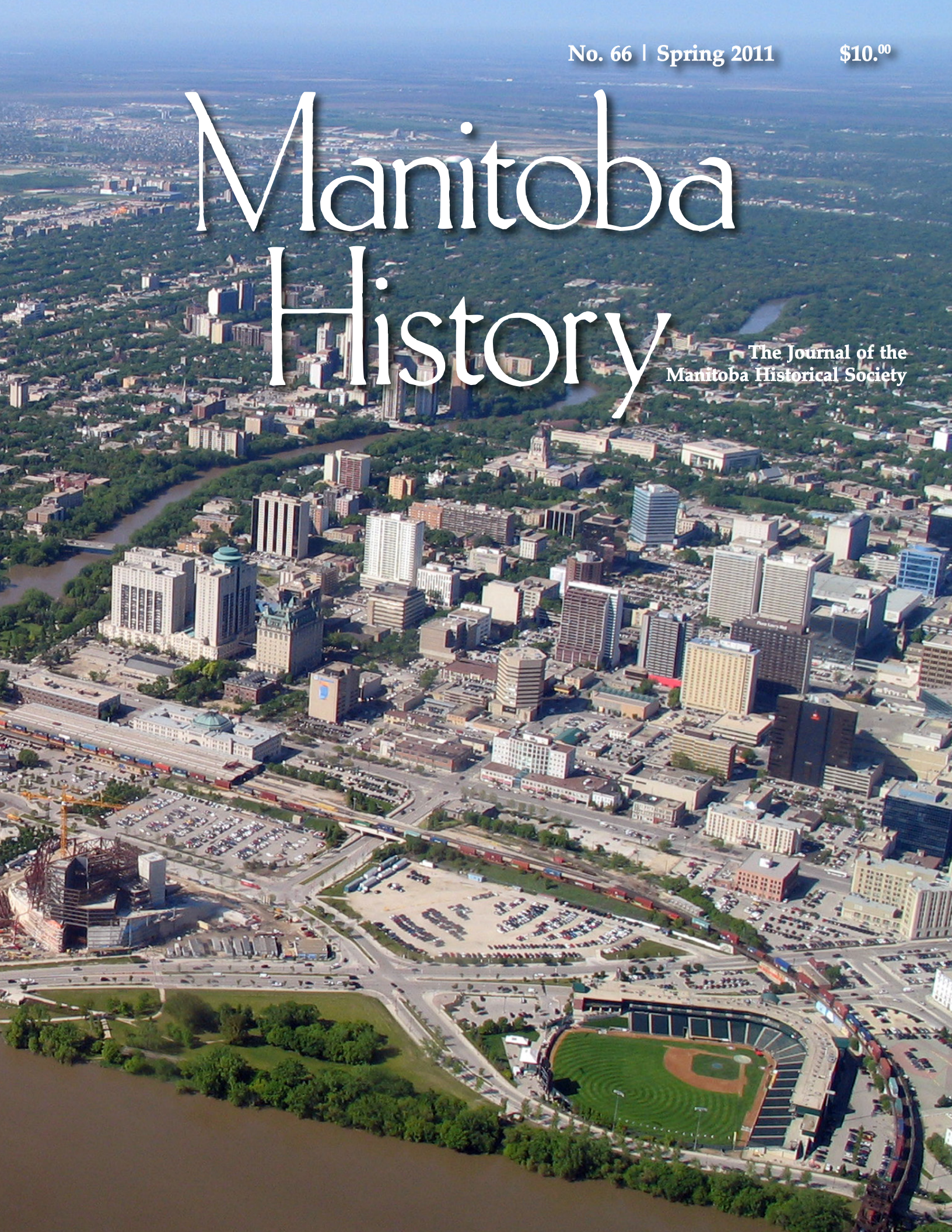


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The historic forks of the Red and Assiniboine rivers is visible in this Winnipeg vista, June 2011

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“I take delight in history, even in its most prosaic details, because they become poetical as they recede into the past. The poetry of history lies in the quasi-miraculous fact that once, on this earth, once, on this familiar spot of ground, walked other men and women, as actual as we are today, thinking their own thoughts, swayed by their own passions, but now all gone, one generation vanishing after another, gone as utterly as we ourselves shall shortly be gone like a ghost at cock-crow.”

George Macaulay Trevelyan, *An Autobiography and Other Essays*, 1949

Political Leadership and Democracy in Manitoba: The Roblin Era and Beyond

by Paul G. Thomas

Department of Political Studies, St. John's College, University of Manitoba

The following was the 2011 Templeton Lecture on Democracy, given on 4 April 2011 at St. John's College at the University of Manitoba. Dr. Thomas' lecture was held in conjunction with a daylong conference entitled "A Duff Roblin Legacy: Enhancing Civic Engagement in Manitoba." Eds.

Let me begin with a gigantic understatement. It is truly a great honour to have been asked to deliver the Templeton Lecture on Democracy, especially when the lecture is being given as part of a daylong event examining the policy legacy of the Honourable Duff Roblin.

It was my great good fortune to know both Carson Templeton who inspired and endowed the lecture series and Duff Roblin who provided the lead funding and allowed his name to be attached to the position of the Roblin Professor of Government, a position which I held for a decade.

As an original member of the organizing committee for the Templeton Lecture, I found it wonderful to encounter the public-spirited initiative, imagination, curiosity and generosity of Carson Templeton. There was always a twinkle in his eyes when we talked about the state of democracy in Canada and elsewhere. Knowing his aspirations for the lecture series and the stature of past lecturers, I have tried my best to prepare some remarks that he would find interesting and that are worthy of this occasion.

Turning to Duff Roblin, my first awareness of him as a leader occurred when I left a new high school in East Kildonan in 1961 and headed off to a growing University of Manitoba. For me this represented far more than a bus ride across the city. As the first-ever member of my family to attend university, the experience provided me with the knowledge, skills and aspirations to have a rich and fulfilling life. As happened for thousands of other young

Manitobans from that period, so my life, too, has been a product of the social investments and opportunities created by the Roblin governments of the late 1950s and most of the 1960s.

This indirect, historical connection came to mind in 2000 when I was very fortunate to be appointed as the first Duff Roblin Professor of Government. This appointment was the highlight of my academic career. Even before this honour

was bestowed on me, I regarded Duff Roblin as the greatest Premier this province has ever had. In the many recent celebrations of his life there has, in my opinion, been insufficient recognition that he was also a thoughtful, enlightened and influential statesman on the national, political stage. I always felt that having his name on my business card and being introduced here and across the country as the Roblin Professor of Government gave me credibility beyond what I had earned. In addition to the symbolism of the title, there were also the very generous material benefits of reduced teaching, the opportunity to collaborate with exceedingly bright young Roblin Graduate Fellowship holders, and the financial resources to conduct research and to stage events. Holding the professorship made the past decade the most productive and satisfying of my 40-plus years (nearly 50 if you count student days) at the University of



Ken Gigliotti, Winnipeg Free Press.

The Honourable Dufferin Roblin PC CC OM LLD DCL (1917–2010), 15th Premier of Manitoba.

Manitoba. I owe a great deal of whatever I have achieved to Duff Roblin, his governments and his friends who supported the establishment of the professorship. On this

Dr. Thomas is Professor Emeritus in Political Studies at the University of Manitoba where he taught for over 40 years. He was the first Duff Roblin Professor of Government from 2000 to 2010. He is the co-editor and contributor to Manitoba Politics and Government: Issues, Institutions and Traditions published by the University of Manitoba Press in 2010.

public occasion, I am pleased to say thank you, which hardly seems adequate.

Before discussing Roblin's political leadership in the context of Manitoba democracy, let me suggest that Duff and Carson Templeton had important values and beliefs in common. Both were individuals of outstanding character and integrity. They were wonderful "citizens" in the broadest meaning of that term. They believed in and lived by such virtues as responsibility, duty, loyalty, integrity, respect for others and commitment to the collective good of society. Both were deeply interested in the ongoing dialogue over the ideas and public purposes which should guide change and progress within a pluralistic, democratic society.

Duff and Carson believed deeply in the importance of education, seeing it as much more than simply preparation for jobs. They also recognized that education was not confined to the classroom; rather it took place throughout society on many different levels. For them education and democracy were fundamentally and inextricably linked. Creating knowledgeable and engaged citizens, they believed, should be one of the aims of education. For them, education in the broadest sense was essential to achieve the recognition, understanding and accommodation of different, at times divergent, values and interests in more complicated, pluralistic societies.

Of these two exemplary citizens, Duff Roblin was, of course, the more prominent public figure. As we all know, he was designated the greatest Manitoban of the 20th century in a 2008 selection process conducted by the CBC and the *Winnipeg Free Press*, an honour richly deserved.

Tonight, I want to talk about how Duff Roblin's personal philosophy and his approach to leadership transformed democratic life in Manitoba.

Rather than keep you in suspense—this is not a mystery thriller—let me outline my main points at the outset and you can then decide whether I have marshalled persuasive arguments and evidence to support those points.

I begin from the premise that it is hard to imagine a strong, healthy democracy without effective and ethical political leaders. I will argue that political leadership is a complex, interactive process that takes place in a particular context. Actions by political leaders reflect and are constrained by the context in which they operate and yet simultaneously their actions modify that context.

When Duff Roblin emerged as a political leader in Manitoba, democracy was in the doldrums and the provincial government was not addressing the emerging challenges of an industrial, increasingly urban and more diverse society. In collaboration with his colleagues in the Progressive Conservative Party of Manitoba, Roblin provided the ideas, energy and actions needed to revitalize

democracy in the province and to transform the role of government in setting directions and achieving positive change within society.

In talking about Roblin as a transformational political leader, I want to contrast his deep understanding of and support for traditional forms of representative and responsible government with the newer ideas of participatory democracy and citizen engagement, which gained strength in the Manitoba political culture during the late 1960s and beyond. In the participatory mode of politics and governing, citizens are meant in some measure to provide their own leadership rather than have elected and appointed public office holders simply act in their name.

I will argue that Roblin would find such a polarized choice between representative versus more participatory forms of democracy as too simplified and unhelpful. With the practical wisdom for which he was famous, he would probably argue that a 21st-century democracy must be prepared to examine a range of mechanisms to enable the public to have a greater voice in the political and the policy-making processes, to strengthen democratic accountability and to improve public trust and confidence

in government as an institution. However, as an institutional conservative, he would warn against the unforeseen, disruptive and potentially damaging consequences of widespread use of mechanisms of direct democracy to resolve public issues.

Having attributed a position to Roblin I then want to endorse it, thereby appropriating his reputation to my argument that as we seek to improve democracy for the 21st century we should focus more on refining the existing channels of representation than on implementing widespread direct or on-line democracy. This leads to my conclusion that the most likely and the most desirable, future scenario for Manitoba democracy is a blend of traditional representative processes with the selective use of direct democracy devices. Even with the potential for digital democracy, there will be crucial need for political leaders who have the character, integrity, knowledge and skills to lead effectively in more complex, turbulent environments.

Having given away my conclusions and drained the presentation of any suspense, hopefully I can still hold your attention as I develop my arguments.

The Key Concepts

After four decades of criticizing students for failing to define terms, I feel compelled to begin with a brief discussion of the key concepts of democracy and leadership. Both topics are broad and controversial. Whole forests have been sacrificed in the form of books, reports and articles on these topics.

[Duff Roblin was] deeply interested in the ongoing dialogue over the ideas and public purposes which should guide change and progress within a pluralistic, democratic society.

At the risk of great oversimplification, I take democracy to be based on four broad value premises:

- respect for the rule of law;
- support for individual and group autonomy;
- the acceptance of competing values and interests;
- the reasoned consideration of alternatives and the need to accommodate, to the greatest extent possible, divergent perspectives.

There are many different constitutional and institutional designs that might contribute to the fulfillment of these four value premises. Again, in broad, simplified terms, three sets of structural features are required for a healthy democracy:

- meaningful channels of representation, particularly free and fair elections;
- mechanisms to promote transparency and accountability;
- opportunities for citizen participation and influence.

In addition to such essential structural features, political leaders must understand and respect the values and norms of behaviour required to have a truly democratic society. As R. MacGregor Dawson wrote many years ago in *The Government of Canada* (the textbook on which my generation was raised), democracy requires a “genuine spirit of tolerance and fair play.” I will have more to say on this requirement later.

Many distinguished scholars would argue these features represent too limited a definition of democracy. They believe that democracy has, or should have, more sweeping, idealistic connotations of active citizenship, which goes far beyond voting in periodic elections and

writing the occasional letter to an elected representative. They believe that more continuous engagement by citizens would make government decision-making more representative and responsive, would contribute to more effective policy outcomes and would increase public trust and confidence in government. Greater participation would also offer the potential for learning and personal development for those citizens who commit time and effort to such activity.

When Duff Roblin emerged as a political leader in Manitoba, democracy was in the doldrums and the provincial government was not addressing the emerging challenges of an industrial, increasingly urban and more diverse society.

All of this is probably true but, as I will argue later, we need to be realistic about the willingness of the public to participate more regularly and the potential danger that the best financed, best organized and the loudest voices will dominate more direct modes of democracy.

Turning to leadership, this concept is almost as elusive and contentious as democracy. In the early 1990s when I began to look at leadership in the public sector, one of the first books that I read was Joseph Rost, *Leadership for the 21st Century* (1993). In what was an exhaustive review of the leadership literature between 1900 and 1990, Rost found no fewer than 221 definitions of leadership in close to one thousand books, chapters and journal articles. Leadership, especially what qualifies as good leadership, seems to be very much in the eye of the beholder.

There are many different schools of leadership scholarship and practice. Again, at the risk of oversimplification, I divide them into two broad camps.

The first is the “Great Person” school. It focuses mainly on the personal qualities, behaviours and situational responses of individuals who are given the title of leader. Most of this literature is derived from the experience of the private sector and features celebratory stories of heroic and charismatic CEOs who single-handedly overcome insurmountable obstacles to turn failing enterprises around. As we have seen in the business press coverage of the economic recovery from the 2008 meltdown, the stories of corporate superheroes often leave out or minimize the part played by government bailouts and other forms of support.

A second approach sees leadership as an interactive group process in which individuals motivate and influence others to work towards a shared purpose. Under this approach the distinction between leaders and followers becomes blurred, there is a recognized two-way flow of influence, and leaders are found throughout organizations, not just in the big offices occupied by people with the formal



Portage Collegiate Archive, Tashiro Fonds, #3738.

“Timmy” Wiebe, representative of children with disabilities for the 1965 Manitoba Easter Seals campaign, clasps the hand of Premier Duff Roblin on the steps of the grand staircase at the Manitoba Legislature. Behind Timmy is his father, David Wiebe, and to the right are S. C. Millett, Easter Seal Campaign Chairman, Opposition leader Gildas Molgat, and NDP leader Russell Paulley.

titles. Fortunately, more realistic ideas about shared and quiet forms of leadership have gained popularity in recent decades.

Following the lead of James MacGregor Burns, a distinguished leadership scholar, the distinction is often made between transformational versus transactional leadership (Burns 1979). Put simply, transformational leaders enlist followers by achieving their identification with and support for a higher-level cause. In contrast, transactional leadership operates on a less elevated level and involves mainly an exchange of benefits, both material and symbolic, in return for support and actions.

If presented with this dichotomy, most of us would probably opt for transformational leadership based on values and integrity over a more calculated, negotiated transactional style of leadership. For me, however, “the best” type of leadership is contingent on the context and the task at hand. This suggests that a dichotomy between the two styles of leadership is too simplistic and does not capture the complications of leading in the real world.

This is particularly true in political life where transformational leadership is relatively rare and even transformational leaders must often rely on more transactional techniques to move their agenda forward. This is the case because of the distinctive context and constraints of leadership in the public sector compared to private firms. In the interest of time, I will simply list some of the features of politics and governing that create obstacles to bold leadership:

- the range of values and interests that need to be accommodated in decision-making are numerous and often conflicting;
- as a consequence, the goals of public policy tend to be multiple, vague and often shifting, reflecting the political requirement to mobilize consent and build support for government action;
- there is no widely accepted “bottom line” in government, and therefore what qualifies as success is very much open to debate;
- to ensure that such debates take place, there is a paid “Loyal Opposition” who can be counted on to constantly scrutinize and criticize government performance;
- increasingly, governments operate in a fishbowl which means that the messiness, uncertainties, conflicts and shifts in direction are on display to an extent that would drive most corporate CEOs crazy;
- the media are critical in shaping public perceptions of politics and government and they have become generally negative and sensational in coverage, which has become non-stop and instantaneous.

Given these fundamental conditions and constraints in the world of government, inspirational, bold and decisive leadership is relatively rare, even in well functioning democracies.

Turning to an examination of Roblin’s leadership, I want to argue that personal character and contextual circumstances combined to shape his leadership style and approach to revitalizing democracy and changing the role of government. Roblin was not a flamboyant or theatrical leader. He followed a quiet, shared approach to leadership. He understood the social psychology and dynamics of leading a party and a government in a society with a political culture that was small “c” conservative in content and tone.

Leadership and Democracy during the Roblin Era

It might be argued that given his family background Roblin was born to be in politics. He wrote in his memoir that entering political life was “no whim” and continued the thought by writing “I was determined from the beginning, even if subconsciously, to be premier of Manitoba” (Roblin 1999, p. 23).

Roblin grew up in a family, which emphasized personal responsibility and service to the community. A dominating presence in that life was his paternal grandfather, Rodmond P. Roblin, who had served as Premier from 1900 to 1915. In his memoir, Roblin recounts fondly childhood memories of Saturday morning visits with R. P. (as the former premier was known) when histories and biographies would be read to him. At his own home, over Sunday dinners there were rousing political debates—Tories versus Grits—between R. P. and Duff’s maternal grandfather Andrew Murdock, who lived with the family. With this family background, it is tempting to raise the perennial debate over whether leaders are born or made, but I will dodge the issue by simply saying it is both.

In the case of Duff Roblin, he prepared himself to be leader by becoming an avid student of the principles and practices of cabinet-parliamentary government. He read the works of such icons of British political thought as Edmund Burke, Benjamin Disraeli and Lord Shaftesbury, as well as John A. Macdonald in the Canadian context. Based on his knowledge of the requirements for meaningful party

Leadership, especially what qualifies as good leadership, seems to be very much in the eye of the beholder.

competition and rigorous legislative debate, Roblin entered electoral politics in 1949 determined to challenge the non-partisan, coalition government approach to running the province that had prevailed since the early 1920s.

Several arguments had been made in favour of coalition government. For example, it was argued that a small, “have less” province like Manitoba could not afford to be divided in its efforts to gain financial and other forms of support from the national government. It was also argued that intense and rigid partisanship would weaken the role



Archives of Manitoba, J. Martin Fonds, P7247A-6 photo #7.

Historic date. Duff Roblin gestures at the dates for the 1958 Manitoba general election, after which he formed a provincial government.

of the Legislature as a check on the political executive and lead to patronage and other forms of corruption. Finally, there were the unity requirements of a great depression and Second World War, which made partisan disagreement seem inappropriate.

The 30-plus years of coalition government in this province stand as the longest stretch of coalition government in Canadian history, a fact that has largely gone unmentioned in the recent federal election campaign in which the phrase “coalition government” has become a dirty word.

The coalition period in Manitoba involved limited, straightforward, fiscally prudent and honest government. Less positively, the absence of party competition took its toll on the health of Manitoba democracy. As documented by Murray S. Donnelly, elections were lacklustre events, turnouts were low, many rural MLAs were embalmed in office through acclamations, there was no significant opposition in the Legislature and party organizations outside the legislature atrophied (Donnelly 1957, p. 30).

During the coalition period, governing was all about balancing the books and administering existing programs, activities which were meant to be kept free of politics. As Bill Neville wrote in a fine essay in the recent book on Manitoba premiers: “Essentially Roblin argued for the necessity of putting politics back into politics” (Neville 2010, p. 239).

From his election to the Legislature in 1949 as an Independent Conservative opposed to the coalition, through to his becoming Premier from 1958 to 1967 and on to his time as Senator (1978–1992), including two years as Government Leader in the Senate (1984–1986), Roblin defended in words and deeds the principles and practices of cabinet-parliamentary democracy. He understood far better than most politicians that our system of government

represents a distinctive approach to distributing authority and holding politicians to account for their exercise of power.

Put simply, cabinet-parliamentary systems concentrate power in the hands of the prime minister and the cabinet and then seek to prevent abuses of authority by requiring ministers to boast and confess before the legislature, the media and the public at large. The principles of collective and individual ministerial responsibility provide the constitutional foundation for this arrangement.

Collective responsibility translates into the requirement that governments retain the confidence of a majority in the legislature, that outwardly the cabinet demonstrates solidarity behind its legislation and spending, and that the proceedings of cabinet remain strictly confidential.

Individual ministerial responsibility means that cabinet ministers are legally in charge of their departments, set the policy directions of those departments, answer before the legislature for departmental activity and pay a political price (loss of reputation always and in the worst case the loss of a job) when something goes seriously wrong within their portfolios of departmental and non-departmental bodies.

Most Canadians do not know how fundamentally different the cabinet-parliamentary approach to the distribution and control of political power is from that which operates in the US political system which is based on an elaborate system of divided powers and checks and balances among the legislative, executive and judicial branches of government. Inherent in the design of our system is the original belief in a strong, initiating executive that could use public power for collective purposes. Inherent in the US system is a preference for dispersed power reflecting an underlying fear of government trespassing on individual liberty.

The greatest danger in our system is an excessive concentration of power in the hands of a small group of partisan figures called the Premier and cabinet, especially when there is a majority government and strict party discipline applies. In contrast, the greatest danger of the US system is gridlock and institutionalized buck-passing, which arises because, acting alone, no one institution—the Congress, the President or the Courts—is able to bring about any major policy changes.

Roblin was very much aware of these fundamental differences between the two political systems. He also recognized that many Canadians were ill-informed about our political system and had misguided ideas about how power should be exercised based on the fact they were constantly bombarded by news about American politics. I recall Duff asking me once whether any study proved that either system generally produced better policy outcomes and greater voter satisfaction. When I replied that I knew of no such study, his response was: “Well, there is something you might want to work on.”

Roblin recognized that competitive and disciplined political parties are essential in Canadian democracy.

The arrangements of cabinet-parliamentary government elevate parties over individuals, which is far less the case in the USA where more politicians advance their careers by becoming “freelance” policy entrepreneurs. In our system of government, parties and partisanship provide the ideas and the energy, which drive the political and policy processes. For example, parties will help to shape and give meaning to the votes of Manitobans on 4 October 2011, the first fixed-date election in Manitoba’s history.

Parties also act as giant personnel agencies for the recruitment and election of members to the legislature. The party with the largest number of MLAs—usually a slim majority in the case of the Manitoba Legislature—provides leadership and direction to government, ideally based upon a mandate to do certain things obtained from voters during the election.

Other parties perform the function of providing a visible and responsible opposition to the party in office, something which is considered valuable as a check on the possible abuse of executive power, as an outlet for minority opinions and as a means of ensuring peaceful alternation in office. The cabinet-parliamentary model does not presume much, if any, policy initiation from the opposition. Moreover, governments are not expected to regularly compromise or modify their legislative and financial plans based on opposition criticism because to do so would diffuse their responsibility and accountability to voters who have granted them an election mandate to govern along certain lines.

Finally, for both political and psychological reasons, individual MLAs see themselves as part of a cohesive group, which means that voluntary party solidarity more than enforced party discipline produces almost 100 percent voting along party lines in the Legislature. In short, parliamentary government is mainly a team sport, not an individual competition.

At present, there is a strong anti-party mood among Canadians. Over 90% of them tell pollsters that they are not in favour of MPs or MLAs being required to vote along party lines. It is alleged that party discipline makes elected representatives into trained seals, increases prime ministerial power and undermines the role of the Legislature as a check on the political executive. There is some validity in these complaints but they involve exaggeration and ignore the benefits of competitive, disciplined political parties.

