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### “Like iron and whisky’: Nursing and Marriage in *Fin de Siècle* English Canadian Fiction”

By Sarah Galletly.

In the opening pages of the National Council of Women of Canada’s flagship publication *Women of Canada: Their Life and Work* (1900), an anonymous contributor to a chapter on “Women of Canada – Historical Sketch” stresses that “[t]he ‘new woman’ was old in the Republic before she crossed the border to emancipate her Canadian sisters” (13). The ease with which such an admission is made is intriguing given the collection’s emphasis on championing Canadian women’s achievements and progress, suggesting that even in some of the most outwardly reformist movements, such as the NCWC, the figure of the New Woman was still treated with a certain degree of ambivalence and trepidation in Canada. This reluctance to adopt the figure is perhaps unsurprising given her already widespread notoriety in both Britain and the United States by the turn of the century. However, despite the claims of the NCWC, critics such as Carole Gerson and Misao Dean have uncovered compelling evidence of New Woman figures and themes in Canadian fiction of the 1890s when this figure would still have been considered “young” in her dissemination and status in popular culture on both sides of the Atlantic. The tropes associated with the New Woman were therefore still arguably in their embryonic stages of development when they began appearing in Canadian novels, even if organisations such as the NCWC were unwilling to acknowledge the presence of a specifically Canadian incarnation of this increasingly problematic individual.

In *New Women, New Novels* (1990), Ann Ardis articulates how “[a] tremendous amount of polemic was wielded against [the New Woman] for choosing not to pursue the conventional bourgeois woman’s career of marriage and motherhood. Indeed, for her transgressions against the sex, gender, and class distinctions of Victorian England, she was accused of instigating the second fall of man” (1). In a Canadian context, this “second fall of man” took on imperial overtones. Fears of racial degeneration, aggravated by the reluctance of women to relinquish new roles in employment to undertake their maternal duties, were exacerbated by Canada’s former colonial status and a desire to prove themselves equal to their British neighbours. Cecily Devereux argues in her work on the links between maternal feminism and the rise of New Imperialism at the turn of the twentieth century that “[a]lthough it would be oversimplifying the case to position the New Woman as the epitome of *fin de siècle* feminism, it is clear that she did serve as a focus for antifeminist sentiment precisely because, like the prostitute, she appeared to endanger the strength and security of the Anglo-Saxon race” (176). Both suffragists and imperialists placed a strong emphasis on the merits of motherhood and employed maternal feminist rhetoric to champion their causes. Canadian novels that dealt with the figure of the New Woman therefore “share the problem of how to shape an unacceptable social situation into an acceptable narrative form,” usually solving this problem by “resort[ing] to extraordinary devices to arrive at a printable resolution” (Gerson 146).

At the turn of the century, the profession of nursing offered women new opportunities for both professionalisation and economic freedom through their labour, and I would argue that Canadian nursing novels offer us unique insight into the tensions between political and economic emancipation and the duties of motherhood in this period. This article explores the central conflicts surrounding Canadian nursing and how this profession was depicted in the fiction of the period. It considers the extent to which Canadian configurations of the New Woman were both activated and muted by this era’s often contradictory maternal-feminist rhetoric, discussing the constraints it placed upon authors and the destinies they could provide for their heroines. Focusing on the representation of nursing in Jessie Kerr Lawson’s *Dr Bruno’s Wife: A Toronto Society Story* (1893) and Grant Allen’s *Hilda Wade* (1899), this article interrogates whether these fictional nurses maintained a rhetoric of female subjection and submissiveness or whether the novel instead acted as a site of agency and subversion for nurses and, perhaps, for the figure of the New Woman more broadly.

#### The Canadian New Woman

In Europe, the figure of the New Woman emerged in the late-nineteenth century, though the term did not gain notoriety and enter the public literary consciousness until 1894, when it was coined by prominent English authors Sarah Grand and Ouida in separate articles in the *North American Review* on the state of modern womanhood (Ledger and Luckhurst 75). <sup>1</sup>The New Woman was a divisive figure: her supporters saw her as an intelligent, socially conscious, and often career-driven woman who articulated ambitions outside of motherhood while usually retaining a healthy appreciation for maternal virtues; her detractors depicted her as mannish and overeducated, usually as either a bad mother or an “embittered spinster” and generally lacking “all the attributes usually associated with ideal Victorian womanhood” (75-6). One of the earliest references to this figure in Canadian literature can be found in Lily Dougall’s *The Madonna of a Day* (1895), the novel’s protagonist Mary Howard announcing early in the novel to a gentleman: “I am ‘emancipated,’ I am ‘advanced,’ in fact I am the ‘new woman,’ so far as she is not a myth” (17). Indeed, in the same year as Dougall’s novel, Maria Amelia Fytche’s *Kerchiefs to Hunt Souls* (1895) featured a protagonist who unabashedly enjoys the fact that “[m]arriage, thank goodness, is not the aim and end of woman’s life in this nineteenth century” (9). <sup>2</sup>Although both these novels arguably use such statements to poke fun at their protagonists and their newly acquired sense of emancipation and

