every four marriages; there are known 700 birth control clinics in the country; surveys indicate that possibly 50 per cent of married [people] are guilty of infidelity, 69 per cent of Catholic women want contraceptive know-how, 32 per cent of Catholics entered into mixed marriages, and one third of the workforce are women.⁵¹

⁵⁰"Catholic Welfare Bureau, Annual Report", 1952, quoted in Sister Mary Henry, "Development", p.87.

⁵¹Mother Loyola, "Catholic Family Life Conference", 1 September 1956. The American figures must have frightened Mother Loyola's audience. Divorce rates and the incidence of mixed marriage were about one in 20 and one in 10 respectively, at that time in Canada, and even lower in PEI.

Mother Loyola, who held a BSc in home economics,⁵² instructed her female Roman Catholic audience about how to curb the decay of family life. As wives, women should avoid the materialism the media promoted, she warned. Moreover, she commented, "How many unfortunate young men are led to dishonesty by the unsatiated cravings of demanding wives!"⁵³ Mother Loyola advised the women that as mothers they had a number of serious duties. To begin, they must motivate their husbands to be good fathers and role models. Even more important, mothers must instruct their children in Roman Catholicism, both in theory and practical application. Mother Loyola outlined the practical skills Roman Catholic mothers were expected to pass on to their daughters:

Sewing, cooking, home economy, or home management, these we call the jewels of the womanly arts--if a mother does not possess these skills, in some degree at

⁵²Mother Loyola obtained a BSc in Home Economics specializing in dietetics, from St Francis Xavier University in 1943. See "Mother Loyola (Mary Paula McPhee), Obituary", Series 8, Sub-series 3(c). Experience in dietetics could be used at several of the diocesan institutions the sisters operated.

⁵³Mother Loyola, "Catholic Family Life Conference", p.2, SSMA, Series 8, Sub-series 3(c), #1 (Mother Mary Paula McPhee).

least, she cannot pass them on to her daughters and the evil is perpetuated in future homes. The mother must know how to care for the physical well being of her children--she must know what is meant by good nutrition and balanced meals; if a husband is not well fed he may be driven to drink.⁵⁴

Mother Loyola warned that the stakes were high regarding a mother's behaviour and that a woman must always be on guard in keeping evil out of her home. She cautioned that women who neglected their duties in the home, whether by mere laziness or because of accepting paid labour outside the home, were responsible for the growth and replication of evil in the province. This view was also held by secular or government social workers, as well as propounded by virtually any social service agency from the beginning of the 20th century until the present day.⁵⁵ As James Struthers has argued, "keeping women in the home ... became a principal objective of the [social work] profession."⁵⁶

⁵⁴Mother Loyola, "Catholic Family Life Conference", p.3, SSMA, Series 8, Sub-series 3(c), #1 (Mother Mary Paula McPhee).

⁵⁵Margaret Jean Hillyard Little, 'No Car, No Radio, No Liquor Permit': The Moral Regulation of Single Mothers in Ontario, 1920-1997, (Toronto, 1998), pp.33,173-75.

⁵⁶James Struthers, "'Lord Give us Men': Women and Social Work in English Canada, 1918-1953", in Moscovitch and Albert, 'Benevolent' State, pp. 130-31. Struthers

A study of the administration of mothers' allowances in Ontario also illustrates the connection so often made between thrift, cleanliness, morality and Christianity. An impeccable moral character greatly increased an impoverished mother's chances for receiving financial assistance from a voluntary or government agency, particularly before the mid-1960s.⁵⁷

illustrates the degree to which women's poor household management was blamed for family breakdown and offers an example from a Montreal secular social worker's case file. The worker's 'cleanliness equals godliness' approach was no less moral than Mother Loyola's approach. Remarking on the client's shortcomings, the social worker noted: "She also lacks the ability to buy or prepare food economically, or to make her husband's hard earned wages meet the needs of the family. It is not difficult, then, to know why Sammy's father sometimes abuses his wife, and has at times deserted his family...." (Merla Friedman, "Behavior Problems as Related to Family Rehabilitation" in Social Welfare, April 1927, in Struthers, "Lord Give us Men'", p. 131. The example cited is from 1927, but according to Struthers, the views it reflected were common well into the 1940s. I would say they were common in Prince Edward Island into the 1960s, although less blatantly.

⁵⁷ Margaret Little notes that in the decade of the 1920s the social workers administering mothers' allowances in Ontario expected applicants to be of high moral character. Most applicants were aware of the moral expectation and concealed any activity which might suggest loose moral character and focused on their repentance. In fact, Little's research into the 1990s administration of social welfare found that "recipients spoke at length about how they 'perform' the expected attitude for the worker, well aware that it is a temporary performance to ensure the

As with much of the population, the sisters' greatest concern in the post-War era was the increase in the incidence of family breakdown. They reported that rather than improving the quality of life, the increased cash in the immediate post-War era, combined with the miscellaneous stresses of the day, had increased serious family problems, such as alcoholism, divorce, and teenage pregnancy. The bureau sought to confront these key problems by: "helping clients help themselves."⁵⁸ Their first annual report further outlined their mission:

The social problems which we must attack are deep-rooted and we must not allow ourselves to be lulled into the conviction that these problems

monthly cheque." The stress on perfection in household management as the key to family bliss or at least the band-aid to breakdown certainly made its way into the mandate of the sisters' two social welfare bureaus in the post-War era. Margaret Hillyard Little, "Ontario Mothers' Allowances: Case Files as a Site of Contestation", in Franca Iocavetta and Wendy Mitchinson, eds., On the Case: Explorations in Social History, (Toronto, 1998), pp. 234-35, 238. British Columbia was an exception to government cheques being dependent on morality, because British Columbia had mothers' *pensions* rather than allowances, and there was no judgement attached to the pension. Margaret Hillyard Little, "Claiming a Unique Place: The Introduction of Mothers' Pensions in British Colombia", in Veronica Strong-Boag and Anita Clair Fellman, eds., Rethinking Canada: The Promise of Women's History, 3rd ed., (Toronto, 1997), pp. 285-303.

⁵⁸History Catholic Family Services Bureau, p.6.

will take care of themselves. Yes, it presents a challenge to each and every one of us to study, plan, sacrifice, and give ourselves to the service of our neighbour so that we may carry out the wishes of our Holy Father, thus the Church and Christ in planting fertile seeds of the reconstruction of the social order. With these aspirations in view we hope to look forward to a program of social welfare services which will enable all who participate to have a better understanding of the needs of human beings in all strata of society, and to share in a more constructive manner not only in meeting these needs, but by instructing others by example to do likewise.⁵⁹

The problems which concerned social workers most had not changed in decades, and the way in which they dealt with them had changed only minimally.⁶⁰ Just as late-19th century reformers advocated that the impoverished 'pull themselves up by their own bootstraps', mid-20th century social workers similarly endeavoured to help clients help themselves. Yet in the mid-20th century, more financial support was available through government agencies. The expanding social work profession argued that only

⁵⁹"Catholic Family Services Bureau, Annual Report" 1949, SSMA, Series 14, Sub-series 5(b), #8.

⁶⁰Moral regulation continued to be a primary concern of social workers throughout the 20th century and many social workers continued to be preoccupied with proving whether female welfare recipients were worthy, ie, celibate, honest, and hard-working. See Little, No Car, p. 173.

professionals knew how best to administer the money associated with the social programs.⁶¹ In fact, in 1945, one of the four prongs of the Canadian Welfare Council's objectives was, "to mobilize professional and lay opinion for good social services in Canada."⁶² It was largely the acknowledgment that trained, competent, and astute social planners were required to make some order of the post-War social welfare soup that led to a large increase in the number of professional social workers in Canada, as well as increased respect for the profession. Canada's most famous social worker, Charlotte Whitton, ridiculed turn-of-the-century social reformers for their lack of theory and training, in order to distinguish them from the modern, trained social worker.⁶³

⁶¹Struthers, "Lord Give us Men'", pp.128-30.

⁶²Splane, 75 Years of Community Service, p.16.

⁶³Struthers, "Lord Give Us Men'", 129. Whitton herself was conservative regarding the administration of new social programs and did not lose sight of how funds were raised for the programs; She thought it unfair that citizens were taxed to support the unwaged. See Patricia Rooke and R.L.Schnell, No Bleeding Heart: Charlotte Whitton, a Feminist on the Right, (Vancouver, 1987), p. 81.

The Sisters of St Martha were clearly in agreement with the rising standards in the social work profession and sent Sisters John of the Cross and Mary Eugene to St Patrick's College in Ottawa to receive training in this important field. When Sister John of the Cross died an early and unexpected death in 1951, Sister Mary Henry was sent to train to take her place.⁶⁴

Sister Mary Henry became the most outspoken and the most active social worker in the province. She had had four years of experience as a public school teacher in Kinkora and eight years as director of St Vincent's Orphanage before she embarked on a Master of Social Work degree in 1955.⁶⁵ Perhaps because of her experience and age--she was 54 when

⁶⁴Sister John of the Cross' early death was a hard blow for the Congregation. Sending sisters for training was among the most significant economic burdens for the Congregation, and thus having to replace an already trained sister was very expensive. The Congregation was effectively paying to train three social workers in an eight year period yet only two remained working beyond that time. Sister John of the Cross apparently apologized to the Mother General for her illness and for wasting the Congregation's money designed for her training by becoming fatally ill. Mother Loyola apparently replied that Sister John of the Cross was sure to do more good for the Congregation in heaven than she could ever do on earth. Sister John of the Cross, "Obituaries", SSMA, Series 9.

⁶⁵"Sisters' Ministries", 1925-75, SSMA, Series 3, #1.

she received her social work degree--Sister Mary Henry displayed great confidence as a social worker and did not hesitate to stand up to anyone, particularly to the provincial government. She set the tone for much of the Diocese's social work in the following decades. Sister Mary Henry's career was acknowledged by Pope Paul VI in 1964 "for outstanding and pioneer achievement in social work in caring for the poor, needy and unemployed."⁶⁶

Whereas the work of the Social Service Department before World War II centred on providing health care, food, and clothing, as well as administering financial assistance, their new mandate emphasized motivating clients to help themselves through professional counselling.⁶⁷ This change was possible because Islanders' financial situation had begun to improve with the introduction of old age pensions, income assistance, and mother's allowances.⁶⁸ According to

⁶⁶Guardian, clipping, November 1964, "Annals", SSMA, Series 8, Sub-series 4. She received the Bene Merenti distinction.

⁶⁷History of Catholic Family Services Bureau: 60th Anniversary, ([Charlottetown], 1991), p.7.

⁶⁸These new federal programs were of particular significance to Prince Edward Island which had the second lowest provincial per capita income, next to Newfoundland.

a published history of the bureau, "The new mandate reflected the bureau's awareness of the need for professional counselling, and it also prepared them for the individualistic society of the 1950s and 1960s."⁶⁹

Along with their new emphasis on providing professional counselling, the sisters' modern academic training was also a factor in their decision to close St Vincent's Orphanage. One of the most marked changes in post-War Canada's social work policy was the move toward de-institutionalization.⁷⁰ The sisters connected de-institutionalization to the philosophy of enabling clients to help themselves. In the case of St Vincent's Orphanage, the sisters even extended this philosophy to children. Sisters who trained in social

Because the amount of assistance was set nationally, it had more of an impact in Prince Edward Island than in wealthier provinces. The province was also affected by increased liquor revenue in 1949 when prohibition was finally lifted on Prince Edward Island.

⁶⁹History of the Catholic Family Services Bureau: 60th Anniversary, p.11.

⁷⁰Two decades earlier critiques of orphanages were used to argue the need for mother's allowances. A director of a Toronto Children's refuge said: "(T)he best institution under the best management is not equal to the poorest home, provided that home is morally correct...." (Quoted in Struthers, Limits of Affluence, pp.25,296.

work quickly pointed out, after receiving their training, that children should be pushed to accept some responsibility for their upkeep and that children needed a family to develop fully.⁷¹ They targeted one of their most popular institutions for failing to teach responsibility and took the drastic step of planning for its closing. The Catholic Welfare Bureau, which expanded in scope after the orphanage closed, worked with the orphanage to place children in homes. By 1957 homes had been found for all children under three and by 1963 homes were found for all the older children, and the orphanage closed.⁷² Sister social workers were convinced that the orphanage provided a poor means to raise children. According to Sister Mary Henry, who worked at the orphanage from 1945 to 1950, the orphanage failed because,

....you just couldn't teach the children any sense of responsibility. The food was on the table, the clothes were in the cupboard, school was there. They went to school, somebody supervised their study. There wasn't a dog fight in the country that they didn't go to, because people felt sorry for them.... So we decided

⁷¹Sister Rita Kinch, "St Vincent's Orphanage, Charlottetown, Prince Edward Island", [1984], p.4, SSMA, Series 12, Box 11, #7.

⁷²Kinch, "St Vincent's Orphanage", p.5.

if they were going to learn how to live, they had to get into foster homes.⁷³

By closing the orphanage, the sisters put their social work training into practice. The closure made the sisters' work more cost-effective. Only about 10 to 20 per cent of residents of St Vincent's at any time were wards of the state. The remainder had legal guardians who were supposed to pay for their board and upkeep. Of course this was not possible in most cases and the sisters had to cover those residents' costs just as they did for non-paying hospital patients. With between 80 and 100 residents throughout the 1950s, the orphanage was very expensive to run.⁷⁴ Its closure removed a financial and human resource burden from

⁷³"Oral History Interview with Sister Mary Henry", p. 22, Series 14, Sub-series 5(b), #13. I have not been able to determine who made the decision to close St Vincent's although Sister Mary Henry's strong opinions about it suggest she was very much involved. According to the Sisters of St Martha Archives' finding aid, the personal records of the boys and girls who lived at St Vincent's Orphanage are currently stored in the Catholic Family Services Bureau. Material relating to the phasing out of the orphanage may be kept with the case files and other confidential material, separate from the Sisters of St Martha's Archives. See "Finding Aid", St Vincent's Orphanage, Series 12, Box 11.

⁷⁴"St Vincent's Orphanage, Financial Statements", 1925-1963, SSMA, Series 12, Box 11, #3.

the Congregation, and allowed the sisters to redirect their work into the Catholic Family Services Bureau, and thereby maintain their post-War relevance.

In addition to offering professional counselling and implementing de-institutionalization, the Sisters of St Martha put their newly acquired social work theory into practice by developing new childcare and adoptions programs, opening a second agency in Prince County, co-operating with the United Way, taking advantage of government funding and lobbying government regarding funding for private agencies.

The Sisters of St Martha opened a second social welfare bureau in Summerside in 1956. While Sister Mary Henry of the Charlottetown bureau had been making regular visits to Prince County to help impoverished families, it was obvious that a permanent facility with trained social workers was required to better deal with Prince County families. The Roman Catholic Episcopal Corporation bought a property known as the Priory and a board of directors agreed to pay the sisters' basic expenses. Board members and other volunteers, assisted by inmates of the Prince County jail, fixed up the property and the agency was given government

approval and became a child welfare agency under the Children's Protection Act in November 1956.⁷⁵

The constitution of the Prince County Family Services Bureau identified childcare as the primary purpose of the Bureau and general welfare work as the secondary purpose.⁷⁶ By the early 1960s both services were being utilized beyond what the sisters' and board's human and economic resources could support.⁷⁷

The first staff of the Summerside agency consisted of three sisters, the same number found at the Charlottetown bureau. One had significant social work experience and served as executive director. In the first year, the bureau received 652 requests and made 556 home visits.⁷⁸ The problems of those who requested help from the bureau, according to the sisters, included: "lack of education, low

⁷⁵25 Years of Service: A Brief History - Prince County Family Service Bureau, (Summerside, 1981), p.2. Like the Charlottetown Welfare Bureau, the Summerside agency received some provincial government funding and had a board of directors, chosen from the community, who were not necessarily Roman Catholic.

⁷⁶George Caldwell (Canada Welfare Council), "Report on Prince County Welfare Agency", 1967, SSMA, Series 12, Box 7.

⁷⁷Caldwell, "Report on Prince County".

⁷⁸25 Years of Service, p.6.

standards of living, terrible housing conditions unbecoming of the dignity of the human person, unemployment, inadequate income, unhappy and quarrelling parents, separation of parents, alcoholic parents, common law unions, and deserted mothers and children...."⁷⁹

The Summerside agency soon became involved in arranging and facilitating adoptions and by the mid-1960s were placing 100 children annually. It was largely because the sisters made children such a priority in the post-War era that they continued to be very busy and maintained a high level of influence and involvement in social welfare.⁸⁰

⁷⁹25 Years of Service, p.7

⁸⁰See Sister Bernice Cullen, CSM, "History of the Sisters of St Martha, 1960-[2000], volume 3, Draft Copy", p. 22. (I gratefully acknowledge Sister Bernice's generosity in making her manuscript available to me.) When they took over St Vincent's Orphanage from the Sisters of Charity in 1925, the Sisters of St Martha continued the established practice of matching children whose parents were not able to provide them with a home, with couples who could not have children of their own. St Vincent's was one of the children's aid societies approved by government under the Child Protection Act of 1910. The directors of the orphanage, the Sisters of Charity from 1910 until 1925 and the Sisters of St Martha thereafter, were the legal guardians of those children who were wards of the state, and were required to meet the provisions of care outlined in the "Act for the Protection of Neglected and Dependent Children" (1910), Section 5:3, Statutes of Prince Edward Island, p.209. Both the Adoption Act and Child Protection Act were

As part of their responsibility maintaining the Roman Catholic social order, the sisters prioritized placing children in Roman Catholic homes. Provincial legislation supported the sisters' practice in a clause of the "Act for the Protection of Neglected and Dependent Children":

26. Notwithstanding anything in this Act, no Protestant child shall be committed to the care of a Roman Catholic Children's Aid society or Institution, nor shall a Roman Catholic child be committed to a Protestant Children's Aid Society or Institution and in like manner no Protestant child may be placed out in any Roman Catholic family as its foster home, nor shall a Roman Catholic child be placed out in any Protestant family as its foster home.⁸¹

amended several times but neither absence of religion in the adoption act nor the inclusion of religion in the Child Protection Act was affected by any of the revisions until 1969 when the Children's Protection Act stopped requiring the provision of matching religion with parents and foster or adoptive parents. At that time the religious provision of the 1910 act, number 26, as quoted above, was noticeably absent.

⁸¹"An Act for the Protection of Children", (1910), Chapter 15, p. 221. This clear provision of placing children in foster homes of the same religious sect was not repeated in the province's first adoption act. The 1916 Act Regarding the Adoption of Children contained only five clauses, as opposed to 28 in the Child Protection Act, and each one was more broad. The two acts worked together in adoptions: "In adoption work Protestant children are placed in families of similar faith according to the Children's Protection Act." Sister Mary Henry (Catherine Mulligan), "Development", p. 82.

Before the establishment of the Prince County Family Services Bureau, all adoptions were coordinated through the Catholic Family Services Bureau in Charlottetown, where many unwed expectant mothers approached the bureau for assistance.⁸² Again, this is evidence of the sisters' preeminent role in directing the Roman Catholic welfare system.

The sisters also coordinated foster home placements for some of the children in the orphanage, although the number of placements was not great. See Table 21:

⁸²In 1953, for example, the bureau helped 81 unwed mothers, more than half of whom gave up their children for adoption. Sister Mary Henry, "Development", p.98.

Table 21: Number of Children Placed in Foster Homes from St Vincent's Orphanage, 1932-54 (Selected Years):

Year	Less than 1 yr.	2-5 yrs	Total
1932	8	17	25
1937	0	14	14
1938	3	21	24
1939	2	23	25
1951	NA	NA	31
1953	NA	NA	10
1954	NA	NA	11

Source: Annual Reports of Catholic Family Services Bureau 1932-1954 as quoted in Sister Mary Henry, "Development of the Catholic Welfare Bureau of Charlottetown, Prince Edward Island", 1956.