As already mentioned, party solidarity and discipline help to ensure that governments are able to carry out their election promises. In order to advance their careers, ambitious politicians must attach themselves to a party and a program that is tolerably representative of society and this requirement limits the opportunities for purely self-

interested manoeuvrings. There is always the requirement for leaders to bring party followers along. For example, it was pressure by Paul Martin and his followers that caused Jean Chrétien to retire earlier than he planned. In British Columbia, the Liberal caucus forced Premier Campbell to leave. It is an exaggeration, therefore, to argue that party leaders in office, with all the perks that entails, cannot be seriously challenged and forced to leave by their own members.

Let me say a brief word about the development of capable political leaders. A few years back, Roblin kindly read the draft of an article of mine in which I argued for a national school of government for new and aspiring politicians. The article began with the following quotation from the novelist Robert Louis Stevenson: “Politics is the only occupation for which no preparation is thought to be necessary.” Roblin and I agreed that preparation was in fact necessary. He was less sure about whether my idea of graduate education for politicians was desirable or feasible. Most of the knowledge and skills of the good politicians, he believed, came from learning on the job, so to speak. His initial years in opposition were described in

his memoir as an “introductory course in Political Science 101” (Roblin, p. 78).

What Roblin developed during his time in public office was good political judgement or, to use an old-fashioned term, “prudence.” At its simplest, prudence involves the discernment to make sounder practical judgements based on

experience and reflection. In terms of the requirements of public life, decisions made by leaders who possess practical wisdom are often “better” than those that might be reached by people with more education and more access to relevant knowledge. Please do not misunderstand me: Roblin believed deeply in the importance of evidence-based policy-making. However, he saw it as the job of political leaders to combine, and at times reconcile, expert knowledge with public values and public opinion.

The importance Roblin attached to ideas in public life can be seen in his actions after the Progressive Conservatives had left the coalition government. In the 1953 election, the Progressive Conservatives had run only 38 candidates for the 57-seat Legislature and elected only 12 MLAs. The party campaigned almost entirely on an anti-government platform and the disappointing result was, in Roblin’s words, “what his party deserved.” The next year when Roblin became party leader, he began what he saw as the essential process of developing policies across all fields of government activity. He was the catalyst, but this was very much a shared leadership process. “It is enough,” he wrote, “to be permitted to conduct the orchestra without trying to play all the instruments” (Roblin, p. 78).

Most Canadians do not know how fundamentally different the cabinet-parliamentary approach to the distribution and control of political power is from that which operates in the US political system

In addition to policy development, Roblin embarked on the systematic recruitment of talented individuals from all corners of the province. These individuals would form the Progressive Conservative team, which won a minority government in 1958. Majority governments followed in 1959, 1963 and 1966. It was a far more representative group of candidates than the Conservative Party had ever before presented to the electorate.

As the political head of government, Premier Roblin ran a small, efficient cabinet, which grew from nine members in 1958 to fourteen by 1967 when he resigned to run unsuccessfully for the leadership of the national Progressive Conservative Party. For most of his time in office, Roblin served as both Premier and Provincial Treasurer (the equivalent of Finance Minister today). As Treasurer, he chaired the Treasury Board committee of cabinet. In Roblin's day, this committee went well beyond the usual function of reviewing spending plans and became involved with the formulation of policies related to resource development, urban growth, health care insurance and educational reform (Dunn 1995, p. 110).

It is interesting to note that critics accused Roblin of being a dictatorial premier long before the accusation of one-person rule became as fashionable as it is today. As is the case with all premiers, Roblin was definitely more than first among equals. He had a vision of the future needs of the province and he was prepared to use his prerogatives as leader of the party and Premier to move his ideas forward. However, he respected the principles of collective cabinet decision-making and used the cabinet as a forum to reconcile disagreements. In a 1983 interview, he described the dynamics of cabinet decision-making as follows: "My technique was to ensure that each minister had a chance to state his opinion. After that I would declare what the consensus was" (Dunn, p. 119).

Likewise, Derek Bedson, who was recruited from Prime Minister Diefenbaker's office in Ottawa to serve as Clerk of the Executive Council, observed that Roblin granted individual ministers considerable autonomy but contacted them weekly to keep informed about what was happening across government (Wilson, p. 112).

Based on his recruitment efforts Roblin had assembled a talented group of ministers who were leading figures in their home communities and could not simply be taken for granted or ignored by the premier. Recalling the names of Roblin ministers such as George Johnson, Sterling Lyon, George Hutton, Sidney Spivak and others, one is struck by the stature and capabilities of his cabinets, which were half the size of contemporary cabinets. Dr. George Johnson, MLA for Gimli, was probably the closest in philosophy to Roblin, and the premier relied on Johnson as Education minister from 1961 to 1966 to steer through the ambitious program to modernize Manitoba's school system, about which I will say more in a moment.

Roblin believed in the tradition of an impartial, relatively permanent civil service. In a system of cabinet-parliamentary government based on the principles of

ministerial responsibility, the role of the civil service is "to be on tap not on top." In other words, the job of civil servants is to provide neutral, sound policy advice and to carry out the directions of the premier, cabinet and individual ministers in a professional, efficient manner. Roblin realized that the civil service had not been asked to be highly innovative during the coalition period. To ensure the implementation of his ambitious agenda, he recruited a small number of key people from other provinces, mainly Ontario, to serve in strategic locations. There was, however, no widespread turnover in the senior and middle ranks of the civil service.

To implement Roblin's wide-ranging agenda, the civil service had to grow and to become more professional. In 1958 when Roblin took office, total provincial spending stood at only \$100 million (in today's dollars that would be approximately \$800 million in a provincial budget of \$13 billion in 2010–2011) and the civil service employed only 4,417 people (compared to 15,000 today). During Roblin's decade in office, spending increased fourfold and the civil service doubled in size to over 8,000 employees (Thomas 2010, p. 231).

[Roblin] had a vision of the future needs of the province and he was prepared to use his prerogatives as leader of the party and Premier to move his ideas forward.

From the outset, Roblin recognized the bias towards growth inherent in a system in which ministers and their deputy ministers were expected to be advocates on behalf of their departments and the sectors of society that depend on their programs. The job of the cabinet minister, Roblin said, was "to tell the civil service what the public won't stand for" (Colombo's New Canadian Quotations). For this reason, he remained chair of the Treasury Board committee until his last two years as Premier.

Before leaving to run unsuccessfully for the national leadership of his party in 1967, Roblin appointed the Operation Productivity Committee, an outside group, to examine the expansion and efficiency of government operations. By then there was a growing public backlash to rising taxes, especially to the introduction of the retail sales tax. Manitoba was the last of nine provinces to levy a sales tax (Alberta still does not have one). Roblin recognized that Manitobans believe they are entitled, almost by birthright, not only to buy most things wholesale, they also expect wholesale government which is both affordable and effective.

The highest investment priority for Roblin was education, which he saw not just as preparing people for jobs and making Manitoba competitive but also as the foundation for strong citizenship in a democratic society.

Roblin was attracted to the notions of progressive education as one way to create more equal opportunities for children from all social backgrounds. In 1958, the education system was highly fragmented, consisting of more than 1,500 school districts and another 42 private schools, all of which had limited finances and were facing a shortage of qualified teachers (Cousins 1998, p. 13). Roblin saw the crucial need for consolidation and modernization of the system. However, he also recognized the acute political sensitivity of taking control over education away from local communities, especially in relation to elementary education. Accordingly, he proceeded cautiously with school consolidation.

The modernization process began in the winter of 1958 with an intensive campaign to sell the benefits of larger, integrated school districts. No fewer than 600 local meetings were held across the province. This was followed in 1959 with plebiscites held in 36 of 46 proposed school divisions. In 32 of those divisions consolidation was approved, but actual consolidations proceeded at a glacial pace. Eventually, to speed up that process, the Roblin government announced in November 1966 that referenda would be held in 33 school districts to bring elementary and secondary schools under a single board. An enriched grant was offered to encourage local ratepayers to vote in favour of consolidation, but despite this inducement (critics called it a bribe) only fourteen of the 33 districts approved the single-district concept.

On the school consolidation issue, the eminent historian, W. L. Morton accused the Roblin government of “leading from the rear” (Morton 1967, p. 486). Morton favoured provincial legislation to force the integration of elementary and secondary schools. Of course such bold action would require less courage for a tenured academic to recommend than for a premier to implement, when he was trying to retain a majority in a legislature where 37 of the 57 seats were in rural Manitoba.

Roblin wrote in his memoir that the cross-province consultations and the use of plebiscites were exercises in direct democracy, an approach that he argued should be used sparingly and “should not be elevated into a fixed principle of our parliamentary system” (Roblin, p. 115). Perhaps Roblin’s general opposition to direct democracy was one of the lessons learned from his childhood Saturday morning visits with R. P. Back in 1912, when the direct democracy bandwagon was rolling across Western Canada, Premier Rodmond P. Roblin delivered a famous speech denouncing initiatives and referenda as “a denial of responsible government and a form of degenerate republicanism” (Morton, p. 144). In 1916 the Liberals, who had replaced the R. P. Roblin government, passed the Initiative and Referendum Act, but based on second thoughts they referred their own legislation to the courts and it was eventually ruled unconstitutional by the Judicial Committee of the Privy Council because it altered certain fundamental features of the parliamentary system.

Let me go back to the “genuine spirit of tolerance and fair play” which ought to be central to a democratic culture. Roblin believed in this notion. He conducted political activity with civility. He had political opponents, not political enemies. He knew he could not force his ideas on the public; he had to change fundamental public beliefs and values, which was a long-term, uncertain and politically risky process. He knew the importance of respecting minority rights.

The issue of Francophone language rights and schooling illustrates this last point. Roblin recognized the need to provide support to the Francophone minority whose language was gradually losing its place within Manitoba society. Over a number of years, he sought to find a pragmatic and prudent path to providing support in ways that would not be highly divisive. In 1965, his government established a system of shared services between public and private schools as a low profile way to provide some public funding to Manitoba’s Roman Catholic schools. In 1967, Bill 59 was passed in the Legislature to allow for French as a language of instruction in social studies and “such other subjects” as the minister of education might stipulate by regulation (Russell 2003, pp. 216-217). Roblin believed that these compromise arrangements had defused the incendiary potential of language issues. However, the later crisis of 1981–1984 over English-only laws revealed that this was not the case. A difference in the 1980s was that some political leaders were prepared to exploit the emotionally charged issue without calculating the costs to society of arousing deep divisions and conflicts.

Before turning to the evolution of Manitoba democracy since the Roblin period, let me summarize how I have characterized his leadership. Roblin recognized that political leaders and political parties are integral to representative government. To be successful, leaders must embrace goals and use skills that are congruent with the historical context. The pre-eminent skill of leaders is the discernment of the needs and the political possibilities within a society in a given time period. Roblin recognized that in a traditionally conservative society like Manitoba he had to be prudent in order to be bold. He combined both transformational and transactional politics. Roblin was not a dramatic or theatrical leader, but he communicated with great clarity and conciseness, even on complicated topics. He appealed to the better nature of Manitobans and sought to persuade them to rethink long-standing assumptions about democracy and to overcome their limited expectations about the potential of government to produce positive change within society.

Contemporary Manitoba Democracy

Most, if not all, observers agree that the Roblin period ushered in the modern era of Manitoba democracy. However, much has changed in the political context between the 1960s and today. The government agendas over the past three or four decades have become less

ambitious, but politics and governing have become more complicated and challenging. I would point to the following trends as evidence of this claim:

- the public has become suspicious of the motives, intentions, and trustworthiness of politicians and pessimistic about the capabilities of governments to solve major economic and social problems;
- all political parties have gravitated to the political centre by crafting policies meant to appeal to voters who are less ideological and more fickle in terms of party loyalty;
- a more complicated and aggressive 24/7 media environment has emerged and today more political fights are won in the media arena than in the legislature;
- most of us have become spectators to the political process, gaining our perceptions of leaders and their parties from the media, especially television;
- a process of professionalization of politics has taken place with more reliance on political advisers, polling, focus groups and sophisticated communications strategies;
- there has been greater centralization of the governing process around the premier and his office, reflecting a preoccupation with managing the political agenda and countering opposition and media attacks;
- with the expanded scope of government there are more numerous pressure groups pushing their points of view in the corridors of power;
- the size, complexity and diversity of the civil service has increased, especially in the form of more semi-independent arm's-length bodies;
- the role of the courts in the policy process has expanded.

In process terms, the combined impact of these trends has been to create a more complicated and demanding political environment than the one Roblin faced back in the late 1950s and early 1960s when the public was more deferential towards political leaders and the demands from outside groups were fewer than today. In substantive terms, however, contemporary political leaders offer voters more limited visions than Roblin did in his day. Today, in order to gain credibility and to mobilize support, leaders need to manage public expectations and to work with stakeholders to develop politically feasible and affordable policies and programs.

To illustrate the importance of context, let me offer a brief contrast between the leadership of Roblin and Gary Doer. Both men spent a decade in opposition before they won government. Like Roblin, Doer used his opposition years to transform his party to become more centrist, but still progressive. Beginning in 1999, the NDP's success in winning three majority governments was based in part on "under promising and over delivering"; an approach

that fit with the public perception that government lacked the capability and the money to solve overnight complex, seemingly intractable economic and social problems.

It was also the case that there was less to be done than when Roblin first took office back in 1958. As a result of the initiatives of the Roblin governments and the governments that followed, there were fewer brand-new policy spaces to be filled by NDP governments in the first decade of this century.

In summary, I think that the context in which Doer became premier demanded a more limited, transactional approach that relied more on so-called "retail politics" to "sell" new initiatives to sceptical voters. In saying this, I am not suggesting that Doer and his governments lacked ideas and a sense of direction.

There has always been a fair amount of stability in Manitoba society and politics. We have not had parliamentary crises involving the misuse of prorogation and dissolution by governments to escape accountability, as has happened in Ottawa.

Since 1969 Manitoba has evolved into a "two-party-plus" pattern of party competition. This has meant that minority governments have been rare. There have been only two in the modern era—Roblin in 1959 and Filmon in 1988. Majorities have usually been small, however. In such situations, the requirement to keep in touch with backbench opinion means there is more emphasis in both parties on caucus democracy than exists within governing parties at the national level. When majorities are slim, backbenchers cannot only bark, they can bite. This was illustrated by Jim Walding's vote to defeat the 1988 budget of the Pawley government, which is the only time in Canadian history that a majority government fell because one of its members voted against it.

There have been intense issues and occasional political scandals leading to public anger, but in general, Manitobans seem to be reasonably satisfied with how the political process operates in the province. This does not mean that the province is immune from the worrying trends of declining trust in government and withdrawal from the traditional political process. Here and elsewhere in Canada there is said to exist a so-called democratic deficit. I want to make four brief points about this concern.

First, different commentators use the phrase "democratic deficit" in different ways. Most often, it refers to declining turnouts in elections. In Manitoba, the 54% turnout in the 2003 provincial election was the lowest in the modern period and turnout rose to only 58% in the 2007 election. In terms of the mandate theory that I described earlier it would be better if governments gained office with a higher percentage of Manitobans voting.

Second, the democratic deficit phrase is sometimes used to describe the low levels of public trust and confidence in political institutions, like leaders, parties and legislatures. This is too complex a topic to be explored here. Let me just say that there are both long-term forces and short-term developments that account

for the poor reputation of today's politicians. In part, they have themselves to blame based on their own deeds and misdeeds. Institutional arrangements and processes are also part of the explanation, but such features account for only a small part of the problem. This means that we should not look for a quick institutional fix to the so-called democratic deficit.

Third, perhaps the most worrying concern under the heading of a democratic deficit, is the relative lack of

Most of us have become spectators to the political process, gaining our perceptions of leaders and their parties from the media, especially television.

interest and participation by young people in the traditional processes of parties and elections. Young people have always voted in fewer numbers than middle-aged and older voters. The worry is that current low levels of political engagement may carry over into later life when most people reach their peak in terms of their willingness to vote and perhaps go beyond that minimal act of citizenship to become involved with other explicitly political activities. I should add that younger people today are not completely disinterested and apathetic; rather their participation is based on causes more than traditional avenues of political engagement.

Fourth and final, we need to maintain a sense of proportion about the depth of the problem. Critics go too far when they suggest there is a "crisis" of democracy, especially in Manitoba. Levels of public trust and confidence are certainly lower today than in the past, but they have been shown to fluctuate significantly in response to short-term events. Also, some measure of scepticism is healthy in a democracy. The institutional foundations of our system are not crumbling. Three-quarters of Canadians still tell pollsters that our political system is superior to any other in the world, although they say this without much actual knowledge of how the system is meant to work.

In the late 1990s when Roblin was completing his memoirs, he was acutely aware of the malaise within the political system. His next-to-last chapter was entitled "Give Politics Back Its Good Name" As an institutional conservative his prescription to deal with the malaise was a limited one: reduce the number of votes treated as confidence matters, send topics of future government bills to committees for "pre-study" and allow members more freedom to exercise their independent judgements on more matters. Notably, he insisted that elected representatives should see themselves as trustees, not as delegates elected simply to carry out the wishes of their constituents

Over the past four decades, both NDP and Progressive Conservative governments have, in fact, introduced numerous reforms, intended, at least in part, to strengthen

democracy and to increase public trust in government institutions. The list of reforms would have to include the following:

- the passage of a Human Rights Act and the creation of a commission to oversee its operation;
- the appointment of an ombudsman to assist citizens with complaints about government actions and inactions;
- the adoption of freedom of information legislation;
- the adoption of general privacy legislation, as well as laws to protect personal health information;
- limits on campaign spending, tax credits for political contributions, disclosure of campaign contributions and eventually a ban on corporate and trade union contributions to parties and candidates;
- fixed election dates which remove the premier's prerogative to control the timing of elections;
- conflict of interest rules for MLAs and ministers;
- a lobbyist registration act;
- the granting of political rights for civil servants below the level of deputy minister;
- a guide to values and ethics for the civil service;
- programs to support diversity and gender equality at all levels of the civil service;
- new frameworks for the governance and accountability of crown corporations, including the requirement that the major crowns hold annual public meetings with their "customers";
- published reports on broad social indicators of the impacts of government activity and more narrowly focused reports on departmental and program performance;



Archives of Manitoba, J. Martin Fonds, P7247A-6 photo #17.

Fishing for votes? Provincial Conservative leader Duff Roblin fishes with his federal counterpart John "Dief" Diefenbaker, along with two guides, in June 1957.

- a broader mandate for the Auditor General to investigate the efficiency and effectiveness of spending and a legislated minimum number of meetings of the Public Accounts Committee of the Legislature;
- the passage of a balanced budget law, which cuts the salaries of cabinet ministers if government runs a deficit and requires a referendum before any increases in income or sales tax can take place;
- legislated requirements that a referendum be held before the privatization of Manitoba Hydro or Manitoba Public Insurance Corporation can take place;
- the occasional use of all-party committees of the Legislature to consult the public on sensitive topics like the Meech Lake Accord and smoking regulations;
- widespread use of other consultation mechanisms using panels of outside experts or civil servants.
- the use of information technology to improve the quality of service delivery to strengthen democracy one transaction at a time.

Critics would say this list is impressive in length, but not in substance.

For those people who value public participation in its own right as a source of improved representation and greater legitimacy for decision-making, tinkering with constitutional and institutional arrangements does not go far enough. They would favour more direct participation mechanisms such as citizen initiatives, referenda, recall petitions, citizen assemblies, open primary contests to select candidates and even on-line voting on issues.

In the present circumstances, I think there are several reasons to be sceptical about the desirability and feasibility of such proposals.

First, there is not compelling evidence to suggest that a large segment of the public want to get involved. Experience with participatory mechanisms of various kinds suggests that people are prepared to take the time and effort to become involved only on a very selective basis, most often when government decisions affect them directly and adversely. People tell pollsters they want a say in decisions, but most do not want direct, actual involvement in decision-making, which they are prepared to leave to elected officials. Lack of time is cited most often as the main obstacle to greater involvement, but this probably reflects the low priority politics has in the lives of ordinary citizens.

Interest and knowledge of politics is worryingly low. Civic illiteracy (a polite term for public ignorance) about the most basic features of the cabinet-parliamentary system is high, with just over half of Canadians saying they know nothing at all about the constitutional and institutional arrangements of the country. In fairness to citizens, our constitution is a complex blend of written laws and unwritten constitutional conventions, which defy easy understanding. The elusiveness of our constitutional rules means that a determined prime minister or premier can potentially violate the spirit of the constitution in order



Archives of Manitoba, J. Martin Fonds, P7247A-6, photo #5.

Conservative party. Among those attending Duff Roblin's 50th birthday party in June 1967 were (left to right) Manitoba PC party president Campbell "Cam" MacLean, Roblin, Roblin friend and aide (and later MHS president) Joseph Martin, newly elected Alberta Premier Peter Lougheed, and Manitoba PC Vice-President Garnet Kyle. Later that year, Roblin would resign as Manitoba Premier and seek the leadership of the federal PC party.

to evade accountability and then be politically successful in misrepresenting his actions to an indifferent and ill-informed public.

In summary, the barriers to greater public engagement are broadly a mixture of cynicism towards politics, a lack of attention and knowledge of public affairs and a lack of time when other activities are considered more important. Participation has always been skewed in terms of class, gender, ethnicity and age, with better educated, more affluent people from mainstream ethnic groups, men and older individuals tending to be the most involved in traditional forms of political participation.

In thinking about ways to improve the democratic process, we should avoid a polarized choice between the current representative system and the glittering prospects of direct democracy seemingly made possible by the miracles of modern technology. Given the complex, even contradictory, nature of their views on participation, most members of the public would probably prefer reforms to existing institutions that are integrated with new procedures for more direct participation.

Let me use the example of the Manitoba Legislature to illustrate the potential for a hybrid approach combining direct and indirect avenues of representation in the policy process. In one respect the legislative process in Manitoba is more accessible and open to citizen input than it is in other jurisdictions. For decades, unless otherwise ordered, all bills have been referred automatically after second reading to the Law Amendments committee of the legislature where individuals and groups can appear to offer comments and possibly changes. The number of citizens who appear on their own behalf is small; it is mainly the affected groups who show up to testify. Nevertheless, the hearing process obliges them to make their case in public as opposed

to behind closed doors, which is valuable in terms of transparency.

The committee hearing process has its limits. The fact that bills have passed second reading, which constitutes approval in principle, means that any fundamental changes proposed by interveners may be ruled out of order. Also, a government's reputation will suffer if it is. In any case, most governments do not like to be seen as backing down on their legislative proposals. Notice of meetings on bills is short, so ordinary citizens have trouble being aware of and showing up to testify on legislation. There is also the opposite problem when issues of high intensity arise and there are orchestrated campaigns intended to clog up the committee hearings with long line-ups of witnesses. We saw this on the Meech Lake Accord hearings.

A more participatory approach, and one that would reduce the potential for obstruction, would involve much greater use of all-party legislative committees reaching out to the public on contentious topics before the government takes a position. Technology could facilitate such consultations that could take place outside the regular sessions of the Legislature, which are compressed into a short fall and somewhat longer spring period. At some point, we might even consider the system of e-petitions adopted by the Scottish, Welsh and UK Parliaments. The system gives the public the chance to raise issues and, after filtering, select issues are considered by subject matter committees. Often this process leads to program changes and occasionally to legislation.

At present, the Legislature does a poor job as a "school of politics," which is how Roblin envisaged it. Too much of its time is taken up with a kind of pantomime adversarialism in which parties exaggerate their differences, the opposition launches attacks, the government reacts defensively and no real learning takes place. For the individual backbench MLA, the legislative process provides too few opportunities to acquire new knowledge and even fewer opportunities to use it in a meaningful way.

As mentioned earlier, the cabinet-parliamentary system focuses responsibility and accountability with the premier and cabinet, so backbenchers will never have that many chances to change legislation and spending. However, they could play a more important role by using committees to examine the impacts of existing policies and programs, including how effectively they are being delivered by departments and the various non-departmental bodies.

For this scrutiny-approach to work several things would have to happen: ministers would have to welcome enhanced scrutiny as a way to improve performance, opposition leaders and MLAs would have to be less preoccupied with scoring political points, and MLAs from all parties would have to commit the time and effort for few immediate political rewards. This is a tall order given the prevailing political and parliamentary culture, which is too caught up in the dynamic of blaming and defending. All that I could add by way of persuasion is that the public

seems to be fed up with mindless partisanship, and seeing parties work together to improve performance would help in some measure to restore the good name of politics.