social freedoms, such off-hand comments in the literature of this period clearly suggest that the rhetoric surrounding the figure of the New Woman had become familiar to Canadians early on, even if Canadian women at the turn of the century were still reluctant to claim such ideals as their own, as the anonymous NCWC author's remarks seem to imply.

New Woman rhetoric was thus utilised early on in Canadian popular novels dealing with "the woman question" to show both an awareness of current debates and a scepticism about such viewpoints, a point reinforced by the fact that both heroines in the aforementioned novels are safely reinstalled in a more conservative, heterosexual union by the novels' close. Indeed, this tendency to treat the figure of the Canadian New Woman as a problematic figure who must be "understood" is discussed in great depth by Misao Dean in *Practising Femininity* (1998): "[b]y focusing on women as the problem, New Women novels restate the hierarchy of gender by demanding that women explain themselves to an implicit reader, reinscribing the seemingly 'radical' elements of plot and character into a conservative sex/gender system" (60). For Dean, even the most "radical" texts of the period rely on discourses of women's biological drive towards motherhood and the underlying power of a decidedly conservative inner-self which reinforces the fact that "[w]omen are confined to a sphere of complementarity with men, whereby they come to recognise their authentic selves in service and self-sacrifice" (67).

As Gerson and Dean have already noted, the Canadian texts which were most patently marketed as "New Woman" novels, dealing with New Woman concerns, were those that ultimately ended up endorsing the most conservative and socially-acceptable forms of Victorian womanhood. Building upon this work, this study explores two New Woman novels that deal specifically with employed female protagonists in order to uncover whether these characters' positions as working women opened up new spaces for dialogue and debate surrounding women's roles outside the homestead, or whether these novels fell back on traditional ideas of women's place and role as caregivers within the home. Linda Kealey has argued that ultimately "[t]he much talked of 'new woman,' who promised to alter substantially the shape of women's lives, became identified with the professional woman, whose career aspirations conformed to maternal feminist expectations" (14). Thus, the very labelling of these novels as "New Woman" works may have prevented their novelists from engaging with contemporary issues surrounding working women in any substantive way given Devereux's assertions that this figure swiftly became associated with an emerging maternal feminist rhetoric in Canada. This article argues that the status of Canadian nursing at the turn of the century impacted the ways these novels engaged with – and oftentimes endorsed – contemporary debates surrounding the increasingly professionalised figure of the nurse, and how this figure may have enabled these authors to present more progressive, positive images of the New Woman – especially when contrasted with the deliberately satirical and humorous representations offered in the aforementioned novels by Dougall and Fytche.

### Professional Nursing and the Maternal Instinct

In *The Girl of the New Day* (1919), an educational guide for young Canadian women preparing to enter the workforce, Ellen Knox opens her chapter "The Joy of Nursing" by commenting that

[i]t is curious, but all the time I am writing I know that half of you at the least have a secret hankering after nursing. And it is no wonder. Nursing touches the mother instinct, which is alive in every true woman, from the oldest and ugliest spinster driving geese over the common, to the merriest-hearted school girl playing hockey in the field. (42)

Many upper- and lower-middle-class women throughout the Commonwealth saw nursing as the ideal vocation. It offered women eager to escape the stigma of domestic service or the unpleasant conditions of the factories a job that provided not only good pay and professional training, but also an unprecedented level of respectability. As Knox suggests, nursing was seen as the ultimate female occupation, a profession that allowed women to engage with their natural "mother instinct" and apply it to serve the general population, as well as providing women with suitable training for their final destiny as mothers.