The sisters placed increased emphasis on adoptions after World War II, which according to Sister Mary Henry, was due to the stark rise in illegitimate births.⁸³ Starting in the 1950s, the sisters displayed a clear preference for placing Island infants in American homes, owing to what the sisters saw as numerous factors specific to Prince Edward Island which made adoption within the province undesirable.⁸⁴ In particular, the sisters believed that because the

⁸³Sister Mary Henry, "Development", p.115.

⁸⁴In "Oral History Interview with Sister Mary Henry", p.24, SSMA, Series 14, Sub-series 5(b), #13, Sister Mary Henry cites 1954 as the year the bulk of adoptions began going to the United States.

province was small, but densely populated, adopted children could be identified by their natural parents or others.⁸⁵ Sister Mary Henry did not elaborate on why this was undesirable, but the assumption is that natural parents might more readily learn the identity of adoptive parents, or that both adoptive families and the families of the natural parents would find the situation uncomfortable.⁸⁶ Other factors the sisters identified as making the Island unsuitable for adoptions within the province included the high birthrate,⁸⁷ which suggested they believed there were more children to be adopted than there were satisfactory adoptive families. They were particularly concerned that children might be exploited as unpaid agricultural labour on the Island. In the United States, on the other hand, the children could have a real childhood, and quite possibly an

⁸⁵Sister Mary Henry (Catherine Mulligan), "Development", p.114.

⁸⁶This reflects attitudes of the time that were common throughout North America. For example, mothers were not told the identity of adoptive parents and adopted children were not told the identity of their birth parents.

⁸⁷Sister Mary Henry (Catherine Mulligan), "Development", p. 114.

opulent one.⁸⁸ In a 1984 oral interview Sister Mary Henry explained that children,

when they are 12 or 13 ... are fairly useful on the farm, so farmers would take them out [of the orphanage]. But they were only used for their work, you know. And the same thing with the girls.... [We] just could not find [PEI] homes that we considered suitable homes, you see, because we did not want to use these boys and girls the way they were being used, you see. We could see that, we were there in the business long enough from 1925, you could see all this happening....⁸⁹

At first glance, this seems inconsistent with the argument that children should be placed in foster homes where they could learn responsibility. Yet while Sister Mary Henry thought the orphanage had failed because children could not learn responsibility there, she did not approve of a child working too hard on a farm. In the latter case, she was obviously cognizant of the possibility of excessive demands for child labour in an impoverished rural province. In fact, the general sensitivity of the Congregation to the impoverished is logical given that the members were drawn from the same working and agricultural classes they served.

⁸⁸"Oral History Interview with Sister Mary Henry", p.24, SSMA, Series 14, Sub-series 5(b), #13.

⁸⁹"Oral History Interview with Sister Mary Henry", p.24, SSMA, Series 14, Sub-series 5(b), #13.

Sister Mary Henry also commented in the same 1984 interview that New Brunswick and Nova Scotia would have been suitable adoption destinations, but that in both provinces the number of illegitimate births exceeded the number of available homes.⁹⁰

Speaking in a 1998 interview, John Eldon Green, the Deputy Minister of Social Services from 1971 to 1980, said that he had disagreed with the sisters' preference for American homes for Prince Edward Island children. It is Green's opinion that Sister Mary Henry, in particular, believed the best thing she could do for a child--"She did not say 'bastard child', but she meant it-- was to give them American citizenship."⁹¹ Of course, it must be recognized that this would have been a view shared by many at the time. Certainly there is no evidence that the Provincial government, which employed Green, raised any objections or

⁹⁰"Oral History Interview with Sister Mary Henry", p.24, SSMA, Series 14, Sub-series 5(b), #13.

⁹¹"Oral History Interview with Sister Mary Henry", p.24, SSMA, Series 14, Sub-series 5(b), #13; and Green, interview, (taped). Green confirmed this in an editorial in the Guardian, 16 December 1999.

sought to interfere with the adoption placement policies of the Catholic Welfare Bureau.

Although there were a number of factors that made American placements attractive, Sister Mary Henry's, as well as Sister Mary Eugene's, preference for American adoptions arose largely because of the difficulty of finding Roman Catholic parents for Roman Catholic babies in Prince Edward Island, a prime consideration for a Roman Catholic Congregation.⁹² Their insistence on matching the religion of child with that of the adoptive parents rather than merely finding a caring, safe home for the child was by no means out of step with their society.⁹³ Rather, their pattern of

⁹²Being born illegitimate bore a distinct stigma in Roman Catholic society. In some ways it was perceived to be a kindness to send a child to a different part of the country or continent, and, to this extent, Sister Mary Henry might well have agreed with Green's assessment of her motives. In the Roman Catholic Church illegitimate children could not be ordained or join a religious congregation. See "Holy Orders, Irregularities Affecting", New Catholic Encyclopedia, volume 7.

⁹³Evidence of this can be found in Gail Aitken, "Criteria of Adoptability in Ontario, 1945-1965: The Circumstances, Processes, and Effects of Policy Change", (PhD dissertation, University of Toronto, 1985). Until 1965, Ontario adoption law only permitted children to be placed in adoptive homes of the same faith as the birth mother, and thereafter gave judges plenty of opportunity to place children in homes of the same religion even though it was

adoption placements merely illustrates the extent to which the attitudes and laws of the day could serve to facilitate the Congregation's desire to maintain a strong Roman Catholic social order.

The practice whereby Prince Edward Island Roman Catholic children were adopted by American Roman Catholic couples is consistent with Gail Aitken's findings for Ontario in her 1985 dissertation, "Criteria of Adoptability in Ontario, 1945-1965". In the two decades following World War II, the Province of Ontario tried to get children out of orphanages and into adoptive homes, as was the consensus among professional social workers at the time. In Aitken's words, "The aim of the revisions was to ensure that all Crown wards would be considered adoptable until proved otherwise."⁹⁴ In amending the adoption act to decrease restrictions on adoptions and thereby increase the rate of adoptions, however, Aitken argues that "Adoption policies regarding religion appear to have caused more controversy

not required on paper.

⁹⁴Aitken, "Criteria", p.1.

than many others during the early 1960s."⁹⁵ Aitken reports that to reduce the number of children in orphanages, government social workers and social activists sought to remove the clause in the adoption act that required Roman Catholic children only be adopted into Roman Catholic homes, but they were unable to amend the law adequately to reflect such reform.⁹⁶ This is, in fact, precisely the reason for creating distinct Roman Catholic adoption agencies which could guarantee a Roman Catholic birth mother adoption of her baby by Roman Catholic parents. The best Ontario social activists were able to do, however, was to create the 1965 act, which did not require matching religious affiliation.⁹⁷ This act, Aitken argues, was just as denominational as the previous 1954 act, because it left the matter to a judge's discretion and judges acted as if the condition of matching religion was still part of the act.⁹⁸

⁹⁵Aitken, "Criteria, p.88.

⁹⁶Aitken, "Criteria", pp.90-2,111,125-6.

⁹⁷Aitken, "Criteria", pp.253,255,257.

⁹⁸Aitken, "Criteria", pp.227-9,265. "For instance the strength of the Act was deliberately attenuated by not clearly defining criteria of adoptability in regard to religion...." (Aitken p. 257) and "This study revealed that certain interests ... [including] the Roman Catholic Church

As in Prince Edward Island, Ontario-born Roman Catholic orphans were adopted into American Roman Catholic homes even though Protestant homes may have been available in Canada. The Catholic Children's Aid Society of Toronto "only considered placement in Roman Catholic homes,"⁹⁹ despite the significant debate played out in the Ontario media beginning in 1960.¹⁰⁰

The Sisters of St Martha acknowledged that significantly more work was involved in international rather than national or provincial adoptions, but repeatedly argued in annual reports that the extra work was well worth the

exerted extensive indirect control over policy content." (p. 259) and "Facts relating to the inability of particular societies to secure satisfactory wards in Roman Catholic adoption homes were misrepresented or obscured, and these were facts which might well have precipitated debate on value-laden questions concerning the balance of church and state powers." (p. 265.) Aitken shows a powerful anti-religious bias. Why should Roman Catholic children be bound to the values and views of the social work profession rather than to those of the Church? She disregards the Roman Catholic belief that any Roman Catholic child not raised in the faith was placed in mortal danger. In the last two decades much debate has centred on the destructive effects of placing children with adoptive parents of another culture, which is not significantly different from removing a baby or child from his/her religious tradition.

⁹⁹Aitken, "Criteria", p.149.

¹⁰⁰Aitken, "Criteria", p.148.

effort. Referring to the year 1953, Sister Mary Henry noted,

Extensive, time-consuming work was involved in the American placements; but since it is a happy home life for many children, the Bureau considered such work well worth the effort. During the year, placements were made in Minnesota, New York, New Jersey, and Massachusetts. Over one hundred children could be placed in Minnesota alone.... Quite satisfactory policies have been worked out with the various States. The placements are made with the cooperation of the accredited agencies within the areas chosen for the children. Final decisions are then approved by the State Departments of Welfare and permission for placements granted. These agencies do the follow-up supervision and the legal proceedings are carried out in the US courts.¹⁰¹

In the same year that Sister Mary Henry noted that so many adoptions could be made, only about one third of applications were actually received from the United States. Of 37 applications received in 1953, 13 were American.¹⁰² It appears that Sister Mary Henry exaggerated the demand for adoptions in the United States to enhance her argument.

¹⁰¹Sister Mary Henry (Catherine Mulligan), "Development", pp.97-8.

¹⁰²Sister Mary Henry, "Development", p.97. She notes that one was from Nova Scotia and one was from New Brunswick but does not indicate the origin of the 22 other applications.

In Prince Edward Island in the early 1970s, the deputy minister of Social Services, John Eldon Green, even though he was a practising and high-profile Roman Catholic, tried to amend the legislation which required matching religion of adoptive and birth parents. Green was against international adoption because it complicated the child's search to find his/her birth parents in adulthood. It was far better, in Green's view, to place a child in an Island Protestant home if a Roman Catholic home was not available, rather than place an Island Roman Catholic child in the United States. In fact, Green believed, there were enough Protestant couples who would have gladly adopted a Roman Catholic child, to reduce significantly the number of Island children adopted into the United States.¹⁰³ His views clearly went against those of his church.¹⁰⁴ Nor, would it seem, were his

¹⁰³Green, interview, (taped). Throughout the post-War era the view on matching birth and adoptive parents became less strict, no doubt because of the increase in religious apostasy from the 1960s onward. A similar debate continues today on the issue of race and ethnicity. Contemporary social workers argue it is wrong, for example, to adopt native children into white families and culture, and many disagree with North Americans adopting Asian or East European children.

¹⁰⁴John Eldon Green also opposed the Church regarding the amalgamation of St. Dunstan's and Prince of Wales which

views supported by his government, for he did not succeed in his bid to amend the legislation requiring matching religion of adoptive and birth parents.

Identification of the child and birth parents was a significant part of why Sister Mary Henry preferred American adoptions. She concluded her 1956 Master of Arts thesis with, "The very factor that makes it necessary for us to make these national and international rather than provincial placements serves us in good stead here. If people are going to be able to identify the children we likewise know the parents can identify them at least very frequently."¹⁰⁵ Needless to say, Sister Mary Henry and John Eldon Green were frequently at loggerheads regarding social welfare practice and theory.

Interesting enough, John Eldon Green's greatest concern about Sister Mary Henry's international adoption practices

he supported. Laurence K. Shook, Catholic Post-Secondary Education in English-Speaking Canada, (Toronto, 1971), p.54. Two years ago he commented publicly on local CBC TV News that one has no right to an opinion on abortion unless she is a single pregnant woman or a man in a relationship with a single pregnant woman. Green, interview, (taped).

¹⁰⁵Sister Mary Henry (Catherine Mulligan), "Development", p.119.

in the 1960s involved the acceptance of significant financial donations from American couples who adopted Island children. As Green recalled the conversation between them at the time,

I nearly broke her heart but I had to tell her: 'Sister, you cannot accept money from the people who adopt babies.' 'But they are just saying thank-you', she said. I said, 'Sister, you are selling children to the States.' She was aghast [Green continued], 'Sister, if it comes out in the papers that \$2000 comes back to you..... I am telling you what it will look like to the media.'¹⁰⁶

Green did not comment on the average cost to adoptive parents of adoptions arranged by other government or private agencies but it is difficult to imagine that it would have been less than \$2000 in the 1970s. Despite Green's disapproval, the sisters continued to be very involved in international adoptions throughout the 1960s and 1970s. In fact adoptions had become the main work of the Prince County

¹⁰⁶Green, interview, (taped). It is worth emphasizing that Green was concerned with "what it would look like". Perhaps he was not against the practice and understood the money really was a thank-you and that Sister Mary Henry used it to benefit impoverished Islanders. These were, after all, voluntary donations, made after, not before, the adoption. They cannot be compared even to the administrative and hospitalization charges American adoptive parents are charged today, and most certainly not to the price paid to adopt a child from a foreign country.

Family Services Bureau. This area of the bureau's work increased at such a pace that in 1965 a separate foundation to coordinate adoptions was created in New Jersey, although it was still affiliated with the Prince County Agency. The Sister Mary Eugene Foundation was established in New Jersey by adopting couples who wished to repay the Sisters of St Martha. They contributed money to establish the foundation and pay a lay director in New Jersey.¹⁰⁷

Adoptions were very time consuming for the Sisters of St Martha, and the new foundation permitted a higher placement rate. Each placement required a 12 month period of supervision by the New Jersey agency before being finalized and if the adoption required a change, the guardianship was reassigned to the Summerside agency.¹⁰⁸ In the first full year of the establishment of the Sister Mary Eugene Foundation, 1966, a total of 175 applications were received. Twenty-six were rejected, 49 placements made and

¹⁰⁷"Prince County Welfare Agency Origins", [1965], p.2, SSMA, Series 12, Box 7.

¹⁰⁸See #13 "Suggested Procedure Regarding Adoptions Between the Sister Mary Eugene Foundation, New Jersey, and the Prince County Family Service Bureau," [1965], SSMA, Series 12, Box 7.

27 adoptions finalized. This was a significant increase from 1964, when there were 43 children placed and 18 adoptions finalized.¹⁰⁹

With the establishment of the New Jersey agency, the Prince County Welfare Agency was freed to do more social work in western Prince Edward Island, where the level of poverty was high and the need correspondingly great. Prince County was still a major source of adoptable children for the New Jersey Foundation but the time-consuming placement supervision was done by a lay executive director in New Jersey rather than by a Sister of St Martha. The Sister Mary Eugene Foundation paid \$100 to the Prince County Agency for every completed adoption, a fairly modest fee to cover transportation and administrative costs but still a significant part of the Prince County agency's budget in the 1960s.¹¹⁰ The arrangement saw the placement of a large

¹⁰⁹"Prince County Welfare Agency Origins", p.4.

¹¹⁰L.B.Murphy, "Review and Evaluation of the Role of the Prince County Welfare Agency Now and in the Future: Prepared for a Special Bureau of Directors Meeting", 15 May 1967, SSMA, Series 12, Box 7. In 1969 the government grant was only \$2000. The placement of 50 children would thus have netted the agency two and a half times the government grant. See 25 years of Service 1956-81: A Brief History, Prince County Family Service Bureau.

number of Prince Edward Island children in "good" homes which pleased the sisters yet required much less in the way of time and resources. John Eldon Green continued to be unhappy about the export of Prince Edward Island children to the United States, but at least the process had become more standardized with the establishment of the Sister Mary Eugene Foundation.¹¹¹

Numerous 1970s factors, including better social welfare and increased societal acceptance, converged and made single mothers in the 1970s less likely to consider adoption. The Sisters of St Martha nevertheless remained involved in adoptions work longer than most agencies.¹¹² Despite their active role in seeking adoption placements for the children of such women, the Sisters of St Martha proved reluctant to provide institutional accommodation on the Island for unwed expectant mothers. Perhaps they believed that the mothers,

¹¹¹See "Suggested Procedure". The standard \$100 payment for completed adoptions was so very modest, it could scarcely arouse criticism. Indeed, it is difficult to imagine how, in the late 1960s, it could possibly have covered the transportation costs of sending an infant, who would surely have to be accompanied, to New Jersey.

¹¹²In 1990, for example, the Catholic Family Services Bureau completed two adoptions. See History of the Catholic Family Services Bureau: 60th Anniversary, p. 19.

like their children, would be better served by being sent off the Island where they could retain a certain anonymity and avoid the disapproval and condemnation of their own communities. Perhaps illegitimacy was a controversial area which they wished to avoid. Certainly it is true that when they finally opened St Gerard's Home for unwed expectant mothers in Charlottetown in 1965, they remained at arm's length from its daily operation.¹¹³

The sisters' tardiness in establishing a home for unwed mothers has many possible explanations. The simplest involves the arrangement they had with the Sisters of Charity of Halifax who had administered the Home of the Guardian Angel in that city since 1888. Of the early 1950s one Sister Mary Henry noted,

In the [Catholic Welfare] Bureau's efforts to protect these girls and their families, we do everything possible to keep their plight unknown to their friends and neighbours.... To effectively carry out our

¹¹³In a 30 page booklet which celebrated the 60th anniversary of the Catholic Family Services Bureau, little mention is made of the service to unwed mothers. While praise is given to specific sisters regarding other endeavours connected with the bureau, no sister is named as having worked with unwed mothers. Instead there is a photograph of the first housemother at St Gerard's, Mrs Sarah Campbell. History of the Catholic Family Services Bureau: 60th Anniversary, p.9.

program we are dependent on the Home of the Guardian Angel, Halifax.¹¹⁴

The Charlottetown sisters may have decided the need was inadequate for a home for unwed mothers in Charlottetown and that when approached to care for single expectant mothers, they could count on the Sisters of Charity of Halifax to assist them. In fact, evidence is sufficient to suggest this explanation is too simple.

The noticeable absence of a home for unwed mothers in the sisters' social welfare slate until 1965, particularly as they had operated an orphanage since 1925, may be better explained by the sisters' fear that such an institution would complicate their mission and their image, as well as increase their workload in related institutions, most notably the orphanage and hospital.

Moreover, while the sisters undoubtedly had a good deal of sympathy for the plight of unwed mothers, it is equally true that in the early years of the sisters' administration of St Vincent's Orphanage, they displayed a strong sense of pride about the small number of illegitimate children at the

¹¹⁴Sister Mary Henry (Catherine Mulligan), "Development", p.83.

orphanage.¹¹⁵ The Congregation, as well as successive bishops, made it known on every possible occasion that the orphanage was not to be a dumping ground for illegitimate children. The same philosophy predominated into the 1950s.

Nevertheless, the sisters could not dismiss the fact that pregnant, unwed mothers were a significant part of their caseload at the Catholic Welfare Bureau. In 1953, the bureau helped 81 single expectant mothers plan for their future. The sisters counselled the young women regarding possibilities of adoption, foster care, out of province Roman Catholic maternity homes, as well as "placement in private homes where, during the time preceding confinement, they would obtain suitable employment to help meet the expenses of their care."¹¹⁶

¹¹⁵In their annual reports they clearly noted the parental status of the inmates, for example, "both parents living", "one parent living", "neither parent living", and lastly, "number of illegitimate children", which was never more than half the total. "St Vincent's Orphanage, Annual Reports", 1930-66", SSMA, Series 14, Sub-series 5(b).

¹¹⁶Sister Mary Henry (Catherine Mulligan), "Development", p.98. Of the 81 women, eight were non-Catholic.

When reporting bureau statistics of 93 unwed women seeking assistance the following year, 1954, Sister Mary Henry commented on the phenomenon:

Statistics show that 4% of all births in Canada are of this class, so we might as well face the problem realistically and believe that human nature in our Province is no stronger than [in] the other nine. These mothers are human beings in need, and it is our duty to meet that need with every means at our disposal.¹¹⁷

While she should not be criticized for failing to engage in every aspect of social work, it is still difficult to believe Sister Mary Henry was really prepared to meet these particular clients' needs with every means at her disposal. She held the view, common at the time, that women were to blame for pregnancy outside marriage; single women became pregnant because of a lack of moral fibre. She noted in her MA thesis, "We regret that it is not often possible to give enough case work service to these girls to remove the personality disorders which are the causative factors in their pregnancies."¹¹⁸ Her preference in helping single

¹¹⁷Sister Mary Henry (Catherine Mulligan), "Development, p.103.

