

Accepted in Bella Bella: A historical exemplar of a missionary nursing education, in British Columbia from 1921-1925

Sarah C. Cook

Trinity Western University, sarah.cook1@mytwu.ca

Sonya Grypma

Trinity Western University, grypma1@telus.net

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Cover Page Footnote

We would like to acknowledge the BC Conference of the United Church of Canada's Archives for going above and beyond to assist in finding hidden gems, and British Columbia History of Nursing Society, for their generous support. Nous voulons remercier le personnel de BC Conference of the United Church of Canada's Archives pour leur travail extraordinaire et pour l'aide à trouver des trésors cachés, ainsi que la British Columbia History of Nursing Society pour son appui généreux.

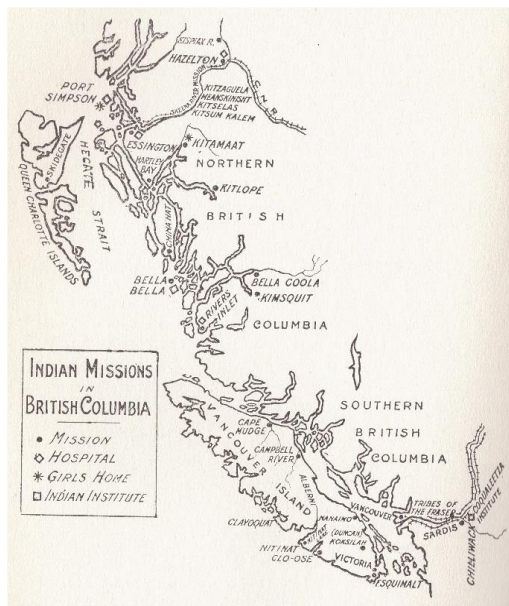
Introduction

In 1921, 18-year old Doris Nichols travelled 750 km from her home in Chilliwack, British Columbia (BC) to attend nursing school in the Hałtzaqv (Heiltsuk) village of Wáglísla, known more widely as Bella Bella, on BC's central coast. At that time, the island community of Bella Bella was home to approximately 350 Heiltsuk First Nations People and a small group (less than 20) of White Canadian Methodist missionaries (Darby, 1920; Statistics Canada, 1921). The R.W. Large Memorial Hospital Training School for Nurses of Bella Bella (established in 1903) was the second, and smallest, of three hospital-based nursing schools in BC run by the Methodist Mission Society through the Methodist (later United) Church of Canada (see Figure 1) (Stephenson, 1925). Between 1903 and the school's closure in 1935, the mission hospital in Bella Bella graduated twenty-three nurses—all unmarried, white women (see Figure 2 and Table 1).

This article critically explores Doris Nichols's years as a nurse and missionary-in-training between 1921 and 1925 as a lens through which to better understand the nature of, and influences on, early nursing education in BC—particularly in the historical, social, and dynamic cultural context of coastal First Nations communities. The findings provide new and rare insights into Indigenous-settler relations specific to early nursing education in BC. We conclude that the Methodist medical missionaries had an indelible influence on early nursing education in northern BC¹ and provided much-needed health care services while simultaneously reflecting and extending priorities, practices, and prejudices of the Euro-dominant Canadian south.

Figure 1

Map of the Methodist Mission in British Columbia, 1924



Source: Reprinted from Stephenson, F. (1925). *One Hundred Years of Canadian Methodist Missions* (Vol. 1, 1824–1924). Missionary Society of the Methodist Church, p. 160.

¹ Although Bella Bella is located on an island in the central coast of BC, we use the term *north* and *central* interchangeably, in contrast to the coastal *south*, which generally refers to communities on and south of Vancouver Island.

Figure 2

Graduate Nurses of the Bella Bella ~ Rivers Inlet and RW Large Memorial Hospital Bella Bella, BC, 1903–1935



Source: [Photograph]. Private Collection. Reprinted with permission. Note: Doris’s graduation year is incorrect; She graduated in 1925.

Table 1

List of Known Nurses at of the Bella Bella ~ RW Large Memorial Hospital Training School for Nurses, 1901–1935

Staff Nurse		1901–1925	
Surname	Given Name	Year Arrived	Year Departed
Kissack	Reba	1901	1903
Alton	Sara	1903	1910 (summer staff into the 1920s ca.)
Murton	unknown	1909 (ca.)	unknown
Howson	unknown	1909 (ca.)	unknown
Wilson	Eunice	1917	1922

Taylor	M.E.	1922	1927
Callender	H.	1922	unknown
Nichols	Doris	1925	1925
Buker	Gertrude	1925	1925
Nichols	Alma	1935	unknown

Student Nurse		1903–1935
Surname	Given Name	Graduation Year
Grant	Evelyn	Unknown
Morgan	Ada	1910
Jarvis	K.L.	1911
Metcalf	J.B.	1914
Wilson	Eunice	1917
Wharton	Laura	1917
Taylor	M.E.	1922
Hiscock	Florence	1922
Martin	Julia	1923
Nichols	Doris	1924
Buker	Gertrude	1925
Allen	Marie	1927
Way	Gertrude	1927
Abbot	Mary	1929
Nichols	Alma	1930
Barner	Maud	1931
Kelly	Margaret	1931
Mackay	Aimee	1933
Johnson	Gertrude	1933
Fleming	Myrtle	1933
McLeod	Anna	1934
Baker	Dorothy	1935