However, Canadian nursing at the turn of the twentieth century was still greatly influenced by the pressure of two conflicting (yet equally oppressive) ideological forces: the cult of Victorian femininity and the lure of professionalism and its attendant status. As Judi Coburn outlines, "the bourgeois ideology of femininity has sought to contain women's work outside the home within the duties of homemaking; and in the case of many occupations, particularly nursing, it has sought to prescribe a complementary set of acquiescent female attributes" (155). This emphasis on the femininity of the nursing trade often led to it being undervalued and treated as an expected mode of female service. Following similar drives in England and the United States, by the late nineteenth century a strong movement for the "professionalisation" of nursing had developed in Canada; increased training and higher entry qualifications were advocated in an attempt to improve the status of nurses and the work they carried out. The desire for nursing to be seen as a profession already had a long history, with Florence Nightingale explaining in the 1850s that

[t]he professional motive is the desire and perpetual effort to do the thing as well as it can be done, which exists just as much in the Nurse as in the Astronomer in search of a new star, or in the Artist completing a picture ... I have seen this professional ambition in the nurse who could hardly read or write, but who aimed just as much at perfection in her care and dressings as the surgeon did in his operation. (qtd. in Gibbon and Mathewson, 110)

Nevertheless, Nightingale herself was a strong advocate of the cult of femininity that her era embraced, coming out in strong opposition to the more aggressive move towards professionalism at the end of the nineteenth century. Thus, while she appeared to be in favour of nurses' professional ambitions, this was only as long as they conducted themselves in an appropriately lady-like manner that still foregrounded their *female* attributes of submissiveness, deference, and propriety. In response to the move towards nurse registration (an attempt to emphasise the superiority of nurses with formal training), Nightingale famously stated that "nurses cannot be registered or examined any more than mothers" (qtd. in Coburn 156).

When outlining the merits of nursing to young Canadian women in search of work, Knox is keen to emphasise the

pleasure of service and deference to their superiors as one of its biggest attractions:

[i]n the first place, the nurse is under orders, and her work for a year at any rate is largely mechanical. She rejoices in something of the healthy, old-fashioned experience of practical work, only in place of candle-making and spinning, she is bed-making, tidying and waiting on a patient. She experiences also something of the old-fashioned relief of being in subjection. All great decisions are taken out of her hands. (25)

For Knox, the lack of direct responsibility is a blessing, not a curse. Nurses were expected to go about their work in an almost “mechanical” fashion, learning the value of following orders and the necessity of submissiveness to their (usually male) superiors – the physicians. By referencing the “old-fashioned relief of being in subjection,” Knox ties the vocation of nursing closely to the Victorian cult of femininity, a set code of behaviour and values that centred around women’s moral fibre, purity and knowledge of their place as secondary to that of men. Works such as Knox’s would thus seem to suggest that the Canadian nurse at the turn of the century was “socialised to believe that her rebellion violate[d] not only her ‘professionalism,’ but her very femininity” (Ehrenreich and English 61).

Two contrasting images of nurses, then, seem to emerge across the English-speaking world at the turn of the twentieth century. One is the Nightingale-inspired nurse, whose main qualities were her strength of moral character and deference to male authority. She was ideally suited to nursing due to her status *as a woman*, relying on her innate femininity and maternal instinct to care for and serve others selflessly. The other image is complicated by the status that professionalism offered to nurses. Professionalisation promised greater acknowledgement and the appearance (if not the reality) of more autonomy. This led many Canadian nursing activists of the early twentieth century, such as Ethel Johns, to argue that nursing was a lifelong commitment. Johns deplored the tendency of women to see nursing as a prelude to marriage, the argument many had originally used to promote its appropriateness as a female vocation. In an editorial addressing the graduating class of Winnipeg General Hospital’s Nursing School in the June 1907 issue of the *Nurses’ Alumnae Journal*, Johns advised them instead to make a clear choice between marriage and their desire to become nurses: “[d]o not hope to conciliate both. They are quite incompatible. Like iron and whisky they are both most valuable – but you cannot take them in the same glass” (3). In reality, Canadian nurses were forced to give up their jobs upon marriage, only returning in the event of their husbands’ deaths or the economic need to support dependents. Many nurses were therefore forced to choose between economic independence and occupational professionalism and their desire to conform to societal values by settling down and starting a family.

In Canadian New Woman fiction, this choice between profession and marriage is central, as although the conventional happy endings are often seemingly inevitable, they also create space for discussion of alternative female destinies and evidence the *value* of female labour in ensuring female protagonists will make good wives for their prospective husbands. Given the particularly maternal and “feminine” qualities the nursing profession was seen to draw upon, the contrast between these two novels draws attention to the emergence of a potentially less problematic, more maternal feminist Canadian incarnation of the New Woman in these nurse-heroine novels. Allen’s 1899 novel in particular enables a contrast to be drawn between a more distinctly “Canadian” articulation of the New Woman as evidenced by Lawson, and the more dominant British tradition which Allen himself played an important role in constructing during his extended residence in England.