¹¹⁸Sister Mary Henry (Catherine Mulligan), "Development", p.104.

expectant mothers was to get them off Prince Edward Island to Roman Catholic maternity homes elsewhere.

This does not necessarily indicate either a lack of interest or a lack of sympathy. Well into the 1960s, the most compassionate and practical social workers believed the best help for a single expectant mother was to hide her from the critical gaze of her friends and neighbours for the duration of her pregnancy. By sending girls to Halifax or Saint John the Sisters of St Martha certainly participated in trying to give the expectant girls a second chance.

The sisters became more committed to helping single expectant mothers in 1962 when they opened a residence for unwed mothers in Newark, New Jersey. It was staffed by three Sisters of St Martha and was run under the auspices of the Associated Catholic Charities of the Newark Archdiocese.¹¹⁹ It did not, however, serve any Prince Edward Island women. Given the history of significant requests from Prince Edward Island single, expectant mothers, it seems likely that some members of the Sisters of St Martha strongly believed in supporting this work, but that there

¹¹⁹The Advocate, Newark, New Jersey, 13 December 1962. SSMA, Series 12, Box 6, #7.

was too much opposition in Prince Edward Island to do it in the Congregation's own diocese.

In its first two years of operation, St Martha's residence served 230 young American women. The residence accommodated a maximum of 20 girls at any one time. A description in the diocesan newspaper noted: "There are stuffed animals on the beds..... and on the bureaus, missals and rosaries."¹²⁰ Related agencies for unwed mothers and adoptions were also located in the same building as the women's residence. The presence of the adoption office, in particular, was a constant reminder to the young women of the possibility of adoptions. In fact, 95 per cent of those who took shelter at St Martha's residence "surrendered" their children for adoption.¹²¹

Perhaps operating the New Jersey home was meant to prepare the Sisters of St Martha for operating a similar home in their own diocese or perhaps it was meant to prove

¹²⁰Interview with Anne Buckley as appeared in The Advocate, Newark, New Jersey, 22 April 1965, SSMA, Series 12, Box 6, #7

¹²¹Interview with Anne Buckley as appeared in The Advocate, Newark, New Jersey, 22 April 1965, SSMA, Series 12, Box 6, #7

to the 'unconverted' the importance of such work. In 1965, the Sisters of St Martha opened a similar residence, called St Gerard's Home, in Charlottetown above the Catholic Family Services Bureau offices, but they did not staff it. A full time housemother was employed by the Catholic Family Services Bureau to live with the women. That no Sister of St Martha worked full time at St Gerard's, or is described as doing so, suggests that the work may not have been fully supported by the Sisters of St Martha or by the Bishop or clergy.¹²² The sisters managed to send a sister-nurse and two other staff to New Jersey to do this work, but maintained a noticeable distance from the same work in their own diocese. Although founded relatively late, St Gerard's is nevertheless a fine example of the Congregation's dynamism. When opened in 1965, St Gerard's was immediately acknowledged by the provincial Department of Welfare and

¹²²The Congregation's work assignments do not list any sisters posted to St Gerard's, although they could have chosen not to distinguish it from the Bureau. A history of the institution notes a full-time housemother was employed and that 1700 women were served at the home between 1965 and 1987. The housemother may have been able to handle an average of 77 expectant mothers annually as long as several did not have babies around the same time! History of the Catholic Family Services Bureau: 60th Anniversary, p. 9.

Labour for providing "excellent accommodations where unwed mothers can receive counselling, educational and medical services."¹²³ The government recognized its need but once again waited for the sisters to act upon the demand for the maternity home. Although the demand for a maternity home was probably less in 1966 than it had been a decade or two earlier, it was still very much needed in 1966; between 1966 and 1987, 1700 women resided in the home during part of their pregnancy.

The sisters withdrew from their maternity home work in New Jersey in 1972. The Mother Superior explained her decision to withdraw to the Reverend Monseigneur Edward McHugh, the Executive Director of the Associated Catholic Charities of Newark: "The simple truth is that we do not have sisters whom we could send to Newark without depriving other work of necessary personnel. And we feel that our priority is the work of the Diocese for which we were

¹²³Report of the Director of Child Welfare, Eugene MacDonald, to Deputy Minister of Welfare and Labour in "Annual Report of the Department of Labour", 31 March 1966, p. 17, PEIGSL.

founded."¹²⁴ This avoidance of a controversial project in their own diocese until the mid-1960s, and only after gaining experience out of province, helped the Sisters of St Martha maintain a high level of respect, and thus influence, through the post-War era.

Another way in which the sisters remained relevant and respected in the post-War era was by accepting membership, although with significant hesitation, in the United Appeal. In the decade after World War II, many communities sought to coordinate giving to charitable organizations and institutions by founding united appeals. Voluntary organizations were invited to join an umbrella organization which administered annual campaigns on behalf of their member agencies. The combined charitable appeals were intended to avoid duplication of services among volunteer agencies and save individual donors from being canvassed throughout the year. Because of the number of agencies, united appeals set very large financial goals and were successful, for the most part. However, many North American Roman Catholic diocesan institutions chose not to

¹²⁴Mother Mary Angela to Rev Msgr. Edward McHugh, 25 May 1972, SSMA, Series 12, Box 6, #4.

participate in non-sectarian united appeals and some dioceses founded and administered alternative sectarian united appeals. In Boston and Newark, for example, separate but large scale Roman Catholic Charities systems were set up for Roman Catholics to contribute to and from which Roman Catholic charitable organizations could draw. Part of the reason some Roman Catholics chose not to join united appeals was to protest the membership of such groups as Planned Parenthood, of which they did not approve because birth control contradicted natural law and papal teaching.

The Bishop of Charlottetown, Malcolm MacEachern, left no ambiguity regarding his diocese's support for the United Way, although it is certainly relevant that no Planned Parenthood organization was among the original 17 member agencies. Several agencies under the direction of the Roman Catholic Diocese of Charlottetown and its Episcopal corporation did join the United Appeal, including the Catholic Social Welfare Bureau (Charlottetown), the Prince County Catholic Welfare Agency (Summerside), and St Vincent's Orphanage.¹²⁵ In fact, at the launch of the United

¹²⁵Guardian (Charlottetown), 9 Oct 1962, pp.1,3.

Appeal in October 1962, the Bishop of Charlottetown sent a telegram stating "that although he will be in Rome, he will be with the campaign in spirit, 'wishing...the best of success in the campaign.'" ¹²⁶

The sisters who operated the relevant social agencies, along no doubt with other directors of Island social agencies, worried that the United Appeal might not deliver sufficient funding to run their institutions, a very real potential crisis given that the agencies who joined the united appeal agreed not to initiate any additional fund-raising outside the United Appeal. ¹²⁷ The President of the Summerside Bureau referred to joining the United Appeal in his 1962 Annual Report, although he did not give his whole hearted support to the Island wide funding drive. J. Elmer Murphy reported, "We felt we should give the new organization a fair trial, if we do not find it satisfactory, we can withdraw." ¹²⁸

¹²⁶The first year's funding goal was \$227,487 for the 17 agencies. See Guardian, 9 October 1962, pp.1,3.

¹²⁷"Oral History Interview with Sister Mary Henry", p.23, SSMA, Series 14, Sub-series 5(b), #13.

¹²⁸J. Elmer Murphy, "Report of the President", Prince County Family Services, 1962, p.1, SSMA, Series 12, Box 7.

Sister Mary Henry, as the Executive Director of the Catholic Welfare Bureau, was more wary of the United Appeal. In a 1984 interview she stated:

...the orphanage would have come under the United Fund, and we knew they would never begin to give us a fraction of the money that it took to support the place, you see, and then they would be collecting... pretending they were tak(ing) care of all these places and what were we to do? We closed the orphanage the first year of the United Fund. 1962.¹²⁹

The final way the sisters adjusted to the post-War era was by lobbying government to support those social endeavours that the sisters believed were most important. Sister Mary Henry repeatedly noted that alcohol was the most serious social problem on Prince Edward Island: "But the thing that we finally figured out in the early 1960s was that we were only putting our finger in the dike. And we were not doing anything about the real causes of alcoholism."¹³⁰ At that time on Prince Edward Island, she explained, the sisters were part of a group which strove to open the first Island addictions centre. In 1966, the

¹²⁹"Oral History Interview with Sister Mary Henry", p.23, SSMA, Series 14, Sub-series 5(b), #13.

¹³⁰"Oral History Interview with Sister Mary Henry", pp.35-36, SSMA, Series 14, Sub-series 5(b), #13.

Congregation received permission from the bishop to use the former St Vincent's Orphanage, which they had just closed, for a rehabilitation centre for alcoholics. Sister Mary Henry soon realized that in addition to a rehabilitation centre, alcoholics needed a detoxification centre before they could start a program of recovery.¹³¹ In Sister Bernice Cullen's words,

Sister Mary Henry with characteristic energy and persistence became the main instigator of a Treatment Centre for Alcoholics. She met all kinds of opposition from government and from others who had ideas how alcoholics should be treated. All that made no difference. She was convinced that God wanted her to lead the way in helping alcoholics and she had faith that He would provide the means some way, she knew not how. Numerous are the stories of the risks she took in purchasing property, equipment or whatever was needed for the project and each story is matched by the surprising appearance of money to pay the bills.¹³²

Sister Mary Henry recalled that when Talbot House opened, "We had no staff, we had no money, we had nothing. We had 1109 admissions in two years... it was an awful struggle."¹³³

¹³¹Sister Bernice Cullen, "History", p.9.

¹³²Sister Bernice Cullen, "History", p. 9.

¹³³"Oral History Interview with Sister Mary Henry", p.37, SSMA, Series 14, Sub-series 5(b), #13. The text continued: "we could not get government help" but John Eldon

Sister Mary Henry lobbied the provincial Department of Social Services to contribute to the detoxification centre and the connected rehabilitation centre, which they did. Talbot House fit into a category of private sector services which the Department of Welfare subsidized. As the Deputy Minister of Welfare, John Eldon Green noted in 1972, "In each of these services there is a Board of Directors drawn from the community which assures us that many more citizens have become directly involved in the social services and by their efforts serve as a source of support for us in our work."¹³⁴

Two years later the arrangement grew unsatisfactory. As Green explained in his 1973 report,

Late in 1973 we began to become concerned with a developing situation at the Addictions Foundation of Prince Edward Island, the approved carrier for the Province's treatment program for alcoholics.

Green says this is untrue. In an oral interview, 26 September 1998, he specifically spoke about the sisters' work in addictions, and said Sister Mary Henry fought long and hard and did get \$32,000 from the province. Green said Sister Mary Henry said she had been promised \$40,000 to build a detoxification centre, but in fact she could not confirm any of the details surrounding the promise. Green, interview, (taped).

¹³⁴John Eldon Green, Department of Welfare Annual Report, 31 March 1972, p. 9, PEIGSL.

An administrative evaluation by a consulting firm indicated many short-comings in the administration of the Foundation. We believe the time has come to re-examine its long range commitment in this field.... Policy ... has been very much a hit and miss affair....¹³⁵

The "situation" was obviously a conflict between Sister Mary Henry and Green, and it did not improve in the following year. Although Sister Mary Henry was never mentioned by name in Green's annual reports, other sources indicate that she believed she could most efficiently serve addicts without having to be constantly tied to a board of directors.¹³⁶ Green's 1975 annual report showed he was prepared to force Sister Mary Henry out of the Addictions Foundation in order to standardize procedures and make the foundation accountable to government and taxpayers. He announced that a consulting firm had recommended changes in the administration of the foundation and the changes had been laid before the annual meeting of the foundation in 1974. He explained,

There then ensued for this Department what has to be considered the most perplexing experience in my

¹³⁵John Eldon Green, Department of Social Services Annual Report, 1974, p.11, PEIGSL.

¹³⁶Sister Bernice Cullen, "History", p.9.

entire career as a public servant, with people who were presumably well motivated towards this work adopting entrenched positions which were both distrustful and destructive of others who were equally well motivated. As a result of intense antagonisms and heightened public concern around the issue of the Addictions Foundation in the Fall of 1974, the Lieutenant-Governor-in-Council designated a committee of officials, with the undersigned as Chairman, to examine the situation and determine whether or not Government could continue to recognize this Foundation as a centre for the treatment of alcoholics in this Province. The report of that committee indicated the likelihood that the Foundation had no legally constituted Board of Directors. Your own efforts (the Minister's) to seek a remedy to that situation with the proffered support of the interested parties met with no success. As a result, government has elected to impose a remedy through the creation of a Crown Corporation which will assume responsibility for the operations of the Foundation once the enabling legislation is proclaimed later this year.¹³⁷

After a decade of trying, Green and his department finally broke Sister Mary Henry's stronghold on the Addictions Foundation.

Sister Mary Henry's work at the Addictions Foundation, including Talbot House, is a good example of how she created needed social institutions. Even though she was unable to maintain control to the degree she wanted, she made very

¹³⁷John Eldon Green, Department of Social Services, Annual Report, 1975, p.10, PEIGSL.

significant progress in the treatment of Prince Edward Island alcoholics. Had government not had to deal with her, they might well have taken much longer to develop suitable programs for addicts. Sister Mary Henry lobbied government persistently and received \$32,000 to run Talbot House in 1970. She worked extremely hard to ensure its fruition, while numerous volunteers and government employees contributed as well.¹³⁸ It was Sister Mary Henry who received credit publicly for the project, however, when she was voted Islander of the Year in 1974 for her work with alcoholics.¹³⁹

Because Sister Mary Henry's role was very public and her confrontations with the provincial government numerous, she is, perhaps, the most obvious proof of the sisters'

¹³⁸It was John Eldon Green who said Sister Mary Henry received \$32,000. As noted above, Sister Mary Henry maintained that Talbot House was run without government funding in its early years. It is difficult to confirm either story for certain because Public Accounts were not itemized in any detail. Nevertheless it is very significant that in 1970 the Alcohol Treatment Program received \$61,058 and \$162,000 in 1971. Some, and perhaps most, of this money may have been going to Talbot House. See Annual Reports, Department of Welfare, 1970 and 1971, p. 10, PEIGSL.

¹³⁹"Kinkora Born Nun Named Islander of the Year" Guardian [1974], SSMA, Series 15, Sub-series 5, "Addiction Foundation".

continued relevance in the post-War era. Despite the shift from privately to publicly funded benevolence, the Sisters of St Martha continued to play a significant role. In 1975, Addictions Services came under the management of the provincial government, but Sister Mary Henry, then 73 years old, continued to be recognized as the founder.

At the same time, Sister Mary Henry represents a split from the main Congregation of the Sisters of St Martha in that the social work she did was not subject to the same regulations and controls as that of the community as a whole. She regularly justified the means whereby she achieved her goals by the real fact of very real social problems. If she could stem alcoholism and its devastating effects on Prince Edward Island families, she did not care whether her way of financing projects was formally approved by the Congregation or by the provincial government.¹⁴⁰

Sister Mary Henry's decision to work the way she did reflects a dynamism always present in the Congregation. As a diocesan congregation from their founding until 1957, the

¹⁴⁰This is clear in how she refused to heed Green's warnings to operate the Addictions Foundation with an appropriate Board of Directors.

sisters had almost no autonomy from the bishop, yet they managed to shape themselves into an effective workforce. Once they obtained greater autonomy by becoming a papal congregation they were more able to serve Islanders effectively while guaranteeing their own relevance in a changing world, at a time when many other congregations were floundering.¹⁴¹

While there is no evidence that Sister Mary Henry ever would have considered leaving the Congregation to accomplish more fully her goals, it is almost certainly true that she could not have had nearly the influence on Island social work had she not been a member of a religious congregation. From the early to mid-20th century, women comprised the vast majority of social work professionals but were barely represented in positions of power or administration. James Struthers addressed the question of why men dominated social work while women comprised two thirds of Canadian social workers, and 84 per cent of professionally trained social

¹⁴¹It is significant that while most religious congregations lost many members in the post- Vatican II era, the Sisters of St Martha's membership remained comparatively stable.

workers.¹⁴² He concluded that "By concentrating so exclusively on the advancement of their occupation in the three decades after World War I, [women] also remained wedded to a social work vision of women's role in society which made their own eclipse by men within the social service sector difficult to manage."¹⁴³ Certainly social work in Prince Edward Island fits Struthers' model: the first field practitioners were women--two Sisters of St Martha--while government administrators were men, including John Eldon Green.

As Prince Edward Island's most visible social work practitioner, Sister Mary Henry did not need to worry that her position of executive director of the Catholic Welfare Bureau would be taken over by a man. Neither did she need

¹⁴²"The Employment of Social Workers in Canada", in The Social Worker, (July-August 1953), cited in Struthers, "Lord Give us Men'", p. 130.

¹⁴³Struthers, "Lord Give us Men'", p.140. Charlotte Whitton is a wonderful example of the phenomenon. In 1941 she was pressured to give up her position to allow a man to take over the administrative position of executive secretary in the Canadian Welfare Council. In the words of her biographers, "Dr. Charlotte Whitton, now in her 46th year, found herself a single woman without a salary, without prospects, without definite plans, and without a pension." Rooke and Schnell, No Bleeding Heart, p.108.

to worry about another job or a pension as long as she remained a member of the Sisters of St Martha. Ultimately, there were few if any ramifications in response to her vocal criticism of government or her administration of the funds she controlled. The Congregation might have been alarmed at her independence, yet there is no evidence of serious reprimand; it would have been particularly difficult to reprimand her given her age and her high profile in the province.

Women social workers had to be single to remain in the workforce but even older unmarried women were overlooked as administrators because they were forever bound by the maternal characteristics that made women good social workers but supposedly bad managers. Even in the post-War era women religious could occupy positions of power that women outside such a congregation could not hold, as Marta Danylewycz argued of women a century earlier.¹⁴⁴

In the decades before World War II, impoverished Canadians were forced to depend on voluntary agencies for relief. In the post-War era, the state took more

¹⁴⁴See Marta Danylewycz, Taking the Veil: An Alternative to Marriage, Motherhood, Spinsterhood, (Montreal, 1987).

responsibility for citizens' welfare. In places where the majority of the population was Roman Catholic, the Roman Catholic Church tried to limit the state's expansion of its authority by demanding public funding for Roman Catholic institutions as well as by gaining control of public institutions. In Prince Edward Island the Sisters of St Martha defended the Church's right to practise social work, particularly for their own flock, and confronted the forces of institutional secularization by improving their academic training in social work, opening a second welfare bureau, closing their orphanage, specializing in childcare and adoptions, and successfully lobbying government for more funding while avoiding controversial projects. They were thus able to continue and even expand their influence upon Island Roman Catholics. The growth and professionalization of the Catholic Family Services Bureau and the Prince County Welfare Agency, in particular, solidified the Sisters of St Martha's control of all the province's Roman Catholic social agencies.

One individual sister, Sister Mary Henry, led the post-World War II diocesan confrontation with the provincial government and continued her work following the approach she

thought best. Although the provincial Department of Social Services, and particularly its deputy minister, John Eldon Green, tried desperately to curtail Sister Mary Henry's activities, both in international adoptions and at the Addictions Foundation, they were not able to stop her until 1975. By then, her accomplishments had earned her an admirable reputation, which in turn contributed a great deal to the general perception that the sisters must remain involved in social work in the post-War era.