Briggs	Helen	1935
Steven	Dorothy	1935

Background

Doris Nichols was my maternal great-grandmother. Although her history was largely unknown to me when I entered the nursing profession, during my graduate studies, it became apparent that her narrative “embod[ied] an opportunity—a process—for understanding a period of time that has not been fully described or appreciated, a time that occasionally has slipped into shadow” (Meijer Drees, 2013, p. xxv). The key primary sources for this study came from a rich private collection of over 30 documents and other artifacts related to Nichols as a nurse. These included a journal, poems, and notes written by Nichols; certificates; photographs; and unpublished family autobiographies. The journal is a daily account of Nichols later missionary nursing position (beyond the scope of this article); however, in it she wrote detailed lists of all the operations, maternity cases, and private cases she assisted during her training. Other primary sources (53 sources were reviewed) included the United Church of Canada archives, various publicly available Canadian digital archives, and a number of books written during this period by missionaries or their contemporaries. In addition, and to complement these sources, I conducted four semi-structured interviews with Doris’s daughters and niece. Taken together, these primary sources revealed a “contact zone” between Nichols, nursing education, and Indigenous persons (Pratt, 1992; Rutherford & Pickles, 2005).

The literature review for the specifics of this article relating to missionary nursing in the 1920s on BC’s coast revealed that in nearly all studies nurses were not the primary subject, found only between the lines, as it were. Highlighting instead related topics of Indigenous-settler health care delivery and health care as a tool for colonization (Lux, 2016; Meijer Drees, 2013; Vandenberg, 2015; Yeomans, 2006), the interconnectedness of spiritual care and Euro-Canadian medicine (Huang, 2017; Kelm, 1998), the health care experiences of Indigenous people (Kelm, 1998), and finally the missionary physicians (Large, 1968; McKervill, 1964) and women missionary experiences (Gagan, 1992; Hare & Barman, 2006; Kelm, 2006). Nevertheless I acquired immense insights from these secondary sources, and from many additional primary sources. The existing research established that missionary nurses trained and worked in isolated, challenging, and changing conditions, meeting high expectations and demanding workloads while navigating relationships in close quarters fraught with gender inequalities and racial tensions.

This research was undoubtedly influenced by my subjectivity. In addition to being a nurse and Doris Nichols’s relative, I am a Christian and Canadian woman of mixed race, with Métis (Swampy Cree, paternal) and European (Scottish, English, and Danish) ancestry. These identities, I believe, motivated and sensitized my reading and interpretation of the primary and secondary sources. I stayed attentive to my subjectivity through constant self-reflection, critically engaging with each source while retaining empathy for all the persons studied. My aspiration was guided and supported over the course of several years by Sonya Grypma, an established nurse historian.

Methods

As a social history, this study focused on lesser-known people (nurse Nichols), her interactions with others, and her communal life experiences. Nurse historian Joy Buck (2008) describes the social history framework as an inclusive structure for “reinterpreting the past and

experiences of ordinary people, moments, and events through the thematic prisms of class, gender, and race” (p. 46). Social history supports the objective to “uncover and understand the experiences of those who had been heretofore invisible in formal historical records” (D’Antonio, 2008, p. 17).

With this in mind, primary sources were approached with questions grouped into five themes: *experience* (What was the nursing experience like in Bella Bella? The missionary experience?); *training* (Why was there a nursing school at Bella Bella? What did training entail?); *motivation* (How were nurses recruited? Why did they come, stay, or leave?); *influence* (Did nurses influence the community in Bella Bella? If so, how?); and *interconnection* (What was the relationship between nursing, missionary work, and Indigenous peoples of BC’s Central Coast?). Research Ethics Board approval was granted to use private collections belonging to Doris Nichols’s family and to conduct interviews with three family members.

The articles’ findings are presented in three sections. The first provides a context for Methodist medical missions in Bella Bella through a brief overview of the Methodist movement in BC. The second examines Doris Nichols as an exemplar of Methodist mission-supported nurse training in BC. The third situates Doris Nichols’s experiences within the broader context of early nursing education. A discussion considers the role of Methodist missions in nursing education contextualized in Bella Bella, providing insight into the nature of nursing education as part of the reach of Christian missions in early-20th-century BC. Concluding remarks highlight this as a contribution to historical nursing knowledge and relevance to nurse educators.

Findings

Early Methodist Missions and the “Christian Nation” of Bella Bella (originally, ‘Qélc)

The story of Doris Nichols’s nurses training at Bella Bella can be traced back to a long-standing relationship between Bella Bella and Chilliwack, the through-line of which was the Methodist Church of Canada. In 1859, shortly after the Fraser River gold rush prompted England to declare a new Crown Colony of British Columbia, the Methodist Missionary Society of Upper Canada became interested in the Pacific Northwest coast and in evangelizing miners, settlers, and Indigenous persons (Stephenson, 1925). The first Methodist missionaries set up primary mission sites (later churches and schools) in Victoria, Nanaimo, and Chilliwack. In these communities, large evangelistic meetings were held and attended by hundreds of coastal Indigenous people and settlers alike (Stephenson, 1925).