#### **Nursing as “Training” for Marriage: *Dr Bruno’s Wife: A Toronto Society Story* (1893)**

The female protagonist of Jessie Kerr Lawson’s *Dr Bruno’s Wife* is the young Natalie Wyngate, a woman of upper-class background whose mother squanders their family fortune on extravagances and questionable investment prospects. When poverty befalls the pair, Natalie’s mother dies and, overcome by the reality of her situation, Natalie suffers a mental breakdown and is admitted to the local Toronto hospital. It is here that she is treated by Dr. Arbuckle and Miss Stobie (the head nurse), and during the course of her rehabilitation, the doctor predictably falls in love with his patient. However, much to the surprise of the reader – and especially of Arbuckle – Natalie refuses to marry him straight away, explaining that she would rather train to be a nurse first.

Although she remains relatively unknown today, Jessie Kerr Lawson (1838-1917) was nevertheless an impressive woman, supporting her husband and ten children, most of who went on to post-secondary education, through her writing as a novelist and journalist. She was born in Edinburgh and raised in St. Monans, Fifeshire, before emigrating with her husband and (then four) children to Hamilton, Upper Canada in 1866, spending the later years of her life in Toronto. She was extremely prolific, often submitting several items to the same journal or magazine issue under different pseudonyms (McMullen and Campbell 287). Most of her fiction is out of print today, but still offers important insights into Canadian society and literary culture at the turn of the twentieth century. In this article, I seek to draw new attention to this author (likely overlooked in the past due to the sentimental nature of much of the writing) by outlining the ways in which Lawson utilised this popular, commercially-successful mode to create space for potentially subversive moments of female agency in her narrative through her portrayal of her heroine’s need for professional and personal development *before* marriage.

Dr. Arbuckle, aware of Natalie’s background and his own marital intentions, continually tries to dissuade her from her chosen path but ultimately fails. He tries his best to remain aloof and disapproving of her decision. However, “the first day that Dr. Arbuckle saw her attired in the natty white cap and neat costume of the hospital staff he stood trying to look disapproval, with eyes that glistened with admiration” (Lawson 71). The sense of pride and professionalism evoked by the nurse in uniform is a common motif of literature of this period, as nursing was one of the few female professions that required such distinctive dress. Any man seeing a nurse in uniform was instantly aware of both her profession and its attendant value system. As Ruth Frager and Carmela Patrias summarise, “[n]urses’ uniforms, reminiscent both of nuns’ habits and elite servants’ uniforms, symbolised sexual neutrality and subordination” (62), both of which were extremely appealing traits to men of that time, especially in a potential wife.

It is important to note that it is Miss Stobie, the “amiable and capable head-nurse” (29), who inspires Natalie to

undertake her nurse's training:

Miss Stobie was to [Natalie] an angel in human guise, an angel in the calmness of her strength, her wisdom, her unvarying gentleness, her womanly loving-kindness to herself in private. To outsiders, and sometimes to those under her, Miss Stobie seemed a cold, capable, thoroughly qualified nurse, quite equal to her responsible position, and not at all troubled with sentiment. But Natalie had seen her when the veil of official reserve was withdrawn, and the picture to her grateful eyes was that of a most lovable woman. (64-5)

Lawson's narrator describes Miss Stobie as an ideal nurse: "angelic" in her kindness also appropriately "cold" and "capable." Miss Stobie holds a position of responsibility and must therefore appear reserved and yet competent, but as the narrator and Natalie are both aware, no nurse can truly be successful without also harbouring a great deal of "womanly loving-kindness." Miss Stobie also holds another role in the novel, acting as a form of chaperone for the doctor in his early scenes with Natalie when she is still recovering from her mental illness. As Kathryn MacPherson explains, "the doctor's sexual respectability depended on the presence of the nurse, who could not only bear witness to the doctor's sexual propriety but symbolically neutralise the doctor's male sexuality much as the presence of a wife made a man sexually safe, or 'taken'" (16). Miss Stobie acts as a neutralising – or even protective – force early in the novel, ensuring that appropriate levels of propriety are maintained and reinforced while Natalie is in such an emotionally vulnerable position. However, despite the narrator's great emphasis on Miss Stobie's abilities and skill, ideal nurses were "also expected to internalise the values of industrial work discipline and female submissiveness, to be managed as well as to manage" (93). It is this subservience and loyalty to Dr Arbuckle that first drives a wedge between Natalie and Miss Stobie. This happens when Natalie and Arbuckle's engagement is broken off, and Miss Stobie, believing Natalie is to blame, berates her, claiming "you have done a wrong and cruel thing ... he does not deserve to be treated so" (156). The narrator goes on to describe Stobie's affection for the doctor as "almost motherly" (157), suggesting that despite the close bond between the two women, fostered by their shared role as nurses, many nurses were still expected (and indeed, chose to be) loyal first and foremost to the physician, not their female co-workers.