CHAPTER 8:

Mother Church or Mother State:

Roman Catholic Social Institutions and the Welfare State

The Sisters of St Martha's institutional work changed a great deal in the post-War era. The 1950s seemed, in many ways, more supportive of religiosity and the denominational ideal than previous decades. The 1960s, however, were characterized by a waning and marginalization of church influence, as government accepted more responsibility for the impoverished. The place of the Church in many Canadians' lives diminished, partly because social services were provided less often by churches than by government departments. On the eve of the end of World War II, the Sisters of St Martha were highly valued as agents who maintained the Roman Catholic social order by administering and staffing social institutions. By 1970, however, after the Diocese's foremost social institution, St Dunstan's

University, closed, and the trend of a decreasing rate of new members to the congregation was clear, the sisters were painfully aware of the falling value of their traditional pursuits. Because various forces of secularization made less impact on Prince Edward Island and the Sisters of St Martha than in most parts of North America, the sisters were able to maintain their influence in social work and in the Charlottetown Hospital into the 1980s. In fact, the Roman Catholic Church was able to negotiate arrangements with the government which guaranteed the continuance of the Roman Catholic influence that the sisters were so crucial in creating, even after they scaled back their work in social institutions.

Canadians yearned for a return to normality after the Depression and World War II and many turned to churches to achieve it. The immediate post-War era witnessed significantly increased church attendance, which led to significant church construction. The United Church, for example, built more than 1500 churches in the post-War generation. Roman Catholicism remained very strong, and, in

fact, the Roman Catholic portion of the Canadian population rose from 40 to 45 per cent between 1931 and 1961.¹

The post-War resurgence in church attendance and even in religiosity was destined not to last. Increased attendance was largely due to population growth associated with the baby boom as well as the immigration of active Roman Catholics.² Furthermore, the 1950s consumer culture which required immediate gratification was too overpowering to compete with the far less appealing self-control and deferred gratification that the Church promoted; the growing culture of narcissism only intensified in the 1960s liberal, "hippy" culture. In Quebec where Roman Catholicism was strongest--88 per cent of Roman Catholics attended church weekly in 1957--control of education, health care, and

¹Nationally, post-War church attendance surpassed 1920s figures which were higher than the 1930s and early 1940s statistics. Roman Catholic attendance had not dipped as markedly in the 1930s as attendance in many Protestant denominations. Immigration and the baby boom accounted for a significant part of the increase in church attendance, particularly among Francophone Roman Catholics. Brian Clarke, "English Speaking Canada from 1854", in Terrence Murphy and Roberto Perin, A Concise History of Christianity in Canada, (Toronto, 1996), pp.355-56.

²Reginald Bibby, Fragmented Gods: the Poverty and Potential of Religion in Canada, (Toronto, 1987), pp.12-13.

virtually every social institution, shifted from Church to government during the Quiet Revolution.³ Other provinces, including Prince Edward Island, had their own versions of the Quiet Revolution.⁴

Mainstream churches in every province were pushed aside in an effort to achieve higher quality, balanced, secular, democratic social services. Beginning in the late 1940s, increased prosperity allowed the federal government to develop a social welfare state, a focus which had been more within the realm and responsibility of the churches in previous generations. In addition to implementing financial assistance programs, the federal and provincial governments assumed more involvement in social institutions, another responsibility which belonged to churches earlier in the century. Thus, although in the 1950s, church construction was widespread and denominationalism was strong, it was not to continue. In Brian Clarke's words, "Throughout the 1950s the network of church centred social institutions continued to insulate the faithful from a society whose public ethos

³Bibby, pp.20-21.

⁴Clarke, "English Speaking Canada", p. 356.

was becoming increasingly secular... [for] Canadian Catholics ... the walls with which they surrounded themselves were about to come down."⁵ Terry Murphy added, "By the 1960s social and cultural changes in Canada were outstripping the church's capacity to adjust."⁶ The Sisters of St Martha were affected significantly by Roman Catholic institutional decline, yet not to the degree of many North American religious congregations.

Sociologists refer to the 1960s process whereby church and religion lost societal influence as "secularization". Reginald Bibby, a sociologist of Canadian religion, summarized the church's post-War position: "...its role is specialized, its influence marginalized, its organizations routinized."⁷

⁵Clarke, "English Speaking Canada", p.359.

⁶Terrence Murphy, "Epilogue", in Concise History of Christianity, p. 361.

⁷Reginald Bibby in "Chapter Four: Secularization and Change", in W.E.Hewitt, ed., The Sociology of Religion: A Canadian Focus, (Toronto: Butterworths, 1993), p. 68. The secularization theory is probably the most debated concept among historians of Canadian religion, but it refers to the period 1860 to 1905 when the Church succumbed to society's influence, and even accommodated it. See David Marshall, Secularizing the Faith: Canadian Protestant Clergy and the Crisis of Belief, 1850-1940, (Toronto, 1992) which argues

The worldwide Roman Catholic Church acknowledged its perceived irrelevance and need for renewal by calling the Second Vatican Council to order in 1962, with the purpose of modernizing the Church. Renewal was the agenda and included major changes in liturgy and church government. The overall spirit became more open and less hierarchal. While the process was both inevitable and healthy, its outcome was somewhat mixed. As Terry Murphy argues, "For some, this process meant a reformulation of traditional beliefs and renewed commitment; for others it brought a lessening of attachment to the church, if not a loss of faith."⁸ The number of Roman Catholics regularly attending church dropped from 83 per cent to 61 per cent between 1965 and 1975 and

that the clergy secularized the church in a long process without clear beginning or end dates. They adjusted the gospel message to suit the times to such a degree that the Church lost its influence on society and instead society influenced the Church. The critics of this thesis, most notably Michael Gauvreau, argue that Marshall gives the clergy too much credit and the laity not enough, and also fails to understand the complexity of the conjuncture of church and society over almost a century. Brian Clarke, "Secularizing the Faith: A Comment", Canadian Society of Church History, Historical Papers, 1994, pp. 201-04.

⁸Murphy, "Epilogue", p. 364.

continued to spiral downward to 43 per cent in 1986,⁹ although Bibby argues that the negative reaction to Vatican II has been exaggerated.¹⁰

Like the wider Church, the Sisters of St Martha experienced much change in the post-War era, beginning in the late 1950s, when they were promoted from diocesan status to papal status, a change which made them far less dependent on, or bound to, the Bishop of Charlottetown.¹¹ Then the number of entrants to the Congregation fell off in the mid-1960s, at the same time that Vatican II recommended

⁹Bibby, Fragmented, p.17.

¹⁰According to Bibby's 1975 Project Canada Survey, 60 per cent of Canadians no longer involved in the Church cited disenchantment with the church as the reason they had stopped attending church. Bibby adds that their disenchantment, however, was not with the changes but with the fact that the changes had not gone far enough. (Bibby, Fragmented, pp. 18-19.) He said the negative impact of Vatican II was grossly exaggerated. (Ibid., p.19).

¹¹The Sisters of St Martha sought "definitive approval by the Holy See" in 1957 and were granted the decree "decretum laudis" in 1960. Most of the archival records surrounding the sisters' promotion to a Congregation of Pontifical Right relate to required changes to their Constitutions. "Legislative (Civil and Canonical) Documents pertaining to Constitutions", Sisters of St Martha Archives [SSMA], Series 6, Box 1. This is a potentially vast topic on which I chose not to elaborate because it was not directly relevant to the sisters' work in social institutions.

religious congregations undergo significant renewal to reflect the changing needs of the world. The directive to reconsider left the Sisters of St Martha and many religious congregations worldwide without a clear purpose for a few years.¹² Furthermore, the closure of the Sisters of St Martha's two pre-eminent social institutions, St Dunstan's University¹³ and the Charlottetown Hospital, in 1968 and 1982 respectively symbolized the Congregation's and the Roman Catholic Church's waning ability to maintain a complete social order.

The simplest explanation for the Roman Catholic withdrawal from social institutions is that it could no longer staff them with members of religious congregations. Such a simple explanation, however, could never suffice for

¹²Patricia Wittberg, The Rise and Fall of Catholic Religious Orders, (New York, 1994), p.226.

¹³I consider the St Dunstan's University one of the sisters' most pre-eminent institutions because it was their first assignment and because they were quite visible there. They worked as domestic servants at St Dunstan's from 1916 until the university closed in 1968. Beginning in the late 1950s Sister Mary Ida Coady started teaching in the Faculty of Education at St Dunstan's and in the following two decades, a few other sisters taught in the university, particularly in the Department of Home Economics. See Sister Mildred MacIsaac et al., Story of the Sisters of St Martha, 1916-1991, (Charlottetown, 1991), p. 19.

such a complex issue. One must consider instead why vocations dropped off in the 1960s.

Patricia Wittberg and Rose Ebaugh have each published excellent studies which discuss the complex issues surrounding the decline of American women's religious orders. Wittberg argues that the history of monasticism has experienced dozens of waves of rises and declines in membership, virtuosity and even financial solvency. Decline can be expected, she says, once a founder dies and her charism becomes much more difficult to emulate, or, ironically, as a large influx of entrants "waters down" the previous generation's influence and spirit. In addition to these examples of internal, or communal, factors, declines in religious life can be spurred by changes in ideology such as those recommended by Vatican II, or environmental factors such as increased career alternatives for women in the secular world.¹⁴ In the post-War era in North America, Wittberg sees the decline of religious life as virtually impossible to overcome. Unlike earlier crises in religious life, in the 1960s and afterward, all three factors,

¹⁴Wittberg, pp.204-5.

communal, environmental, and ideological, worked against religious life.

The documents of Vatican II emphasized the equality of all members of the Church called to a Christian life. This ideology reduced the importance placed on religious life and discarded the belief that only sisters, nuns and monks could reach spiritual perfection. In Wittberg's words, "In one stroke, it nullified the basic ideological foundation for eighteen centuries of Roman Catholic religious life.¹⁵ It also "demoted" sisters to laity, the effect of which is obvious: one need not enter religious life to devote oneself to God, or even to fulfil a religious vocation. New definitions and theories of religious life, including most congregations' decision to discard their habits in favour of secular clothes, left religious life in "ideological limbo", which Wittberg said was a "major causal factor in the decline of religious communities."¹⁶

Sisters' post-War "role ambiguity" and related freedom to define their work, made staffing institutions

¹⁵Wittberg, p.214.

¹⁶Wittberg, pp.226 and 235.

problematic. How could new work be undertaken without giving up traditional work? Furthermore, as women religious moved out of institutional settings where they were highly identifiable members of a group, they lost "corporate visibility" and found it difficult to create and define a new role.¹⁷

The most significant environmental cause of decline in religious life was the rise of alternative opportunities.¹⁸ No longer was the church the only place for women to have meaningful careers, nor was heterosexual marriage the only commonly acceptable social role for working class and most middle class women. Other factors that led to a decline in vocations include the decreased respect for women religious and the loss of institutional channels (most notably schools) as well as a lack of consistent support from Roman Catholic hierarchy, many of whom were concerned that some women religious had become too feminist.¹⁹ Unfortunately, according to Wittberg, "Whereas in previous eras, incipient

¹⁷Wittberg, p.240.

¹⁸Wittberg, p.256.

¹⁹Wittberg, p.264.

religious communities were able to counter clerical hostility by mobilizing lay support, or to neutralize episcopal opposition by enlisting papal support, present groups stand alone and bereft of allies."²⁰

Not only were women religious standing alone, there were fewer of them standing. Due to changes in the Church as well as in society at large, thousands of women left Canadian and American Religious congregations beginning in the 1960s. As Rose Ebaugh has noted, "...some orders were losing members so rapidly that they were virtually going out of existence in the span of a few years."²¹ During the same time few women joined religious orders. Although membership in American orders peaked in 1966 with 181,421 women religious, by 1975 the number fell to 135,225, and by 1980 it was 126,517. Between 1965 and 1990 membership decreased by 43 per cent to just over 100,000.²²

²⁰Wittberg, p.266.

¹⁹Helen Rose Fuchs Ebaugh, Out of the Cloister: A Study of Organizational Dilemmas, (Austin, 1977), p.xxxi.

²²Ebaugh, Out of the Cloister, p.67, and Helen Rose Fuchs Ebaugh, Women and the Vanishing Cloister: Organizational Decline in Catholic Religious Orders in the United States, (New Jersey, 1993), p.49.

The greatest effect of the combination of high rates of exit and low rates of entrance was a steadily increasing median age of the members. In 1966, 17 per cent of sisters in the United States were over 65, a figure which jumped to 38 per cent by 1982. The higher median age had major ramifications for congregations' work. In particular, thousands of North American sisters retired from institutional work. The percentage of women religious teaching in US schools, for example, decreased by 71 per cent from 1965 to 1985.²³ Membership in Canadian religious orders also fell drastically following Vatican II. Between 1967 and 1976 the number of sisters fell nationally by 33.5 per cent, from 61,942 to 41,145. ²⁴

Membership in the Sisters of St Martha paralleled the North American high in the mid 1960s; in 1966 the Congregation peaked with 166 sisters. Because they did not suffer as much from an exodus of members as most orders did, the North American generalizations regarding falling

²³Ebaugh, Women in the Vanishing Cloister, p.81.

²⁴Murphy, "Epilogue", p.362.

membership do not apply to them.²⁵ In fact, from the founding of the Congregation until 1996 the order lost only 18 women from dispensations.²⁶ Neither did the Sisters of St Martha suffer from the same significant decrease in entrants as most North American congregations. Between 1965 and 1975 13 women entered the Congregation, a far higher rate proportionately than entered American congregations on average. Even though only eight stayed two years or more, having any entrants in the decade after Vatican II was rare.

The number of new entrants in six years periods is as follows in the post-War era:

²⁵"Card File of All Applicants", SSMA, Series 10; and "Sisters' Ministries" 1950-1990, SSMA, Series 3, Sub-series 4, #1.

²⁶"Chapter Minutes", 1921-1996, SSMA, Series 1, Box, 5, Sub-series 5, #4. A dispensation refers to permission to leave the congregation after final vows have been taken. Many women left the Congregation before final vows were taken and are not included in these figures.

Table 22: Entrants and "Losses", 1951-75

Year	Entrants	Number Leaving*	Deaths	Change
1951-55	48	4	4	+40
1955-60	44	3	0	+41
1961-65	28	18	1	+9
1966-70	7	5	6	-4
1971-75	3	6	8	-11

Source: "Card File of All Applicants", SSMA, Series 10.

*The number leaving includes those entrants who did not stay long enough to profess vows as well as those who left after being members for many years.

The number of entrants to the Sisters of St Martha dropped sharply from 102 in the period 1950 to 1959, to 35 between 1960 and 1969. In fact, in 1959 the Sisters of St Martha received 16 entrants, five of whom left before attaining final vows, while in 1960 only four entered, one of whom left within two years.²⁷ The 65 per cent decrease, however, is more a reflection of the changing concerns of 18 to 22 year-old Island women during the turbulent 1960s than

²⁷The trend of decreased entrants was fairly consistent from 1959 onward with the exception of the year 1963 which saw 13 entrants, only four of whom stayed long enough to profess final vows.

Religious congregations have long argued that the number of vocations, or people called to religious life, has not changed in the last century but that those "chosen", are deciding against accepting their calling.

a reflection of the waning devotion of the wider Roman Catholic Church membership.²⁸

Due to the low number of postulants, the average age of members of the Sisters of St Martha began to rise in the late 1960s. Whereas 44 per cent of the Congregation was under the age of 40 in 1964, only 16.7 per cent were less than 40 years of age a decade later. Similarly the proportion of sisters over sixty grew from 20 per cent in 1964 to 33 per cent in 1974. The bulk of the Congregation remained in the 40 to 60 year old age category. In fact, one half the Congregation was aged 40 to 60 by 1972. Because entrants were still trickling in, the rise in average age was not as stark as in many North American congregations.

²⁸Later in this chapter I will offer evidence that the Roman Catholic Church has maintained a strong influence in Prince Edward Island through the 1980s.

Table 23: Age of Members, 1964-1975

1964	<40	40-60	>60	total Members
1964	44%	35%	20%	159
1967	36%	40%	24%	160
1969	30%	44%	26%	155
1971	22.5%	48%	27.5%	152
1973	18.4%	49.6%	30.1%	136
1975	16.7%	50.8%	32.6%	132

Source: Center for Applied Research in the Apostolate, "Personnel Projections to the Year 2003, Sisters of St Martha, Canada, (Draft)", pp.10-11, SSMA, Series 1, Box 7, Sub-series 7, #10.²⁹

In addition to shifts within the Congregation due to a falling number of entrants and related rising average age of members, the Sisters of St Martha were also affected by changes in Roman Catholic institutions. In 1964 and 1965, the provincial government commissioned studies which recommended that the Roman Catholic Church's two most prized social institutions amalgamate. St Dunstan's, the private post-secondary institution, had been the most valued Prince Edward Island Roman Catholic social institution since 1831

²⁹Congregation archives contain reports and subscriptions from CARA (Center for Applied Research in the Apostolate, Washington, DC), including Forums for Religious dated from the 1970s, which discuss declining membership and the concern for planning for retirement with minimal income. SSMA, Series 1, Box 7, Sub-series 7, #10

largely because of its success in attracting male vocations to the priesthood. It nevertheless accepted the advice of the 1964 Royal Commission on Higher Education to amalgamate with the public college, conferred its last degrees in 1968, and transferred some of its faculty and staff to the new provincial university which opened in 1968. The second institution, the Charlottetown Hospital, served more Roman Catholics than any other social institution and had high degrees of respect and visibility. A 1965 report directed at the Charlottetown Hospital and the Prince Edward Island Hospital, which was commonly known as the Protestant hospital, also recommended amalgamation of the denominational institutions. Because of the bitterness created by the closure of the denominational post-secondary institution, and more important, the panic that the Roman Catholic moral code would not be recognized in a new hospital, the hospital avoided amalgamation for two decades; the waning of the Roman Catholic social order in Prince Edward Island was slow.

The Charlottetown Hospital, and to a much lesser degree, St Dunstan's University, were dependent on the Sisters of St Martha for daily operation, yet the Roman

Catholic Diocese excluded the sisters from negotiations regarding the closure of St Dunstan's and left them to deal with the full brunt of public, Roman Catholic criticism regarding the hospital closure. In the case of both closures the Church negotiated deals with the provincial government which protected the rights of Roman Catholics.

Prince Edward Island's two post secondary institutions had roots in the 1830s but offered distinct and separate courses of instruction.³⁰ The private, Roman Catholic, St Dunstan's achieved university status in 1917 and conferred its own degrees beginning in 1942, but its quality of education continued to be questioned throughout the 20th century.³¹

³⁰The Royal Commission on Higher Education followed an extensive reorganization of district schools into consolidated schools based in five units. See Satadal Dasgupta, "The Island in Transition: A Statistical Overview", in Verner Smitheram et al., eds., The Garden Transformed, (Charlottetown, 1982).

³¹The Carnegie Corporation reported in 1922, for example, that St Dunstan's was grossly lacking in quality resources, both human and economic. K.C.M.Sill and W.S.Learned described St Dunstan's in the Carnegie report: The classrooms and recreation rooms are bare of equipment. There is no scientific apparatus of any description for any purpose. There is a small library (5000 to 6000 volumes) that appears to be used only by the priests. Aside from a brief

More so than many Canadian universities, St Dunstan's had always struggled to remain afloat financially. Along with having few endowments, the Roman Catholic university did not have access to public funding until 1951 because it was a private denominational institution.³² Prince of Wales College, on the other hand, came under government control in 1879, received public funding for capital and operating

commercial course for a score of boys, classics and mathematics are the staple subjects, succeeded by a course in scholastic philosophy. The college has never given its own degree, tho' recently empowered to do so by the legislature, and it does not intend to do so in the immediate future. Its candidates have taken examinations and degrees of Laval University in Quebec. About 30 per cent of the graduates become priests.... It is the Chief English-speaking Catholic school in Eastern Canada after St. Francis Xavier.

William S. Learned and Kenneth C.M. Sills, Education in the Maritime Provinces of Canada, (New York: The Carnegie Foundation, 1922, 27-28), in Laurence K. Shook, Catholic Post-Secondary Education in English-Speaking Canada: A History, (Toronto, 1971), p. 47. Although admittedly, this passage refers to the 1920s, St Dunstan's continued to lack a library and other basic amenities, until 1951, when they received their first public funding.