Individual Heiltsuk men were recorded as accepting Christianity in the early 1870s at revival meetings in Chilliwack, in Victoria while trading their furs, or while working as labourers in southern mills (Stephenson, 1925). These men returned to the Heiltsuk village of ‘Qélc (later called Bella Bella) and were documented as making an earnest attempt to live as Christians. Around this time, White missionary Thomas Crosby was appointed leader of the Northwest Pacific Coast “Indian Missions” by the Methodist Missionary Society. He first arrived in ‘Qélc with a canoe full of Indigenous Christians (Crosby, 1914; Stephenson, 1925, p. 174). The Heiltsuk chiefs, although initially opposed to Christianity, saw value in learning and in an English education. William Pierce, who was of mixed race (Tsimshian and Scottish ancestry) was sent to ‘Qélc as their first Christian teacher (Crosby, 1914; Hare & Barman, 2006; Harkin, 1997; Stephenson, 1925). Pierce’s biracial identity and Hudson Bay education made him integral to the Methodist Missionary Society’s missionization; numerous other Indigenous Christian converts devoted themselves to bringing the gospel to coastal First Nations as well (Hare & Barman, 2006; Stephenson, 1925).

Charles Tate, an English immigrant, became a Christian at a meeting in Chilliwack and thereafter devoted himself to the Methodist missionary movement. In 1880, Tate and his wife Caroline (both teachers by profession) came to live in 'Qélc as white missionaries and, with the support of a Heiltsuk chief, commissioned the Heiltsuk's first Victorian style church and school (Harkin, 1997; Stephenson, 1925). Later moving to Chilliwack, the Tates in 1887 were credited with establishing a small residential school, the Coqualeetza Industrial Institute, to educate and assimilate young Indigenous girls and boys (Founder of Sardis Institute, 1921; Stephenson, 1925). Coqualeetza would eventually become one of the largest Indian institutions in the province before it was converted in 1940 into a sanatorium for Indigenous people as a part of Indian Health Services (United Church of Canada Archives, n.d.).

It is important to draw attention here to the concurrent Indigenous history of the Heiltsuk. During the 1800s, the rise of non-Indigenous economics, the spread of devastating communicable diseases, and the growth of colonial governance were Nation-altering for the Heiltsuk people. Before settler contact thousands of Heiltsuk traditionally lived along the central coast as five distinct bands in numerous villages (Harkin, 1997; Heiltsuk Cultural Education Centre, 2019; Hobler, 2000). From the time of the smallpox epidemic of 1863, most surviving members of the Heiltsuk bands came together at 'Qélc, though some bands joined the neighbouring nation of Tsimshian at Klemtu. The converging of many Heiltsuk bands at 'Qélc changed the intra-political structuring of the Nation and played a role in the eventual acceptance of the resident Methodist missionaries in the 1880s (Crosby, 1914; Harkin, 1997; Hobler, 2000). The combination was seen between 1891 and 1893, when there were Christian conversions en masse at 'Qélc (Crosby, 1914; Harkin, 1997; Tate, n.d.). Alongside the new religious practices came the wide-scale acceptance of Victorian values evident in an alteration of education, clothing, and housing; these outward social and spiritual changes were brought about after the missionaries' arrival, marking the start of the modern Heiltsuk era (Harkin, 1997; Hobler, 2000). According to the Department of Indian Affairs, in 1897 'Qélc's population had diminished to 298 and was recorded as an entirely Christian Nation (Canada Department of Indian Affairs, 1888, as cited in Huang, 2017; Heiltsuk Cultural Education Centre, 2019). As historian Harkin (1996) states, it was the "mission-directed cultural change that had a profound effect on virtually every aspect of Heiltsuk life," an intertwining of Heiltsuk and Christian ways of life (p. 643).

In the 1890s, Thomas Crosby began advocating for medical missionaries on the northwest coast, stating Euro-Canadian medical care was critical to northern survival and necessary for both spiritual and physical well-being, as well as for upholding morals of Christian living (Crosby, 1914; Hare & Barman, 2006). His desire came from recognition of the connectedness of Indigenous peoples' cultural, spiritual, and health practices (Huang, 2017; Kelm, 1998). At the same time, missionaries also hoped that the establishment of medical missions would eliminate the "superstitious" and "heathen" ways of Indigenous traditional healers (Crosby, 1914, p. 188; Large, R. W., 1903, p. 227).

Dr. J. A. Jackson, a Methodist medical missionary, was sent to 'Qélc in 1897 to provide medical care via canoe, oversee a summer hospital at Rivers Inlet (which operated during the salmon fishing season; see Figure 1), and build a new hospital (Crosby, 1914). Around the time of his arrival, it was decided to move the village north approximately 2 kilometres to Wáglísla. In Dr. Jackson's opinion, 'Qélc was unsuitable for a hospital; its "old Indian houses [were] crowded together, unlovingly and unsanitary, stretched along the beach" (Stephenson, 1925, p. 199). According to Hobler (2000), Heiltsuk leaders encouraged the move, partly because it was within

accepted practice of the Heiltsuk to move whole villages as needed, and partly because of aligned interests between hereditary Chief Moody Humchitt and the missionaries. However, health concerns forced Dr. Jackson's early retirement. He was succeeded by the young missionary Dr. R. W. Large in 1898 (Stephenson, 1925). The plan, carried forward by Large, was to build the new village at Wáglísla entirely in a "modern" English style to provide an "opportunity for Christian home life and surrounding which assured better health conditions" (Large 1968; Stephenson, 1925, p. 200). The hospital was built at the centre of "New" Bella Bella (Wáglísla); a place of great honour traditionally reserved for the chief's house (Harkin, 1997).