In conclusion, my main theme has been that we need, and should nurture, good political leadership if we want a vibrant and healthy democracy. Criticizing politicians as a class of citizens – regardless of their individual merits and weaknesses – is counterproductive and dangerous. It may deter good people from putting themselves forward as candidates and party leaders. It is hard to imagine where Manitoba might be today if Duff Roblin had not entered the political arena. His inspired leadership revitalized democracy and transformed the role of government. He was prudent and practical. He recognized that compromise was an essential requirement of politics and not a betrayal of principles. Some measure of scepticism about politicians is healthy in a democracy, but rampant cynicism is not. Let's end our celebration of the Legacy of Duff Roblin, with three cheers for democracy and two-and-a-half cheers for politicians. ☺

Notes

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From Nose Sprays to Nursing Shortages: Managing Epidemic Polio in Manitoba, 1928–1953

by Leah Morton
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Many Manitobans over the age of sixty have memories of the recurring polio epidemics that struck the province in the mid-part of the century. Some of the more enduring memories associated with epidemic polio include woollen hot packs, admonitions from parents to avoid swimming pools, and iron lungs. These images and memories, though, are largely specific only to the last two epidemics. The first recorded polio epidemic in Manitoba occurred in 1928 and the last in the summer and fall of 1953. In that twenty-six year span, which I characterize as the epidemic era, there were six large-scale outbreaks of polio in Manitoba. The epidemic era ended only with the introduction of the vaccine created by American Jonas Salk.

The way polio was approached and treated changed throughout the epidemic era. This article focuses on the changing nature of the approaches to polio, concentrating in particular on attempts to contain the disease, the role of nurses, and patient management. Responses to the earliest epidemics, in 1928 and 1936, centred on medical attempts to control the disease through the use of serums and nasal sprays. Although finding something to minimize the effects of the disease continued to be a priority of the medico-scientific community, patient management and the role of nurses became increasingly important, particularly after 1941. A review of the changing approaches to polio management helps make sense of the incurable epidemic viral disease that caused so much anxiety and dread in Manitoba, but that has largely been forgotten since the advent of the successful polio vaccines.

While Manitoba was not the only province to contend with multiple polio epidemics, it was arguably the hardest hit region, with epidemics developing in 1928, 1936, 1941, 1947 and 1952. The era of epidemic polio in Manitoba concluded with the massive 1953 epidemic. In 1928, there

were 434 confirmed cases of polio in Manitoba.¹ The majority of those affected were children under the age of five. The tendency for polio to affect young children, coupled with the resulting paralysis, is why it was known popularly for many years as infantile paralysis.²

With each successive epidemic in Manitoba, polio became more virulent, and it began to affect older individuals. In 1941, 969 Manitobans were affected, leading to a case rate of 132.7 per 100,000 population.³ While these numbers are quite high, they do not compare to what happened in 1953. Manitoba experienced a particularly large outbreak in 1952; so, polio was not expected to be a concern in the coming year. By November 1953, however, over 2,300 Manitobans had been stricken with polio, with a case rate of 286.4 per 100,000. To make matters worse, many contracted bulbar polio, which paralysed the breathing muscles, leading not only to the enduring iron lung images, but also to an uncommonly high death rate.⁴

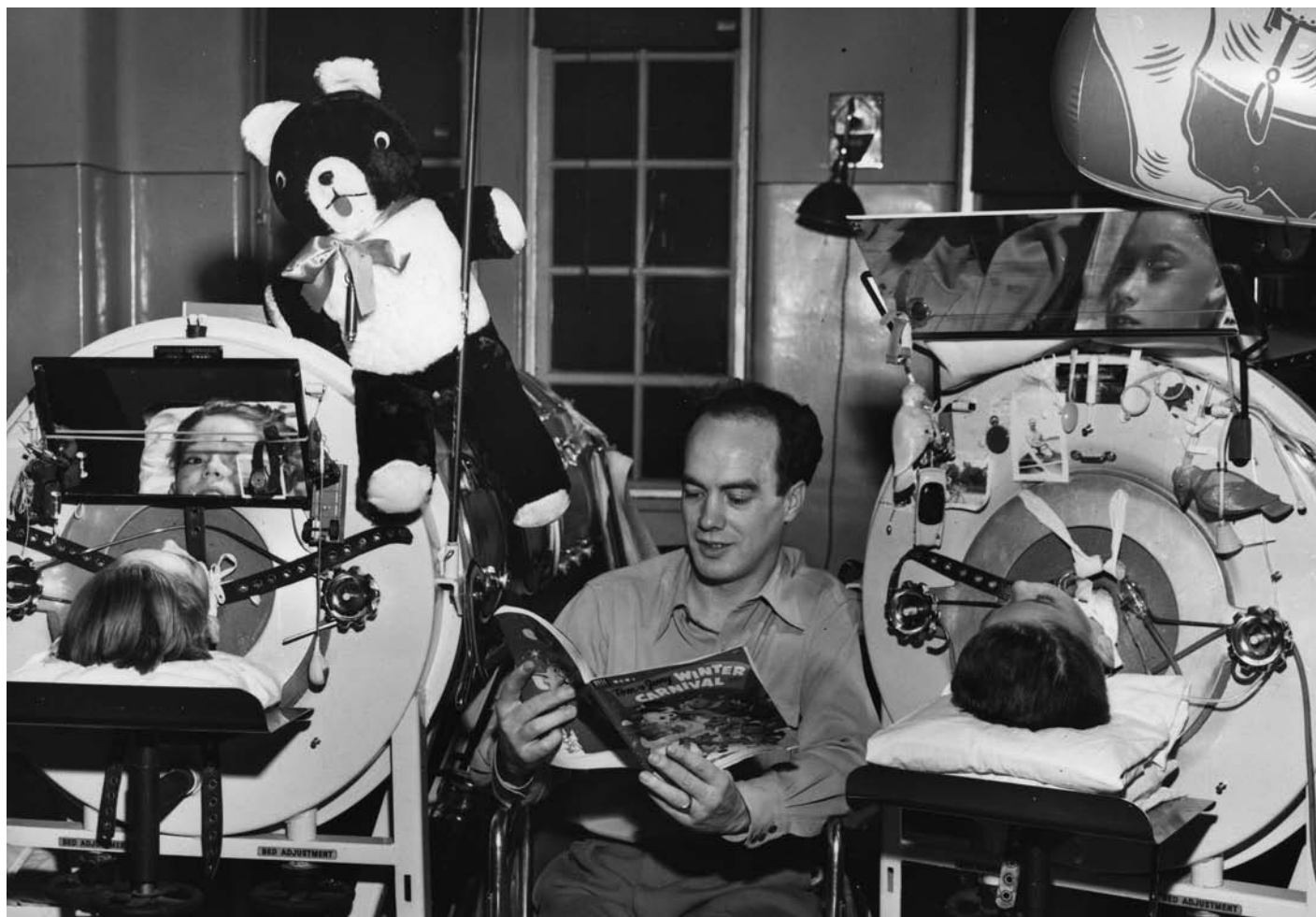
Throughout the epidemic era, people worried constantly about polio. Even though the mortality rate was usually quite low, polio engendered great anxiety. Dr. Oswald Day of the Children's Hospital in Winnipeg was intimately involved in the

The first recorded polio epidemic in Manitoba occurred in 1928 and the last in the summer and fall of 1953.

pre-war epidemics. "I do not believe that there is any disease that can frighten people so profoundly," Day wrote in a 1929 article in the *Canadian Medical Association Journal*, "as poliomyelitis. In Winnipeg last year, it incited a terror among them much like that caused by the air-raids during the war."⁵ To have made such a comparison only a decade removed from the horrors of the Great War is eye-opening. The lack of a cure and the inability to predict or contain an outbreak were part of the reason why polio evoked such serious apprehension.

However troubling, those issues were not the only reasons why polio was so feared. That had more to do with the target demographic and the results of a bout of polio. Until the 1950s, polio attacked young children most frequently; in 1928, over half of the individuals stricken with polio in the city of Winnipeg were 10 or under, whereas only 3.1 percent were over the age of 25.⁶ Its early symptoms—a general malaise, headache and stiff joints—mirrored those of so many common ailments. To think that a child could progress from generally not feeling well to paralysis in a matter of hours or days was genuinely disconcerting.

Leah Morton is a PhD candidate in History at the University of Manitoba. She is currently completing her dissertation on the transformative effects that polio had on nursing, public health, and discourses about gender and the family. She would like to thank Eysyllt Jones for assistance, and Brett Loughheed from the University of Manitoba Archives & Special Collections for help in securing the photographs. Leah lives in Winnipeg with her two children, Kurt and Katie.



University of Manitoba Archives & Special Collections, PC018-A81-012-056-5375-024.

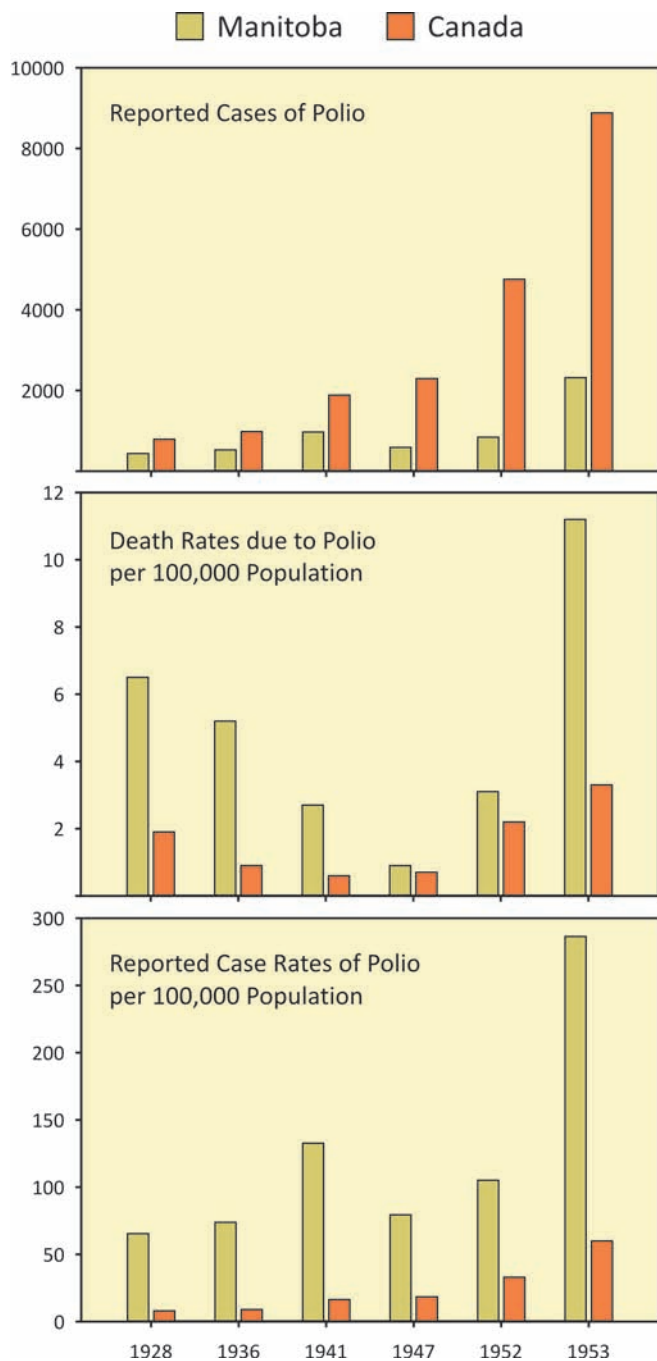
Iron children. Long-term confinement to an iron lung was a common result of diaphragm paralysis caused by poliomyelitis. Here, John Bryant reads to children as part of the Merry Menders Club at the King George Hospital, 9 December 1953.

The perils associated with polio were already well known in North America by the time it first appeared in epidemic form in Manitoba. Polio first appeared in Vermont at the turn of the century, but it was the enormous outbreak in New York State in 1916 that established polio as a feared disease against which the usual public health measures, such as quarantine and an emphasis on cleanliness, proved ineffective.⁷ By the time that epidemic subsided in December 1916, “in New York City alone there were 8,900 cases and 2,400 deaths,” establishing polio as a fearsome, incurable disease that targeted and paralyzed young children.⁸

In July 1928, the confidence with which the medical community faced polio belied the fact that very little was actually known about the disease. American scientists had been studying the epidemiology of polio since the turn of the century, yet little had been discovered in terms of control or prevention. Manitoba doctors seemed to believe they could effectively manage the disease and by mid-August 1928, the Medical Research Committee of the University of Manitoba was on the case. The Faculty Medical Research Committee (MRC), made up of professors

and physicians from the Manitoba Medical College, was a standing committee that met when necessary. On 17 August 1928, the members of the MRC were summoned for an emergency meeting. At the meeting, Dr. F. T. Cadham, Professor of Bacteriology, outlined “the situation respecting the outbreak of poliomyelitis in Winnipeg, which [was] beginning to approach the epidemic stage.”⁹ This, and subsequent MRC meetings, set the tone for the way the first recorded polio outbreak was handled in Manitoba.

The MRC believed they could control the growing epidemic with something known as poliomyelitis serum, or convalescent serum. The idea that a serum might be effective in controlling a disease was not new. Health researcher Christopher Ruddy, in his examination of medical and official responses to polio in Canada, suggests that serums were popular in the treatment of diphtheria and were often used to “minimize the severity of measles, scarlet fever and whooping cough.”¹⁰ Within this context, it is not surprising that the use of a convalescent serum, that was made from the blood of individuals who had supposedly recovered from polio, and reputed to lessen the effects of the disease if administered before the onset



C. J. Ruddy "Do Something!...Do Anything! Poliomyelitis in Canada, 1927-1962"
PhD dissertation, University of Toronto, 1995: 396-398.

Statistics from 1928 to 1953 illustrate how Manitobans were affected by poliomyelitis disproportionately to other Canadians.

of paralysis, became the MRC's main focus.

The provincial Department of Public Health and Public Welfare supported this initiative and it was at the Minister's request that the MRC became involved in the battle to contain and control the growing epidemic. The provincial Board of Health decreed that the MRC "should be authorized to prepare a convalescent serum for use in the treatment of poliomyelitis, and that the investigation of the present epidemic as to the etiology, clinical course, and treatment should be undertaken" by the MRC.

Additionally, "all matters with the scientific aspect of the problem" were delegated to the MRC.¹¹ A poliomyelitis subcommittee, made up of a number of notable Winnipeg doctors, including Dr. Bruce Chown, was struck and they turned to the growing epidemic.

The MRC was careful not to refer to the serum as a cure, but its centrality in the fight against polio in 1928 shows how much confidence was placed in its efficacy. By the end of August, over 100 cases had already been reported and it was clear that Winnipeg was in the midst of an epidemic. The MRC wasted little time in setting out its plan. Backed financially by the province, the committee gained permission from the municipal health authorities to observe patients at the King George Hospital. They also drafted permission forms for potential blood donors, asked Dr. Cadham to produce convalescent serum, and set out the parameters regarding which cases would be suitable for serum treatment.¹² Once these preliminary measures were put in place, the MRC asked the research lab to establish day and night services for the creation and distribution of the serum.

The MRC's emphasis on the serum necessitated finding suitable blood donors, a task which proved to be difficult. It relied heavily on the two urban daily newspapers, *The Winnipeg Tribune* and the *Manitoba Free Press* to find potential donors. Front-page advertisements with the headline "Blood Urgently Needed" were placed in both dailies and the ads stressed that there was no risk to the potential donor.¹³ Because the blood had to be from someone who had previously contracted polio, it was difficult to find enough donors. The Winnipeg Health Department had a list of such individuals, which it shared with the MRC, indicating that although this was the first recorded outbreak, polio had definitely been present in Manitoba prior to 1928. Despite problems with the list, including their inability to find some of the individuals, the MRC was able to secure approximately 100 donors, many of whom donated blood more than once. Although the MRC claimed to have a sufficient amount of donor blood to make the serum, they were clearly worried about a shortage, requesting serum from Toronto, Edmonton and British Columbia in early September.¹⁴

Despite not having any evidence of the efficacy of the serum, the MRC went to great lengths to provide serum to doctors and patients. The provincial government could not officially recommend its use as it was "still in the experimental stage"; however, the province and the MRC strongly believed in the serum and were committed to making it available to any physician who requested it. The MRC went to great lengths to have it distributed to as many cases as possible. Physicians would personally deliver serum to any suspected cases within a one-hundred-mile radius of Winnipeg, and for rural cases, "assistance was received from officials of the railway companies in several ways. In some instances conductors took personal charge of the serum, and in one or two instances trains were stopped specially at points of delivery."¹⁵ The centrality of the serum

to the battle against polio is undeniable as considerable amounts of time and money were clearly spent on its creation and dissemination in the province.

The MRC's evidence in 1928 for the efficacy of the serum is doubtful and, by 1936, convalescent serum had been characterized as harmless, *and* ineffectual. However, the overwhelming desire to find something that could alleviate the effects of polio remained strong throughout the whole of the epidemic era. This is evident in the drive to develop a special nasal spray during the 1936 epidemic and the development of an improved serum in 1953.

With the surge in the number of reported cases of polio in the summer of 1936, hopes were pinned on a nasal spray. The spray, which was reported to have "shown favourable results in the southern United States," was made by mixing picric acid with sodium alum. It was recommended by the provincial Department of Health as part of "its efforts to halt the Infantile Paralysis epidemic."¹⁶

The questionable nature of the nasal spray did not seem to deter the provincial board of health. Despite the fact that the spray turned people's noses yellow, and that it had been previously tested only on monkeys, the Department used provincial public health nurses and doctors to promote its use as a preventative, although they refrained from positioning it as a cure. It recommended that the spray be made by a "competent druggist" and administered, of course, by a physician. Step-by-step instructions were included, however, in the 15 August edition of the *Free Press*, presumably for worried parties who possessed both sodium alum and picric acid!

Nasal sprays quickly fell out of fashion in the North American fight against polio, but preventatives in general did not. Nasal sprays had been touted as possible preventatives based on the belief that "the portal of entry of the poliovirus was the olfactory nerves of the nose."¹⁷ Although the spray used in Manitoba during the 1936 epidemic was harmless, other nasal sprays were more damaging, and quickly discontinued.¹⁸

Serums, though, were used in the fight to contain polio throughout the whole of the epidemic era in Manitoba. In 1941, the province experienced a dual epidemic of polio and encephalitis. In July of that year, it became clear to the Department of Health and Public Welfare that an epidemic was imminent, and a medical Advisory Committee was quickly assembled. The Advisory Committee was comprised of several doctors who had been involved with the MRC in 1928, including Bruce Chown, O. J. Day and F. T. Cadham.¹⁹ By 1941, opinion was divided as to the efficacy of the serum. Even though the Advisory Committee "could see no immediate effect from the serum," it was still given to each suspected case.²⁰ The Advisory Committee acknowledged that "much difference of opinion [existed] as to its effect;" however, the provincial bacteriologist, Dr.

Cadham was once again asked to make the serum, because many in the medical field and general public continued to believe that its use "contributed to the low morality" associated with polio.²¹

Convalescent serum continued to be used, despite questions about its usefulness, because it gave the appearance that the medical profession was able to do something to combat the mysterious disease that frightened Manitobans. For all the work that went into studying the symptoms and clinical course of the disease, there was little that doctors could actually do for a person suffering from polio. Indeed, as the Advisory Committee conceded, "...besides the serum, only symptomatic treatment was given."²² Physicians did what they could to mitigate the painful headaches, stiffness and nausea that signalled the onset of polio, but beyond that, they were stymied.

Although neither the convalescent serum nor the spray was particularly useful, the medical community continued, right until the end of the epidemic era, to search for a prophylactic that might lessen the effects of polio.

In 1952 and 1953, hopes were pinned on something known as gamma globulin. Gamma globulin, the part of the blood rich in antibodies, was made by utilizing "sophisticated blood fractionating techniques" resulting, apparently, in an "immune serum thirty times more concentrated than

convalescent serum."²³ Although globulin efficacy was unproven, the mounting panic over the severity of the 1953 epidemic, coupled with limited supplies and the tendency of the press to tout gamma globulin as a cure, led to a political controversy over its distribution. Gamma globulin was in short supply in Canada, and the federal government strictly controlled and monitored its supply. When rumours arose that gamma globulin could be obtained on the black market, CCF leader Lloyd Stinson castigated the ruling Liberal party for misleading the public in desperate times.²⁴ The Winnipeg Trades and Labour Council also demanded answers from Paul Martin, the federal Minister of Health and Welfare. Martin asked the Advisory Committee to reiterate to the TLC that gamma globulin was reserved for those who needed it most, not those who could afford to buy it privately.²⁵

A number of factors, including the way it was reported in the Winnipeg daily newspapers, precipitated the furor over gamma globulin. Physicians and government officials were careful not to present gamma globulin as a cure or failsafe preventative against polio, but the language used in the media may have convinced the general public otherwise. Both the *Free Press* and the *Tribune*, for example, referred multiple times to gamma globulin as an "anti-polio serum" and at one point, the *Free Press* lamented that there was not enough gamma globulin available for mass immunizations against the disease.²⁶

While Manitoba was not the only province to contend with multiple polio epidemics, it was arguably the hardest hit region, with epidemics developing in 1928, 1936, 1941, 1947 and 1952.

The language implying that gamma globulin would prevent polio further confused an already volatile situation, and played on the emotions of citizens desperate to save their children from the ravages of polio. One father, whose daughter had been stricken by the disease, tried in vain to purchase a dose of gamma globulin, even offering to pay forty dollars for the vial.²⁷ The publicity surrounding gamma globulin, combined with the media representations, made it the latest in a long line of preventatives that Manitobans hoped in vain would help shield their families from polio.

Despite the continued search for some sort of preventative, the whole dynamic of polio treatment shifted dramatically in 1941. This shift led to a focus on the treatment and aftercare of patients, particularly those who suffered residual paralysis, and it greatly affected the work performed by nurses during epidemics. This change occurred right in the middle of the 1941 epidemic, and was precipitated not by the realization that the serum was ineffective but by the groundbreaking work of Elizabeth Kenny, an informally trained Australian nurse.

Prior to 1941, nursing was not a concern to those leading the battle against polio in Manitoba. The aftercare of the patients was barely an afterthought for the MRC in 1928 and 1936. During the 1928 epidemic, the MRC published in the Winnipeg daily newspapers information on topics such as the symptoms, possible causes and epidemiology of polio; the news items were later reprinted as part of the province's official report on the epidemic. The MRC's material concerned with the treatment of polio focuses exclusively on the use of the serum. Nursing the polio patients is not mentioned at all in that article, or anywhere in the report.²⁸ Tellingly, the journal *The Canadian Nurse*

Front-page advertisements with the headline “Blood Urgently Needed” were placed in both dailies and the ads stressed that there was no risk to the potential donor.

simply republished the MRC's informational articles in 1929, without adding anything about nursing polio patients.

The focus on finding a preventative rendered nursing and patient management almost invisible in the medical and public discourses during the early epidemics, but the orthodox treatment of polio-related paralysis also limited the scope of nursing care. Prior to 1941, the mainstream management of patients with paralysis hinged on two principles: complete bedrest, and immobilization. The MRC firmly suggested that “rest is the sheet anchor in the treatment” of paralysis. So that no one might assume rest meant simply taking it easy after a bout with polio, they reiterated that “this means rest in bed.”²⁹ The second aspect of the pre-1941 treatment—the immobilization of affected



State Library of Queensland, John Oxley Library, D1-5-89.