³²Prince of Wales students could only attain their first two years of a university degree, however, and many went off Island to finish their bachelor degrees. Mary Olga McKenna, "Higher Education in Transition", in Verner Smitheram et al., eds., The Garden Transformed, p. 209.

costs thereafter, and gained a reputation as a fine junior college.³³

Until about 1960, according to Olga McKenna, the two schools' "distinctive, but complementary philosophies shaped the two institutions of higher education and provided a rationale for their separate identities."³⁴ Their parallel philosophies and courses of instruction also provided a justification for government to stay out of long term planning for higher education in Prince Edward Island.

Canadian universities were funded to various degrees by provincial governments, endowments, and tuition fees until World War II, at which time enrollments in Canadian universities skyrocketed. Large numbers of veterans seeking retraining, and a larger proportion of men and women in the general population, registered for various degree programs in the immediate post-War era. Nationally, the number of students rose from 38,000 in 1944-45 to over 80,000 in 1947-

³³Many students who continued from Prince of Wales did their junior and senior years of their bachelor's degrees at Mt. Allison. See McKenna, "Higher Education", p. 207, and Frank MacKinnon, Church Politics and Education in Canada: The Prince Edward Island Experience, (Calgary, 1995), pp.57-58.

³⁴McKenna, "Higher Education", p.208.

48.³⁵ The federal government's sponsorship of veterans' university expenses according to the terms of the Veterans' Rehabilitation Act temporarily helped to solve most universities' financial problems. On behalf of veterans, the federal government paid \$33 million for their university fees, at a time when the cost per student, on average, totalled approximately \$1,100 a year in 1954.³⁶ Veterans' enrollment, and consequently the federal government's university funding for veterans, peaked in 1946-47 with total funding of \$37 million. In the final year of the program, 1950-51, supplementary grants fell to nine million dollars. Once most veterans finished their programs, universities returned to a scarcity of government funding.³⁷

³⁵Paul Axelrod, Scholars and Dollars: Politics, Economies, and the Universities of Ontario, 1945-1980 (Toronto, 1982), p. 44.

³⁶Eighteen million dollars was allotted to universities as grants based on \$150 per veteran per academic year, while \$90 million was granted for their living expenses. See Willson Woodside, The University Question: Who Should Go? Who Should Pay?, (Toronto, 1958), pp.155-56. The program was offered for 10 years partly to include veterans of the Korean War. Woodside, p. 47. There were significant differences in cost according to the program of study, with Medicine being the highest and Arts the lowest.

³⁷Woodside, The University Question, pp.155-56.

Although not nearly to the extent of American universities, there were some fortunate Canadian universities which received significant private endowments. McGill's endowment of \$42 million amounted to almost \$7000 per student while Bishop's University endowments totalled almost 2.5 million in 1956, or \$8275 per student. In the Maritimes, Dalhousie's endowments equalled \$4425 per student, Mt. Allison's equalled \$2250 per student, and the University of New Brunswick's \$1,125 per student.³⁸ Most of the small Roman Catholic universities, the majority of which were in the Maritimes, had no endowments whatsoever.³⁹

Beginning in 1951, with escalating costs and enrollments, and in response to the Massey Commission Report's recommendations, the federal government instituted grants to the provinces to be used in post secondary education. The president of Dalhousie referred to the grants, which were based on \$0.50 per capita of the

³⁸Appendix "Endowment of Canadian Universities", Woodside, p.173.

³⁹Woodside, The University Question, p.164.

provincial populations,⁴⁰ as "the most inequitable to be found anywhere in the British Commonwealth."⁴¹ Each province was asked to divide the funding proportionate to the number of full time students. Provinces with the lowest proportion of students received the most money per student because the funds were based on provincial populations rather than on a per student basis. Newfoundland had the lowest ratio of students to general population at 1:966 with Prince Edward Island second at 1:369. Nova Scotia, with its seven universities and a relatively high out of province university population, had the lowest at 1:183. The federal grants per student in 1953-54 worked out to \$477 for Newfoundland, \$209 for Prince Edward Island, and \$89 for Nova Scotia.⁴²

⁴⁰David Stager, "Federal Government Grants to Canadian Universities, 1951-66", Canadian Historical Review, 54:3, (September, 1973), pp.287-88.

⁴¹University administrators were unhappy with the formula because "... the per capita formula for distributing the funds would produce quite different grants for particular universities than would the student formula." Woodside, p.156.

⁴²Woodside, The University Question, p.156.

The federal grants were administered by provincial governments because education remained a provincial responsibility under the terms of Confederation. In most cases, provincial universities, of which there were seven in Canada in the 1950s, received such funding, although some private universities and colleges did as well. In 1953-54, New Brunswick, for example, gave a subsidy of \$550 per student to its provincial university, the University of New Brunswick, but only token amounts of \$100 per student to Mt Allison, the United Church university, and the four Roman Catholic universities. Because each western province had only one university in the immediate post-War era, funding was simpler and ranged between \$430 and \$600 per student annually.⁴³

Prince Edward Island's post secondary funding was exceptional until the mid-1950s. It was the only province with more than one post-secondary institution, one private and one public, that funded the public institution only. St Dunstan's, a private university, received no government funding before the implementation of federal grants in 1951.

⁴³Woodside, The University Question, p.154.

Prince Edward Island was further exceptional because the post-secondary institution it did not fund was, in fact, the only one with university status. In other words, the provincial government did not give any funding to the province's only university but it did fund its public, junior college, Prince of Wales.⁴⁴ Needless to say, the federal government grants instituted in 1951 were a long awaited and much appreciated financial help to St Dunstan's.

When St Dunstan's finally benefited from government funding through the federal grant of 1951 and through Canada Council Capital grants starting in 1957, the funding was used to expand and renovate the campus facilities. Between 1950 and 1963 the university built a new chapel, dining room, hall, heating plant, gymnasium, women's residence, and a library.⁴⁵ St Dunstan's prospects were further improved in 1957 when they were permitted to operate a normal school.⁴⁶ Prince of Wales' supporters were very angry that

⁴⁴Woodside, The University Question, p.154.

⁴⁵G.Edward MacDonald, "'And Christ Dwelt in the Heart of His House': A History of St. Dunstan's University, 1855-1955", (PhD dissertation, Queens University, 1984), pp.495-97.

⁴⁶MacDonald, "'And Christ Dwelt'", p.524.

St Dunstan's was given such permission, however; the tacit understanding between the unofficially Protestant and officially Roman Catholic institutions had always been that while Prince of Wales could not grant university degrees, it could prepare teachers for provincial licences. It had been some consolation for Prince of Wales that the reverse was true for St Dunstan's.⁴⁷ But, when St Dunstan's suddenly received funding and permission to provide teacher-training, Prince of Wales supporters were very upset that the balance had been tipped in St Dunstan's favour.⁴⁸

Largely to even the score, Prince of Wales demanded degree-granting status and achieved it in 1964. Its implementation, however, was interrupted by the appointment and recommendations of the Royal Commission on Higher Education. In the summer of 1964 a Royal Commission on Higher Education began to study Prince Edward Island's resources and requirements in its two post-secondary institutions.

⁴⁷McKenna, "Higher Education", p.209.

⁴⁸MacDonald, "'And Christ Dwelt'", p.524.

Both Prince Edward Island post secondary institutions' enrollments expanded in the 1960s. Long overdue school consolidation in the late 1950s resulted in a total of 14 regional high schools by 1963. The increased number of high school graduates led to higher university enrollments and expanded programs which, in turn, led the post secondary institutions to request more funding from government.⁴⁹ According to Olga McKenna, both government and university and college administrators knew the province could not afford to fund two universities. A Royal Commission was set up, in McKenna's words,

to provide a forum for discussion - an approach, it was hoped, that would lead to responsible, co-operative planning by both government and institutions. Instead, four years of politicking were to elapse before the government unilaterally issued its contentious policy statement on post secondary education.⁵⁰

In 1968, when the statement was released, it became engulfed by the Development Plan, a very ambitious 15 year, \$755 million program which included "social development" of the

⁴⁹McKenna, "Higher Education", pp.208-10.

⁵⁰McKenna, "Higher Education", p.210.

province.⁵¹ The Development Plan provided the means for real changes in higher education. Accordingly, The commission advocated, most notably, that the boards of governors at St Dunstan's and Prince of Wales, supported by the province, consider federation.⁵² An interdenominational group of ten lay people surpassed the commission's goals and pushed for full amalgamation in 1965.⁵³ Either federation or amalgamation may seem terribly obvious for such a small province, yet similar private, denominational Maritime

⁵¹Federal and provincial governments coordinated economic development through the Federal-Provincial Rural Development Agreement (1965-70). In Prince Edward Island this program led to the very ambitious, and very expensive Development Plan. See Donald Nemetz, "Managing Development", in Verner Smitheram et al., eds., The Garden Transformed: Prince Edward Island, 1945-1980, (Charlottetown, 1982), p. 155, and McKenna, "Higher Education", p. 203.

⁵²McKenna, "Higher Education", p.210.

⁵³In L.K.Shook's words, "Unpleasantness followed the royal commission's report because it was thought to have produced a stalemate. During February 1965, a private report was issued by a 'group of ten' Protestant and Roman Catholic citizens, including some St Dunstan's professors and notably John Eldon Green. Their report called for a forthright one-university solution in which the names St. Dunstan's and Prince of Wales would disappear and in which religious difference could be taken for granted." Globe and Mail, 27 February 1965, cited in Shook, Catholic Post-Secondary, p.54.

universities such as Mt. Allison, St Francis Xavier, Mount St Vincent, St Mary's and St Thomas, refused to surrender their denominational status and demanded continued funding equal to that of public institutions.⁵⁴

The Premier of Prince Edward Island said he hesitated to force union and explained, "If either wished to continue its existence as a private institution, utilizing its own financial resources, the government certainly will not interfere. But let one thing be clear: the Government will support financially, with all the funds at its disposal, only a single public university in Prince Edward Island."⁵⁵

Because St Dunstan's was the only institution in Prince Edward Island willing to join a provincial university in 1964, it was likely to reap financial rewards while Prince of Wales risked slipping backwards from a publicly funded to privately funded institution if its administration continued to disagree with government. While it seems unusual that St

⁵⁴For more information on St Francis Xavier and Mt. Allison respectively, see James D. Cameron, For the People: A History of St. Francis Xavier University, (Montreal, 1996), pp. 360-382, and John G. Reid, The History of Mount Allison, 1837-1989, (Jolicure, 1989), pp.220-281. Both institutions were affected by laicization in the 1960s.

⁵⁵MacKinnon, Church Politics, p.213.

Dunstan's agreed to the amalgamation, the institution had been decreasing its emphasis on Catholicity in its last decade in an effort to become the provincial university rather than a private university. St Dunstan's thus expanded its curriculum, hired several lay professors, cut ties with the Diocese and received applications from many more Protestant students.⁵⁶ Their efforts to become the provincial university while maintaining a Roman Catholic influence, however, had not worked. Yet, Prince of Wales' refusal to cooperate with the amalgamation offered St Dunstan's administration more time to ensure priest and sister-professors would be hired by the new institution and that a religious studies department, formerly theology, would be part of the new university. Thus the Roman Catholic Church secured key remnants of St Dunstan's in the new university.

It was not realistic for Prince of Wales to operate without government funding, so instead, with a great deal of hesitation, they agreed to amalgamation. In the process,

⁵⁶MacDonald, "'And Christ Dwelt'", p.527. MacDonald does not explain what he meant by "cut ties with the Diocese".

Prince of Wales' president quit in outrage over being forced to surrender the college to what he believed would be a Roman Catholic dominated, far inferior, provincial university.⁵⁷

That president, Frank MacKinnon, wrote a bitter and scathing account of the process of amalgamation three decades later. Referring to Premier Alexander Campbell's support for a single university which he pledged to the Legislature on 1 April 1968, MacKinnon commented, "Then and in the following months, his government gave the Roman Catholic Church everything it wanted and more. It let the Bishop's wishes and St Dunstan's standards push Prince of Wales and its much higher standards right out of the subsequent politics and into oblivion."⁵⁸ If MacKinnon is correct, the Roman Catholic social order was not significantly affected by the amalgamation but rather continued in a new fashion as University Prince Edward Island was moulded to the Bishop's wishes.

⁵⁷McKenna, "Higher Education", p.214.

⁵⁸MacKinnon, Church Politics, p.110.

The Roman Catholic Church acted offensively regarding the amalgamation, realizing that the sooner the Roman Catholic Church cooperated, the sooner St Dunstan's faculty, and especially priest and sister-professors, could be assured teaching positions in the new university.⁵⁹ Once St Dunstan's secured the offensive position, Prince of Wales was forced to accept the defensive position which they did with a considerable lack of grace, although perhaps there was no graceful alternative in their defensive position.⁶⁰

In addition to several priest professors, five Sisters of St Martha taught at University Prince Edward Island in 1969-1970.⁶¹ Three sisters taught in the Department of Home

⁵⁹Part of the government's proposal for amalgamation, an integral one for the Bishop, undoubtedly, included accepting clergy-professors at the new university. The statement of acceptance was prompted by PWC's concern about priest-professors being inappropriate in a non-denominational institution, to which the newly appointed University Prince Edward Island administration responded, "'that staffing positions be open to all qualified persons, whether lay or clerical, and that no qualified person will be excluded or treated prejudicially because of circumstances of race, creed, sex, or religious commitment.'" McKenna, "Higher Education", p.217.

⁶⁰McKenna, "Higher Education", p.217.

⁶¹The appointment of these sisters to the faculty of St Dunstan's certainly marks the pinnacle of the sisters' professional transition. The transition warrants further

Economics, one taught in Education, and one taught in religious studies. Two of these sisters, Sister Bernice Cullen and Sister Irene Burge, made a relatively permanent transition to University Prince Edward Island. Sister Mary Wisener worked for many years as a secretary in the Registrar's office. No other Sisters of St Martha worked at University Prince Edward Island after 1970.

The sisters' work in domestic service at St Dunstan's did not survive the amalgamation. They were only employed by University Prince Edward Island to ease the transition to the new university, which was located on the former St Dunstan's campus. The explanation for not employing menial sisters for the long term⁶² has always been that the public funded institution could pay its own domestic staff. Yet

study which I hope to pursue as part of a future project.

⁶²I am very grateful to Margaret Leahey, the Director of Human Resources at University Prince Edward Island, who compiled these figures from payroll and human resource records. Correspondence with Leahey, 15 February-16 March 1999.

In recent correspondence, G. Edward MacDonald (Island Institute, University Prince Edward Island) noted that neither the Diocese nor the College formally thanked the sisters, "apparently they just packed up and left without so much as a handshake." Correspondence with Edward MacDonald, 5 February 1999.

surely everyone agreed that the Sisters of St Martha had been more than just a cheap source of labour at the college. Referring to the mid-1940s, Edward MacDonald described the sisters: "Together, they are cook, maid, laundress, gardener, seamstress, and nurse to the campus community.... Their duties are performed with such quiet circumspection that their sacrifices and privations go largely unnoticed."⁶³ In addition to the very important practical labour they provided, the sisters also served in a priceless way as a moral, Christian presence, and in the hours of prayer they offered on behalf of the students and staff at St Dunstan's.

Why, then, did the Bishop fail to ensure a greater role for the sisters in the new institution? While no records exist on why the Bishop acted as he did, it seems that he acted in response to institutional secularization and laicization. The Bishop chose his battles carefully; he prioritized Roman Catholic influence by ensuring priests and sister-professors would remain on the faculty. The new university should be able to tolerate religious

⁶³MacDonald, "'And Christ Dwelt'", p.458.

professionals, but it was doubtful that institutional secularization and ecumenicism would stand for sister-servants. Transferring the servant-sisters to University Prince Edward Island was never considered and no one would have expected it.⁶⁴

St Dunstan's was not the only Roman Catholic institution which faced pressure to integrate into a public institution. At the same time that St Dunstan's received the recommendation to amalgamate with its Protestant equivalent, so too did the provincial Roman Catholic referral hospital face pressure to merge with the Protestant hospital. Government had become more interested in hospitals since they had started funding them. National health insurance, introduced in 1957 and accepted by all provinces by 1961,⁶⁵ paid hospitals, even denominational ones, the per diem rate for patient fees. Roman Catholic hospitals were

⁶⁴G. Edward MacDonald has commented that, "It is interesting and revealing ... that it was easier for the powers that be to recognize that a priest could also be a professor in equal measure, but a nun apparently could not be separated from her association with religion. I think I catch a whiff of chauvinism." Correspondence from Edward MacDonald to Heidi MacDonald, 5 February 1999.

⁶⁵Lee Soderstrom, The Canadian Health System, (London, 1978), p. 127.

wary of any state intervention because it could eventually interfere with the protection of Church morals. Thus the Roman Catholic Church in Prince Edward Island reacted much more vigorously to the recommendation that their hospital integrate with the Protestant hospital than they had to university amalgamation.

Roman Catholic hospitals in Canada continued to follow a moral code separate from public hospitals or Protestant hospitals. The founder of the Roman Catholic Hospital Association, Reverend Charles Moulinier, SJ, wrote the first formal code of ethics in 1919, which dealt largely with surgical and obstetrical matters; the code was revised in 1954.⁶⁶ These codes of ethics were very relevant to any revisions to hospital administration. Like the Sisters of St Martha themselves, Roman Catholic hospital associations on the one hand welcomed increased funding, but on the other hand, refused to give up any administrative control for fear the special Roman Catholic code of ethics would not be

⁶⁶Over the years ethical interpretations changed and in 1954 a new moral code was published by the Roman Catholic Hospital Association of Canada. Some dioceses preferred to write their own or adopt a different code. G Harvey Agnew, Canadian Hospitals, 1920 to 1970: A Dramatic Half Century, (Toronto, 1974), p.140.

respected.⁶⁷ Nevertheless, the rising costs of hospital care, the inability of many Roman Catholics to meet these costs, and the growing expectation of the state to take responsibility for social welfare forced the Roman Catholic Church to contend with national hospital insurance.

According to the terms of Confederation, and reiterated by the Rowell-Sirois Commission in 1937, health care was a provincial responsibility.⁶⁸ As outlined in the previous chapter regarding social welfare and earlier in this chapter regarding education, however, the provinces were financially unable to administer health systems to which post-War Canadians believed they were entitled. Thus private rather than public hospitals served the vast majority of Canadians who were hospitalized before the late 1950s, even though many Canadians were unable to pay hospitals' per diem costs. In the first half of the 20th century, some provinces made

⁶⁷Agnew, Canadian Hospitals, p.141.

⁶⁸Rita Lindenfield, "Hospital Insurance in Canada: An Example of Federal-Provincial Relations", in Carl Meilicke and Janet Storch, eds., Perspectives on Canadian Health and Social Services, (Michigan, 1980), pp.166-167. Some Tuberculosis sanatoriums, mental hospitals, and public health services such as immunization were federally funded but standard hospitals continued to be run on patient fees.

attempts to pay the costs of health care for the unemployed and wards of the state,⁶⁹ while administrators, such as the Sisters of St Martha, absorbed the costs of non-paying patients. Insurance programs such as Blue Cross and Maritime Medical were also available to Canadians who could afford it by the mid-1940s.⁷⁰

As noted in the previous chapter, post-War reconstruction, which started even before the War ended, advocated more state responsibility for Canadians' social needs.⁷¹ Health insurance was a major recommendation in the Marsh Report in 1942 and at the Federal-Provincial Conference in 1946 the federal government offered to pay 60 per cent of a national health insurance program.⁷²

In Prince Edward Island mere rumours of national health insurance alarmed the Bishop in 1944. Bishop

⁶⁹Sylva Gelber, "The Path to Health Insurance", in Meilicke and Storch, eds., Perspectives, (Michigan, 1980), pp.156-159.

⁷⁰Eugene Vayda and Raisa Deber, "The Canadian Health Care System: A Developmental Overview", in Raymond Blake and Jeff Keshen, eds., Social Welfare Policy in Canada: Historical Readings, (Toronto, 1995), pp.314-5.

⁷¹Lindenfield, "Hospital Insurance", p.167.

⁷²Lindenfield, "Hospital Insurance", p. 167.