The Heiltsuk's Methodist Hospital and the Smallest School of Nursing

The establishment of a hospital in Bella Bella was a collaborative, charitable endeavour between the Heiltsuk people and the Methodist medical missionaries. The first hospital, built in 1902, was a seven-bed ward. It was replaced in 1918 by a new 25-bed hospital under the leadership of Dr. George Darby (the hospital's longest serving missionary physician of 45 years) (R.W. Large and C. M. Tate funded two of the wards) (Burrows, 2004; Darby, 1920; Stephenson, 1925). In the 1920s the Bella Bella hospital was recognized as the premier hospital north of Vancouver Island, boasting electricity, running water, and a medical mission boat that served the Heiltsuk people and all those living or working along the central coast (Darby, 1920). It was renamed the R.W. Large Memorial hospital following Dr. Large's death in 1920. Today, the R. W. Large Memorial hospital has six acute beds, six continuing care beds, and a three-bed emergency department (Vancouver Coastal Health, 2016). It was not until 2014, exactly 100 years after Dr. Darby and his wife Edna first arrived in Bella Bella, that the hospital disconnected from its mission roots; the United (formerly Methodist) Church of Canada transferred the R. W. Large Memorial Hospital and medical services to the Vancouver Coastal Health Authority (The United Church of Canada Foundation, 2018).

The first trained nurse at Bella Bella, Reba Kissack, was hired by the Methodist Church in Canada Woman's Missionary Society (WMS) in 1901 (she also had prior ministry training) (Gibbon & Mathewson, 1947; Kissack, 1903). Two years later, after Kissack left Bella Bella to marry, she was replaced by Sarah E. Alton, who had just retrained as a nurse at Port Simpson mission hospital. Alton had been Coqualeetza's school matron in Chilliwack for a decade before becoming a nurse ("Former Matron," 1935). Alton was an instrument of change and remained involved with the hospital in Bella Bella and Rivers Inlet until her retirement in the late 1920s (McKervill, 1964). The nursing school at Bella Bella was established then in 1903, just four years after the opening of renowned Vancouver General Hospital in Vancouver, in 1899 (VGH School of Nursing Alumnae Association, n.d.). According to Gibbon and Mathewson (1947), a training school was the natural extension of any "progressive hospital" post-1890 (p. 144). By the time Doris Nichols arrived in Bella Bella, in 1921, the nursing school at Bella Bella had been in operation for eighteen years.

Doris Nichols: Methodist Missionary Nurse

Doris Nichols's narrative takes place against the socio-political backdrop of increased immigration, World War I, the fight for women's rights, and the Spanish Flu. Born in England, Doris Nichols, at the age of two, immigrated to Chilliwack in 1905 with her parents and three young siblings (A. Clark, personal communication, August 7, 2017). The family later expanded with the birth of twin girls in 1907 (Nichols, H., 1999). The Nichols were labourers who lived in supplied housing on the farm where they worked. During World War I (1914–1918), the family

was living off a monthly wage of \$45, \$5 of which was set aside for church tithes and farming newspapers (Nichols, H., 1999). In 1917, the Government of Canada declared that grade eight boys could leave school to work on farms to support the war effort; with men at war overseas, farms were in desperate need of labourers (Canadian War Museum, 2017). Young Hubert Nichols (Doris's younger brother) quit school to work 13 hours a day, seven days a week, earning fifty cents a day (Nichols, H., 1999). May Nichols, the eldest child, began working as a seamstress at nearby Coqualeetza residential school, where she remained for 22 years (Clarke, 1983). By taking up paid work at a young age, Hubert and May Nichols enabled their four younger siblings to complete high school and postsecondary education; three became nurses (Nichols, H., 1999).

Originally members of the Methodist Church in England, the Nichols became stalwart members of the Methodist Church of Canada's Chilliwack congregation. Their connection with the Methodist Church linked the Nichols with nursing in northern "Indigenous communities—a connection that ran, in part, through Coqualeetza. The extent to which Indian concerns" were part of everyday life for Methodists is reflected in a 1916 report on the activities of the WMS, of which Doris's mother, Martha Nichols, was a member for over 40 years (Clarke, 1983). In it, Minnie E. Hunter of Chilliwack wrote,

We have seven different [First Nation] Reservations . . . on the church roll, a membership of 110. Being so scattered it is almost impossible to do any organized work, but we have the poor to help, the orphans to care for, the weak ones to strengthen, the sinning ones to point the way to the world's Saviour, the sick to nurse, the dying to pray with, and the sorrowing to comfort. (Strachan & Ross, 1917, p. 33)

Recognizing the centrality of the Methodist Church in the Nichols' lives and the relationship between Methodist missions and First Nations helps us to understand, in part, why Doris Nichols (and seven years later, her younger sister Alma) chose to go to school 750 km from home. Yet it does not tell the whole story. Before turning more fully to Doris's narrative, it is helpful to first examine the state of nursing education in BC during this period.