Sister Kenny demonstrates her therapy for polio patients to another nursing sister in a hospital at Queensland, Australia, 1939.

limbs—was done through splinting. The MRC subscribed to the widely accepted belief that splinting was necessary to “prevent overstretching of the paralyzed muscles, and to prevent the occurrence of deformity.”³⁰ Once the affected limb was splinted, the patient, usually a young child, was strapped to a Bradford frame, which was little more than a long piece of wood with cloth or metal straps that could be secured around the arms and legs to prevent movement. Within the prevailing medical orthodoxy of splinting and immobilization, there was little that nurses could do for polio patients, other than general upkeep such as bathing and feeding. This does not, however, mean that nurses were completely removed from the care of polio patients at all. Mary Shepherd was a young RN who was working as a private duty nurse when the head nurse at the King George Hospital contacted her in September of that year. She wanted to know if Shepherd was available to help out for a month or two. As this coincided with the height of the epidemic, it is reasonable to assume the increased number of patients necessitated the head nurse's hiring another nurse. According to Shepherd, nurses in 1928 followed strict techniques when working with patients in isolation, but it does not seem as if there was anything specific they had to do for those suffering from polio-related paralysis.³¹

The 1941 polio epidemic represents a watershed in the context of nursing and patient management in Manitoba. The polio epidemic was unique in that it coincided with an outbreak of encephalitis, or sleeping sickness. The “twin epidemic” brought increased attention to the province, as members of the international medical community and the federal department of health and welfare came to Manitoba to observe the unfolding outbreaks.³² One of the international visitors was Sister Elizabeth Kenny, and it was her ideas about paralytic polio that not only revolutionized patient management, but also transformed the role of nurses from peripheral to central in the day-to-day care of those suffering the effects of polio.

Elizabeth Kenny, by 1941, was well known to those intimately involved in the fight against polio. Although not a formally trained nurse, Kenny had a great deal of experience working with polio patients, first in her homeland of Australia, and later in North America. Through her work with polio sufferers in Australia, Kenny developed some very specific ideas about the management of paralysed muscles and advocated a treatment regimen that differed completely from the accepted mainstream methods of splinting, rest and immobilization. Kenny postulated that the affected muscles were in a state of spasm, akin to a severe cramp. These spasms made the surrounding muscles flaccid, rendering the limb immobile. Because of the pain associated with the spasm, patients would lose “mental awareness of the flaccid muscles” causing them to become “alienated from their brain control.”³³

The Kenny method focused on relieving both the spasm and the muscle alienation in ways that specifically contradicted the prevailing orthodoxy. Indeed, Kenny believed that rest and immobilization did more harm than good to patients trying to recover use of their affected limbs. The first step was the application of fomentations, or hot packs. Strips of wool blankets were torn up and then placed into boiling water. When they were hot enough, but not so hot as to burn the patient, they were placed on the affected limb, until cooled. This was to be repeated several times a day in order to relieve the painful spasm associated with paralytic polio. Muscle alienation was dealt with through stretching the muscles and moving the joints through a number of controlled exercises and by teaching the patients to consciously relax healthy muscles.³⁴ The treatment was to begin as soon as the patient passed out of the acute phase

of the disease, usually within a week or two after the onset of symptoms.

By the time officials in Manitoba knew they were in for another epidemic in 1941, Dr. Bruce Chown, then Superintendent of the Children’s Hospital in Winnipeg, decided to pay a visit to Kenny’s Minneapolis clinic, despite her well-known clashes with medical authorities. Chown was a rational, open-minded physician, but he was also frustrated. This was the third epidemic to hit the province in thirteen years, and there was little he could do to prevent the devastation it caused his community. Believing that the “whole disease is in need of reassessment,” Chown was sufficiently impressed with the outcome of Kenny’s

With the surge in the number of reported cases of polio in the summer of 1936, hopes were pinned on a nasal spray.

work that he invited her to visit Winnipeg to further demonstrate her work.³⁵ Kenny accepted the invitation and arrived at the Children’s Hospital in the middle of the epidemic. Undaunted, she set to work, and spent two weeks teaching the physicians, nurses and physiotherapists how to make the hot packs and manipulate the affected limbs and muscles.

The transformation engendered by the Kenny method was profound: previously relegated to the sidelines, nurses suddenly had a main role to play in the treatment of polio patients. Nurses were responsible for making and changing the hot packs, sometimes every hour, and while physiotherapists were supposed to perform the exercises, the lack of therapists in Manitoba meant nurses took on this role as well. Polio nursing was undergoing a sudden and dramatic transformation. Not mentioned at all in the 1928 provincial report, nurses suddenly became central to the management of polio.

Chronic nursing shortages were an unintended consequence of the changes engendered by the implementation of the Kenny method. The hot packs, combined with the muscle manipulation prescribed by Kenny, meant that in each of the epidemics after 1941, there were never enough nurses. This inexorable need for nurses became clear almost immediately in 1941. In each subsequent year, the ad-hoc committees set up to deal with the epidemics brought nursing to the fore, publicly calling for assistance from nurses.

The circumstances surrounding the massive 1953 epidemic led to a particularly contentious nursing shortage. Manitoba had been hit by a sizable epidemic in 1952, with just under 1000 cases reported. The established pattern suggested that polio would be minimal in 1953. However, by July of that year, it was clear that Manitoba was in for another epidemic. At the height of the new epidemic, it was not unusual to have a hundred cases reported in a week,



University of Manitoba Archives & Special Collections, PC018-A81-012-056-5375-017.

A Winnipeg physician uses the Kenny method to treat a young polio patient, July 1953.

or in a single weekend.³⁶ To make matters worse, many of the cases were of the bulbar variety, and young adults rather than children seemed to be the more susceptible. The beginning of the school year was delayed by several weeks, and the Air Force was asked to perform “mercy flights” to bring more iron lungs to the city. In total, over 2,200 cases were reported from July to November 1953.

The implementation of the Kenny method was not the only change nurses had to deal with in the later part of the epidemic era. The increasing frequency of bulbar polio in 1953 led to more labour-intensive and technology-based work for nurses. Bulbar polio “damaged cranial nerves in the spinal cord, severely affecting breathing and swallowing”³⁷ and respirators, commonly known as iron lungs, were needed to keep these people alive for weeks, months, years, and in some cases, decades.³⁸ The unprecedented number of bulbar polio patients during the 1953 epidemic had serious implications for the nurses who were responsible for their care. The literature for nurses tending iron lungs suggested that they were basic machines that could be operated with very little training. “All respirator equipment is basically simple, and the nurse only requires a short period of personal examination of the machine and an explanation from someone who has operated one to comprehend...” how to operate an iron lung.³⁹

This discourse underestimated the enormous amounts of technical skill, knowledge and teamwork that went into nursing a patient in an iron lung. Even in optimal conditions, tasks such as bathing the patient, administering enemas or changing catheters needed to be performed with the patient still inside the respirator. Small portholes in the machines, which operate on the principle of negative pressure, gave nurses limited access to the patients’ bodies, however, and their arms could be placed in the portholes only when the bellows of the machine were up, making these complex tasks all the more difficult. Nurses also needed to know how to keep the machines running during emergencies, although this technological expertise is downplayed in the literature as well. Hospitals rarely suffered power failures, nurses were told, and besides, there was a simple handle that could work the machine manually!⁴⁰

This upbeat take on the manual operation of an iron lung can be juxtaposed to an incident that occurred at the King George Hospital at the height of the 1953 epidemic. Mary Shepherd, hired on temporarily at the King George during the 1928 epidemic, was by 1953, the Superintendent of Nursing.⁴¹ Shepherd’s experience with a power outage at the King George Hospital in 1953, when 99 patients were in iron lungs tells a much different story from what appeared in *The Canadian Nurse*. According to Shepherd, it took three people to keep just one iron lung working manually. One person had to unplug the machine and work the pump manually, taking care not to breathe the patient too slowly or quickly. The second person had to stand on the side to read the pressure gauges to make sure the first person was pumping at the correct pace, and the third person had to

be stationed at the patient’s head to suction their saliva and mucous, because they couldn’t swallow on their own. Shepherd’s nursing staff, along with medical personnel from all the other wards, worked to keep 99 iron lungs operating in complete darkness for four hours, until the power was restored. Clearly, it was not an easy task. As Shepherd recalled, “it was bedlam.”⁴²

Nursing shortages had become common towards the end of the epidemic era, and staffing was problematic, particularly in terms of the nurses’ service and remuneration. The time-consuming, labour-intensive, and technical work nurses performed on the polio wards in 1953 certainly contributed to the issue. Yet the way the 1953 Polio Advisory Committee (PAC), the ad-hoc committee of medical professionals and government officials set up in 1952, and again in 1953, depicted the growing outbreak in the press also factored into the representation of nurses throughout the epidemic. The PAC, in order to prevent panic over the escalating outbreak, used the press continuously to reassure the public that the chances of contracting polio were low.⁴³ The *Free Press* reported Manitoba’s first new polio cases of 1953 in late June, but the 39 cases reported as of 2 July 1952 were brushed off by officials as “hangover cases” from 1952 and it was reiterated that there was “no cause for deep anxiety.”⁴⁴

Juxtaposed to these efforts to downplay the rising number of cases were the constant pleas, on behalf of the PAC, for nurses to volunteer at the King George Hospital, where the majority of the patients were hospitalized. The call for nurses started almost immediately after the first cases were reported. At the beginning of July, a letter was sent to over 700 “inactive nurses in the Greater Winnipeg area” asking them to “register for a refresher course on polio.” The course was presented as a cautionary, proactive measure, for although “medical authorities do not expect an epidemic” nurses needed to be up to date on unspecified “new treatment methods.”⁴⁵ The calm tone of the first calls quickly dissipated; only two weeks later the seemingly benign request for nurses to update their knowledge turned into an “urgent” appeal for nurses by the Polio Advisory Committee.⁴⁶ By 20 July, the city felt it had to close down its child health centres in order to free up nurses, and nurses from the Armed Forces were reassigned to Winnipeg hospitals. The ambiguities in the way the growing epidemic was presented by the PAC and the press may have contributed to the response of inactive and potential nurses. If the outbreak were not serious, as officials claimed, why were they so desperate for nurses?

Dedication to service was one of the main causes of the contentious feelings between nurses and officials in 1953. By November of that year, the epidemic had subsided, but controversy over the nurses had not. In November 1953, Lillian Mackenzie, the Director of Public Health Nursing for the City of Winnipeg, sent a letter to Dr. Roper Cadham, the Deputy Health Officer and spokesperson for the PAC. Cadham had asked for information about “the response of the City Health Department Nursing Division to requests



Portage Collegiate Archive, Yosh Tashiro Fonds.

Gee, that doesn't hurt! Linda Spence of Portage la Prairie received her first Salk polio vaccination at the Local Health Unit on 21 April 1955. Dr. J. Gonty, head of the Unit, administered the vaccination with nurse Rose Mushynski assisting.

for assistance during the 1953 poliomyelitis epidemic." Mackenzie replied that out of the 48 nurses employed by the City, 39 had volunteered either at the gamma globulin clinic or on the hospital wards. The majority of those who chose not to volunteer were either pregnant or had family members who were seriously ill, and had been advised not to volunteer.⁴⁷ Despite Mackenzie's prompt reply, the PAC clearly felt that nurses, particularly those employed by the city, had shirked their duty during the worst of the outbreak and Mackenzie was once again asked to justify her nurses' actions during the epidemic.

In a series of questions sent to Mackenzie in March 1954, the PAC pointedly suggested that the majority of City nurses had taken their vacations during the height of the outbreak, and that they had tried to avoid working on the polio ward of the King George by volunteering to staff the clinic that administered the gamma globulin serum to contacts of confirmed polio cases. Mackenzie, in an adamant bid to show how useful her nurses had been, answered the questions sent to her in a straightforward, but meaningful way. She countered the PAC's contention by noting that one nurse spent her holidays on the wards of the King George, another rearranged her holidays so as to work on the polio wards and four others who did take their holidays during the outbreak did so because immediate family members were sick, and needed their attention.⁴⁸

One of the main sticking points the PAC focused on was remuneration. During the epidemic, the PAC press releases often mentioned that nurses would receive a bonus of an extra \$12 for each five days worked.⁴⁹ Nurses were vilified during the epidemic, too, for not working unless they were paid accordingly. Doctors were publicly recognized for "working around the clock" and "internes"

for "acting as nurses", but nurses, it seemed, needed to be persuaded with a monetary bonus on top of the "special nurses' salary" they were already receiving in order to ease the "critical problem" of the nursing shortage.⁵⁰ Almost a year after the epidemic subsided, the question of pay remained controversial. Apparently, some nurses who were temporarily employed at the King George were inadvertently paid twice for their overtime hours. In March 1954, the City of Winnipeg's municipal health committee sent a letter to the city's Director of Public Health Nurses, Lillian Mackenzie, demanding to know why none of her nurses who had agreed to work on the polio wards had reported this "obvious duplication."

While Mackenzie countered that the duplication was not, in fact, obvious, the questions raised by the PAC seemed to be rooted in gendered ideas concerning women and nurturing, nursing work. Historically, women were expected to perform nursing-type work, particularly in the face of moments of disaster, war and medical emergencies. During the 1918 influenza outbreak, for example, the mayor of Ottawa publicly reminded women, that "nursing the flu victims was their 'duty' when the city was critically short of qualified nurses."⁵¹ Nurses in 1953 expected to be paid accordingly for their work, even though the PAC saw them as volunteers, and this may have exacerbated the tension between health authorities and nurses at an already stressful time.

In Manitoba, the epidemic era lasted more than twenty-five years. During this time, approaches to the multiple polio epidemics that hit the province were not static. During the earliest outbreaks, attempts to control and contain the disease emphasized experimental serums and sprays, rather than caring for patients. Although the urge to medically-manage the disease did not dissipate, as indicated by the emphasis in 1953 on gamma globulin, the successful introduction of the Kenny method in Manitoba led to an important shift, namely the growing emphasis on patient care and nurses. The Kenny method, combined with the massive outbreak in 1953, particularly the high number of bulbar cases, put extra pressure on nurses in Winnipeg. Nurses clearly rose to the occasion, even in very trying circumstances; however, their technological expertise in caring for all polio patients, and particularly those in iron lungs, flew in the face of the discourse concerning nurses as feminine voluntary caregivers. While the 1953 epidemic may have left Manitobans with enduring images and memories, it is important to consider the changing nature of polio in Manitoba by examining the epidemic era as a whole. ☞

Notes

- 1 C. J. Ruddy "Do Something!... Do Anything! Poliomyelitis in Canada, 1927-1962." PhD dissertation, University of Toronto, 1995, p. 397.
- 2 Polio has gone through several name changes. Prior to the 1930s, it was mainly known as infantile paralysis. The correct terminology is poliomyelitis, and although it is often referred to as such in the scientific and medical literature, physicians, researchers and the press mainly used "polio." This is the term that will be used in this article.

- 3 Rutty, p. 396.
- 4 Rutty, p. 398. Polio death rates were generally quite low in Canada, hovering in the 0.5 to 2.0 per 100,000 range. In Manitoba in 1953, this rose dramatically to 11.2, matched only by a rate of 10.7 in Alberta the same year.
- 5 O. J. Day "Poliomyelitis in Manitoba in 1928" *Canadian Medical Association Journal* 21 (November 1929), pp. 554-558.
- 6 Mary McKenzie, A. T. Cameron and A. J. Douglas "The Distribution of Cases in the Manitoba Epidemic of Poliomyelitis, July–October 1928" in the *Report on the Poliomyelitis Epidemic in Manitoba -1928* (Winnipeg: Great-West Life Assurance Company, 1929), p. 25.
- 7 Naomi Rogers, *Dirt and Disease: Polio before FDR* (New Brunswick: Rutgers University Press, 1993).
- 8 *Ibid.*, p. 11.
- 9 Minutes, Meeting of the Medical Research Committee, 17 August 1928. File 10.2.2[2], Faculty Medical Research Committee, Research – Correspondence, minutes, reports 1926–1928, Neil John McLean Library.
- 10 Rutty, p. 41.
- 11 Letter to Dr. C. R. Gilmour, Chairman, Medical Research Committee, from Dr. Montgomery, Minister of Public Health and Public Welfare, 31 August 1928. File 10.2.2[2], Faculty Medical Research Committee, Research – Correspondence, minutes, reports 1926–1928, Neil John McLean Library.
- 12 Minutes, Meeting of the MRC, Thursday, 30 August 1928, File 10.2.2[2], Faculty Medical Research Committee, Research – Correspondence, minutes, reports 1926–1928, Neil John McLean Library.
- 13 Minutes, Meeting of the MRC Poliomyelitis Sub-committee, Tuesday, 4 September 1928, File 10.2.2[2], Faculty Medical Research Committee, Research – Correspondence, minutes, reports 1926–1928, Neil John McLean Library.
- 14 C. R. Gilmour and A. T. Cameron, "The organization of the work concerned with the preparation and distribution of convalescent serum and the investigation of its action during the Winnipeg epidemic of poliomyelitis, 1928", in *Report on the Poliomyelitis Epidemic in Manitoba – 1928 by the Medical Research Committee of the University of Manitoba* (Winnipeg: The Great-West Life Assurance Company, 1929), p. 13.
- 15 *Ibid.*, p. 18.
- 16 "Antiseptic being used in Boissevain District makes noses go yellow" *Winnipeg Free Press* (hereafter WFP), 15 August 1936, p. 3.
- 17 Rutty, p. 106.
- 18 See Chapter 3 of Rutty's dissertation for a more in-depth analysis of the scientific discourse surrounding nasal sprays and problems related to their use.
- 19 F. W. Jackson, "Introduction," *Poliomyelitis and Encephalitis Manitoba, 1941: A symposium arranged by the Department of Health and Public Welfare of the Province of Manitoba*, pp. 2-5.
- 20 J. D. Adamson and Sara Dubo, "A Clinical Study of Acute Poliomyelitis, Manitoba 1941", in *Poliomyelitis and Encephalitis Manitoba, 1941: A symposium arranged by the Department of Health and Public Welfare of the Province of Manitoba*, pp. 19-34.
- 21 *Ibid.*, p. 32.
- 22 *Ibid.*, p. 33.
- 23 Rutty, pp. 235-236.
- 24 "Stinson: Polio Shots being Sold", *Winnipeg Tribune* (hereafter WT), 21 August 1953, p. 9.
- 25 "Canadian Polio Serum not for Sale, says Govt" *WFP*, 19 August 1953, p. 2.
- 26 See for example: "Anti-Polio Serum Seen Here Shortly", *WFP*, Thursday, 9 July 1952, p. 3; "Anti-Polio Use Extended", *WFP*, 24 July 1953, p. 6; "Anti-Polio Serum Here", *WT*, 13 July 1953, p. 3; "Marketing of Anti-Polio Serum dubbed 'Perfectly Legitimate'", *WFP*, 5 August 1953, p. 3; "Gamma Globulin Lacking for Mass Immunization", *WFP*, 17 August, 1953, p. 3.
- 27 "Marketing of Anti-Polio Serum dubbed 'Perfectly Legitimate'", *WFP*, 5 August 1953, p. 3.
- 28 "Appendix III", in the *Report on the Poliomyelitis Epidemic in Manitoba – 1928* by the Medical Research Committee of the University of Manitoba (Winnipeg: The Great-West Life Assurance Company, 1929), p. 79.
- 29 *Ibid.*, p. 81.
- 30 *Ibid.*
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“Essentially a Women’s Work”: Reform, Empire and The Winnipeg Children’s Hospital, 1909–1925

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The Winnipeg Children’s Hospital first appeared in a booming, ambitious and optimistic prairie metropolis in the early twentieth century. It took its shape in the city’s north end against a backdrop of explosive immigration, ferociously paced urban and industrial growth and a remarkably active and reform-minded British-Canadian middle class. While responding to such factors, the Children’s Hospital also found its evolving form in the dynamic scientific developments of medicine and the steady push for greater professionalization among health care workers.

From 1909 to 1925, the Winnipeg Children’s Hospital appears to have followed the general two-step narrative associated with most voluntary hospitals in Canada. The first step, from 1890 to 1920, involved reformers and professionals working to convince the broader public to transfer the care of the sick from home to hospital. Prior to this shift, the hospital was largely regarded as “a charnel house for the sick poor.”¹ They were considered places of last resort. The second step, from 1920 to 1950, saw health professionals attempting to turn hospitals into healing institutions for all members of the community, and a gradual failure to achieve this goal. A significant reason for this failure involved a greater commercialization and industrialization of health as it was increasingly commoditized. Charitable hospitals slowly turned into health factories that not everyone could afford.

While following these broad contours of development, the Children’s Hospital was also a complex social site of

cooperation, compromise and contest: processes highly gendered as well as shaped by class, ethnicity and race. Distinct attitudes regarding Empire and its relation to reform further complicated the picture. Many reform-minded actors, from businessmen and politicians to club and professional women, carried the ideological baggage of Canadian imperialism and settler colonialism with them from England and eastern Canada to Winnipeg, and quickly put them to work in the community—even before the city experienced its surge in urban-industrial development

at the turn of the century. They viewed the city as both “an industrial and a colonial centre”² and this imbued Winnipeg’s reform movement and its response to social ills of the modern metropolis with a distinctive inflection.

In the case of the Children’s Hospital, this inflection expressed itself most notably in a maternal feminist influence on the institution’s daily management and organization. Even as maternal feminism’s reach shrank with the gradual

emergence of female professionalism, the maternal model continued to influence hospital policy. This persistence speaks to a potent understanding of family, a patriarchal logic that lay at the core of the imperial project. It was a vision that idealized and naturalized a two-sphere approach. It fixed women and children in a domestic bubble and placed men in the public realm of politics and economics. Such attitudes when applied to the Winnipeg Children’s Hospital tended to “naturally” transform the doctor-nurse-patient relationship into a kind of familial relationship, especially because the patient being cared for was a child. Also important to this project was the perceived superiority not only of British practices, ideas and beliefs, but also of the British race vis-à-vis immigrants from other parts of the globe. Together these notions informed the design, management and location of the hospital in its early years.



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Winnipeg’ second Children’s Hospital, built on Aberdeen Avenue in 1911, is seen in this photograph from circa 1947.

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Winnipeg Context: Reforming Empire

When the hospital opened in the winter of 1909 on Beaconsfield Street in the north end of the city, Winnipeg was booming. From 1901 to 1913, Winnipeg gained more than 100,000 people as it grew from a modest city of 42,000 to a cosmopolitan metropolis of 150,000.³ It was now the third largest city in the Dominion behind only Toronto and Montreal. Passing through this gateway city to the “Last Best West” were hundreds of thousands of immigrants, many from central and eastern Europe and Britain. Their presence added to the city’s rush and roar as well as to the wealth of a vast local outfitting industry, which included a network of financial institutions, legal firms and wholesalers. Going in the other direction through Winnipeg to the rest of Canada and the world was more grain annually than the city of Chicago handled. Winnipeg’s Grain Exchange emerged as a major international centre for the pricing and sale of grain. On the other side of the Red River in St. Boniface sat the largest stockyard in the British Empire and a flourishing meat-processing industry. Moving all this traffic and freight were the trains of the

Grand Trunk Pacific Railway, National Transcontinental Railway, Canadian Northern Railway and Canadian Pacific Railway (CPR). Each railway operated significant sheds, repair shops and administrative offices in the city. Near the tracks were numerous employment agencies looking

From 1909 to 1925, the Winnipeg Children's Hospital appears to have followed the general two-step narrative associated with most voluntary hospitals in Canada.

to pair a large floating population of seasonal workers with jobs harvesting or in the resource sector, such as mining or lumber. The tracks also attracted much of the city’s industrial and manufacturing sector.