J.A.O'Sullivan presented the official stance of the Diocese of Charlottetown in a statement to the Catholic Hospital Council of Canada which began "1. State medicine, which implies ownership and operation of all Hospitals is condemned."⁷³ O'Sullivan's statement continued with several points urging that the rights of voluntary hospitals to administer themselves be guaranteed at the same time that they receive funding at the same rate as public hospitals. The formula the Bishop requested was very similar to much older provincial school acts in New Brunswick and Newfoundland and to the more recent post secondary education funding. Bishop O'Sullivan's statement recommended various means through which the rights of Canadian health care could be safeguarded, including the founding of legally recognized associations of Roman Catholic nurses, doctors, and hospitals. Ever in favour of episcopal authority, O'Sullivan ended his statement with the clear directive that "No articles should be published and no public addresses should be made in the name of the Roman Catholic Hospital

⁷³J.A.O'Sullivan, "Statement of Principals by the Joint Episcopal Committee on Hospitals to Guide the Catholic Hospital Council of Canada", 11 January 1944, Roman Catholic Diocese of Charlottetown Archives [RCDA], "O'Sullivan".

Council of Canada in regard to health insurance without consultation with the Episcopal Committee.⁷⁴

O'Sullivan's strong reaction to health insurance which could lead to state control might have been anticipated given his preference for centralized, episcopal authority. One may have assumed, however, that his successor, James Boyle, who became Bishop of Charlottetown in 1944, as a leader in the co-operative movement in Antigonish, might have been more in favour of national health insurance. This was not the case.⁷⁵ This commitment of Boyle's was nowhere in evidence regarding his suspicious attitude toward national health care insurance. Boyle, like the Canadian Roman Catholic Church in general, clearly feared socialism would weaken Canadian Roman Catholicism and believed that

⁷⁴O'Sullivan, "Statement of Principles", RCDA, "O'Sullivan".

⁷⁵When Dr. Moses Coady eulogized Bishop Boyle, his colleague in the Antigonish movement, he noted that among Boyle's greatest achievements was his work with the fishermen of Havre Boucher whom he motivated for "scientific prospecting in the fascinating field of ideas and opportunities." Coady explained Boyle's efficacy: "With quiet resolute courage [Boyle] opposed outmoded and reactionary ideas, irrespective of place and prestige of those who advocated them." "Prince Edward Island Bishop Praised as Scholar, Social Leader, Churchman" by Dr.M.M.Coady, [1954], p. 2, RCDA, "Boyle".

the protection of Roman Catholic morality through church control of health was more important than quality of health care. He warned in 1944, "But if the national health Insurance plan becomes effective, let no one imagine that the government will be a Santa Claus. The people will have to pay the bill."⁷⁶ He continued, writing that the advocates of national health insurance wrongly argued their scheme was inevitable because the voluntary (user pay) system had failed. He summarized: "In other words the voluntary system has failed and therefore must be supplanted by compulsion."⁷⁷ Boyle was clearly wary of a health care system controlled by the state and associated such a system with communist-socialist Europe. He ended one speech with the following:

"I am taking a view of the larger picture. I refuse absolutely to believe that democracy has become obsolete and is an obstacle to human happiness and human progress. That is what we are told today from many lands, in many tongues, by voices to which many listen. That is what we are fighting against. That is the very thing that has bedevilled Europe. Everybody thought that he had a right to prey on the public purse

⁷⁶Untitled, [1940s], p.1, RCDA, "Bishop Boyle".

⁷⁷Ibid., p. 3, RCDA, "Bishop Boyle".

and to eat out of the public trough. The consequence was mental and moral decadence.⁷⁸

This kind of linking of social insurance, medical or otherwise, with socialism was common in the early to mid-20th century. Stephen Kunitz, who compared the American and Canadian experiences with social insurance policy, wrote: "The connection between pressure for social insurance and socialism--or the fear of socialism--has been obvious for a century, ever since Bismark's reforms which were aimed at drawing the teeth of the German socialists."⁷⁹ Kunitz argued further that it was the fear of socialism and the corresponding lack of socialist party success that led to the United States' failure to ever fully implement national health insurance.⁸⁰ In Saskatchewan, the province most

⁷⁸Ibid., p. 4, RCDA, "Bishop Boyle".

⁷⁹H.E.Sigerist, "From Bismark to Beveridge: Development and Trends in Social Security legislation" Bulletin of the History of Medicine, 13 (1943), pp. 365-88 cited in Stephen J. Kunitz, "Socialism and Social Insurance in the US and Canada", in C. David Naylor, ed., Canadian Health Care and the State, (Montreal, 1992), p.107.

⁸⁰Kunitz goes on to argue that it was the success of the Canadian Commonwealth Federation that allowed for the passage of national health insurance in Canada, but this is exaggerated. Premier Frost of Ontario was a strong supporter of health insurance yet surely it could not have been because he feared a Canadian Commonwealth Federation

supportive of socialism and the first to introduce health insurance, Nelson Wiseman argues that the province had to contend with serious opposition from the Roman Catholic Church. In 1934 the Archbishop of Regina, backed by a papal encyclical on the same topic, "attack[ed] socialism as contrary to the Catholic faith...."⁸¹ The Roman Catholic Church revised its policy in 1943 when it publicly supported cooperatives and told its members they could vote for any party that was not communist. Wiseman attributes the victory of the Saskatchewan Canadian Commonwealth Federation in 1944 to the Roman Catholic church's influence.⁸²

revolution! (In particular, Frost favoured state run health insurance over a Canadian Medical Association plan or other private insurance plans. See C. David Naylor, Private Practice, Public Payment: Canadian Medicine and the Politics of Health Insurance, 1911-1966, (Kingston and Montreal, 1986), p.164. Crucial support for health insurance also came from Quebec, a province which has never elected a CCF or NDP member to the National Assembly. See Kunitz, pp.114-116..

⁸¹Nelson Wiseman, "The Pattern of Prairie Politics", in R. Douglas Francis and Howard Palmer, eds., The Prairie West: Historical Readings, 2nd ed., (Edmonton, 1992), p.651. Wiseman argues that the success of socialism in Saskatchewan, and the CCF in particular, is largely attributable to being "British-led and ideologically British-based... its cultural acceptability made it difficult to attack as alien." (Ibid.)

⁸²Wiseman, "The Pattern", p.654.

The Diocese of Charlottetown held an official policy against national health care insurance and in support of the contemporary voluntary system.⁸³ Government was welcome to make additional grants to hospitals but not to interfere with any administration. The Church feared that not requiring Roman Catholics to be responsible for the financial running of their hospital would lead to decreased dedication to their faith.⁸⁴

Because the sisters were expected to balance the Charlottetown Hospital budget despite up to 40 per cent of patients not paying their bills,⁸⁵ the guarantee that all bills would be paid by health insurance was highly propitious for the Sisters of St Martha, though not conclusively so. Although it eased the financial struggle of running a hospital, national health insurance was, in many

⁸³O'Sullivan, "Statement of Principles", RCDA, "Bishop O'Sullivan".

⁸⁴Bishop MacEachern, Pastoral Letter, 12 February 1961, p. 1, RCDA, "Bishop MacEachern". In this letter the Bishop appealed to the Roman Catholic population to pay their outstanding hospital bills two years after hospital insurance was in effect. It strikes me that he longed for Roman Catholics' dependency on the church rather than on the government.

⁸⁵See Chapter 5.

ways, the beginning of the end of denominational hospitals in Prince Edward Island, a side effect of which was that the sisters lost their grip on denominational social institutions, gave up a significant indirect source of vocations, and were affected by the weakening of the Roman Catholic social order in other ways as well. When enough money became available to pay standard nurses' wages, the demand for women religious' virtually unpaid labour decreased. Moreover, decreasing congregational membership in the 1970s meant that the sisters were in a poor position to maintain rapidly rising health care standards in their most demanding institutions.

Despite the Roman Catholic Church's warning and hesitancy, changes in public funding for health care, and specifically hospitals, were great in the two decades after World War II. Immediately after the War, the federal government agreed to share capital costs with specific, individual hospitals which qualified for renovations or expansions. In 1958 the government paid the provinces approximately 50 per cent of the cost of hospital care through the Hospital Services and Diagnostic Services Act. Then in 1968 the federal government instituted fully funded

medical care.⁸⁶ Whereas many other provinces, most notably Saskatchewan, British Columbia, and Ontario, preceded the federal government in implementing health care insurance or assistance, the Prince Edward Island government was far too cash strapped to consider such assistance. Thus the three major federal health care initiatives--post-War hospital construction grants, national health insurance, and medicare--each had a very significant impact on Prince Edward Island.

⁸⁶For a comprehensive explanation of how politics and the medical profession drove the implementation of national health insurance see, C. David Naylor, Private Practice, Public Payment: Canadian Medicine and the Politics of Health Insurance (Montreal and Kingston, 1986). For an overview of some of the studies arguing the necessity of equitable national health insurance see Robin Badgley and Samuel Wolfe, "Equity and Health Care", in C. David Naylor, ed., Canadian Health Care and the State: A Century of Evolution, (Montreal, 1992), pp.193-137. (The authors' main argument is that hospital insurance and medicare failed to bring equitable accessibility to health care.) Several books and articles map the development of hospital insurance and medicare; the most thorough is Malcolm Taylor, Health Insurance and Canadian Public Policy: The Seven Decisions that Created the Canadian Health Insurance System and their Outcomes, (Montreal and Kingston, 1987). Robert Bothwell and John English examine the medical profession's initial support for medical insurance in "Pragmatic Physicians: Canadian Medicine and Health Care Insurance, 1910-1945", in S.E.D.Shortt, ed., Medicine and Canadian Society: Historical Perspectives, (Montreal, 1981), pp.479-493.

Riding on the optimism which followed the War, influenced by the success of the Beveridge Report (1942) which had called for social reconstruction in England, and bolstered by the publication of The Report for Social Security in Canada (the Marsh Report) and the Report of the Advisory Committee on Health Insurance (the Heagerty Report), both published in 1943, a Canadian post-War reconstruction conference proposed federal-provincial funded universal health insurance in 1945.⁸⁷ The federal government offer was rejected by the provinces, many of which believed it interfered with provincial affairs. The proposal, nevertheless, still provoked appreciation among government, the health professions, and the general population for insurance, and acknowledged that many Canadians faced economic barriers to good health care.⁸⁸

The federal initiative to take more financial responsibility for health care began with the need to

⁸⁷Meilicke and Storch, pp.6-7. For a good revisionist interpretation, see Alvin Finkle, "Paradise Postponed: A Re-examination of the Green Book Proposals of 1945", Journal of the Canadian Historical Association, (1993), pp.120-142.

⁸⁸Vayda and Deber, "Canadian Health Care System", pp.314-15; and Taylor, Health Insurance and Canadian Public Policy, p.67.

provide for the effects of great national endeavours such as the World Wars. One federal government post-War reconstruction proposal was to take responsibility for the health care of veterans, as outlined in the 1945 Veterans' Act, by sharing half the cost of constructing hospital additions which would accommodate aged and infirm veterans. The federal government concluded that in 1945, hospital facilities were inadequate for civilians' and veterans' needs and estimated that Prince Edward Island veterans would require 100 additional hospital beds over the next few decades. The construction of these additional beds would be shared by the two provincial referral hospitals commonly known as the Roman Catholic and Protestant hospitals.⁸⁹

While support for accommodating veterans' future hospital needs was a significant financial offer to the Charlottetown Hospital, it did not address the hospital's

⁸⁹The Minister of Veterans' Affairs promised, "to assist in the construction of additions to the hospitals to the extent of one half the cost of such construction, or \$75,000, whichever is the less, and as consideration therefore, each of the hospitals will agree to provide the Department of Veterans' Affairs with priority of claim to at least 50 hospital beds for so long as the department may require such accommodation." See "Minutes of the Committee of the Privy Council approved by His Excellency the Administrator", 12 October 1945, RCDA, "Bishop Boyle".

need to renovate and expand to meet general admission requirements. The hospital had not had significant renovations since 1925 when the Sisters of St Martha accepted its administration in its new building. Thus, at the same time the Episcopal Corporation and the Sisters of St Martha added a Veterans' wing to the Charlottetown Hospital, they undertook construction to accommodate 72 additional beds for a total of 122 new beds. The 1925 hospital building was also renovated and modernized.⁹⁰

While the three post-War programs directed at health care reform were very significant, the first, in particular, was instituted at a time of very quickly rising health care costs. For example, the Charlottetown Hospital received federal funding of \$198,000 to offset its 1947 renovation and expansion costs of \$850,000. The federal government

⁹⁰The renovations included a surgical suite with three operating rooms, a pathology lab, a surgical recovery area, x-ray therapy and diagnostic units, a pharmacy, a supply department, an emergency operating unit, an autopsy room, administration and admitting offices, a cafeteria and dining room, two nurseries, and two delivery rooms. Construction was very significant and cost about \$850,000 which works out to \$7000 a bed, an economical amount compared to the \$18,000 average cost of construction according to the 1951 meetings of the American Hospital Association. See "Report by Bishop James Boyle [to Hospital Board of Directors]", 1947, p. 8, RCDA, "Bishop Boyle".

contribution was very useful, but even with it, the hospital was severely debt-ridden. At the same time that the federal government offered support for capital building costs, increased health care standards necessitated far higher overall hospital expenditures. In Prince Edward Island, the Roman Catholic hospital struggled just as much to survive in the immediate post-War era as it had during the Depression. The Charlottetown Hospital struggled with a \$600,000 debt incurred from their 1947 renovation, an amount double what was anticipated based on significant savings and a lower than anticipated government grant.⁹¹ The Episcopal Corporation was so concerned about the debt and so pessimistic regarding its payment, that they engaged the services of a New York fundraising firm, B.H. Lawson Associates to get advice on how to pay off the debt.⁹²

The sisters themselves struggled to pay basic expenses after the war ended. In 1952, Mother Frances Loyola requested that Bishop Boyle increase the hospital sisters'

⁹¹Boyle, "Report to Hospital", p.3, RCDA, "Bishop Boyle".

⁹²B.H.Lawson Associates, New York, to Most Reverend J. Boyle, 7 December 1951, RCDA. "Bishop Boyle".

monthly allowance. She cited cost of living increases, educational expenses, and tripling of sisters' personal expenses for "footwear and clothing, etc." In her request for an increased allowance which had not changed for fifteen years, since 1937, Sister Loyola wrote that without an increase the Congregation might have to drop its university enrolment.⁹³ Bishop Boyle wrote back the next month refusing any increase in the sisters' monthly allowance. He seemed to have little sense of the financial changes over the 15 years as he wrote, "When a substantial increase was given a few years ago, it was considered quite satisfactory by a former Superior General". Bishop Boyle also wrote that he thought the present scale 'fairly good' in comparison to similar institutions. The Bishop did, however, authorize the hospital to pay \$1500, the cost of maintaining two sisters in medical training. Because of their ongoing struggle to cover basic expenses, the Congregation was much in need of the additional salary which hospital insurance provided.

⁹³Letter to Bishop Boyle from Mother Loyola, Nov 24, 1952, SSMA, Series 3, Sub-series 1, #1.

National health insurance remained an issue of serious debate in Canada in the late 1940s. Just two years after the 1945 proposals for national health insurance were rejected at the Post-War Reconstruction Conference, Saskatchewan became the first province to enact a hospital insurance program. The success of the Saskatchewan program influenced other provinces.⁹⁴ More widespread reform, and specifically health insurance, was never far from politicians', and the general population's minds. By 1952 5.5 million Canadians belonged to voluntary insurance programs. This high rate of participation proved to many that private health care was adequate for the most part and suggested that government should subscribe for those who could not afford assistance.⁹⁵

Clearly Atlantic Canadians comprised a significant portion of those who might not be able to afford voluntary insurance. Per capita income in Prince Edward Island, New Brunswick, and Nova Scotia averaged 56 per cent, 65 per cent, and 73 per cent respectively of the national average

⁹⁴Taylor, Health Insurance, p.104.

⁹⁵Taylor, Health Insurance, p.70.

between 1952 and 1956, while Ontario and British Columbia were respectively 18 per cent and 21 per cent higher than the national averages.⁹⁶ The disparity was clearly reflected in the provincial and municipal governments' annual spending on hospital care. In 1952 Prince Edward Island spent less than any other province on health care at \$12.91 per capita. Saskatchewan and British Columbia, which both had provincially sponsored health insurance programs by then spent \$39.41 and \$39.00 per capita.

While Islanders paid the lowest per capita amount on health care, they actually placed a strong priority on health and hospital care. Per capita, Prince Edward Islanders spent a significant percentage of their income on such services, an amount comparable to their British Columbian and Saskatchewan counterparts.⁹⁷ Prince Edward Island residents were limited to their per capita incomes, however. In Malcolm Taylor's words, "In final terms, the

⁹⁶Taylor, Health Insurance, p.14.

⁹⁷In 1956 British Columbia spent 2.5 per cent of per capita income on health care while Prince Edward Island spent a comparable 2.3 per cent. But British Columbia's per capita annual income was almost double that of Prince Edward Island's (\$1,667 compared to \$788). Taylor, Health Insurance, p. 179.

capacity of a province - in the absence of transfer payments from the federal government - to finance government goods and services rested on per capita income."⁹⁸ Thus Prince Edward Island had a great deal to gain from national health insurance, the purpose of which was to make comprehensive health care available "on the basis of need rather than the ability to pay."⁹⁹

In 1957 the federal Liberal government introduced the long-awaited Hospital Insurance and Diagnostic Services Act. According to the Act, the federal government agreed to share "the cost of any province of a public prepaid insurance plan covering the costs of acute hospital care for all residents."¹⁰⁰ Thus began the partial socialization of a private health care system.

The provincial government in Prince Edward Island immediately began to study the possibility of taking

⁹⁸Taylor, Health Insurance, p.179.

⁹⁹Donald Swartz, "The Limits of Health Insurance", in Albert Moscovitch and Jim Albert, eds., The Benevolent State: The Growth of Welfare in Canada, (Toronto, 1987), p.255. For a description of hospital insurance coverage and financing, see Soderstrom, Canadian Health Care System, pp.127-130.

¹⁰⁰Swartz, "Limits of Health Insurance", p.257.

advantage of the federal grants. A study committee comprised of five members of the legislature met 15 times in 1957 and presented a report at the spring session of the legislature "on the organization of a hospital insurance plan and the various methods by which such a plan might be financed."¹⁰¹

Federal payments to provinces were in accordance with the increasing recognition of the disparity of wealth among provinces and therefore were of particular assistance to poorer provinces. The basic formula for transfer payments was for the federal government to pay half the national cost of diagnostic services and in patient hospital care to any province which wished to participate in the program, provided a majority of provincial governments representing a majority of the national population agreed to participate.¹⁰² The federal contribution would be based on 25 per cent of the average per capita cost for health services nationally and 25 per cent of the average per capita costs in the relevant province multiplied by the number of insured

¹⁰¹"Department of Health, Annual Report", 1958, p.24, Prince Edward Island, Government Services Library [PEIGSL].

¹⁰²Soderstrom, Canadian Health System, pp. 140-141.

residents in the province. This formula was intended to provide additional subsidization to the most impoverished provinces "by providing a higher proportion of costs in low cost provinces."¹⁰³

Various groups were sceptical of the proposed national health insurance program and, more specifically, of government's participation in it. The Canadian Medical Association was firmly opposed to any insurance program run by government rather than the medical profession in conjunction with private insurance companies. Furthermore, the association was wary of setting a precedent in case medical care insurance proposals followed hospital

¹⁰³The intention did not materialize however, because "provincial per capita costs were imperfectly correlated with per capita income... (T)he federal contribution to Atlantic Canada in 1971 ranged from 53 per cent for New Brunswick to 60 per cent for both Prince Edward Island and Newfoundland.... But there were surprising shifts from estimates in other provinces. British Columbia, predicted to receive 45 per cent, was, by 1971, receiving 54 per cent...." While Prince Edward Island received 60 per cent of costs in federal contributions, the per capita amount in 1961 was only 23 dollars compared to the national average of 32 dollars. Thus, although the federal government sought to equalize standards in health care by granting larger percentages to impoverished provinces, this impulse failed because the grants were based on per capita costs which were higher in wealthier provinces and lower in poorer provinces. Taylor, Health Insurance, pp. 217,236.

insurance--which in fact it did.¹⁰⁴ The Canadian Hospital Association complained that the proposed insurance scheme placed disproportionate stress on standard hospitals and not enough on alternative care institutions such as mental hospitals and Tuberculosis Sanatoriums. As well, the Canadian Hospital Association argued that capital costs of construction should be worked into the scheme.¹⁰⁵ More relevant to this chapter, however, was the negative reaction of the Catholic Hospital Conference to the 1957 proposals.