The State of Nursing Education in BC in the Early 1920s

On April 23, 1918, the *Registered Nurses Act* was passed in BC (College of Registered Nurses of British Columbia, 2012). It came one year after the enfranchisement referendum in BC gave (White) women the right to vote and hold provincial office (Strong-Boag, 2016). The *Act* protected the title "registered nurse" (RN) and required that nurses graduate from an approved school of nursing in order to register (Ross-Kerr & Wood, 2011). The title RN was intended to confer to the public a level of professional competency. However, there was a lack of standardization in what constituted acceptable nurses training. To address related concerns, Helen Randal, the first nursing Registrar, began surveying hospitals around the province. *In A Survey of the Nursing Question*, MacEachern (1919) states there were "some ninety to one hundred hospitals" and a "conservative estimate" of "at least" 40 to 50 nurses training schools (p. 5). The BC Hospital Association (BCHA) registered 89 hospitals, only 11 of which had more than 50 beds (BCHA, 1920). The largest hospitals in BC at that time were VGH, with 1300 beds, St. Paul's Hospital (Vancouver), and the Royal Columbian Hospital (New Westminster), both with 250 beds (BCHA, 1920). However, the majority of the nursing schools were small and attached to hospitals with less than 50 beds. All of these schools, including the nursing school at Bella Bella, came under scrutiny as leaders had heated discussions regarding the appropriate size of affiliated

hospitals, the minimum entrance requirements, and expectations regarding the quality and quantity of the training itself.

At about this time, in 1919, the BC Graduate Nurses Association made it mandatory for small training schools to either affiliate with larger institutions or close down (BCHA, 1919). Students could complete their first two years at a smaller school, then transfer to VGH or the Royal Jubilee Hospital (Victoria) for their final year. By 1922 (possibly earlier), the Bella Bella nursing school was affiliated with VGH, meaning that it had to comply with standardized regulations, including that the nurse supervisor be an RN and that the hospital have in its employ at least two graduate nurses (BCHA, 1922). Despite the earlier concerns about small nursing schools, Helen Randal acknowledged that, “a young woman who has spent two years in the small hospital and one in the large is [actually] a better all-round nurse than the one who trains [solely] in the large hospital” (BCHA, 1922, p. 16).

Doris Nichols: Accepting the Call to Bella Bella

Doris Nichols’s decision to become a nurse, like many of her generation, was likely influenced by surviving the Spanish Flu pandemic, where the resourcefulness shown by nurses led to an elevation of the status of nursing along with reforms in Canadian health care (Groft, 2006). Her brother describes it as the “worse tragedy of all my 90-plus years” (Nichols, H., 1999, p.13). She witnessed the power of good care when younger sisters Alma and Hazel contracted it and were nursed back to health by their mother, whose heroic efforts with another family were also noted in the local paper (Nichols, H., 1999). When the nursing superintendent of the Chilliwack Hospital offered classes in late 1919 to teach laywomen how to prepare in case of another outbreak (Local, 1919), it is probable that Nichols (who was 17 at the time) and her mother attended. After completing high school, Nichols applied to the VGH Training School for Nurses (A. Clarke, personal communication, August 4, 2017).

One of the entrance requirements for admission to VGH was physical fitness; prospective students underwent two physical assessments (MacEachern, 1919). Unfortunately, Nichols had hyperthyroidism. Although she received an interview with VGH, she was denied entrance because of a goiter and exophthalmos (A. Clarke, personal communication, February 18, 2018). She briefly considered applying to St. Paul’s, a Catholic school for nurses, but was encouraged by her father to wait for an alternative option. Remaining in Vancouver, Doris found work as a housekeeper. A guest of her employer (likely Miss Myrtle M. Wheeler, a Methodist missionary nurse on furlough from China) suggested that Nichols apply to the R. W. Large Memorial Hospital Training School in Bella Bella (see Figure 3). She did and was accepted. Shortly afterward, she headed north.

Bella Bella, situated on a coastal island, was a geographic and cultural contrast from both cosmopolitan Vancouver and the farming valley community of Chilliwack. It was a

village of well-built houses, some painted but others much in need of decoration. Standing out from the other buildings at about the centre of the village is a large greyish building with a red roof (and a French grey shingled exterior), which offers a marked contrast to the rest of the buildings... The large building, of course, is the new hospital, erected by our Missionary Society. (Darby, 1920, p. 209)

Figure 3

The R. W. Large Memorial Hospital in New Bella Bella BC, ca. 1925–1929



Source: [Photograph]. Private Collection. Reprinted with permission.

Note. The hospital is the prominent building in the centre; behind it is the new Nurses Home (the nursing residence); to the right is Dr. Darby's home. In the foreground is the hospital's boat *Kla-quack* (also recorded as 'Kla-Quaek').

When Nichols arrived, there were two other nurses—Miss Eugen Wilson, the matron/nursing superintendent, and Julia Martin, a student (BCHA, 1921). The south side of the hospital was split into two male wards, one for “Indians,” the other for “whites” (Darby, 1920, p. 212). In contrast there were so few non-Indigenous women, they were likely given a private room. The hospital had four wards on the second floor: two for general cases and two for tuberculosis (TB) care (male and female). The TB ward was designed with a balcony surrounded by windows to allow for as much sunlight and fresh air as possible (Darby, 1920). TB gradually became known as “Indian TB” because while rates of the disease decreased among the rest of Canadian society, they persisted in Indigenous populations (Bryce, 1922). In the 1920s, Bella Bella hospital became a centre for TB treatment of Indigenous people all along the coast (McKervill, 1964).