With so much work to be had around the central rail yards, perhaps it is not surprising, that homes for workers would be built nearby. Many of these homes were built on



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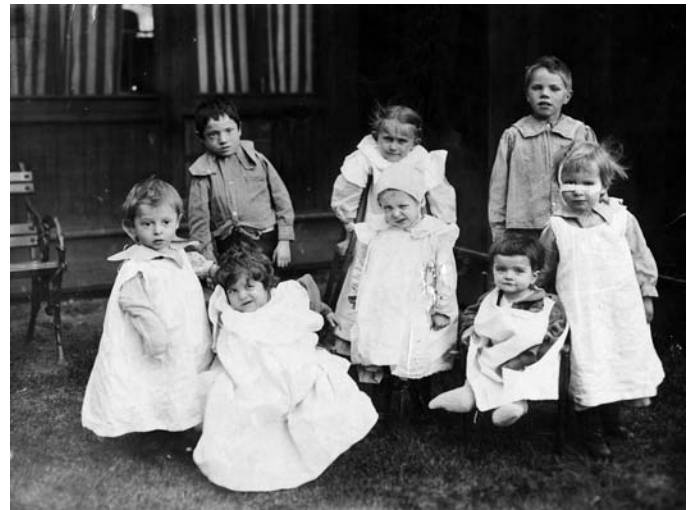
The benefits of fresh air. Nurses and children on a balcony at the Aberdeen location of the Children's Hospital, no date.

small lots north of the massive CPR yards. Here lived many of Winnipeg's working poor and most of its non-British immigrants. This bustling and energetic community was physically separated from the rest of the city by the central railway tracks. By 1913, most of Winnipeg's Jewish, Slavic and Scandinavian populations, as well as approximately one-quarter of its German residents, made their homes and their neighbourhoods here in what quickly became named by the British-Canadian majority "the foreign quarter."⁴ Such social and spatial segregation all but ensured that "the image of the north end held by those living in the rest of the city was rarely disturbed by reality."⁵

So what did those living outside the north end imagine it to be? Certainly many different meanings were inscribed upon this *terra incognita*.⁶ According to urban historian Alan Artibise, the north end seemed to represent an ambivalent urban space of hope and fear for the city's charter class, those aspiring British Canadians running the city.⁷ On the one hand, the north end contained the people power driving the rapid economic growth of Winnipeg from which this class derived its wealth and much of its optimism. On the other hand, this class saw the "foreignness" of those north of the tracks as a distraction or impediment to the shining future it believed was the destiny of Winnipeg and Canada. This view of non-British immigrants was affirmed in the *Winnipeg Telegram* in 1901:

There are few people who will affirm that Slavonic immigrants are desirable settlers, or that they are welcomed by the white people of Western Canada. ... Those whose ignorance is impenetrable, whose customs are repulsive, whose civilization is primitive, and whose character and morals are justly condemned, are surely not the class of immigrants, which the country's paid immigration agents should seek to attract. Better by far to keep our land for the children, and the children's children, of Canadians, than to fill up the country with the scum of Europe.⁸

Historian Kurt Korneski suggests that this charter class would have viewed the north end through a lens that melded its class conceits with a staunch imperialist perspective. Korneski situates Winnipeg within the sweep of European, and in particular British, imperial history. He argues that those members of the charter class, such as businessmen James Ashdown and A. G. B. Bannatyne, lawyer and eventual attorney general Colin H. Campbell and his wife Minnie J. B. Campbell, authors and suffragists like Lillian and Francis Beynon, E. Cora Hind and Nellie McClung, ministers like Charles Gordon and J. S. Woodsworth, and politicians like Thomas Mayne Daly, came armed with the ideas, practices and an affection for the institutions of imperialism. They also came at a time when Britain was endorsing Canada's annexation of the Northwest, and the new Canadian nation-state was promoting the displacement of Aboriginal peoples through



University of Manitoba, Faculty of Medicine Archives, MPC 4.1.56.

Patients in the Children's Ward of the Winnipeg General Hospital, circa 1911.

white settlement. Settler colonialists placed themselves "among the finest examples of the 'British race.'"⁹

Although a far from monolithic group, these early British and British-Canadian bourgeois-minded settlers took seriously their task of spreading the gospel of Empire and reform. Contradictions in nineteenth-century industrial capitalism raised awareness that old liberalism's Lockean notions of a minimal state put too much strain on society. These tensions potentially led to a dangerous solidarity among the working class. A liberalism of developmental democracy sought to address these failures and it is largely from this emerging new liberalism that the reform movement took its direction. These new liberals

began to voice theories, to direct government money, and to build government agencies that reflected the belief that the state's legitimacy lay in the fact that it ostensibly increased the "amount of personal self-development of all members of the society" by nurturing men and women so as to provide conditions and instil individuals with characteristics needed for success.¹⁰

Depicted as historical agents bridging the old radical individual liberalism and the new developmental liberalism were also reformers, such as the Alloways, who built privately funded and voluntary agencies. They helped prepare their society for the further social elevation of the professional, and in the process, they also reproduced what Ian McKay has referred to as the liberal order.¹¹

Even before the city had a railway connection, Winnipeg reformers had created a network of clubs, societies and schools designed to project and create a sense of civilization, to burnish their own badges of civility, to illustrate a model of morality, and to provide themselves with a stage upon which to perform and express a sense of "Britishness" or an idealized version of the English



University of Manitoba, Faculty of Medicine Archives, MPC 4.1.56.B.

"My kiddies". Winnipeg General Hospital nurse E. E. Reid annotated this photo "Some of my kiddies in the Children's Ward when I was in charge, 1911 or 1912."

bourgeois life.¹² By the 1890s, as aboriginals "vanished" from the city and trains arrived, reformers began to view the seemingly endless land around them as "empty space." This was space devoid of humanity, history and tradition, presenting a blank slate on which they could create not merely a "little Britain" but a "better Britain."¹³

It is this conception of colonial space, conveniently forgetting the act of indigenous dispossession, which can shed light on what reformers saw when they gazed upon the north end in the early twentieth century. As part of a setting uncontaminated by tradition, the north end shared in this vision of liberating "emptiness" where "abundant resources and bracing climate ... would 'breed and maintain the most virile community of Anglo-Saxons in the world.'"¹⁴ On top of this was a teleological view of human history which suggested that the extent to which those living in the north end failed to be fully human was directly proportional to the degree they deviated from an idealized middle-class British-Canadian way of life.

Such an outlook also helped to explain how reformers, at least prior to the 1919 Winnipeg General Strike, avoided framing the north end in terms of class. By emphasizing both the virtually unlimited potential and superabundance of "empty space," reformers could maintain that the methods of production in the Canadian west did not rely on class inequality, as might be the case elsewhere. Here, at least, there was "nothing inherently inequitable about a liberal capitalist society."¹⁵ This meant the "social ills" suffered by those in the north end were not a product of low wages and poor living conditions, but a result of their "race" being lower on the social evolutionary ladder. If one rereads the *Winnipeg Telegram* on the lack of desirability of Slavonic settlers, it should be apparent how thoroughly hegemonic the explanatory power of these attitudes had become. Of course, these attitudes expressed themselves in a range of responses from angry "racist" and nativist

to more hopeful assimilationist. There was a sense among many of the city's elite, given the "success" of their race and the possibilities of "emptiness," that they had been burdened with a great responsibility. They were obliged to help uplift the deserving "sufferers" in their midst, those who were ignorant, and morally and spiritually inferior. "It was the duty of 'advanced' peoples the world over to bring the 'lesser races' up to the level of the British, thereby moving humanity as a whole toward a more happy, affluent, socially peaceful existence."¹⁶

The Children's Hospital: the Social and the Scientific

The health of the city's poor and immigrant population was a major focus of reform initiatives. On the auspicious opening day of the Children's Hospital in 1909, Winnipeg Mayor W. Sanford Evans addressed a crowd of two hundred people, many likely among the city's most prominent reformers. Evans, co-founder of the Canadian Club movement and former publisher of the *Telegram*, began by congratulating "the women of Winnipeg" and celebrated what he called a "new movement, which was destined to do such good work." T. Mayne Daly followed Evans to the podium. Daly, chair of the hospital's all-male advisory board, a former federal Conservative cabinet minister, and only recently appointed first judge of Manitoba's juvenile court, reiterated the notion that the hospital existed due to the women of Winnipeg. The unnamed writer of the *Manitoba Free Press* article announcing the hospital's opening added that it was "essentially a women's work." After the men, Annie Bond reluctantly spoke, according to the newspaper account. Bond, "chairman" of the hospital's board of directors, a former nurse trained at a Nightingale school in England and decorated for her time nursing in the Royal Army Medical Corps, modestly refrained from discussing her efforts to bring a children's hospital to Winnipeg. She instead thanked all those who worked with her to make it a reality.¹⁷

On the auspicious opening day of the Children's Hospital in 1909, Winnipeg Mayor W. Sanford Evans addressed a crowd of two hundred people, many likely among the city's most prominent reformers.

Like the first iterations of many other children's hospitals in North America, the Winnipeg Children's Hospital was a renovated rented home in a poor area perceived to be rife with social ills. While the reasons why Winnipeg needed a separate hospital for children went largely undocumented—there was already a children's ward at Winnipeg's General Hospital—advocates for special children's facilities elsewhere argued that the environment in general hospitals "corrupted" children and

it was “wrong to expose children to moral contamination to obtain rather uncertain medical results.”¹⁸ In the matter of infant and child health in the north end, perhaps the embarrassing facts did all the talking. Winnipeg consistently recorded some of the highest infant mortality and general death rates on the continent. The north end, while not the only area where infant mortality was high,

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was the epicentre of these deaths. In 1905, the city health officer counted 513 infant deaths. That meant one in eight babies did not live for more than twelve months. “The response of the elite to this situation was to blame poor sanitary conditions on the ignorance, laziness and immorality of the North End's foreign born population.”¹⁹

The first patient admitted to the Children's Hospital, as described by a *Free Press* reporter, reinforced this perspective.

The first patient, a tiny Russian infant, was carried in its mother's arms to the institution Friday evening. The child came from a home in the foreign quarter of Winnipeg. Its father was out of employment, and the family was destitute, living in filthy and unsanitary quarters.²⁰

In the eyes of reformers, here was the model “little sufferer.” Here was evidence that “Old World mothers did not have the training necessary to raise children adapted to urban, industrial society.”²¹ Here was also some of the culturally coded “language of Missions and purity work” that historian Mariana Valverde has argued reflected and helped reproduce “pre-existing power relations.” It was a language steeped in patriarchal logic, class bias and notions of race to create and reproduce a web of authority.²²

This discourse and more was on display in the hospital's first annual report. Anxiety over the perceived ignorance of “foreign” parents and how it obstructed the hospital from doing its “good work” permeated the inaugural report. A persistent assault on the foreign family was reflected in the tone of the report and the way the middle-class British-Canadian board members interpreted the hospital's mortality and morbidity data. For example, of the 228 patients admitted in 1909, 42 improved, seven showed no improvement, 47 died, 13 were removed by their parents against staff's wishes, five were discharged with contagious disease, and 13 remained. The report

categorized the patients by sex and ethnicity. The hospital saw 121 males and 102 females and of that total, there were 102 British-born, 121 of “foreign extraction,” mostly “Poles and Hebrews,” and five of unknown nationality. Although they treated almost as many “British” patients, the all-female board concluded from these figures that immigrant parents were too lazy, ignorant or unwilling to bring their children to this modern reform institution in time to be “saved.” As the report put it: “[The high infant mortality rate resulted from a] great number of babies brought to the hospital in a moribund condition during the summer months suffering from ‘Infantile Cholera’ [and] ... these patients came from homes of foreigners uninformed re Hospital advantages, therefore leaving it (so often) too late for treatment to be of any avail ...”²³ Those parents who withdrew their children only reinforced the board's opinion of their ignorance.

Despite the equivocal success of the Hospital's first year, the experience was a positive opportunity from the perspective of many of those providing the volunteer care. It permitted this class and “race” of women to express and reinforce some maternal feminist goals—to perform women's work outside the strict confines of their own homes—and gave them a venue to express the core traditions of their “British spirit,” including self-sacrifice, perseverance and devotion.²⁴



<https://picasaweb.google.com/wchcentennial>

A nurse bids farewell to a young patient leaving the city's third Children's Hospital.

The great joy and satisfaction that is experienced by all those who are helping to carry out this work is sufficient reward for all their efforts and self-sacrifices. The little sufferers relieved, the lives saved to grow up as useful men and women, and the lifting of the burden from many an over-taxed parent will only be made known at the great day of reckoning.²⁵

Tucked into this quotation too was a clear recognition of the relationship between the family and industry. Board members viewed the healing and uplift of immigrant families as a way to protect and reproduce the liberal order,²⁶ hence, the point about saving lives “to grow up as useful men and women.” And while the medico-scientific value of the hospital and the efforts of the volunteer physicians were acknowledged, it was the institution’s social mission, managed daily by women, that garnered most of the attention.

The architecture of the Beaconsfield Street hospital further played to the notion that this was a women’s enterprise. The hospital was once the home of Manitoba’s Lieutenant Governor Sir John and Lady Schultz. Later, when the new hospital was built on Aberdeen Avenue in 1911, the Duke of Connaught (Canada’s Governor General and Queen Victoria’s son) and his daughter Princess Patricia would attend its formal opening. The *Free Press* described the Beaconsfield hospital in idyllic terms (i.e., as an ideal middle-class British-Canadian home): a three-storey home with an airy and sunny interior and a child-friendly two-acre lot next to the Red River. The emphasis on sun and air neatly meshed with socio-medical miasmatic theory, which called for cleanliness and fresh air to dispel any bad air (an atmosphere of decomposing material) thought to cause illness. The miasmatic theory put a premium on sanitary conditions, something Bond’s Nightingale training emphasized, and was consistent with the notion that a

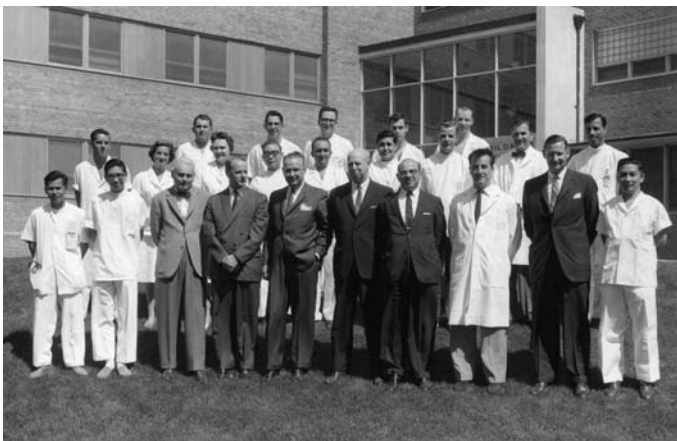
hospital was somehow a domestic space, too.²⁷ This blurring of conceptions of space permitted the maternal language of domesticity (housekeeping, nursing the sick, raising the young) to shape the hospital. Further, the idealized nature of the middle-class home-turned-hospital on Beaconsfield was used to impress upon patients, and particularly their parents, the superiority of the reformers’ way of life. The surroundings were an intentional contrast to the “homes of wretchedness and sin” in which many of the middle-class women assumed their patients were raised.²⁸ Lastly, having a hospital begin in a home may have helped to ease some of the fears of parents entrusting the facility with the care of their children, and helped in the transition from home to hospital.²⁹

While the relocation of the Children’s Hospital from Beaconsfield to a new building on Aberdeen Avenue signalled a significant shift from the social to a more scientific approach to hospital care, with more modern facilities and professional staff, it did not mean an immediate abandonment of the hospital’s social mission. Perhaps the most tangible evidence of this was that it remained in the north end. Those who led the building fund campaign, such as wholesale baron and former mayor J. H. Ashdown and prominent lawyer A. J. Andrews, played a particularly important role in the decision to stay in the area.³⁰ Annmarie Adams and David Theodore, who have analyzed the changing architectural designs of children’s hospitals, note that during the interwar years

conservative, historicist interiors were used to comfort patients and visitors, please patrons, and solidify the social status of the institution. There was a self-conscious use of architectural forms to perpetuate and symbolize traditional spatial and social orders, perhaps as a defence against the fears about urbanization and industrialization.”³¹

For example, the building on Aberdeen had open-air balconies for convalescent care on the first two floors of the east wing. They echoed the verandahs and balconies that were typically built on middle-class homes of this period.³²

The Children’s Hospital continued to be managed by two boards: an all-female board of directors, responsible for day-to-day operations; and an all-male advisory committee, responsible for significant financial and political decisions. According to historian Judith Young, when children’s hospitals moved from a home to a modern building, the influence of that all-female board of directors was usually significantly hollowed and narrowed. Basing her conclusion on a case study of Toronto’s Hospital for Sick Children, Young observed in the transition from social reform to scientifically based medicine a realignment of gender roles. In that case, the all-male advisory board took over all financial responsibilities as the hospital became viewed as a business rather than a charity. “Only in rare instances, after reorganization, did women manage to retain equal power with men through board representation.”³³ When the



University of Manitoba, Faculty of Medicine Archives, MPC 3.3.14.

A 1957 photo of the medical staff at the Winnipeg Children’s Hospital included distinguished physicians Dr. C. C. Ferguson (second from right in first row) and Dr. Harry Medovy (fourth from right in first row).

Winnipeg Children's Hospital moved to Aberdeen Avenue, no such dramatic reorganization occurred. For example, the women's board overruled the advisory committee when the board went ahead with its wartime construction of the new nurses' residence, which was completed in 1918. The changes chronicled by Young occurred much more gradually and unevenly in the Winnipeg context.

This difference can be attributed in no small way to a persistent imperial perspective among many Winnipeg reformers, including Annie Bond. Bond, who arrived in Winnipeg in 1903, grew up in England, and had experience nursing in colonial wars in Africa and in New Zealand. This background certainly gave her an appreciation of what it meant to live on the Empire's edge and empathize with those reformers burdened by their frontier anxieties. At the same time, Bond actively promoted nursing professionalization (a push to continually improve educational standards and self-regulation through licensing). While in New Zealand, Bond helped establish a nursing school in Auckland. She was likely the driving force behind the Children's Hospital of Winnipeg School of Nursing, which opened in 1910, a year after the Beaconsfield hospital. She also lobbied the provincial government to register nurses, which it did in 1913.³⁴

Having been trained at a Nightingale school, Bond experienced what historian Kathryn McPherson described as the "fundamental reconfiguration of the social relations of femininity, sexuality, and work."³⁵ Nursing created an opportunity for Victorian women to work outside of the home. The growing professionalization of nursing threatened to destabilize gender relations, or as theorist Mary Poovey put it, to "expose the artificiality of the binary logic that governed the Victorian symbolic economy."³⁶ The Nightingale solution involved a gendered compromise designed to create a "sexless, moralized angel," who was "neither a mother nor a professional." Her work was nurturing those on the ward and making sure it was clean. In other words, "to make the hospital a home" and in the process elevate an activity often dismissed as traditional women's work.³⁷ This was how Bond understood professionalization, which, at least in this formulation, did not necessarily conflict with the dichotomized categories of gender.

The presence at the Children's Hospital of Dr. Robert "Daddy" Rorke from 1909 to 1931 helped bolster this familial model. Dr. Rorke, "the father of Pediatrics in Manitoba," was an ardent imperialist reformer, who considered modern American medical ideas and practices with a suspicion that bordered on disdain.³⁸ Rorke was born in Ontario, trained at McGill University, did most of his post-graduate study in Europe (although he spent a summer at Boston Babies Hospital), and started his practice in Winnipeg in 1906. He was Pediatrician-and-chief of the Children's Hospital until 1931, Chief Pediatricist at the

Winnipeg General Hospital, and in 1919 became the head of the new Division of Pediatrics of the Medical School at the University of Manitoba. Rorke, like many other physicians of his generation and background, believed that class and race predisposed certain people to living unhealthy lives, and emphasized the need to educate and reform lifestyles. Putting this model into practice, Rorke spent more time with his patients and their mothers than many of his younger American-trained colleagues. His practice tended to be smaller and "the poor and the medically indigent were over-represented."³⁹ He submitted little to medical journals and focused primarily on teaching mothers how to properly feed their babies. He was instrumental in the founding of the milk depot at Children's Hospital in 1915, which provided poor mothers with inexpensive infant formula. A former colleague of Rorke's stated that other doctors, nurses and patients referred to this "patriarch-like figure" as 'Daddy Rorke.'⁴⁰

With the arrival at the hospital of Dr. Gordon Chown and Superintendent Ethel Johns in the second decade of the twentieth century, Rorke and Bond's model of care, which was so closely aligned to their reform agenda, was challenged. Dr. Chown, who trained at the Babies' Hospital, Columbia University, brought a more "streamlined" curative approach to the hospital.⁴¹ For

example, when it came to infant feeding, he would provide mothers with a printed handout of a rigid feeding schedule. According to some, it was not uncommon for Chown or his American-trained colleagues, who tended to dispense information in a sharp, "machine-gun like delivery," to grow impatient and scold mothers "to the point of tears" when their directions were not followed. These physicians—who emphasized scientific medicine and scientific management—often excluded mothers from the examining room if the child was uncooperative.⁴²

Superintendent Ethel Johns, who trained in both Winnipeg and New York, brought in 1915 a style of care to the hospital that stressed "handling, managing and controlling."⁴³ Nurse Johns professionalized the institution's social work by combining outpatient and social services under one department. She urged graduate nurses to form an alumnae association, which they did in 1916. Johns, as principal of the hospital's nursing school and active in a national movement to standardize nursing practices, advocated disciplined routines consistent with germ theory and a more curative approach to medicine.⁴⁴ Although her policies moved away from maternally-minded nursing and its social mission, they simultaneously strengthened the expansion of women's movement into the public sphere. What might have troubled Bond, and almost certainly many of her fellow reformers, about these medico-scientific shifts was their subtle reconfiguration of caring in relation to curing. This re-ordering tended to

This blurring of conceptions of space permitted the maternal language of domesticity (housekeeping, nursing the sick, raising the young) to shape the hospital.

diminish, though by no means eliminate, the authority (and, therefore, the power) that female reformers drew from claims to an inherent maternal capacity and skill. This was lost ground that, in the coming years, would be claimed by hospital bureaucrats, medical researchers and physicians, all male-dominated professions. These same groups would also gradually leverage the hospital's success in selling health (i.e., curing) to more and more middle-class consumers as a way to transform its charitable character into a commodity. This change, too, would erode its social mission.

Conclusion

By 1925, the formerly all-female board of directors of Winnipeg Children's Hospital had at least two male members. In an effort to address post-war debt, the board created a business manager position in 1921, which Mr. H. J. Martin filled. Martin, who applauded Johns' efficient bookkeeping, urged the board to admit more middle-class patients. In 1924, the board appointed Dr. Gerald S. Williams as its first medical superintendent. The female Director of Nursing would no longer hold the additional responsibility of Hospital Superintendent. In 1925, Dr. Bruce Chown joined the staff of the hospital, heralding modern medical research with its laboratories, technicians and clinical investigators. The Winnipeg Children's Hospital was no longer "essentially a women's work." ❧

Notes

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4. *Ibid.*, p. 68.
5. Alan Artibise, *Winnipeg: A Social History of Urban Growth, 1874-1914*. Montreal and Kingston: McGill-Queen's University Press, 1975, p. 160.
6. See *Outcast London: A Study in the Relationship between Classes in Victorian Society*. Oxford: Oxford University Press, 1971, p. 14, cited in Eysyllt W. Jones, *Influenza 1918: Disease, Death, and Struggle in Winnipeg*. Toronto: University of Toronto Press, 2007, p. 27.
7. Artibise, *Winnipeg: An Illustrated History*, p. 46.
8. *Winnipeg Telegram*, 13 May 1901.
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10. Korneski, "Reform and Empire," p. 51.
11. Ian McKay, "The Liberal Order Framework: A Prospectus for a Reconnaissance of Canadian History," *Canadian Historical Review* 81, 4 (2000): 616-678.
12. *Ibid.*
13. *Ibid.*, p. 55.
14. *Ibid.*
15. *Ibid.*, p. 56.
16. Korneski, "Minnie J. B. Campbell, Reform and Empire," p. 27.
17. *Manitoba Free Press* (hereafter, *MFP*), 8 February 1909.
18. David Sloane, "'Not Designed Merely to Heal': Women Reformers and the Emergence of Children's Hospitals." *Journal of the Gilded Age and Progressive Era*, 4, 4 (October 2005): p. 333.
19. Artibise, *Winnipeg: An Illustrated History*, p. 104.
20. *MFP*, 8 February 1909.
21. Sloane, "'Not Designed Merely to Heal,'" p. 334.
22. Mariana Valverde, *The Age of Light, Soap, and Water: Moral Reform in English Canada, 1885-1925*. Toronto: McClelland and Stewart, 1991, pp. 42, 43.
23. Archives of Manitoba (hereafter, *AM*), The Children's Hospital of Winnipeg Collection (hereafter *CHWC*), MG 10, B 33, *Winnipeg Children's Hospital Annual Report, 1909*, p. 9. Note that in some cases the numbers do not add up to match total admissions.
24. Korneski, "Minnie J. B. Campbell, Reform and Empire," p. 19.
25. *AM*, *CHWC*, MG 10, B 33, *Winnipeg Children's Hospital Annual Report, 1909*, p. 8.
26. Cynthia Comacchio, *'Nations are Built of Babies': Saving Ontario's Mothers and Children, 1900-1940* (Montreal: McGill-Queen's University Press, 1993), pp. 6, 7.
27. Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990*. Toronto: University of Toronto Press, 2003, pp. 34, 35.
28. Judith Young, "A Divine Mission: Elizabeth McMaster and the Hospital for Sick Children, Toronto, 1875-92," *Canadian Bulletin of Medical History*, 11 (1994): 73.
29. Sloane, "'Not Designed Merely to Heal,'" p. 334.
30. Harry Medovy, *A Vision Fulfilled: The Story of the Children's Hospital of Winnipeg, 1909-1973*. Winnipeg, Manitoba: Peguis Publishers Limited, 1979, p. 13.
31. Annmarie Adams and David Theodore, "Designing for 'the Little Convalescents': Children's Hospitals in Toronto and Montreal, 1875-2006." *Canadian Bulletin of Medical History*, 19 (2002): 203.
32. Medovy, *A Vision Fulfilled*, p. 17.
33. Young, "A Divine Mission," p. 84.
34. Margaret M. Street, *Watch-Fires on the Mountains: The Life and Writings of Ethel Johns*. Toronto: University Press, 1973, p. 62.
35. McPherson, *Bedside Matters*, p. 34.
36. Mary Poovey, *Unequal Developments: The Ideological Work of Gender in Mid-Victorian England*. Chicago: University of Chicago Press, 1988, p. 14.
37. McPherson, *Bedside Matters*, pp. 34, 35.
38. Medovy, *A Vision Fulfilled*, pp. 37-40.
39. Medovy, "Robert Rorke (1863-1948): An Early Paediatrician," *University of Manitoba Medical Journal*, 55, 2 (1985): 79.
40. *Ibid.*, p. 75.
41. *Ibid.*, p. 78.
42. *Ibid.*, p. 78, 79.
43. McPherson, *Bedside Matters*, p. 93.
44. Street, *Watch-Fires on the Mountains*, pp. 90, 91.