In 1945 when the first health insurance proposals were made for the post-War era, the Canadian Hospital Association was criticized for "not including special consideration for Roman Catholics but rather representing all hospitals."¹⁰⁶

¹⁰⁴Although the Canadian Medical Association was against health insurance after World War II, they had supported it for most of the first half of the 20th century. See Bothwell and English, "Pragmatic Physicians", pp.479-493; and Taylor, Health Insurance, pp.189-91.

¹⁰⁵Taylor, Health Insurance, pp.192-3.

¹⁰⁶In fact the Catholic Hospital Association was part of the Canadian Hospital Association and its president, Sister Dorias had worked on the Canadian Hospital Association's brief to the Heagerty Commission. Upon receiving public criticism, Sister Dorias explained how Roman Catholic hospitals would be represented. According to G. Harvey Agnew, "(S)he stated that in matters involving the morals of practice in Catholic hospitals or matters involving the

The Catholic Hospital Conference associated a state-run plan with socialism and thus favoured a private plan. They argued that "If a state-run health insurance plan is inevitable this intervention must always and in each case respect the rights and privileges of the human person and safeguard the interests of private initiative insofar as this is possible."¹⁰⁷ The association had published a moral code in 1954 which reiterated its basic points on the sacredness of the individual.

Despite significant opposition, the Hospital Services and Diagnostic Act came into effect in Prince Edward Island midnight 1 October 1959. The following year the federal government grant to Prince Edward Island was \$1,010,806.64 and by 1965 the federal government contributed \$2,616,650.80 to health insurance for Prince Edward Islanders.¹⁰⁸ The

welfare of nurses and others in charge, the Catholic Council of Canada would speak for itself; in matters of general nature, such as hospital insurance and legislation in general, the Canadian Hospital Council, of which they were a part, would speak for them." Agnew, Canadian Hospitals, p.76.

¹⁰⁷Montreal Gazette, 26 June 1956, in Taylor, Health Insurance, p.194.

¹⁰⁸"Public Accounts", 1960-61, p.53, and 1965-66, p.60, PEIGSL. Provinces had contributed to general hospitals to

federal government and provincial government each paid half of patients' per diem costs including x-rays and other tests but excluding doctors' bills;¹⁰⁹ Prince Edward Island patients were not required to pay premiums on hospital care.¹¹⁰ The federal government continued to pay separate health grants to the province; in 1960-61 \$277,744.13 was

differing degrees in the mid-20th century. In Prince Edward Island each of the two provincial referral hospitals received \$6000 annually during the war, an increase of \$4000 from the previous decade. In 1944 the provincial government covered 6.4 per cent of the Charlottetown Hospital's operating costs, using the formula of \$0.75 a day per patient day for the "medically indigent". (The \$30,000 was in fact \$36,000 short of the costs borne for patients unable to pay. Bishop James Boyle to [Hospital Directors], 1951, SSMA, Series 12, Box 1, #7.) In 1951 the provincial grant for wards of the state was \$30,000 and thus covered less than 10 per cent of the hospital's operating costs. ("Financial Statements, Charlottetown Hospital", SSMA, Series 12, Box 1, #7.)

¹⁰⁹In 1961, for example, the federal government contributed \$1,010,806.59 to the province according to the Hospital Insurance Agreement, and the province, in turn spent 1,999,562.07 which means their share was 49.4 per cent. ("Public Accounts", 1960-61, p. 41, PEIGSL; and "Expenditures and Revenue Summary, Department of Health", 31 March 1960, p.9, PEIGSL.)

¹¹⁰Ibid. Premiums are not listed anywhere in the health care budget or the Public Accounts, and according to Soderstrom, only users in Alberta, British Columbia, Ontario and the Yukon ever paid premiums; Quebec used a combination of general revenue and employers' contributions. (Soderstrom, Canadian Health System, p. 138.)

granted to the province and administered through the Department of Health to eleven subgroups.¹¹¹

National Health Insurance clearly had a tremendous impact in Prince Edward Island and was immediately influential in the Charlottetown Hospital.¹¹² Not only did Charlottetown Hospital patients benefit from health insurance, so too did hospital employees who received increases in their wages. One month after the insurance came into effect lay nurses received pay increases. The pay increases also led to the implementation of a pay cafeteria

¹¹¹These 11 groups included a Crippled Children's Grant of \$6799, a Hospital Construction Grant of \$101,755, a Mental Health Grant of \$65,955, and a Tuberculosis Control Grant of \$48,933. ("Annual Report, Department of Health", 31 March 1961, pp.9.24-28, PEIGSL.)

¹¹²Even with the advent of national health insurance, however, Island Roman Catholics were still responsible for maintaining the Charlottetown Hospital. In 1963 Bishop MacEachern reminded Roman Catholics that although public funding paid for the daily operating costs of the Charlottetown Hospital, the hospital owners had to provide a minimum of one third of the capital costs for new facilities or improvements. No doubt Bishop MacEachern agreed with the ownership of the hospital being retained by the Episcopal Corporation and realized that taking responsibility for one third of capital costs was small recompense for maintaining full ownership yet enjoying the fruits of hospital insurance. In fact, Bishop MacEachern used the requests for financial support to uphold Roman Catholicism as "the one true religion" in an increasingly secular and ecumenical age. "Untitled", 1963, RCDA, "MacEachern".

for the lay nurses, an example of institutional secularization that was followed a year later, in 1960, with the unionization of all hospital lay employees into the Canadian Union of Public Employees, which Sister Mary David, the hospital administrator, supported.¹¹³

As soon as national health insurance was implemented the 17 sisters working at the hospital started to receive salaries in accordance with their training and experience, at the same rate as the lay staff; in 1960 the hospital sisters' salaries totalled \$80,491, although, of course, the amount was held in common by the Congregation and later divided among various projects and missions. Even though individual sisters never saw their salary, they had

¹¹³"Annals, Charlottetown Hospital", 01 November 1959 and 21 October 1960, SSMA, Series 12, Box 1, #1. According to Lofty MacMillan who organized unions at both the Charlottetown and Prince Edward Island Hospitals, the sister administrator at the Charlottetown Hospital, "came before the labour relations board, and said she had no objection to a union in the hospital, In fact, she wished them well.... It was unheard of for an employer to come to a labour board on Prince Edward Island, or anywhere else for that matter, and wish the union good luck." John Francis Mac Millan, "The Boy from Port Hood: The Autobiography of John Francis "Lofty" MacMillan, (Fredericton, 1996).

effectively become civil servants.¹¹⁴ The sisters were clearly expected, however, to return much of their hospital salary so that it could be applied to the hospital debt. In fact, in 1959 they returned \$46,000, or 57 per cent of their salary to the hospital.¹¹⁵ When this amount was added to the sisters' personal expenses for the year, the remainder was \$11,000 which was given to the Congregation's general coffers.¹¹⁶ Later in the 1960s the hospital sisters were able to give a larger portion of their salary to the Congregation. They gave \$62,380 or 88 per cent of their total salary in 1961, \$62,692 or 89 per cent in 1963, and

¹¹⁴In fact, they received more salary than their lay counterparts, because, as members of a charitable organization, the sisters did not have to pay income tax.

¹¹⁵"Financial Statements, Charlottetown Hospital", 1959, SSMA, Series 12, Box 1, #3.

¹¹⁶In the sisters' financial records for 1959 much more money was listed for "personal expenses" than any other year before and after, probably because they had gone without so much for so long. There was no breakdown on "personal expenses" as there sometimes was in earlier years, at which time the items often included "eye glasses repair", "watch repair", or basic toiletries. Of course, the money was not granted to individual sisters but rather to the administration of the Congregation. "Financial Statements, Charlottetown Hospital", 1959, SSMA, Series 12 Box 1, #3.

\$62,954 or 83 per cent in 1965.¹¹⁷ Whereas the hospital sisters had previously accepted the burden of unpaid patient fees by declining a salary, they gladly accepted a salary once it was paid by public funds. Most of the salary that went to the Congregation was to finance the long overdue Motherhouse, a virtual necessity for any congregation to mature, but which successive bishops had refused the sisters permission to build supposedly because of a lack of funds.

The sisters' cash fall had come later than for most Islanders. While many had benefited from social welfare programs discussed in the previous chapter, including income assistance, mothers' allowance, and veterans' allowance, the sisters were, of course, ineligible for such programs. They were, however, indirectly affected as many of their clients at the welfare bureaus received increased government financial assistance, and they were also affected by the rising costs of living on the Island.

Given the lucrative funding for the hospital system which provided hospital sisters with standard salaries and

¹¹⁷These figures fell because fewer sisters were employed as the decade wore on. "Sisters' Ministries", 1960-80, SSMA, Series 3, Sub-series 4, #1.

permitted the Congregation to acquire a much needed mother house in 1964 and to secure some savings for retirements,¹¹⁸ one would expect the sisters to maintain a commitment to the Charlottetown Hospital. Instead, a decade after the introduction of national health insurance, they began to show signs of withdrawing from the Charlottetown Hospital. The hospital was the largest undertaking by the Sisters of St Martha in terms of the number of sisters required to staff the mission. In the first full year of operation, 1926, 30 percent of active members of the Congregation worked at the hospital, eight of 27 members. This number fluctuated between 20 and 32 per cent until 1960 at which point the number began to decline, from 17 per cent in 1960 to 10 per cent in 1966 through 1976.

¹¹⁸In 1969, 21 of the 155 sisters, 13 per cent, were over 70 years of age (see "Chapter Minutes", 1969, SSMA, Series 1, Box 1, Sub-series 1, #4) and in 1979, 18 of 125 sisters, 14 per cent, were over 70 ("Personnel Projections to the year 2003, Sisters of St Martha, Charlottetown", Draft, Center for Applied Research in the Apostolate, Washington, DC, August 1984, pp.28-29, SSMA, Series 7, Box 7, Sub-series 7, #10.

Table 24: Number of Sisters Assigned to Hospital as a Percentage of Total Members, Selected Years

Year	Sisters at hospital	total active members*	%members at hospital
1926	8	27	30%
1930	9	44	21%
1936	15	59	25%
1940	22	68	32%
1946	25	87	29%
1950	24	99	24%
1957	29	138	21%
1960	26	151	17%
1966	16	160	10%
1971	13	152	8%
1976	6	127	5%

*Excluding those long term sick and studying.

Source: "Sisters' Ministries", SSMA, Series 3, Sub-series 4, #1 .

The Charlottetown Hospital had been the greatest staffing priority of the Sisters of St Martha. Bishops of Charlottetown directed the sisters to administer the hospital and hospital receipts were too low to afford to pay much lay help, thus the sisters had no alternative but to apply themselves to the labour. Fortunately for Roman Catholic Islanders, their vow of poverty compensated for the low level of revenue taken in by the Charlottetown Hospital and allowed for the survival of the hospital until public

funding could make up the difference. The Congregation also began to reduce the number and proportion of sisters at the Charlottetown Hospital in the 1960s because of the longstanding overburdening of sisters at the hospital and the declining number of new recruits.

Since their founding, the demands on the Sisters of St Martha far exceeded their human resources. Because they were unable to refuse their bishop and because they optimistically hoped the situation would be temporary--solved either by an increase in recruits or by the bishop lowering his expectations--the Congregation made adjustments to accommodate the demands on their labour. Most notably, the members' time in the novitiate was reduced in order to rush them into active ministry.¹¹⁹ While the standard time for novitiate was two years, the Sisters of St Martha's novitiate was only nine months or barely one third of the time more established congregations required. Mother M. Teresa Walsh wrote in her Report to General Chapter in July 1951 in a tired spirit: "I hope, too, that the day of a two

¹¹⁹It would seem that a reduction in the time spent in the novitiate would go against Canon law, yet the Annals make several references to a desire to have a standard "two year" novitiate.

year Novitiate is not far distant."¹²⁰ In the following decade the Congregation was in the more stable and confident position to increase the period of apprenticeship in the novitiate.

Even when the Congregation reduced its number of members assigned to the Charlottetown Hospital when national health care insurance was implemented in 1959, the number continued to be higher than at any other institution. In 1972, for example, 15 sisters were appointed to the Charlottetown Hospital and the remainder to 18 other posts. The Charlottetown Hospital required double the average number of sisters per assignment, which was eight.¹²¹

¹²⁰"Report of the Superior General to General Chapter, 29 July 1951", p. 1, SSMA, Series 1, Box 5, Sub-series 5, #4.

¹²¹As noted earlier, the sisters allocated a disproportionate number of sisters to the Charlottetown Hospital. By 1972, they felt the decline in entrants and were required to shift resources to the hospital. Other institutions requiring large staffs included Kinkora school with nine, the Western Hospital with 11, and Sacred Heart Home with 11. Several other assignments required only three or four sisters, including, for example, three public schools in Prince Edward Island and two in Ontario, and the two social welfare bureaus discussed in the previous chapter. See, "Sisters' Ministries", SSMA, Series 3, Sub-series 4, #1

In addition to the Charlottetown Hospital requiring a large number of sisters, the institution also required the most educated sisters, from administrator, to nurses, and from x-ray technicians to supervisors of dietetics or laundry. Sisters assigned to the hospital required more specialized training which often was not available on Prince Edward Island and which required regular upgrading to offer the most current health related technology. Furthermore, housekeeping and teaching, skills required for many of the Congregation's other institutions, were transferable. Because many hospital skills were not transferrable, when members retired from these positions, it was more complicated to send new recruits or other members outside the province for more specialized training in areas such as x-ray, dietetics, haematology, and administration.¹²²

¹²²When the hospital opened in 1925 many positions had to be filled immediately. The first women who filled the specialized positions, such as x-ray technician and administrator, stayed in the positions for a long time because of the expense of putting another sister through a health professions program. For example, as far as I can determine, only one sister was trained as a pharmacist. Sister Vincent de Paul Grant (1908-1993) entered the Congregation in 1933 and was sent to train as a pharmacist with Maritime College in Halifax during 1939-40. She became a registered pharmacist and worked at the Charlottetown Hospital until 1962 and from 1962 to 1966 at the Western

Because of the training necessary, most of the Congregation's most educated members were clustered at their hospitals. As entrance rates declined and the Congregation aged, fewer members were available for receiving specialized training and the Congregation clearly was unable to guarantee that they could continue to provide the expertise required to run a hospital.¹²³

While increased funding made the Charlottetown Hospital somewhat easier to run by the 1960s, new obstacles had surfaced. With the advent of the much needed government funding, forces of secularization threatened the hospital. The Hospital Services Commission of Prince Edward Island, a five member committee which reported to the Minister of Health, was founded in 1958 to administer the hospital insurance program. The committee commissioned several

Hospital. See, "Obituaries", SSMA, Series 9, #3.

¹²³According to Sister Mary Irene, Superior General from 1973 to 1981, throughout the history of the Congregation, few women came to the Congregation with training other than teacher-training; thus the Congregation had to educate the vast majority who worked in hospitals. (Interview with Sister Mary Irene, 12 May 1998, taped.) I gratefully acknowledge the hour-long, taped oral interview Sister Mary Irene granted me on the topic of the Charlottetown Hospital in the post-War era.

reports on the delivery of hospital services on Prince Edward Island, stemming from concern over the duplication of services at the province's two main hospitals.¹²⁴ The proposal for a single hospital in Charlottetown was thus presented in the mid-1960s around the same time the Royal Commission on Higher Education recommended the federation of Prince of Wales and St Dunstan's.¹²⁵ In 1965, studies were carried out by the medical staffs of both the Charlottetown Hospital and the Prince Edward Island Hospital; both recommended that a single referral hospital would serve the health requirements of the area better than the two existing hospitals.¹²⁶ The Andrew Peckham Report, commissioned by the

¹²⁴See, for example, letter from Dr L.E.Prouse, Chair, Hospital Services Commission, to Andrew Peckham and Associates [January 1966], in "Single Hospital in Charlottetown", Public Archives and Records Office (Charlottetown), [PARO], #3487.

¹²⁵"Report of the Royal Commission on Higher Education for Prince Edward Island", January, 1965.

¹²⁶In 1966 the committee contracted Andrew Peckham and Associates of Toronto. The Andrew Peckham Report (1966) made several references to the Royal Commission Report on Hospital Services (1964), as well as to the report by the medical staffs. Andrew Peckham Hospital Consultants, "Report on a Single Hospital in Charlottetown", 1966, PARO, "Single Hospital", #3487.

Hospital Services Commission in 1966 recommended the eventual amalgamation of the Roman Catholic and Protestant hospitals but noted repeatedly the importance of the sisters' continued participation in any combined hospital plan.¹²⁷ The writers of the report noted, optimistically, that,

The merger of two hospitals with different traditions and different religious affiliations would be an example to the entire continent of full cooperation for the highest possible motives - that of providing the best quality of care to the people they serve, regardless of individual religious affiliations. This would be a true pace setter and a credit to the individuals involved and the island as a whole.¹²⁸

No steps toward amalgamation were taken after the report was published, except that further reports were commissioned: both the "Premier's Task Force on Alcoholism and Welfare" in 1969, and the Rosenfield Report of 1972 also recommended amalgamation.¹²⁹ Still, the creation of a new single hospital seemed unlikely. The situation was starkly different from

¹²⁷"Andrew Peckham Report", pp.5,11,24.

¹²⁸"Andrew Peckham Report", p.11.

¹²⁹"Andrew Peckham Report", p. 1.

that of the university situation: in that case the Bishop had agreed with amalgamation soon after it was recommended.¹³⁰ The notion of a hospital having control in areas that concerned natural law and papal teaching, combined with the bitter backlash over the university amalgamation, accounted for the increased opposition to hospital amalgamation.¹³¹

The sisters themselves did not voice opposition to the possibility of amalgamation. The Charlottetown Hospital's budget was far higher than that of any other institution run by the Congregation. The sisters were responsible for balancing an operating budget of about three quarters of a million dollars in the early 1970s.¹³² In addition, the Congregation was aware that they had been fortunate to

¹³⁰McKenna, "Higher Education", p.217.

¹³¹According to Edward MacDonald, bitter disappointment remained over the closure of St Dunstan's. In the epilogue of his 1984 dissertation, he wrote: "For many Island Roman Catholics, St Dunstan's loss is still an unhealed wound." (MacDonald, "'And Christ Dwelt'", p. 527).

¹³²"Financial Statements, Charlottetown Hospital", 1970-1974, SSMA, Series 12, Box 1, #3. The Episcopal Corporation administered capital campaigns which were at least as expensive as the daily operating budget due to rising costs of health technology.

suffer the exit of only a few women in the Vatican II era, yet the administration, at least, was aware that the North American trend of decreasing numbers of entrants and increasing average age of members was likely to continue.¹³³

The conjuncture of these several circumstances led the Sister Administrator of the Charlottetown Hospital to warn the Board of Governors in 1971 of the Congregation's possible withdrawal from the Hospital. Sister Stella MacDonald informed Board members that "... very limited numbers of sisters are available to work in the hospital."¹³⁴ She warned the Board that it would have to take more responsibility rather than depend on the sisters for its future, "...the philosophy of hospitals in the future would be more dependent on trustee action and chaplaincy service than on the presence of sisters."¹³⁵

At the time when Sister Stella gave her warning, the provincial government was pressuring the two denominational

¹³³"Development of Mission Statement and Pastoral Plan", SSMA, Series 1, Box 7, #1-7.