Segregation by race was practised in hospitals in Western Canada at this time (Lux, 2016). VGH, for example, had an “Oriental ward” for patients of Asian descent (Vandenberg, 2015). It is nevertheless surprising to see this practice in Bella Bella given that the hospital was ostensibly built to serve the Heiltsuk community. Segregation of patients was not described in the Bella Bella missionary writings before 1918, although race of patients was always recorded. Such segregation may have reinforced the notion that disease was inherently linked to race, and that “Canadians” should be protected from the “Indians” (Lux, 2016, p. 21). Additionally, segregation was seen at the fishing canneries along the northern Pacific coast, for which the mission medical staff provided care in summer months. The housing for the labours were racially divided for those of Indigenous, Japanese, and Chinese descent (Crosby, 1914; Large, 1968; Stephenson, 1925).

The Mission Family

The second floor of the hospital was also the nurses' living area. This included three bedrooms, a sitting room used for studying, and a lavatory that was designated only for the nurses; a marked improvement from the original hospital (Darby, 1920). However, Helen Randal was concerned about hospital schools that did not provide proper living accommodations, and suggested that without a space separate from the hospital with “airy sleeping rooms,” schools of

nursing would lose their accreditation (BCHA, 1919, p. 30). To comply, the nurses temporarily took up residence across the boardwalk, in the original hospital (see Figure 4), until 1925 when a new nursing residence was built right over the site of the original hospital (the nurses' home can be seen behind the hospital in Figure 3) (McKervill, 1964). The new nurses' home uniquely featured balcony bedrooms, a design from the "fresh air clinics" used to keep TB at bay (McKervill, 1964, p. 108). Apparently it worked as it was commented that none of the "girls" that nursed at Bella Bella ever contracted TB (McKervill, 1964).

Figure 4

Nurses Preparing to Leave Bella Bella for Rivers Inlet Summer Hospital, June 1, 1922



Source: [Photograph]. Private Collection. Reprinted with permission.

Note. Nurses from the left: Gertrude Buker, Doris Nichols, Miss Callender (graduate of Port Simpson Methodist Hospital). Behind them is the original hospital redesignated briefly as the Nurses Home (the nursing residence).

As of 1918, the hospital staff included a housekeeper (likely a local Indigenous woman), kitchen help (often a Japanese boy), the nurse matron, nursing students (between one and three), and a missionary physician (Darby, 1920; McKervill, 1964; Thompson, 1976). Recruitment of nurses occurred by word of mouth and advertising in Methodist publications (Darby, 1926). Over the years, many of the nurses came from Ontario, specifically Toronto (where much of the financial support came from) and some from the Prairies; for all these nurses, the ocean front hospital was far from home (Bella Bella Hospital, 1921; McKervill, 1964). A sense of community was built through humour, as evidenced by the initiation of sorts described below:

At the evening meal the new girl [new nursing student] would be introduced to any of the staff she had not already met. As the meal progressed, with the usual conversation and dish traffic, [Dr.] George [Darby] would offer the bread and then pass the butter to the unsuspecting newcomer. Just as she reached for it, he would thrust the dish forward, ramming her fingers into the soft butter. Then with a twinkle in those blue eyes and a smile tugging at the corner of his wide mouth, he would deliver a scolding for being clumsy and express the hope that this was not a demonstration of operating-room technique. By this time the table would be rocking with laughter. The new girl was "in." (McKervill, 1964, p. 109)

Nurturing a sense of belonging was helpful not only to make newcomers feel welcome but also to help retain them. Camaraderie through lighthearted fun is highlighted in Figure 4. Doris met and retained a lifelong friend in Gertrude Buker, a fellow probationer. Similarly, a nurse at the Methodist mission in Kitimaat, BC, found “fitting in” to the “sisterhood” maintained a close community (Kelm, 2006, p. 235). Conversely, the breakdown of relationships between colleagues negatively impacted the retention of missionary women (Gagan, 1992). Rosemary Gagan argues that the women “sent” to First Nations postings in northern BC faced “substantially more material deprivation and emotional suffering than any other group” of WMS workers (p. 201). With homesickness, lack of personal space, limited peers, new racial and cultural interactions, and physical and mental fatigue, there was a lot stacked against the success of new nursing probationers (McKervill, 1964). Nichols writes in her second year of training a poem as a lament of her childhood, expressing an understanding of the responsibilities she carries as a nurse, which she had previously been naive to “oh, why is it now we wander and roam so far away into regions unknown!” Beyond a great interest in the quality of nurses education, the BC Graduate Nurses Association provided recommendations ranging from ratio and qualification of instructors to quality of living quarters. It also recommended “social diversion” and “special forms of recreation should be provided in the Nurses’ Home” specifically to balance the burdensome load of nursing training (British Columbia Hospitals’ Association, 1919, p. 48). In Bella Bella, nurses participated in numerous community activities, including attending weddings (where they were often treated as guests of honour), listening to records, ice skating by moonlight, having picnics on the beach, going for boat rides (for both work and pleasure), and participating in social events such as the communities May Day celebrations (Darby, 1926; McKervill, 1964) (see Figure 5).

Figure 5

May Day Community Celebration: Nail Hammering, May 24, 1923



Source: [Photograph]. Private Collection. Reprinted with permission. Note. Doris Nichols is the second nurse from the left beside her Nurse Matron Taylor.