“Fresh Air for Kiddies”: The Fresh Air Camps of Lake Winnipeg

by James Burns and Gordon Goldsborough
Winnipeg, Manitoba

*If ever you wish to go in for philanthropy;
if ever you wish to be of real use in the world,
do something for children.¹*

A Humble Beginning

In a glade of poplars and oak in Norwood Grove in St. Boniface, a tent camp had sprung up in July 1900. In the large open area adjacent, a band of children were absorbed in laughter and play. According to the Salvation Army, who helped organize the camp, they were having the time of their lives during a two-week holiday:

[The children] were pleased and happy to get away from the one-roomed dwellings, in the close city tenements, where the bright sunshine only reaches in a suffocating heat; they were glad to be free from restraint, free to roam where they would, restricted only by a wholesome terror of the farmer's cows browsing peacefully not far away.²

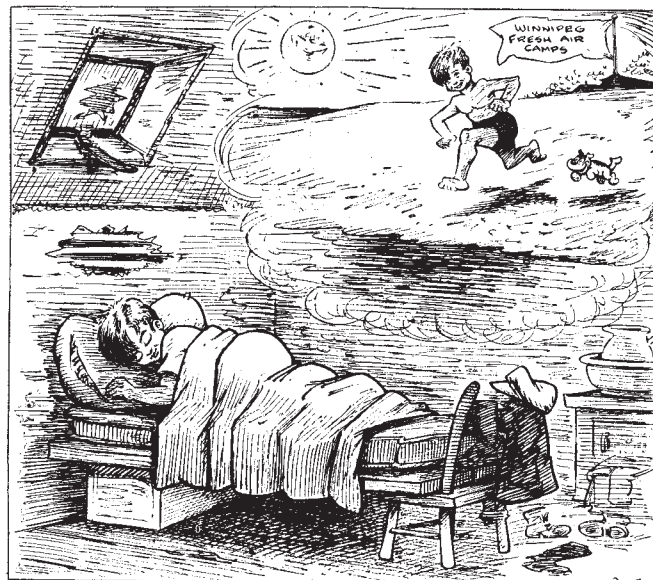
This tent-camp experience on the edge of the city was the culmination of plans cobbled together in the preceding weeks. Winnipeg Mayor Horace Wilson had called a special meeting on

29 June. Lady Agnes Schultz, wife of the late Lieutenant-Governor John C. Schultz, chaired the meeting. Also, present were Rev. Charles W. McKim, perhaps representing the Children's Aid Society; Winnipeg's Medical Officer of Health Dr. Maxwell S. Inglis; federal Lands Inspector E. F. Stephenson; Alderman William G. Bell; Mrs. Major Jennie Southall of the Salvation Army (SA); and several others. Their goal: to organize a fresh air camp for Winnipeg's poor children.

Mrs. Southall, an attractive 36-year-old mother of three with 15 years' experience in Salvation Army social work, had demonstrated remarkable organizational skills. The assembled worthies of the community, therefore, were unanimous that she be given charge of her proposed camp, including the finances and daily operations. The Army was an evangelical church, but already a recognized and trusted provider of social services in Winnipeg.

During the 1890s, fresh air camps for working-class and poor children were becoming numerous in England and the United States, but were virtually unknown in Canada. In

a letter to the editor of the *Morning Telegram*,³ Dr. Inglis urged serious attention be paid to this problem, because health workers had identified hundreds of cases of city children living in unsanitary and overcrowded conditions, and hunger. Prevailing medical opinion pinpointed “bad air” (miasma) as a contributing factor in illness, believing children needed “fresh” air to thrive. Before electricity was widely used, domestic coal- and wood-fired stoves and furnaces made for poor indoor air quality. British efforts



Winnipeg Free Press, 22 May 1937, page 5.

Penniless waifs dreamed of joyful times on Lake Winnipeg, in this 1937 cartoon by Arch Dale aimed at convincing Winnipeggers to support the camps financially.

Dr. Jim Burns is Curator Emeritus of Quaternary Paleontology at the Royal Alberta Museum. He is also a great-grandson of Major Jennie Southall, founder of Manitoba's—and possibly Canada's—first fresh air camp. Dr. Gordon Goldsborough is an Associate Professor of Biological Sciences at the University of Manitoba, and a former President of the Manitoba Historical Society.



Salvation Army Archives, Toronto, *War Cry*, 11 August 1900.

Major Southall's Camp. In July 1900, women and children gathered by two large sleeping tents erected by the Salvation Army in St. Boniface, possibly the first fresh air camp in Canada.

to give children a summer country respite away from such conditions began around 1865,⁴ and by 1900, fresh air camps and outings were commonplace in Britain, the USA, Australia and New Zealand.

Social historian Sharon Wall suggests that the camps blossomed in Canada after 1920 because their administrators attempted to serve the dual purposes of promoting public health among poor children and fostering social improvement by inculcating middle class values among the poor.⁵ Fresh air camps were a manifestation of the growing belief that society as a whole had a role to play in helping its most vulnerable members. Associated Winnipeg Fresh Air Camps' President William Whyte wrote of the multiple benefits of camps in 1939:

Our [camps] bring health, happiness and a knowledge of good citizenship to needy, underprivileged children in this community... [and give them] a sorely-needed vacation away from the stifling heat of summer.⁶

In Winnipeg, this movement started early in the twentieth century. In July 1900, in Norwood Grove camp, the SA's Mrs. Southall took charge, assisted by four SA officers; a modestly paid, newly graduated Nurse McLeod and her five assistants provided care for sick children. Health care was a key part of the camp's purpose. Dr. Inglis persuaded several doctors to volunteer their services to attend the camp. The large hospital tent, what *The Voice* called an "open-air hospital,"⁷ with its Red Cross symbol above the door, was central. Many of the 82 children and 34 mothers who would attend a one- or two-week stay that summer had been sickly, even failing to thrive. Sadly, three young children were so sick they died in camp.⁸

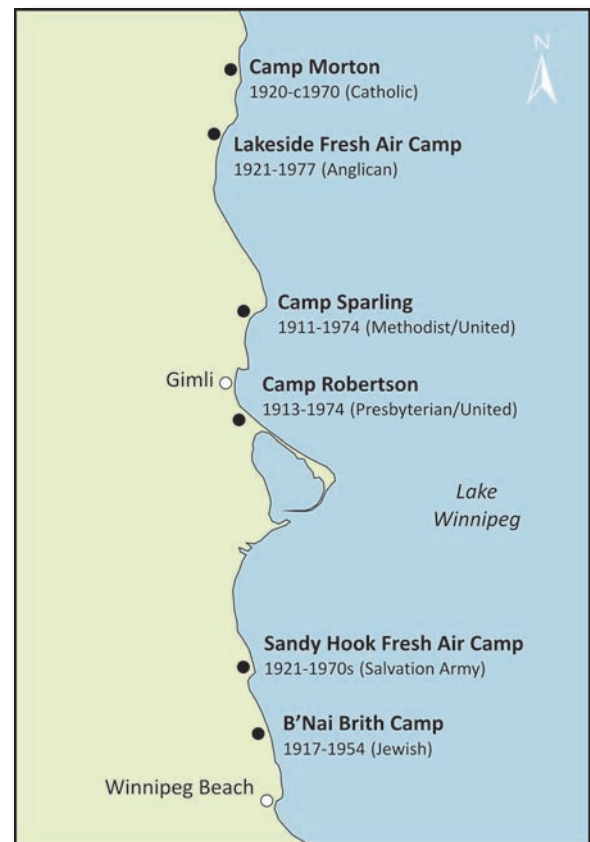
Capital costs for tents, cots and equipment, plus the cost of food and services, pushed the final budget to nearly \$800. Despite the Mayor's unbridled enthusiasm

for the camp, the Winnipeg City Council donated a paltry \$200, and even turned down Jennie Southall's request for a freshwater supply and extra toilets. Canvassing by socialite Mrs. Charles Lane and by Mrs. Southall made up the budgetary difference; and Capt. Knudson sank an artesian well to supply water. Free use of the campsite and a borrowed organ, for singsongs and church services, were welcome extras.

Thus began an institution that went on to serve the children of Winnipeg, in various forms, for 75 years. Norwood Grove may have been the first successful camp of its kind in western Canada. In the *Free Press*, Mrs. Southall acknowledged donors and thanked Mrs. Lane for her fund-raising. She also singled out church leaders Drs. Sparling, McLean, Riddell and Pullar⁹—Methodist or Presbyterian ministers who had endorsed the camp concept. (They would help engineer the camp's subsequent expansion under church sponsorship.) Inglis was the catalyst.

Methodists Fill the Breach

Perhaps because of a lack of financial resources, no camp operated in 1901 or 1902. In November 1902, as Commander of a short-lived fraternal organization called the Knights of the Golden Horseshoe, Inglis urged the Methodist Deaconess Home and Training School in Toronto to fill the breach and run a fresh air camp the next summer.



Locations of the fresh air camps on Lake Winnipeg and their approximate periods of operation.



The United Church of Canada, Conference of Manitoba and Northwestern Ontario, Winnipeg, Fresh Air Camp Collection #4.

Excited young campers rode the train up the west side of Lake Winnipeg to the fresh air camps in this undated photo.

With Deaconess Margaret Scott (founder of the Margaret Scott Nursing Mission) and Nurse Rathbone, he petitioned City Council in June 1903 and was granted \$250 to start up. The transition from Salvation Army to Methodist administration was not seamless but the hiatus was brief.

Norwood Camp 1903 opened under Margaret Scott's direction while the Knights handled fund-raising. A multi-ethnic mix of girls and boys attended the camp, the only criterion being need: "It is not at all necessary that a child be bowed down by illness to gain admittance to the camp. It is open for the children of the poor who live in stifled atmospheres where the glorious sunshine cannot reach them."¹⁰ The Winnipeg City Council contributed \$250 annually through the next several years, in addition to donations from philanthropic citizens. In those days donor names and their gift amounts were customarily published. The *Manitoba Free Press* noted donations of \$50 each from William F. Alloway and his wife Elizabeth—who later provided the initial endowment for the Winnipeg Foundation—among its list of camp benefactors.¹¹

By summer 1907, the Methodist deaconesses had moved the camp to Winnipeg's west end, along the banks of Sturgeon Creek in St. James, not far from present-day Grace Hospital on Portage Avenue. They welcomed 20 to 40 children per session throughout that summer:

... the little girls ... showed that it was rare fun to wade in the creek and fish for crabs [= crayfish?] with tin cans. Other portions of their time are spent in bathing ... They also enjoy walking through the adjoining woods and picking wild flowers, and

they have swings and various games which they play with zest.¹²

The camp outgrew the Sturgeon Creek facilities after three years, and Methodist church officials sought new pastures. In 1911, another location was chosen at Loni Beach on the shores of Lake Winnipeg, just north of the town of Gimli. The beautifully wooded, five-acre plot already had a few buildings on it, and a bathing beach. Initially called the All People's Mission Gimli Camp, it was renamed Camp Sparling in 1926 to honour the Principal of Wesley College, Rev. Joseph Walter Sparling, an early friend of the fresh air camps. More than 700 children and mothers attended the camp in 1911.

During 1913, the Gimli Camp took in about a thousand children and a number of mothers. According to the *Manitoba Free Press*, "It costs three thousand dollars [per year], and those who give the money know they have given happiness and health and beautiful memories to many to whom life was very grey."¹³ The first party of campers, "ranging in age from a pale faced baby of a year old to a stoop-shouldered girl of fifteen," descended on the place in July 1911.¹⁴ They included recently orphaned, and disabled children; mothers whose husbands had died, or deserted them; families devastated by alcohol abuse.

Among benefits available to campers was nutritious food, and lots of it, but as one reporter cracked, "... no one has yet been known to eat more than four plates of porridge at one meal."¹⁵ Because almost all of the food was donated by sympathetic farmers, it cost management only \$2 to keep a child for ten days. At this stage, the camp was



The United Church of Canada, Conference of Manitoba and Northwestern Ontario, Winnipeg, Fresh Air Camp Collection #4.

Roughin' it. A group of boys pose with their councillors at one of the fresh air camps in this undated photo.

supported largely by voluntary donations from Winnipeg's Methodist congregations.

Presbyterians Join the Roster

Presbyterians from Winnipeg established the next fresh air camp on Lake Winnipeg, south of Gimli at South Beach, in 1913. Named for Rev. James Robertson, a well-known and respected Presbyterian cleric, Camp Robertson would cost \$4,000 just to get started. Organizers emphasized the enjoyment experienced by the children:

These small guests used to the city pavement as combined recreation ground and landscape, were quite wild with the freedom of the woods and lake. The birds had nothing on them in getting up in the mornings nor in playing all day till sundown.¹⁶

Camp Robertson took in hundreds of children that year. The popularity of the camps seemed to be increasing.

Funding the Camps

Donations for the camps began to roll in; novel means to raise money were legion. The Dickens Fellowship, for example—a philanthropic international literary society with a branch in Winnipeg—donated money to the camps, in commemoration of author Charles Dickens' lifelong interest in easing the plight of poor and disadvantaged children around the world. Through several decades, the proceeds from "tag days," theatre presentations, lectures, rummage sales, recitals, silver teas, auctions, concerts, candy sales, and sports events like soccer and baseball games and the 1928 Canadian Light Heavyweight Boxing Championship, were donated to the fresh air camps of Lake Winnipeg. On 7 June 1922, in an innovative effort carried

over the airwaves, Ed Fitzgerald, chairman of the Finance Committee of the Lakeside Fresh Air Camp, addressed Winnipeggers on the *Manitoba Free Press* radio station CJCG. He solicited contributions to the Gyro Club's \$10,000 health bond campaign in support of the camp. CJCG was one of the first licensed broadcasters in Manitoba, and had then been in operation for a few months.¹⁷

Perhaps the most imaginative fund-raiser was a raffle. The enterprising Gyro Club capitalized on the fame of Winnipeg's amateur men's hockey team, which won the 1932 Olympic gold medal at Lake Placid, New York. Nine ticket-holders in the Gyro's raffle would win autographed hockey sticks used by the champions, redundantly named the Winnipeg Winnipegs! Proceeds went to the Lakeside Fresh Air Camp.

By 1917, Gimli Camp and Camp Robertson were still operating, and there would be more camps established in future. It was a grand concept. However, while these two camps were taking in anywhere from 700 to 1,000 children each summer during the First World War, camp news was not as often reported in the media. Money was tight due to competition for dollars with war-relief efforts and sales of Victory Bonds; camp stories vied with stories of broader appeal.

Newspapers reported modestly, therefore, on the multitude of donors who supported many of the camps. The Imperial Order Daughters of the Empire (IODE) made regular donations of cash and clothing to the camps, and the Women's Institute of Manitoba helped to arrange the food shipments from farmers across the province. Service clubs, such as Rotary, Kiwanis, Lions and Gyro, made significant contributions.

Obviously, the movement touched many sympathetic hearts. The vagaries of the local and national economies—

reflected in fluctuating wheat prices, the big dent in Winnipeg's commodity traffic caused by the opening of the Panama Canal in 1914, and the high cost of living during the First World War—altered many lives, and the children often suffered. Yet, public sympathy for disadvantaged youngsters ran high.

Some Setbacks Were Inevitable

Non-financial forces affected the camp operations, too. In 1918, an unsubstantiated rumour was spread that smallpox had broken out in the camps.¹⁸ Campers and their caregivers were quarantined for a time, so that several group visits had to be cancelled. Even the Winnipeg General Strike in 1919 had unforeseen repercussions for the camps.¹⁹ Postal and rail services were interrupted so that the churches could not mail out requests to previously sympathetic farmers for food donations. As well, the train strike curtailed transportation and disrupted the delivery of both the food and the children to the lakeside camps. The camps therefore suffered a short and unfulfilling season. In 1933, Camp Robertson was again quarantined for a week when an outbreak of scarlet fever threatened to close it. An epidemic was averted when the six infected campers were taken by car to the hospital in Winnipeg, whereupon the camp schedule resumed.²⁰

Other Faiths Take up the Challenge

The family of fresh air camps along the shores of Lake Winnipeg began to grow as the fresh air movement spread. Though ostensibly affiliated with churches, the camps were billed as non-sectarian. So, for example in 1917, before they had their own camp, 42 Jewish children were taken to Camp Robertson as an extension of Presbyterian church work in Jewish neighbourhoods in north Winnipeg. Later that year the Jewish community established a tent-village on three acres between Boundary Park and Sandy Hook, with a permanent building erected in 1920. In 1923, more than 600 campers enjoyed a holiday at B'nai Brith Camp.²¹

Archbishop Alfred A. Sinnott, of the Roman Catholic archdiocese of Winnipeg, had been looking at some possibilities for a camp, too. In 1920, the church bought a quarter-section on Lake Winnipeg, eight kilometres north of Gimli, with farm buildings and a beach. This was the beginning of Camp Morton whose namesake, Monsignor Thomas W. Morton, was a driving force in its development.

And then there were five. Around 1921, the Salvation Army came to Gimli and set up a fresh air camp at the south end of the Sandy Hook community. This was the first Salvation Army camp in Manitoba since Jennie Southall's Norwood Grove camp in 1900. Divisional Commander Brigadier William Oake directed SA social work in Manitoba during the 1920s.

Unabashed Pleasure from the Simple Things in Life

Going to camp meant that children could participate in sports, hiking, handicrafts, nature study, and music, all mixed with a little regimentation. Yet, it was more than

fresh air and swimming and playing baseball on a grass diamond rather than on pavement. In newspaper reports of camping life, it was argued that the camps provided a glimpse of a life of plenty. A 1923 story in the *Free Press* told of one youngster's adventures at the Gimli Fresh Air Camp. "To eat three times a day," went the story, "was the acme of the enjoyment of the holiday for one laddie who told his teacher last week that it was a new thing for him!"²² Other stories told of the initial reluctance of many children to try porridge at breakfast; it was never served at home, if they got breakfast at all. One reporter joked about how appropriate porridge was at a Presbyterian camp. The same thing was true of eggs: many kids had simply never eaten them.

Many a child has gone away with the memory of the meals as his greatest camp treasure. And watch them eat! Porridge, toast, jam, milk, bread, meat, potatoes, pudding, eggs, prunes, fruit, rhubarb, vegetables, soup, etc.—they all go with equal relish!²³

Room for Another Camp

In May 1921, a group of businessmen led by H. Balfour Shaw, Vice-President and General Manager of the Union Bank of Canada, persuaded the bank's shareholders to purchase the fifteen-acre estate of the late Norman G. Leslie, former manager of the Imperial Bank's Winnipeg branch. Incorporated as the Lakeside Fresh Air Camp for Children, the new facility was located north of Gimli near the McElheran railway stop, named for the Venerable Archdeacon Robert B. McElheran. This respected Anglican cleric from Winnipeg was one of the camp's 31 founding trustees, and also a founding director of the Winnipeg Foundation established just over a month later. Although Lakeside was said to be affiliated with the Anglican Church, the point was rarely acknowledged.²⁴



The United Church of Canada, Conference of Manitoba and Northwestern Ontario, Winnipeg, Fresh Air Camp Collection #4.

Long walk off short pier. Given their proximity to Lake Winnipeg, it was no surprise that swimming would rank high among activities available to campers.

Fresh Air Camps of Lake Winnipeg

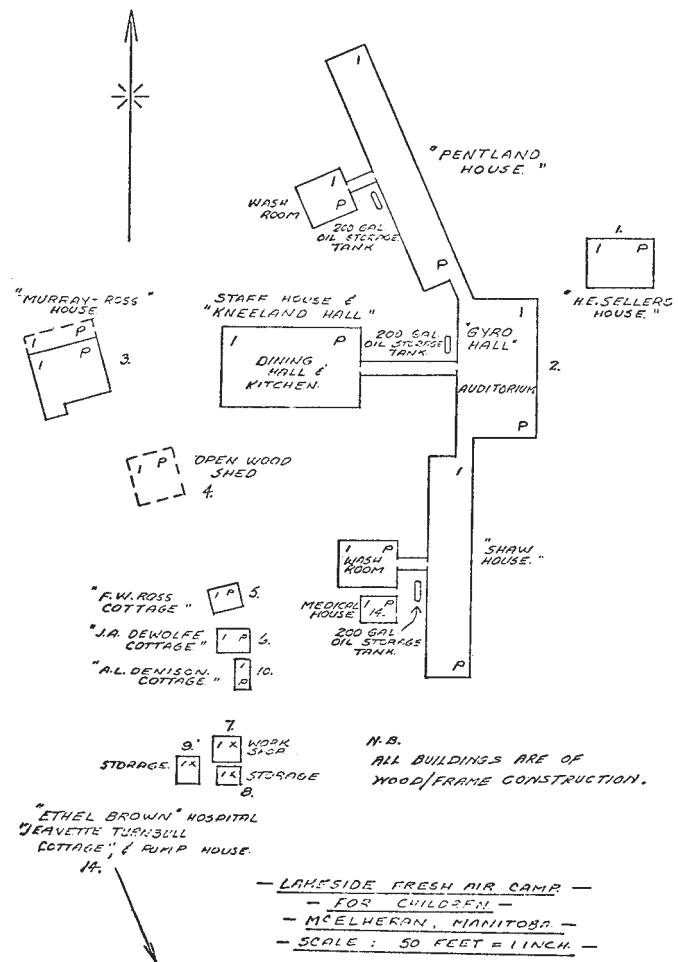
The rationale for establishing this new camp was, first of all, the demonstrated need for greater camping capacity. Second, it would commemorate the lives of more than a hundred former Union Bank employees who made the supreme sacrifice in the Great War. A huge stone monument, which fronted on the beach, was unveiled in their honour by Lieutenant-Governor James Aikins. Now, there were six camps, and counting.