¹³⁴"Minutes, Charlottetown Hospital", 16 Dec 1971, SSMA, Series 12, Box 1, #7.

¹³⁵"Minutes, Charlottetown Hospital", 16 Dec 1971, SSMA, Series 12, Box 1, #7.

hospitals to integrate. A major concern for Roman Catholics regarding a new single hospital, was how, and even if, the Sisters of St Martha would be incorporated into the new hospital, despite the sisters' own acknowledgement that their human resources were too low to remain in hospital work. As has been discussed, the sisters were of tremendous financial value to the Roman Catholic community. Most years they did not receive a standard salary, and if they did, they either put it back into the hospital or into the Congregation and thus into other charitable works. Even more important, from the hierarchy's point of view, Roman Catholic sisters could be counted upon to enforce the Medical Moral Guide, which did not permit abortions, euthanasia, nor unmonitored sterilizations. Finally, the sisters were a presence which positively influenced staff, patients, and visitors' behaviour. The loss of the sisters in provincial health care would be a great loss to Roman Catholicism on Prince Edward Island.

The sisters, nevertheless, themselves saw the necessary reality of a single hospital. Sister Stella MacDonald, the final sister-administrator of the Charlottetown Hospital, publicly entered the debate in December 1975. In a quarter

page guest editorial in the Charlottetown Guardian on 21 December 1975, Sister MacDonald apologized for failing to communicate the need for a new hospital sooner.

We never told you how difficult it is to keep patching worn out things and places.... But do you the public, have any idea how difficult it is to make a hospital designed 25 years ago meet present health care needs? We should have been telling you about the equipment that was not even dreamed about 25 years ago but must be part of today's hourly use....Have you ever considered the lack of economy in maintaining two hospitals with many small departments that are not fully utilized all the time, but must be staffed all the time to meet your needs....?¹³⁶

This acknowledgement by the sister-administrator of the Charlottetown Hospital that a single hospital would be more efficient than the sectarian system was very convincing for many Roman Catholics. Sister MacDonald's argument stressed

¹³⁶Guardian, 21 Dec 1975, SSMA, Series 12, Box 1, #5. Sister Stella must have received permission from the bishop to make this public statement because the Episcopal Corporation owned the Hospital. The Bishop was the ex officio chair and president of the Charlottetown hospital and had control over all non-medical appointments to the hospital board. In case of the absence of the President of the Charlottetown Hospital, the Bishop of Charlottetown, no decision of the board was valid unless it met with the approval of the president of the board. The structure of hospital administration guaranteed that the Bishop had a great deal of power and could override the sister administrator on many things. See, "Bylaws of the Charlottetown Hospital", 1954, SSMA, Series 12, Box 1, #4.

quality of care through technology rather than Roman Catholic administration at all costs; her view symbolized the new post-War institutional secularization, and the appreciation among sisters for the need to maintain professional standards.

Regardless of this vote in favour of a single hospital by Sister McDonald, many members of the Congregation strongly resented what they viewed as their redundancy and undoubtedly foresaw a repeat performance of their shabby treatment by St Dunstan's administration when that institution closed without attempting to assure a new responsibility for the sisters. Once it became certain that the Charlottetown Hospital would close, the sisters quickly asserted their autonomy, by reducing their involvement in the hospital. This is most clear in the number of sister-nurses transferred to other missions by 1966, even though the hospital did not close until 1984.

A secular group called "Doctors United for a Single Hospital" convinced many Islanders of the necessity of a single hospital. Their 1975 campaign stressed that a single hospital could mend the social segregation based on

religion. In this, the doctors were strong forces of secularization.

In an address to the Charlottetown Rotary Club, in December 1975, Dr M. N. Beck outlined the necessity of a single hospital. He blamed opposition to the new hospital on "deeply ingrained religious prejudices, and ... our own more deeply ingrained loyalty and vested interest in our long established sectarian hospitals".¹³⁷ Beck pointed to the absurdity the dual system caused, citing the placement of the provincial medical lab in an office building because of controversy over the possibility of having to choose into which one of the hospitals to put it.¹³⁸ He argued that "only with a single hospital can the existing resources... be brought up to its full potential."¹³⁹ A single hospital would be more cost effective than the existing hospitals, Beck argued, citing the Andrew Peckham report of 1966 and the Rosenfeld Report of 1972 which both agreed that the

¹³⁷Beck, "Address to the Charlottetown Rotary Club, in December 1975", p.4, "Single Hospital", PARO, #3487

¹³⁸Beck, "Address", pp.2-3.

¹³⁹Beck, "Address", p.12. This is another secular view: that the only good is efficiency.

immediate construction of a new single hospital could result in savings of over 15 million dollars over the next 15-20 years, compared to renovating the two existing hospitals.¹⁴⁰ Beck also argued that enlarging the existing Prince Edward Island Hospital to become the new single hospital, was impossible and would cost \$28 million as opposed to \$29 million to start anew.

The group "Doctors United" received a lot of media attention and were the object of several letters to the editor. In particular, many Roman Catholics expressed concern over the liberal attitude of Doctors United. Hugh Pierre wrote to the Charlottetown Guardian in January 1976 that:

Religious differences still exist and to equate this with bigotry betrays... an attitude of mind typical of the certain liberal free thinkers, who care very little about religion. Are we given to understand by "Doctors United" that these 64 physicians are all liberal in matters of faith and morals? This would easily explain why they are so

¹⁴⁰Beck, "Address", p.2. I do not mean to present Beck's information as fact. His figures were all theoretical and basically meaningless statements. The economists who made up these figures obviously manufactured them out of models that would be irrelevant in three years and would only be valid if every input were accurate and remained unchanged for twenty years!

easily prepared to abandon the Catholic Hospital concept.¹⁴¹

Island Roman Catholics were generally concerned about what this writer called 'liberal free thinkers' for a particular reason.

As mentioned earlier, the Moral Code of the Catholic Hospital Association of Canada was in effect at the Charlottetown Hospital in order "to ensure that patients receive medical and religious care in accordance with natural law and Catholic morality."¹⁴² Procedures relevant to the code were further defined under "consultations" which required all physicians to consult with other staff in all caesarian sections, "all procedures by which a known or suspected pregnancy may be interrupted", and sterilizations.¹⁴³ The consultations were referred to a committee in the case of sterilization and were not a mere formality. In November 1978, for example, 10 requests for sterilizations were heard; eight were approved but two were

¹⁴¹Guardian, Jan 1976.

¹⁴²Article 7, "Bylaws of the Charlottetown Hospital", 1955, SSMA, Series 12, Box 1, #4.

¹⁴³"Rules and Regulations, Charlottetown Hospital", 1955, #13, SSMA, Series 12, Box 1, #4.

deferred for further information.¹⁴⁴ The Prince Edward Island Hospital, the unofficially Protestant hospital, performed a number of operations to which the Roman Catholic medical-moral guide would have been opposed. For example, between 1962 and 1966 the Prince Edward Island Hospital performed an average of 1.4 abortions a year, 30 caesarian sections and seven tubal ligations. Beginning in 1969 the numbers rose sharply. Between 1969 and 1972 the annual averages were 72 abortions, 30 caesarian sections, and 23 tubal ligations.¹⁴⁵ Thus Roman Catholics' fears about medical-moral procedures at a nondenominational hospital were well founded.

The new Queen Elizabeth Hospital's board of directors and medical board, comprised of members from both the Charlottetown and Prince Edward Island Hospitals,

¹⁴⁴"Medical Records, Charlottetown Hospital", 1978, Queen Elizabeth Hospital, Department of Medical Records.

¹⁴⁵"Prince Edward Island Hospital, Medical Records Annual Reports", 1960-1972 (scattered), Queen Elizabeth Hospital, Department of Medical Records. These records are very scattered but miscellaneous reports are in the Department of Medical Records at the Queen Elizabeth Hospital. The totals for tubal ligations and caesarian sections are not available for 1970 so these were averages for the years 1969, 1971, and 1972.

sanctioned the controlled availability of therapeutic abortions. Anti-abortion protestors, a majority of whom were Roman Catholic, prevented the hospital from performing abortions by threatening to withhold their donations to the equipment fund and later by gaining membership privileges which they used to vote against the establishment of an abortion committee. According to the Criminal Code, section 251, in order for any accredited hospital to perform an abortion, an abortions' committee consisting of three practising physicians had to approve the procedure.¹⁴⁶ Anti-abortion activists in Prince Edward Island fought against the establishment of an abortions' committee at the new hospital because if no abortions' committee existed, there would be no vehicle through which abortions could be approved.

In June 1980, an article in the Guardian, a Charlottetown newspaper, reported that "Whether a planned 300 bed hospital will have an abortion committee has clerics

¹⁴⁶"Simmering Abortion Issue Coming to Vote", Guardian, 6 June 1981.

in the Charlottetown area taking to their pulpits."¹⁴⁷ Anti-abortion activists urged Islanders to withhold donations to the new hospital unless the hospital refused to appoint an abortion committee. The Reverend Eric Dunn, Chancellor of the Roman Catholic Diocese stated publicly that he did not intend to contribute to the equipment fund until the abortion issue was decided, and that the hospital board had repeatedly tried to avoid the issue of abortions. The same newspaper article noted that because Roman Catholics comprised almost half the province's population their threat to refuse to continue funding the equipment fund could be crucial; a hospital could not operate without equipment. Another senior Charlottetown priest, Monseigneur William Simpson, said that although he would protest abortions at the new hospital, he would do so through means other than withholding money from the equipment fund, because of the possibility of risking Islanders' lives if proper medical equipment were not available.¹⁴⁸ Leaders from most other

¹⁴⁷"Abortion Controversy Growing", Guardian, 23 April 1980, p.3.

¹⁴⁸"Abortion Controversy Growing", Guardian, 23 April 1980, p.3.

denominations were less clear on the abortion issue; an Anglican minister warned that withholding money from the fund was a personal choice but could lead to loss of life, while a United Church minister and a Presbyterian minister both said that their churches were studying the issue. The only non-Roman Catholic Charlottetown church which specifically named abortion a moral issue was First Baptist Church whose pastor, the Reverend Ken Thompson, noted, "I don't think medical people are qualified to make moral decisions and my biggest concern is that we are dealing with a moral issue here."¹⁴⁹ Because of the large proportion of Roman Catholics in Prince Edward Island, their anti-abortion stance regarding the new hospital carried the most weight.

Anti-abortion views were not limited to churches but pervaded government, and even the Department of Justice. In what probably would have been viewed as a serious breach of his position in any other province, the Prince Edward Island Minister of Justice, Horace Carver, along with the Islander of the year, Kay Reynolds, officially opened the "Life is Worth Living Week" at the Prince Edward Island

¹⁴⁹"Abortion Controversy Growing", Guardian, 23 April 1980, p.3.

Right to Life Association's annual meeting in the spring of 1981.¹⁵⁰

Anti-abortion sentiment, heavily tied to the Roman Catholic Church, was so strong and emotional it permeated organizations which, in other provinces, held pro-choice stances. The local Status of Women Committee, whose spokesperson refused to be named, explained that her group was too divided on the issue of abortion and thus could not take a public stand. Even the local Planned Parenthood Group was quiet on the issue; it refused to fight the issue through the hospital equipment fund and their president, Pat LeGraw, stated that, "We are not a pro-abortion group.... We are pro-choice..... If the mother's life is in danger she should have the choice of whether to have an abortion."¹⁵¹ A Prince Edward Island physician's group, Physicians for Life, countered the argument that abortions should be available in case a mother's life was in danger, saying that it happens too rarely to warrant an abortions' committee. Dr Gordon

¹⁵⁰"Anti-Abortion Group Passes Resolution", Guardian, 27 April, 1981.

¹⁵¹"Anti-Abortion Group Passes Resolution", Guardian, 27 April, 1981.

Beck, president of Physicians for Life, reiterated, "Nothing warrants the establishment of an abortion committee."¹⁵²

Three thousand anti-abortion activists in the spring of 1981 sought to prevent the establishment of an abortion committee by buying memberships in the new Queen Elizabeth Hospital Corporation with the intention of voting against the proposal for an abortions' committee at the annual meeting.¹⁵³ Finally, on 25 June 1981 the issue came to a vote at the annual meeting of the Queen Elizabeth Hospital Corporation, which took place at the Charlottetown Forum.

The following morning the Guardian reported,

The vast majority of the 1,796 corporation members present at the hospital's annual meeting rejected the hospital board of directors proposed medical staff bylaws which would have allowed for the establishment of the [therapeutic abortion] committee.... Frank Macdonald, Chairman of the QED Board of Directors said it was "a good democratic

¹⁵²"Simmering Abortion Issue Coming to Vote", Guardian, 6 June 1981.

¹⁵³"Simmering Abortion Issue Coming to Vote", Guardian, 6 June 1981. Ken Ezard, the executive director of the Queen Elizabeth Hospital said membership in the corporation had been growing at the rate of 100 people a week since February and that the majority of new members were against abortion 'in any form'. The number of people expected at the annual meeting led the corporation to hold their meeting at the Charlottetown Forum. "Hospital Will Take Abortion Vote", Guardian, 3 June 1981.

meeting", but the abortion committee issue has been resolved "for now, for sure".¹⁵⁴

Thus the Queen Elizabeth Hospital was reported never to have housed the equipment required for procuring abortions. From 1984 the Prince County Hospital, Summerside, was the only hospital in the province which performed abortions, but in 1988 an anti-abortion crusade, similar to the one at the Queen Elizabeth Hospital, culminated at their annual hospital meeting, also held at a hockey arena and attended by 10,000 people. A standing vote found that not one person in attendance wished for the hospital to continue performing abortions and moved that the Prince County Hospital's abortion committee be dismantled. Since 1988 Prince Edward Island has remained the only province in which women cannot obtain abortions at any hospital or private clinic, because there are no public hospital abortion committees nor any private clinics.

The fervour surrounding anti-abortion sentiment was not limited to Roman Catholics, but due to the denominational composition of the Island, Roman Catholic opposition to

¹⁵⁴"QEH Members Kill Abortion Committee", Guardian, 26 June 1981.

abortion was the most relevant. According to the 1981 Census which counted 121,225 Islanders, 46.5 per cent were Roman Catholic, 24.5 per cent were United Church, 10.4 per cent were Presbyterian, 5.6 per cent were Anglican, six per cent were Baptist, five per cent were Presbyterian, and 2.7 per cent cited no religious preference.¹⁵⁵ The success of anti-abortion activists in annihilating abortion in Prince Edward Island indicated the strong influence of the Roman Catholic population and the legacy of the Charlottetown Hospital and the Sisters of St Martha's administration of it. In other words, the Roman Catholic moral code was applied to the whole Island.

As with the opening of University Prince Edward Island in 1968, few Sisters of St Martha made the transition to the new Queen Elizabeth Hospital which opened in 1984.¹⁵⁶ The

¹⁵⁵Canada, Census of Canada, 1981, Prince Edward Island, Table 5 (Language, Ethnic Origin, Religion, Place of Birth, Schooling), 93-926. Traditionally Roman Catholics, Presbyterians and Baptists are most opposed to abortion. See George Rawlyk, Is Jesus Your Personal Saviour: In Search of Canadian Evangelicalism in the 1990s, (Toronto, 1996).

¹⁵⁶Seven sisters worked at the new hospital in its first year of operation: three nurses, one x-ray specialist, one dietitian, one purchaser and one chaplain, but only a couple remained after five years. "Sisters' Ministries", SSMA, Series 3, Sub-series 4, #1.

context was different, in that few sisters wished to become employed in the new hospital. The Congregation believed their work in large institutions had run its course.¹⁵⁷ A few sister-nurses and other health professionals have continued to work at the new hospital since 1984. For the most part, though, many hospital sisters were either too close to retirement age, or, if they wished to continue in hospital work, they could do so in the smaller, Western Hospital in Alberton.

In a recent survey of the Atlantic region Della Stanley noted that improvements in health care were "the most dramatic and far-reaching [reforms] of the 1960s."¹⁵⁸ Another author has argued that educational reforms were the most important reforms in Prince Edward Island since World War II.¹⁵⁹ Which is most important is irrelevant. What is

¹⁵⁷"Sisters of St Martha, Prince Edward Island, Study of Charism, 1974-75: Sequence of Work", SSMA, Series 1, Box 6, Sub-series 6.

¹⁵⁸Della Stanley, "The 1960s: The Illusions and Realities of Progress", in E.R.Forbes and D.A.Muise, eds., The Atlantic Provinces in Confederation, (Toronto, 1994), p.436.

¹⁵⁹Verner Smitheram, "Development and the Debate Over School Consolidation", Smitheram et al., eds., Garden Transformed, p.177.

important is the mood that led to the marginalization of churches in provincial social services, the subsequent takeover of social services by government, the effects produced by institutional secularization, and the Roman Catholic Church's effective reaction to each of these.

The changes within the Sisters of St Martha after World War II were great. On the eve of the war, they had almost monopolized Roman Catholic social welfare, by operating a large hospital, an orphanage, several schools, and a social services bureau. In the 1940s and 1950s they maintained levels of education which made them the continued leaders in Prince Edward Island social services. By the mid 1970s, however, forces beyond their control had eroded their influence and they found it necessary to reduce their work to a realistic scale which could not include the Charlottetown Hospital. The end of denominational social welfare in Prince Edward Island and the sisters' waning influence was not, however, an indicator of the triumph of secularization over the Roman Catholic social order. In fact, the influence of Roman Catholicism remained strong in the two new provincial institutions. The Roman Catholic Church, in accommodating itself to a changing society, was

able to retain most of what was necessary for the Roman Catholic moral order without maintaining denominational institutions, as several priest and sister-professors continued to teach at the University of Prince Edward Island, while the Roman Catholic moral code was protected at the Queen Elizabeth Hospital.

Epilogue

Taking over the administration of the Charlottetown Hospital in 1925 marked the beginning of the Sisters of St Martha's professional ascent. Because of its prominence and the large number of sisters required to staff it, the hospital became the sisters' flagship institution. When it closed in 1982, the sisters were let loose from their primary, most demanding obligation to which they had been bound for 57 years. Their emphasis shifted toward more broadly-based pastoral care, emphasizing hospitality, human development and apostolic spirituality,¹ and their work shifted to a dimension they could manage given their decreasing human resources.

In 1982, 30 per cent of the 130 Sisters of St Martha were 65 or older. The Congregation's undertakings were diverse but much more modest than they had been. Whereas

¹Mildred MacIsaac, et al., The Story of the Sisters of St Martha, 1916-1991, (Charlottetown, 1991), p.24.

their custom had been to provide a majority of the staff of Prince Edward Island Roman Catholic social institutions, in the early 1980s the sisters were a small minority of the staff at six public schools, three hospitals, two family services bureaus, a Native reserve, and a home for the elderly. Nine sisters were parish pastoral assistants, seven were students, and about 30, most of whom were semi-retired, worked within the community serving other sisters, for example, as chauffeur, librarian, secretary and mail room clerk. Only six sisters were in the mother house infirmary.

The shift away from institutional work was formalized by a Pastoral Plan developed by the sisters based on the recommendations of Vatican II, professional workshops, and surveys of sisters' preferences and opinions. Part of their 1985 mission statement echoed the change:

With confidence in the guidance of the Holy Spirit and fidelity to the charism of our founding sisters - expressed in their concern for the poor - we adapt our ministries to a changing culture, serving the suffering, the needy, and the neglected. (Mission Statement, 21 August 1985.)

Successfully adapting their ministry to change had been a key and necessary characteristic of the Congregation

throughout their history. Their dynamism was particularly evident when they reinvented themselves in order to accept the administration of the Charlottetown Hospital in 1925 and again when they took steps to hold onto their strong influence in Island social work in the rapidly changing post-War era. Throughout their history they had also adapted to constantly changing levels of provincial and federal involvement in social services. Even when the hospital closed in 1982, though diminished and diffused, the sisters' primary function--to sustain the Roman Catholic social order--did not change and they continued to find ways and means to carry out that function effectively.

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