An integral aspect of connection was the faith-based ministry that the nurses engaged in. The nurses participated in corporate community church services, taught bible classes, and led hymn singing at the hospital for those who were confined to bed (Darby, 1920). The note on the back of the photograph in Figure 6 hints at the bond the mission work created between the nursing students nicknamed “Faith, Hope and Charity” and with community members whom they may have worked and worshiped with. Personal time spent in prayer and bible study was encourage for the nurses. It was also routine for all medical procedures to begin in prayer with the patient, and for the nurses to pray before entering a patient’s room (A. Clark, personal communication, August 7, 2017).

Figure 6

Faith, Hope, and Charity, Bella Bella, 1924



Source: [Photograph]. Private Collection. Reprinted with permission.

Note. On the back of the photograph, Doris has written “Faith, Hope and Charity—Sampson and Joshua.” Doris Nichols is in the centre and to her left is Gertrude Buker.

Throughout the network of Methodist missions, the nursing training schools were key to recruitment and retention. The graduates felt like they belonged; they also committed to a year of paid service to the MWS. Staffing, however, would remain a problem. In 1922, the nursing shortage at Bella Bella led to the temporary closure of eight beds (BCHA, 1922). At the annual BCHA meeting in Vancouver, Helen Randal suggested that a primary motivation for nurses’ training schools was to supply cheap labour to the affiliate hospital (BCHA, 1922). Dr. Darby disagreed. While operating a school *did* serve labour needs of the hospital, the motivation was not economic, but simply pragmatic: “When I have tried to get a graduate nurse,” he explained, “it has been a very difficult matter to get one unless I get a girl from my own institution or from another small hospital” (BCHA, 1922, p. 31). Dr. Darby’s persistence paid off, and by the next year, the hospital reopened all 25 beds with one of its largest complements of nurses yet: three graduate nurses and three students (see Figure 7).

Figure 7

Doctor Darby and Staff of the R. W. Large Memorial Hospital, Bella Bella ca. 1923.



Source: Mission to Partnership Collection, United Church Archives #93.049-302, [Photograph]. Reprinted with permission from United Church of Canada Archives.

Note: Doris Nichols is the third nurse from the left.

In addition to providing medical and surgical inpatient services, the R. W. Large Hospital provided a wide range of specialized and emergency services since it was not always possible to immediately transfer complex patients to a larger facility such as VGH. Nichols, like other nursing students, was expected to assist the physician with whatever case he was dealing with. Nichols recorded that on May 4, 1923, she had attended Dr. Darby in a leg amputation case (Nichols, D., 1927). While amputations are, of themselves, not complex surgeries, there is nothing subtle about them. In later years, it was one of the few direct care stories she ever recounted to her eldest daughter; only mentioning the incident once (A. McKurdy, personal communication, February 18, 2018). McKurdy states her mother was charged with the task of carrying away the leg and told her daughter she recalled standing holding the leg taking in the gravity of the moment.

Training as an Affiliate

In the fall of 1923, Doris Nichols left Bella Bella for her final year of training at VGH. Students transferring in were required to wear the uniform of their home school. They also had to demonstrate their proficiency in bed-making (of various kinds), bed baths (simple and temperature sponges), enemata, the giving of medicines, douches, catheterizations, charting, local applications, general ward care, and preparation and general aftercare of surgical patients (MacEachern, 1919, p. 23).

During her training at VGH, Nichols assisted in 33 surgeries and attended 23 births complimenting the experience she already had from attending 12 births in Bella Bella and Rivers Inlet (Nichols, D., 1927). This brought her total obstetrical experience to 35 births—something considered exceptional, and exceptionally valuable by “southern” terms. In a discussion with Dr. Darby and a Dr. Burnett at the 1924 BCHA convention regarding much-needed improvements to obstetrical practices in hospitals, Burnett expressed concern at a trend in nurses training not to allow the student “to follow through her cases in a sufficiently thorough manner to ensure her

acquiring skill and judgment in obstetrical nursing” (BCHA, 1924, p. 22). The one exception, he noted, was “students in small hospitals [who] had all round experience and on the whole tended to develop better” (p. 22). Dr. Darby thanked Dr. Burnett for the compliment. He suggested that Bella Bella training experience actually *exceeded* Dr. Burnett’s recommendations, since it was frequently necessary for nurses to also give anesthetic and, at times, to deliver the babies themselves (p. 22). Remarkably, as a result of the discussion, delegates recommended not only that the scope of nurses training be expanded to include simple examinations such as abdominal palpations and pelvic measuring, but also that arrangements should be made for students from larger schools to come to the smaller hospitals to gain further “practical experiences” (p. 23). While it is unclear whether larger schools took up this recommendation, it had to have been encouraging for smaller schools such as the one in Bella Bella.

When Doris Nichols graduated from VGH in the summer of 1924, it was alongside 13 other nurses from affiliate schools (General Hospitals of Chemainus, Ladysmith, Port Simpson, Nicola Valley, and Grand Forks) (Commencement Program, 1924). A year later, on May 25, 1925, back in Bella Bella again, she received her diploma from R. W. Large Hospital Training School for Nurses (the delay is suspected to be related to Nichols’s health—she was recovering from a thyroidectomy). That day, Nichols became part of an elite group of nurses as the ninth graduate, in the school’s first 20 years (Diploma, 1925). She accepted her first graduate nursing position as summer staff that same week, working both in Bella Bella and at Rivers Inlet for three months before taking up a role at the Port Simpson Methodist mission hospital. After working for six months as a night nursing supervisor in Port Simpson, followed by five weeks as a private duty nurse in Bella Coola, Nichols returned to her family home in Chilliwack in February 1926. Her sister, Alma Nichols, entered the nursing school at Bella Bella the following fall and graduated as a VGH affiliate in 1930. Doris completed her year of service to mission in 1927 in Atlin, BC. She married, continued to nurse, and raised her three daughters across the street from Coqualeetza. For the rest of her life she remained involved in mission work at home and abroad, though she never nursed in Bella Bella again.