Boy Scouts of Canada in 1934 opened a twenty-acre camp called Gilwell, three kilometres north of Gimli. The Icelandic community supported several camps around Gimli, including the Hnaua Unitarian Camp established in 1937 and the 160-acre Camp Arnes, established by the Lake Winnipeg Mission Camp Society (Mennonite) around 1948. The YWCA used facilities at Boundary Park and Sandy Hook for various groups including the Canadian Girls in Training (CGIT) programme. The United Church of Canada—a result of the merger of Methodist, Presbyterian and Congregationalist denominations in 1925—organized a number of camps around the province, in addition to Sparling and Robertson, including one at Rock Lake in 1900. In the case of many of these last-mentioned examples, the *raison d'être* was not so much to accommodate disadvantaged children, as to serve “special interest” groups. A *Free Press* story indicated that in June 1961 there were “... 33 resident summer camps serving Manitoba and 10 day camps in Winnipeg, sponsored by Boy Scouts, Girl Guides, YMCA, YMHA, YWCA, churches, and service organizations.”²⁵

Rising Awareness and Raising Funds

The years 1920 and 1921 were pivotal for the camps. Public interest in providing a fresh air experience for youngsters was on the rise. The Federated Budget Board of Winnipeg, formed in 1919, was a public means to raise and distribute funds for worthy social works in the city, such as hospitals, seniors’ homes, orphanages and fresh air camps. In 1922, the Board began to manage the Community Chest of Winnipeg—predecessor to today’s United Way. In its first year, the Chest secured donations worth \$451,213 for the 33 constituent charities. Disbursements to the Fresh Air camps became essential when the Great Depression struck in 1929, for it became much tougher for them to secure sufficient funding on their own.

In 1929, representatives of the church camps—excepting Lakeside—banded together to form the Associated Winnipeg Fresh Air Camps. Now a single voice, it was organized “for purposes of raising maintenance funds only for five camps associated in an annual effort.”²⁶ It set about appealing to city residents and businesses for support. By authority of a permit from the Civic Charities Endorsement Board and assisted by hundreds of volunteer canvassers, the first annual Fresh Air Camps Tag Day was held on 22 June 1929, and it netted \$4,893.70.²⁷ Children in the schools were canvassed on their own tag day, adding another \$1450 to the campaign coffers. With public subscriptions, the total that year topped the \$10,000 objective. Peter Lowe,



Archives of Manitoba, Lakeside Fresh Air Camp Fonds, P4853-4.

Long-standing donors and supporters of the Lakeside Fresh Air Camp were commemorated by the names of buildings in this site map from the 1960s: Ethel Victoria Brown (1896–1982), Alexander Latimer Denison (1884–1955), James Albert DeWolfe (1884–1964), Elbert Walter Kneeland (1866–1941), Murray-Ross (?–?), Charles Frederick Pentland (1880–1963), Frederick William Ross (1879–1968), Harry Eugene Sellers (1886–1970), Harold Balfour Shaw (1873–1944), Jeannette Elizabeth Turnbull (1870–1938), and members of the Winnipeg Gyro Club which coincidentally had been founded nearly simultaneously to the camp, in 1921.

Secretary of the Winnipeg Foundation, commented that: “The people of Winnipeg are the most generous of any city on this continent.”²⁸

To continue its good work, Lakeside Fresh Air Camp officials made their own separate appeal for donations from ordinary citizens and companies. James A. DeWolfe, honorary secretary of the Lakeside Camp board, noted that “It was the wish of the original founders (of whom about four, [my]self included, are still alive) to remain independent of the Community Chest.”²⁹ They did, however, accept donations from the Winnipeg Foundation.

When banker W. F. “Bill” Alloway, co-founder of the Alloway and Champion Bank, created the Winnipeg Foundation in 1921 with an initial donation of \$100,000, he opened the way for grants that would significantly assist

“charitable” institutions. Rather than relying on yearly pledging drives that ate up all the proceeds each year upon distribution (e.g., the Community Chest), the Foundation sought donations and bequests, the interest from which could provide critical, stable funding for distribution within the community. Charitable organizations were thus enabled to weather the storms to come.

The first Winnipeg Foundation grants in favour of the fresh air camps were made in 1931. It is small wonder the camps drew the attention of the new foundation, for they squarely addressed its mandate of support for charities and the professional field of social work that was emerging in the 1920s. Over the next twenty-year period to 1950, the Winnipeg Foundation contributed \$14,250 to operation of the Lakeside Camp and \$45,000 to the Associated Fresh Air Camps at typical annual rates of \$500 and \$2,000–\$2,500, respectively.³⁰

From the very modest cost of \$2 to support a child in camp for ten days in the first few years of the camps, the price predictably rose through time, to \$4 by 1918, and \$5 in 1934. Due to several factors, but particularly inflation, the number of campers, and the kind of care received, per-capita costs rose. In the 1950s at Lakeside Camp, cost ranged from \$33 and \$42 per stay of 10 to 12 days. By 1954, Lakeside Camp had entered an agreement with the Society for Crippled Children to provide a safe and entertaining environment for groups of disabled children and adults, post-polio patients and, later, seniors, but this new direction entailed greater costs. In 1964, Lakeside even accommodated a physically challenged senior couple for their honeymoon!³¹

War is Hell but the Summer Camps Continued

Thousands of kids went to camp during the war, and the support from an ever-generous Winnipeg citizenry kept the camps and the kids’ holiday dreams alive, even in wartime. For the combined United Church camps, Sparling and Robertson, this was their second stretch of wartime operations.

Making an End of It

The Lake Winnipeg camps—developed as models of Anglo-Canadian middle class life, good food, and healthy, moral recreation—did come to an end. Through the years of the Second World War, fresh air camper numbers dropped off somewhat. In 1943, numbers at the five “church” camps dwindled to 2,400 children and mothers,³² compared to pre-war tallies of more than 4,000.³³ Although B’nai Brith, YMCA and Salvation Army organizers effected the transition of summer kids’ camps into vacation resorts, conference retreats and Bible camps, for example, some were relocated elsewhere, while others simply closed. Camp Morton, established in 1921, was sold to the Province of Manitoba in the late 1960s and was re-established as Camp Morton Provincial Park in 1974. In retrospect, the *Brandon Sun* noted that “waning interest and the high

cost of upgrading the facilities” spelled closure for Camp Morton.³⁴

Lakeside closed its doors in 1977. In this case, the Province had bought the facility in 1968 then leased it back to the camp. Lakeside extended its association with the Society for Crippled Children and Adults of Manitoba by leasing the property to the Society in 1975. That arrangement continued for only two more years till the camp closed down. Today, there is virtually no physical trace of the camp. Even its monument to the Union Bank employees who died in the Great War was relocated to Camp Morton Provincial Park.³⁵

Camps Sparling and Robertson were the first church camps established on Lake Winnipeg, and consequently they were the longest-lived of all the camps. The United Church had attracted the largest congregations in Winnipeg and so they retained a solid financial base of support. However, even these camps could not survive in the face of changing social institutions and public attitudes. A seventieth anniversary celebration of the Church’s fresh air camp work was held in 1974, but the writing was on the wall: rising costs and other camping opportunities forced the camp closures prior to the 1975 season.

The Salvation Army maintained a presence at its Sandy Hook location for many years. In the 1960s, it had been re-organized to provide “sessions of spiritual uplift and classes of instruction” for child and adult adherents of the Salvation Army, including band camps. The lakefront camp property was sold in the 1970s and a retreat was set up at Woodlands.³⁶

B’nai Brith Camp at Sandy Hook closed in 1954 and moved to Lake of the Woods, near Kenora, Ontario. The present-day Camp Massad, which started in 1953 a short distance from Sandy Hook, is a separate initiative aimed at immersion in Jewish language and culture.³⁷

Although poverty and the inadequacy of older housing still existed in postwar Winnipeg, post-war economic



The United Church of Canada, Conference of Manitoba and Northwestern Ontario, Winnipeg, Fresh Air Camp Collection #5.

The last job for campers at Camp Sparling, prior to departure, was to spread their quilts on the lawn to air.



Gordon Goldsborough, May 2011

Gone and nearly forgotten. The overgrown foundation of a building is all that remains of the Lakeside Fresh Air Camp, once one of the largest such facilities on Lake Winnipeg.

growth brought improved standards of living for many. Improved social services and programs such as baby bonuses (1945), and local government initiatives such as public playgrounds (the first in 1908)³⁸, helped to improve living conditions in the city. “Fresh air” spaces became more readily available to inner city kids as city authorities and groups such as the YMCA and YWCA offered programs, and built green spaces, well-equipped playgrounds, indoor and outdoor swimming pools, baseball diamonds and youth centres, right in the heart of Winnipeg. Money saved in the long run would help to extend critical year-round social services instead.

Memories of wartime privations became dimmer as general good fortune grew. For many people, postwar prosperity engendered the era of the summer “cottage” and an upswing in privately-owned lakeside cottage properties. Too, automobiles made almost any destination more accessible and did not entail the long-term investment necessary to purchase a “second home.” Subsidized summer camps for poor kids were being overshadowed by chic camps for children of the well-to-do.

The day of Manitoba’s fresh-air camps for working-class children has come and gone. The first camp, undertaken 111 years ago by Mrs. Major Jennie Southall of the Salvation Army on the little knoll in Norwood Grove, served a necessary and salutary purpose. Some of that camp’s successors—particularly those affiliated with the prominent religious denominations—continued to provide care and recreation to children for seven decades or more. ❧

Notes

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A Remedy for Wooden Legs and Dead Hands: The Early Years of the Winnipeg Foundation

by Gordon Goldsborough
Winnipeg, Manitoba

The man who dies thus rich dies disgraced
Andrew Carnegie, 1889¹

The Cleveland Connection

Scottish-American business magnate Andrew Carnegie (1835–1919) may have set the tone for philanthropy in the early twentieth century when he advocated that it was the duty of wealthy people to donate for the benefit of society, especially in those communities where their money had been made. When, in 1901, Carnegie became the world's wealthiest man from the sale of his Carnegie Steel Corporation, he embarked on a worldwide campaign to donate his millions to worthwhile causes. Among the results was Winnipeg's first public library building that served the public on William Avenue until its replacement in 1994.

Winnipeg's Carnegie Library was not the first work undertaken in support of the city's social welfare. As early as 1872, civic-minded Winnipeggers organized a general hospital on the banks of the Red River, near the foot of present-day Lombard Street.² It led to the Winnipeg General Hospital in the vicinity of today's Health Sciences Centre. Other facilities that opened in those early days included a Women's Aid Society Hospital (1883), a Christian Women's Union (CWU) Maternity Hospital (1884), a CWU Children's Home (1885) and a Nursing School (1887). Benevolent associations included a Prisoners' Aid Association (1890), an Aberdeen Association (1892) to supply lonely settlers with reading material, a Free Kindergarten Association (1892), and a

Winnipeg Lodging and Coffee House Association (1893) to provide low-cost accommodation for single men. In the 1890s, the Salvation Army established homeless shelters for women and men. The Women's Christian Temperance Union, always a considerable force for charitable work, founded the Door of Hope around 1897 to reform "the inebriate women we so frequently read of in the press reports of the police court and station."³

The Winnipeg Foundation, established in 1921, has the distinction of being the first community foundation in Canada but it was preceded as the world's first such

entity by several American counterparts, including one in Cleveland, Ohio. Founded in January 1914, the Cleveland Foundation was the brainchild of banker and lawyer Frederick H. Goff who had concluded that greater good could be achieved by local philanthropists, living and dead, by pooling their cumulative resources. A novel concept at the time, the primary advantage of the community foundation was that:

"it provides a channel through which men and women of limited means, as well as those of large wealth, may directly and effectively combine their

contributions to the welfare of the community, under a plan which gives flexibility of application together with efficiency, and at the same time enables those who give donations or bequests to the Trust to designate the type of charitable service to which their donations shall be devoted."⁴



The Winnipeg Foundation

The Provisional Advisory Board and staff of the Winnipeg Foundation, 1921, included (left to right): Anglican cleric Robert B. McElheran, Winnipeg mayor and baker Edward Parnell, solicitor Charles P. Wilson, judge Thomas G. Mathers, judge Robert M. Dennistoun, judge Hugh J. Macdonald, and secretary Peter Lowe.

Too often, good-intentioned philanthropic gifts could not achieve their desired ends due to restrictions placed on the funds by “dead hands,” that is, by long-dead people who had decreed how their money could be used without making provision for changing circumstances. A Boston hospital, for instance, was prevented from using funds donated to give wooden legs to American Civil War veterans when the supply of deserving veterans inevitably declined.⁵ In contrast, unencumbered donations to community foundations allowed fund administrators to apply them to the present, most pressing needs of the community.

William F. Alloway built his fortune first as a tobacco merchant, later as a freight agent and Métis scrip dealer, and finally as head of Alloway and Champion, the first private bank in western Canada.⁶ By 1910, Alloway was among 19 Winnipeg millionaires.⁷ Long-time Foundation employee Peter Lowe would later recount that Alloway became aware of the Cleveland Foundation and thought that it would be an appropriate vehicle for his own philanthropic intents. Alloway would later explain that “a meeting of public citizens was called at which [he] explained what had been done in other cities, and it was thereupon decided to ask the legislature for a charter”.⁸ That group of citizens, convened at the Alloway home in February 1921,⁹ included Hugh John Macdonald—son of Canada’s first Prime Minister, premier of Manitoba for nine months in 1900, and a police magistrate. Macdonald and four other members of Manitoba’s business and political elite were enlisted for a provisional Advisory Board and solicitor Charles P. Wilson drafted a petition of incorporation. They asked MLA Edith Rogers to sponsor the petition in the Legislature. With its powerful backers, the Foundation’s Act of Incorporation passed quickly and smoothly through first and second readings, and received Royal assent on 26 April 1921.¹⁰ Six weeks later, at the Foundation’s first official meeting on 6 June 1921, Alloway delivered its first (and, for the next three years, only) donation, a cheque for \$100,000, roughly equivalent to \$1 million in today’s currency.¹¹

Its Act of Incorporation stipulated that the new Foundation would be directed by an Advisory Board of five members, of which the Mayor of Winnipeg would be *ex officio*. The founding Board members were: judge Thomas G. Mathers, judge Robert M. Dennistoun, lawyer William E. Macara, baker (and Mayor) Edward Parnell, and Anglican cleric Robert E. McElheran.

Initially, the term of Board member service was two years although, in 1924, it was lengthened to four years, with the adoption in 1938 of staggered terms to ensure that only two Board members would be replaced at any one time. Their duty was to determine how income from the Foundation’s principal assets would be distributed, with the restriction that they were “... not to permit themselves to be privately solicited by or on behalf of any person or institution in connection with any of the matters within the jurisdiction of the Board.”¹² Initially, the Board met rarely, generally once a year. By the 1940s, increases in assets, and

the necessity to keep abreast of investments, led the Board to meet more frequently.

The Advisory Board was a male bastion until 1943, when its first female member was appointed. She came with impeccable credentials. Muriel S. Richardson, matriarch of Winnipeg’s powerful Richardson family, had assumed the leadership of multi-faceted business interests on the sudden death of her husband, James A. Richardson. Richardson brought to the Foundation’s table not only her business acumen but also a deep knowledge of charitable work.

From its conception, the Board worked to make Winnipeggers aware of the Foundation, in hopes of garnering their support. Early financial records include fees paid to those who “had done a considerable amount of journalist work for the Foundation during the year,”¹³ and through the years, the Foundation would commission articles explaining its virtues. The Foundation was careful to emphasize that donations large and small were welcome and, to illustrate, lists to this day in its Annual Report a contribution called “The Widow’s Mite,” received in September 1924. Delivered anonymously to the Alloway and Champion bank office, The Mite consisted of three, five-dollar gold coins that had been minted in 1912 but which were no longer in circulation.¹⁴ Whether or not the gift was from a selfless widow, as was concluded at the time, the term was in common parlance long before 1924 and local clergy preached the biblical parable of how virtues would accrue from “a gift of seemingly little value if directed properly and given in the right spirit.”¹⁵

During his lifetime, William Alloway would remain the single largest benefactor of the Foundation, making periodic donations of company shares. But, by far, the largest single gift to the Foundation would come after his death, from his estate and that of his wife Elizabeth M. Alloway. Having no children to inherit their fortunes, the



Archives of Manitoba, Winnipeg - Buildings - Business - McIntyre Block #1.

McIntyre Block, location for the office of the Winnipeg Foundation on the west side of Main Street from 1930 to 1949, as it looked in 1900. It was demolished in 1979 and replaced with a parking lot.



Peter Lowe
(1887–1980)

Born at Schreiber, Ontario in 1887, Peter Lowe came to Winnipeg at the age of three. Later, he attended the Winnipeg Collegiate and went to work as an office boy at the Canadian Pacific Railway headquarters on Higgins Avenue. From 1902 to 1906, he was assistant to the Excursion Ticket Agent, the official who handled emigrant tickets. He then began a

long association with the Alloway and Champion Bank when he became a teller in their North End Branch. This bank, located on Main close to the CPR station and the Immigration Hall, was used by many newly arrived emigrants to change money and set up their first bank account in Canada. Lowe became acquainted with several Slavic languages and handled the currency of many different countries. By 1912, at the age of 25, he was the Bank Secretary, of the then-largest private Bank in the country. In 1917 he was made General Manager, a post he held until 1930, when the Bank was finally taken over by the Bank of Commerce. He was then appointed to manage The Winnipeg Foundation, a job he had been doing on a voluntary basis since 1921. When he was appointed, the Chair of the Foundation Board said that: "His intimate relationship with the late Mr. Alloway and his knowledge of the wishes of Winnipeg's great benefactor with relation to the

distribution of charities make Mr. Lowe an invaluable assistant and advisor."

Lowe was a child of his times. He described the process of acquiring Métis land scrip in a matter of fact way, never hinting that he may have doubted the morality of doing business in this way. He used language and displayed attitudes that would not be acceptable today. But these things do not detract from the enormous contribution Lowe made during his long tenure as Executive Director of The Winnipeg Foundation, from which he retired in 1957. Lowe signed himself "Peter B. Lowe" although he had no middle name. This was because of a joke that circulated about him. The story went that a Winnipegger arrived at the Pearly Gates and was asked by St. Peter what he had done during his life for the Community Chest, the Salvation Army, the Children's Aid Society, and lastly, he was asked what he had done for the Peter below, meaning the Peter at The Winnipeg Foundation.

Lowe was honorary secretary of the Ravenscourt School for Boys in its early years. He served several terms as President of the Winnipeg Stock Exchange and was a member of the Investment Dealers Association of Canada, a Director of the Monarch Life Assurance Company, and Tees and Persse Limited. He was among those who established the Manitoba Hospital Service Association (Blue Cross), Family Bureau (Family Services of Winnipeg), Age and Opportunity Centre, and the Manitoba School of Social Work at the University of Manitoba. He was associated with the Victory Loan Campaigns in both World Wars.

Peter Lowe died at Winnipeg, having made prolonged and substantial contributions to the growth and development of his home city, on the first day of January 1980.

Alloways gave the bulk of their estates to the Foundation. By the time their estates were probated, the Alloways were worth slightly over \$2 million, and careful management by their executors—all of whom were connected in some way with the Foundation—resulted in an annual revenue stream that enabled Foundation grants to leap ten-fold in 1931, from around \$6,000 during the 1920s, to around \$62,000 through the 1930s.

The increase in grant activity made possible by the Alloway bequests led almost immediately to the hiring of staff to handle day-to-day transactions of the Foundation.¹⁶ Peter Lowe, an employee of the Alloway and Champion Bank who had voluntarily handled the increasing volume of work was induced to quit the bank and become the Foundation's first paid employee, and to acquire dedicated office space in the McArthur Block on Main Street, and from 1949 in the Childs Building at the corner of Portage and Main. The staff complement of the Foundation grew, first

with a stenographer to deal with incoming and outgoing correspondence then, in 1948, with the hiring of war veteran Greville E. Winter to handle accounting and other office administrative matters.

The diverse portfolio of Alloway assets included large tracts of land southwest of the city limits. Over the years, the executors would raise funds from the sale of subdivided land as the municipalities of Tuxedo and Charleswood were developed. Yet some estate assets declined in value. Six shares of the Manitoba Free Press Company, which Alloway had directed not to be sold for less than \$2,000 each, had no buyers willing to pay anywhere near this price by the 1930s. They were sold quietly for \$225 each on the understanding that the buyer would make an anonymous donation of \$10,650 (the balance on Alloway's assessment of the shares) to the Foundation. The donation became known as the Good Will Fund, which is still held today by the Foundation.

The Alloway bequest was not the only large acquisition of the early 1930s. In December 1931, another member of the 1910 list of Winnipeg millionaires, Winnipeg real estate and insurance executive Andrew R. McNichol suffered a fatal heart attack while walking down Portage Avenue. During his life, he had taken a philanthropic interest in a wide range of organizations. The Foundation had been the vehicle by which McNichol delivered his support to several of these charities, so it fell to the Foundation to continue its support through bequests from the McNichol estate. In 1933, Winnipeg businessman William Harvey died, leaving his wealth to his wife but “expressing the hope that she would have in mind his oft expressed desire to benefit the needy and deserving of the City of Winnipeg through the medium of the Winnipeg Foundation.”¹⁷ Mrs. Harvey dutifully acted on her late husband’s request and named the Foundation as the primary beneficiary of her estate, including real estate in Alberta, two apartment blocks in Winnipeg, and the Harvey residence in the city’s prestigious Armstrong’s Point.¹⁸

Through the 1940s and early ‘50s, the Foundation received assets from the estates of deceased Winnipeggers. A 1942 bequest from the estate of E. F. Haffner gave “furniture, crockery, silverware and articles of personal use” to his widow and the residual value to the Foundation. A difficult estate disposition occurred after the death of University of Manitoba botanist Reginald Buller, who bequeathed the residue of his assets to the Royal Society of Canada and the Foundation. Having no family in Canada, there was no one to take possession of Dr. Buller’s remains, which, in theory, were part of estate assets. (The dilemma was solved when Buller’s former students took possession of Buller’s urn and eventually entombed it in the wall of the federal Department of Agriculture building in Winnipeg.)¹⁹ And sometimes an estate bequest to the Foundation was challenged in court. One such case in 1935 involved a man whose late wife was claimed to be of unsound mind when she donated to the Foundation. (In this case, the claim was upheld but the widower subsequently left one-half of his estate to the Foundation.) Some donations would come many years after the person to be memorialized had died. In 1951, the John Rickard Clements Memorial Fund was established by Clements’ son, though Clements (who had made a fortune in the Winnipeg real estate boom of the early 1880s) had died 25 years earlier. The donated stocks and shares had a market value of a quarter million dollars.²⁰

Bequests were not the sole source of Foundation income; it also received donations from the general public. In 1935, the Foundation followed the lead of American community foundations by establishing a “flower fund” to which those wishing to memorialize a deceased friend or relative could make a donation in lieu of a wreath or flowers. In 1948, the Foundation established its first fund for an anonymous donor; there would be 55 such funds by 2009. From the initial Alloway donation in 1921, by 1950 there were 73 funds under Foundation administration. There was a corresponding growth in the total value of

Foundation assets from the initial \$100,000, to \$3.6 million by 1950.

The Foundation did not manage its own assets, instead distributing them to various trust companies, which, in return for an annual fee, used trained professionals to invest for the highest possible annual income, which formed the basis for grants distributed annually. Foundation support was given only to organizations, never to individuals, and only to those which had a charitable mandate. This criterion was interpreted broadly to include:

“the assistance of charitable, benevolent or educational institutions; promoting research for the advancement of human knowledge and the alleviation of human suffering; the care of the sick, aged, and helpless; the care, protection and relief of needy men, women and children. In short, it means any object that will make for the mental, moral or physical improvement of the citizens...”²¹

Revenue from the Alloway donation amounted to slightly over \$6,000 by the end of 1922. After careful deliberation at a meeting on Boxing Day 1922, the Foundation Board selected six organizations to receive grants of \$1,000 each: Margaret Scott Nursing Mission, Home of the Friendless, Knowles Home for Boys, Victorian Order of Nurses, Children’s Hospital and Children’s Aid Society.²²

In November 1922, the Federated Budget Board spawned the Community Chest of Winnipeg—precursor to today’s United Way—as a way to fundraise more efficiently on behalf of its thirty constituent welfare organizations in one coordinated campaign.²³ Its first campaign in 1923 was successful, as it was through the remaining 1920s. However, the stock market crash of 1929 led its campaign in the Fall of 1930 to fall far short of its target. For the next two years, the Foundation increased its contributions to help make up the shortfall for the charitable organizations.²⁴ From 1931 to 1938, Peter Lowe served on the budgeting, executive, and general committees of the Community Chest, learning first-hand the “strengths and weakness of our community agencies and services as they related to enlightened social practices.”²⁵

While there were several organizations that received annual support from the Foundation, especially when identified by a donor as warranting special consideration (for example, the Alloways specifically identified the Children’s Home of Winnipeg, Margaret Scott Nursing Mission, Victorian Order of Nurses, and the Winnipeg General Hospital), in most cases other than where an explicit multi-year commitment was made, the Foundation was careful to give no assurance that ongoing support should be expected.²⁶

Most Foundation funds were unencumbered in the ways they could be used, although in a few cases, restrictions were suggested. An April 1950 bequest stipulated that it be used “for the benefit of old folk of



University of Manitoba Archives & Special Collections, Reginald Buller Collection.

Proto-Tuxedo. As part of its assets acquired from the Alloway estate, The Winnipeg Foundation owned large plots of undeveloped land southwest of Winnipeg. Starting out as little but scrub bush through which primitive streets were built and residential lots were surveyed, the suburbs of Tuxedo (shown here) and Charleswood took shape. Some of the streets, such as Charleswood's Harstone Road, commemorated Winnipeggers who had left bequests to the Foundation.

Protestant religion."²⁷ An endowment for the Margaret Scott Fund from the McNichol estate provided an annual \$100 donation for "hospital care and attention of needy nurses or retired nurses who are employed or were employed by the Victorian Order of Nurses" and \$200 for "hospital care and attention of needy retired Protestant Clergymen and their wives, including the wives of deceased Protestant Clergymen".

Religious criteria were rarely invoked in selecting grant recipients. In 1937, minutes of the Advisory Board recorded that an estate bequest of \$1,000 from Moses Finkelstein, deceased proprietor of the Northwest Hide and Fur Company, was "the first donation received from a member of the Jewish Community,"²⁸ though the Jewish Old Folks Home and Jewish Orphanage had been receiving annual Foundation support for several years by this time. On the other hand, a 1932 request for support from the Student Christian Movement was rejected because no donations to the Foundation had been "specifically earmarked for religious purposes"²⁹ and, in 1952, a request to contribute to a campaign raising funds for renovation and expansion of the St. Boniface Hospital was turned down in view of "our past contributions to Roman Catholic charities and the entire lack of capital contributions to us by citizens of this denomination".³⁰

Other requests that were likewise rejected included a 1939 proposal to endow a retirement home for coloured

senior citizens (there were only three eligible occupants of such a facility) and a 1946 request from the Women's Musical Club of Winnipeg for a scholarship fund for "needy music students" (apparently on grounds the students did not fit the Foundation's definition of needy). But the Foundation was inclined to be flexible when asked to contribute to work that was not necessarily overtly charitable, but was undeniably worthy. In 1950, it contributed \$25,000 to the Manitoba Flood Relief Fund. And as the incidence of poliomyelitis among Manitoba children reached epidemic proportions in the early 1950s, it gave a \$9,000 grant to the Children's Hospital of Winnipeg to help it deal with a financial shortfall arising from its polio treatment services.

Child Welfare

In the early twentieth century, children whose parents had died, or who could not (or would not) provide for them, were often institutionalized in facilities operated by churches and social agencies. A Royal Commission on Child Welfare under social activist Charlotte Whitton proposed sweeping changes to the child welfare system. A report tabled by Whitton in November 1934 recommended the establishment of a family case working agency to absorb several existing agencies that dealt, directly or indirectly, with family welfare matters, staffed by trained social workers. Arising from these studies on how best

to raise children as wards of the state was a move away from institutionalized care in favour of community-based programs such as foster homes. In 1939, Winnipeg's Council of Social Agencies, acting on a suggestion from Foundation secretary Peter Lowe, struck a committee to look into home placement of children from the Jewish Orphanage and Children's Aid Society.³¹ In 1945, the Children's Home sold their buildings on Academy Road because the number of children in its care had dwindled due to the policy of "having normal children cared for in normal family homes."³²

Another facet of the Foundation's support for child welfare was its contributions in aid of the healthy children of poor parents. In 1930, with the onset of the Great Depression, the Foundation embarked on a campaign of "character building" to prevent juvenile delinquency via the establishment of community clubs for boys and girls, operated by the YMCA and YWCA. It was recognized that parents were the primary source of moral training for their children,³³ but family life was disrupted when an unemployed breadwinner disappeared, or when both parents had to work. So there was a growing public need to ensure that unsupervised children did not get into trouble. Support for youth programs would comprise the single-largest allocation from Foundation income up to 1950. This work in urban Winnipeg was a logical counterpart to another initiative, started around the same time, to fund Fresh Air Camps on Lake Winnipeg.

The School of Social Work

As the need for trained social workers grew in the 1930s and '40s, the University of Manitoba responded by proposing, in early 1942, a School of Social Work to be situated within its Faculty of Arts and Science. University administrators approached the provincial government for the funds needed to hire staff but were turned down, being advised instead to make an appeal to a private American foundation endowed by business tycoon John D. Rockefeller Sr.³⁴ When the Rockefeller Foundation likewise rejected the University's appeal, The Winnipeg Foundation stepped forward. It provided \$3,750 per year for three years, to hire Clarence E. Smith, a professor from the University's Faculty of Education as the first Director of Social Work, and Helen M. Mann as a Field Supervisor to oversee students in their practical work.

The new one-year diploma program began in October 1943, with an initial group of 23 students, 22 of whom were women.³⁵ Bursaries for needy students were provided by grain company executive W. A. Murphy, the National Council of Jewish Women and the Junior League of Winnipeg. By all the accounts, the program was immediately successful and, by 1945, demand for enrolment was said to exceed the School's capacity. However, a lingering concern was that support for the program was temporary. By 1946, when the Foundation funds ran out, the provincial and federal governments stepped in to keep it running, so the Foundation then provided another three years of support to

hire an Assistant Professor. And when the School switched to a two-year program in 1952, something it had planned to do from the very beginning when resources permitted, the Foundation provided the funds to hire more staff. Thus, it can justifiably be said that the present Faculty of Social Work, and the field of social work generally, owes a debt of gratitude to the Foundation for its pioneering support.

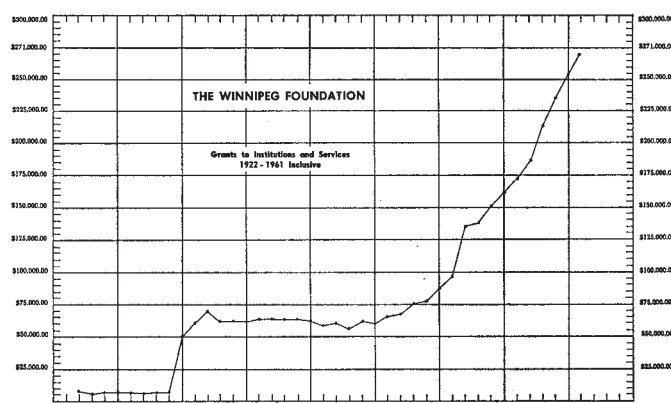
A Broader Mandate

The Winnipeg General Hospital, established in 1872 by a group of civic-minded Winnipeggers, operated for many years on public and private donations.³⁶ Some patients were indigent or otherwise unable to pay, so it was logical that the Foundation would extend its charitable mandate to include annual support for hospitals, including the Children's Hospital (1922), the Winnipeg General Hospital (as of 1924), and Grace Hospital (1931). Initially, these grants were used for general maintenance of the facility but, in 1935, a \$1,500 grant to the Winnipeg General Hospital was intended for "certain urgent requirements of a non-ordinary character."³⁷ Four years later, the Foundation helped the General Hospital to purchase diagnostic X-ray equipment. In 1950, the Foundation provided a \$5,000 grant to assist the hospital to furnish and equip its new Women's Pavilion, where generations of Winnipeg children would be born.

The notion that medical care was not, by strictest definition, compatible with the charitable focus of the Foundation, caused Advisory Board members to seek legal counsel when, in 1939, they were approached to support the construction of a Medical Research Laboratory on the medical campus of the University of Manitoba. A legal opinion from the Foundation's solicitor advised that "I think that the institutions who may receive assistance from the Foundation must be limited to those having charitable objects ... I do not think either the University or the Department could be considered a charitable institution."³⁸

Foundation support for medical care would be considered again in mid-1944 when a group of Winnipeg physicians and medical practitioners proposed the establishment of a medical research fund. The growing interest in support of medical research and treatment, combined with increasing numbers of Foundation donations that specified uses beyond its traditional mandate, led, in the late 1940s, to a growing awareness that it was probably time to widen the Foundation's original mandate.


Ultimately, it was a change in Manitoba's tax laws that spurred a change in the focus of Foundation support.³⁹ In 1950, new laws required provincial foundations to disperse at least 90% of their assets to qualify for exemption from income tax.⁴⁰ By this time, the Foundation's prospects were looking good; after two decades of modest growth in its principal assets, the heady days of the 1950s and '60s would see them grow by leaps and bounds, with a corresponding increase in the magnitude of grants. So, in 1951, the Foundation would redefine itself as a vehicle for



The Winnipeg Foundation Annual Report, 1961.

From humble origins in 1921, the annual grants made by The Winnipeg Foundation increased markedly in 1930 with acquisition of the Alloway estate. Levels were generally unchanged through the 1930s and '40s, then began to grow into the 1950s and '60s.

community support in a far wider range of areas, still with a core of charitable work, but expanded to include medical research, recreational and "character building" activities, work by religious groups, and cultural projects.

Death and taxes are jokingly described as life's two certainties. For The Winnipeg Foundation, they were factors that led to profound changes to its operations. The death of William Alloway in 1930 increased dramatically the endowment of the Foundation, beginning its growth into one of the largest community foundations in the world. Changes to Manitoba's tax laws in 1950 helped to broaden its distribution policies to include a wide range of social and cultural activities. The Winnipeg Foundation began in 1921 as a small organization for local good works and, 30 years later, was poised to become the sophisticated, multi-faceted community booster that it is today, ensuring that wooden legs and dead hands have no place in Manitoba. 

Notes

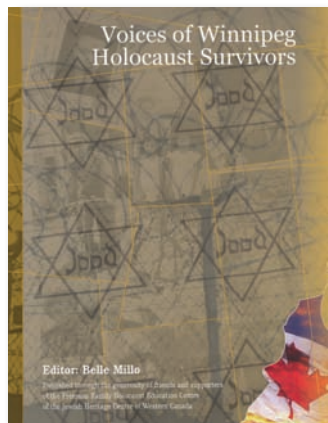
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23. "The Budget Appeal", *MFP*, 11 November 1922, p. 11. The thirty welfare organizations supported by the 1922-23 Community Chest campaign were: Anti-Tuberculosis Society, Benedictine Orphanage, Boy Scouts Association of Winnipeg, Canadian National Institute for the Blind, Children's Aid Society of Winnipeg, Children's Home of Winnipeg, Children's Hospital, Convalescent Hospital, Federate Budget Board, Fresh Air Camps for Children, Winnipeg General Hospital, Home of the Good Shepherd, Jewish Old Folks' Home, Jewish Orphanage, Joan of Arc Home, Kindergarten Settlement Association, Knowles Home for Boys, Misericordia Hospital, Mothers' Association of Winnipeg, Old Folks' Home, Red Cross Society, St. Boniface Orphanage and Old Folks' Home, St. Joseph's Orphanage, Social Welfare Association of Winnipeg, United Hebrew Relief Association, Victorian Order of Nurses, Winnipeg Boys' Club, Winnipeg Humane Society, YMCA, and YWCA.
24. WF, *Minute Books*, "Distribution policies," 30 April 1951.
25. *Ibid.*
26. *Ibid.*
27. WF, *Minute Books*, 19 April 1950.
28. WF, *Minute Books*, 30 December 1937.
29. WF, *Minute Books*, 22 September 1932.
30. WF, *Minute Books*, 25 September 1952.
31. WF, *Minute Books*, 27 April 1939.
32. WF, *Minute Books*, 26 January 1945.
33. "Parents largely responsible for crime among youth of today, psychologist says," *WFP*, 27 December 1932. [WF, Press Clipping Album, p. 81]
34. University of Manitoba Archives & Special Collections (hereafter, UMA), University of Manitoba, Board of Governors Minutes, May 1942 - April 1946, p. 703.
35. UMA, The University of Manitoba, President's Report for the Year Ending 30th April 1944.
36. "Historical sketch of the charitable institutions of Winnipeg" by Marion Bryce, *MHS Transactions*, Series 1, No. 54, February 1899.
37. WF, *Minute Books*, 10 May 1935.
38. WF, *Minute Books*, 28 September 1939.
39. WF, *Minute Books*, "Distribution policies" by Peter Lowe, 30 April 1951.
40. WF, *Minute Books*, 5 October 1950, 22 March 1951, 29 May 1951.

Reviews

Belle Millo (editor), *Voices of Winnipeg Holocaust Survivors*

**Winnipeg: Freeman Family Holocaust Education Centre of the Jewish Heritage
Centre of Western Canada, 2010, 432 pages, ISBN 978-09691-2569-3, \$36.00**



After the Second World War, the survivors of the Nazi extermination of European Jewry dispersed across the globe. Many went to Israel; many others to the United States and Canada. Several hundred immigrated to Winnipeg. This book tells their stories. It documents the experiences of seventy-six Holocaust survivors who settled in Manitoba in the 1940s. The information that

is available for each narrator varies depending on whether oral history interviews were conducted and questionnaires filled out by survivors or relatives, and on the availability of historical documents such as drawings, photographs or diaries (as in the rare case of Susan Garfield).

Oscar Abramovitch's story includes a photograph of him immediately after the British Army had liberated him from Bergen-Belsen, as well as copies of historical documents such as Allied questionnaires and travel documents that enabled him to immigrate to Canada. He included these documents in this book in order to "confirm" that he had indeed been a "concentration camp prisoner" (p.15). Eva Berger's documentation is much more sparse, consisting only of very brief answers to a short questionnaire. From this we learn that Eva Berger (nee Rothbart) was born in Siedlece, Poland in 1927, experienced "restrictions as a Jew during the war" (the questionnaire's words, not her own), and that she lived in the Wegrow and Kaluszyn ghettos from November 1940 to October 1942 before going into hiding in the Mengosy Forests until September 1943. It also indicates that she "changed identity" to Roman Catholicism for the last year of the war, and that she lived for a year in a Displaced Persons (DP) camp in Germany, where she met and married Paul Berger. In 1946 they migrated to France. Readers also learn that she had given testimony previously, but there is neither an indication whether this is accessible nor why this was not used for this book. In some cases, the testimony was not given by the survivors, but rather by a relative. Thus, Mallory Apter tells the story of her grandmother Itzhok Ber Berkowitz. In several cases, relatives filled out questionnaires providing sparse information about their relatives' lives and deaths during the war. The most extensive family history is that of Stefan Carter and seven

of his relatives. Next to his own more elaborate narrative, there are questionnaires of his relatives, filled out by Carter himself. His parents, grandparents, aunt, uncle, and cousin all perished in the Holocaust, several in the Warsaw Ghetto.

While these stories are also available through the Manitoba Holocaust Heritage Project's database, the book is intended as "a tactile and tangible item that we can leaf through and read at our leisure." Each story of course is a tragedy and, as such, casual "leafing through" may be difficult. The major drawback of this book is that the testimonies are very narrowly focused on the war years. With so little information about the prewar years, we cannot get a sense of the rich European culture that the Nazis and their collaborators destroyed. With so little information about the postwar years, we cannot get a sense of the lives the survivors built from the ashes of their biographies. However, this shortcoming is made up for by many rather extensive memoirs and biographies that often include prewar and postwar experiences, including the stories of Morris Faintuch, Barbara Goszer, Isaac Gotfried, Sarah Henoeh, Samuel Jarniewski, Yehudit (Edith) Kimelman, the Kirshners, the Perlovs, the Rubenfelds, and the Shragges. These life stories would be even richer if we knew more about how they were generated and whether they were edited.

Voices of Winnipeg Holocaust Survivors is not an academic study of the Shoah, nor is it a history of Jewish Winnipeg. Rather, it is a memorial to those who perished and those who survived. Unlike the Holocaust Memorial on the grounds of the Provincial Legislature, it is built not of stone but of myriad traces and fragments of memories, some saved from the war years and others remembered and passed on to the next generations. The Province will place a copy of the book in the library of every senior high school in Manitoba. There it will serve not only as a memorial and reminder, but also as a rich sourcebook for the study of the history of the Holocaust.

Alexander Freund
University of Winnipeg



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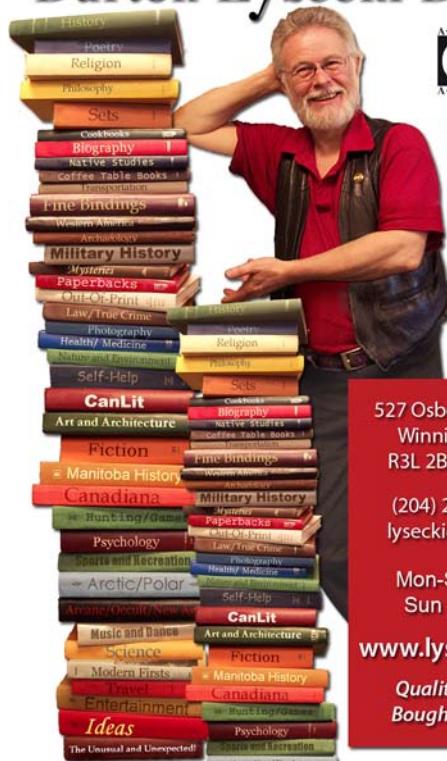
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Cool Things in the Collection:

Lorene Squire: Wildlife and Northern Photographs in the Hudson's Bay Company Archives

by Debra Moore and Bronwen Quarry
Archives of Manitoba, Winnipeg

The years will never change my ambition to picture all manner and variety of waterfowl in characteristic formations of flight, from the smallest snipe to the proud, great-winged Canada Goose. That this ambition can never be entirely realized doesn't make any difference.¹



HBCA 1987/258/134.

Lorene Squire, 1938.

In the Hudson's Bay Company Archives (HBCA), the largest collection of photographs is one comprised of photos originally acquired by the Hudson's Bay House Library in Winnipeg, primarily for use in *The Beaver*, which had been launched by the Hudson's Bay Company (HBC) in 1920 as a magazine for staff. In 1933 the magazine expanded its scope, adding "Magazine of the North" to its masthead and turned to professional photographers to increase the appeal of the magazine to a wider audience. Lorene Squire was an American photographer, known primarily for her wildlife photography. She was among the first group of professional photographers commissioned by *The Beaver* to take photographs to document life in the north and the HBC's involvement there.

Lorene Squire was born in Harper, Kansas in 1910. She graduated from the University of Kansas in 1932 and began her career as a photographer shortly thereafter. Squire gained recognition relatively quickly for her nature photography and she was particularly well-

known for her photographs of waterfowl, publishing "Wildfowling with a Camera," in 1938. Squire was first commissioned by *The Beaver* in 1937, and was sent on two subsequent assignments for the magazine in the following two summers. Her photographs were published by numerous other magazines including *Life*, *Country Life*, *The American Magazine*, *Canadian Geographic Journal*, and *The Saturday Evening Post*.

Squire's first commission in 1937 was to take photographs of waterfowl in Northern Alberta, Saskatchewan and Manitoba. In 1938 she joined the HBC ship *Nascopie* for its annual supply run to Eastern and Western arctic posts. The assignment, as she was told in correspondence with the company, was, "in addition to your specialty, you would do a more or less routine record of life in the north as you see it, and hitherto unphotographed [HBC] posts."² She captured many candid shots of HBC employees and events, including people relaxing and socializing aboard ship, hard at work unloading supplies, and even the wedding of HBC employee Alan Robertson Scott and his bride Eileen Wallace who had travelled aboard the *Nascopie* to meet him at Arctic Bay.

Squire's last assignment with *The Beaver* in 1939 was to document the work of the Rupert House Beaver Preserve, a beaver sanctuary founded in 1931 by HBC employee James Watt and his wife Maud in response to the near extinction of the species in the James Bay area. In addition to multiple photo spreads that appeared in *The Beaver*, one of her photographs was chosen for the HBC's 1940 calendar. In a change from reproducing paintings of historical events, it was the first photograph to be selected for a calendar and she was the only woman whose work was featured during the entire run of calendars from 1913 to 1970. In a letter to



HBCA 1981/28/53.

Pete Nichols with "Arctic White Foxes and Blue Foxes", on board the *Nascopie*, 1938.



HBCA 1987/258/182.

"Constable Fyfe Craig Harbours leaping to boat for the *Nascopie*. Corporal Dodsworth and Winter holding boat."

The Beaver she remarked that it was the only presentation of her work that year of which she was really proud.³

From her communications with editors of *The Beaver* and staff of the publicity department, her professionalism and passion for her craft, enthusiasm for the subjects and locations where she was sent to take photographs and her gratitude for the opportunities provided by the HBC commissions, are all evident. It is also clear that she felt very strongly about how her work should be presented or published. She printed most of her own prints, included captions, and signed them.

Much more of her work would likely have appeared in the magazine and she was, in fact, in communication with Clifford Wilson, editor of *The Beaver*, regarding a new assignment when he received word that she had been killed in a car accident near Pawhuska, Oklahoma on 11 August 1942 while on assignment for *Life*. She was 32.

In later correspondence, Wilson noted that he always looked forward to hearing from Lorene, and commented that “each letter [from her] was like a breath of fresh air” — full of charming observations and amusing anecdotes relating experiences on her HBC trips. In one letter she confessed, “I realize by now that I wouldn’t ever go north to take pictures except as an HBC photographer because that is by now the only way I could manage at all. I would have had to eat cold sandwiches on the train for lunch except that Roy Ross ... told the conductor that I was taking HBC pictures and could I have lunch in the caboose. It has always been a thwarted wish of mine to see what a railroad caboose looked like and now I have had lunch in one And what is more I was being made miserable by two camera fiends from Boston going to Hannah Bay asking me question after question and me getting more and more glassy eyed and only helplessly muttering that I didn’t know much about cameras”⁴

The editors kept in touch with Lorene’s family after her death, contacting them occasionally to request permission to use Lorene’s photographs either in *The Beaver* or to reproduce them for employees interested in framed prints



HBCA 1987/258/275.

Beaver kits at the Charlton Island Beaver Sanctuary, 1939.



HBCA P-404.

Squire’s colour photograph from Pangnirtung was used in the HBC’s 1940 calendar.

of her work, as well as to pass on requests from other publishers to use her photographs. The good relationship Lorene had with the HBC continued with her family members. This led her father to indicate his desire to turn her “northern” photographs and negatives over to the HBC in 1948. However, Lorene’s mother was reluctant to part with her daughter’s work and it would be a few more years before they would be transferred to the company. Beyond the prints received at the time of her commissions, negatives and additional prints were received in late 1952, with a further shipment of prints arriving the following year.

The Lorene Squire collection was transferred to the HBC Archives in three separate portions in 1981 and 1987, and totals nearly 3,000 negatives and 425 prints. This comprises what is probably the largest group of Lorene Squire photographic works held by one institution. Small collections have been identified in various archives such as the University of Winnipeg, and Library and Archives Canada. Others are likely held in private collections around the world.

The Hudson’s Bay House Library photographs, including the Lorene Squire collection, are described in the Archives Keystone database online. The prints have been scanned and will be available online in the near future. 📖

Notes

1. Lorene Squire, *Wildfowling with a Camera*, J. B. Lippincott Company, New York, 1938.
2. HBCA, RG2/7/95, Canadian Committee Correspondence (Roneo System), *Beaver* - Lorene Squire, 16 June – 3 October 1938.
3. HBCA, RG2/8/1100, Canadian Committee Correspondence (Decimal System), *Beaver* - Articles - Lorene Squire, 17 June 1939 – 27 July 1966.
4. *Ibid.*

Visit the Archives’ website and search the
Keystone database for Lorene Squire photos:

<http://pam.minisisinc.com/pam/search.htm>