In 1935, the R. W. Large Memorial Hospital Training School for nurses closed. Regulations from both national and provincial associations had become too stringent to maintain (McKervill, 1964). The hospital itself, however, remained open, employing four to six nurses at a time. Doris’s sister Alma Nichols found her place of belonging in Bella Bella. She married a trapper and settled there, living in Bella Bella for over 40 years.

Discussion

Through the years, the Heiltsuk’s Methodist hospital maintained the overt and accepted intention of ministering to the spiritual and physical needs of the community. Serving the central coast, patients also came by boat from other First Nations, from the surrounding settlements, from residential schools, and from fishing camps. However, as this study revealed, there was a shift in the hospital from its early roots as a community-led initiative. One way this was seen was in the segregation of patients by race. Over time, and in a context of subjugation to colonial policies and on-going devastation from diseases, the Heiltsuk were increasingly viewed and described more often as patients of the hospital, rather than its partners.

The lingering question from this study is: why were there no Indigenous graduates? After all, Indigenous men and women assisted in some of the hospital work recorded in the early 1900s, suggesting an interest in the field (Large, R. G., 1968; Large, R. W., 1903). And, one could

surmise, Indigenous nurses could have served the long-term interests of the Heiltsuk Nation. Why, then, were Indigenous people in the 1920s excluded from nursing education?

Though no admission policy could be found, it is likely that in Bella Bella, like other training programs in Canada, race-based policies barred Indigenous people from even applying (McCallum, 2007). Canadian nursing programs, by design, largely comprised young, unmarried, White, Christian woman with no children (McPherson, 2003). For a time, Indigenous, Chinese, Japanese, and African women (and all men) were simply not eligible to apply to nursing. In Bella Bella, it was not until the 1940s—after the nurses training school had closed—that Indigenous locals were again recruited to be informally trained as nurse assistants (Thompson, 1976). Indeed, in Canada, the two earliest known Indigenous nurses did not graduate until 1933 and 1945 respectively: Isobel Healey Toth from the Kootenay Lake Training School for Nurses in Nelson, BC; and Norah Gladstone Baldwin from the Royal Jubilee Hospital School for Nursing in Victoria, BC (Kulig & Grypma, 2006). While we would argue that while the early Methodist missionaries up held excellent nursing education standards in Bella Bella, and despite the hospital being located on an Indigenous reserve, it seems indisputable that systemic racism in the Canadian context resulted in a missed opportunity, preventing nursing education from reaching its full potential on BC's central coast, with lasting implications.

Conclusion

The Methodist mission hospital established in Bella Bella ran a training school for nurses for 32 years and graduated 23 nurses. The nursing school ensured a steady supply of prospective missionary nurses to support hospital-based medical work at Bella Bella (and other Methodist institutions) managing to remain open and relevant in the 1920s, a period of high scrutiny and standardization by the increasingly sophisticated nursing associations. In 1922, Dr. George Darby stated that it was the “smallest nursing training school in the province” and despite that ensured its interests were represented at BCHA meetings and adapted to a novel affiliation with the renowned VGH School of Nursing (BCHA, p. 31). Retention was founded on fostering a sense of family among mission staff, cultivating lifelong connections. However, despite such success, the school closed in the 1930s in the wake of the Weir Report (Weir, 1932), which nationally remonstrated against small training schools like this one.

Doris Nichols's personal educational experience came full circle from her rejection by VGH school for nurses only to graduate as an affiliate years later. The mission of the R.W. Large Hospital Training School for Nurses was to educate nurses and contribute to the development of the students both as women and as missionary nurses. Nichols's faith grounded her practice and remained focal through her training. Tucked in with her diploma was a note from her VGH matron “always remember Nursing is a vocation not only a profession. We are called by God to do his work and that just makes all the difference does it not” (Private letter, 30 May 1924). The training of Nichols led to a legacy of nurses.

Nichols's experience exemplified the radical changes that nursing education was going through in the 1920s in light of professionalization. Fittingly it was Helen Randal's signature on Nichols RN certificate. Her training also acutely denotes the historical systemic inequalities coastal Indigenous persons faced. Undoubtedly, her presence had an impact on the Heiltsuk people she engaged with inside the defined spaces of the hospital and church, as well as on the fishing boats and out along the boardwalk of the village; and they had influence on her, likely affecting various decisions she made for the rest of her life.

This historical exploration of Doris Nichols as a missionary nursing student, the nursing school of Bella Bella, and the Heiltsuk people is marked by constant change and characterized by profound persistence, adaptability, and resilience. In conclusion, Nichols's time as a student in Bella Bella in the early 1920s could only be described as an intimate mentorship experience; cherished despite the "exhausting nature of the work" and "the hardships of the environment" (Gagan, 1992, p. 201). There was something special, even sacred, about her opportunity to train as a nurse and a missionary, to work, worship, learn, and live, in a place where she was accepted.

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