Whilst Natalie's insistence on training to be a nurse for two years before agreeing to marry Arbuckle might seem remarkably empowering for the 1890s, it is only when her motives come to the attention of the reader that the underlying conservatism of her reasoning becomes apparent. As she explains

"[m]y education has been very shallow and superficial — what does it amount to? A little painting, a little music, a smattering of languages. How long would that last you, my master?" said she, rallying him out of his frown with charming vivacity. "Why, you would get tired of me in a year or two, and I should soon be in the list of tolerated wives. No, Doctor, I can never be entirely equal with you except in one thing, but at least I can bring myself much nearer you in the experience of life I shall get in these wards." (71-2)

This passage engages with a variety of issues surrounding women's work and the influence of marriage on women's occupational aims. Natalie sees her previous upper-class education as insufficient "training" for her intended role as Arbuckle's wife, needing the "experience of life" that working on the wards will provide. Perhaps even more telling in this extract is the assumed deference to her future husband. She states that she can never equal him "except in one thing" (presumably love), suggesting that she sees work not as a way to gain more autonomy, but rather as a way to gain the appropriate skills to better "serve" him: she even refers to him as her "master." These ideas are developed in the following exchange between the two later in the novel:

"I am only learning to live, Edward," she urged, "it is so blessed to feel one's self of some use. I am so happy that sometimes I dread lest it should suddenly come to an end. Don't ask me to go back to the dependent know-nothing, do-nothing existence. I couldn't bear it."

"Natalie! could you not bear to be dependent on me?"

"Ah, yes! yes! I am dependent on you now, and it is life to me to be so. But, oh, Edward! I have grown greedy—I want the work and you too. I want my life to be full—full to the brim, and overflowing, as it is now. I love you too well to marry you yet." (84)

Once again the language of "usefulness" is invoked, this time tempered by an admission of her dependency on Arbuckle. By admitting her submissiveness, Natalie diffuses any threat that her work might pose. This said, the comment "I want my life to be full" suggests a desire to "have it all": marriage and the independence of work and professional training. Thus, although her ultimate goal is highly conservative, Natalie's actions are also potentially subversive, with Lawson appearing to suggest that it was possible for women to have both a career and a husband (even if not at the same time). Lawson's determination to draw attention to this sense of divided loyalties makes her novel highly unusual and distinctive, given this was an era when questions around New Women and female emancipation were still largely in their earliest incarnations. Most significantly, Lawson makes Natalie's act of defiance seem heroic and worthwhile within the narrative: Natalie's decision to focus on herself and her professional development before her marriage, a deliberate choice to avoid being made into an object of derision or satire like many other contemporary New Woman heroines.

Nevertheless, Lawson's heroine is still required to prove her mettle as a suitable future mother of the imperial Canadian race in the novel, through a plot development designed to showcase her nursing training, and, perhaps more even significantly, her apparently essentialist female traits of motherhood, self-sacrifice and servitude. Although Natalie spends the majority of *Dr Bruno's Wife* nursing in an institutional setting, near the novel's close Lawson allows her protagonist to demonstrate her maternal instincts through her decision to nurse the son of her primary antagonist, Mrs. Tranent, for whom Natalie believes Dr. Arbuckle has forsaken her. When Freddie Tranent is diagnosed with scarlet fever, she asks permission to leave her post and care for him in the family home as Arbuckle and Mrs. Tranent are abroad in Scotland. She offers despite having never had the disease herself, thus putting herself at great risk, an action that allows the reader to perceive her self-sacrificing nature and also her innate maternalism: she cannot bear for Freddie to suffer alone. Fellow nurse Miss Stobie is horrified by her request: "[M]y poor child! Would you really care to go to *that woman's* house and nurse her boy?" (174), but

consents when Natalie's determination becomes clear. Natalie carries out all the duties of a typical private duty nurse of the period, working night and day to alleviate the child's suffering, "but in the end his disease is too advanced and all she can do is ease his passing:"

[t]he nurse's task was over, and her reward was with her. In striving to comfort the child she had assuaged her own grief, her own loneliness, and as with brimming eyes she laid her thin hand on the sunken eyelids, like a heavenly strain of music there floated through her mind the assurance of the children's Eternal Friend — "For I say unto you, the angels do always behold the face of my Father in Heaven." (178)

Through this passage Lawson conveys a sense of the mutual rewards of nursing shared by both nurse and patient. In providing both medical and emotional support to Freddie in his final hours, Natalie is also able to subdue her own grievances, highlighting the emotionally (if not physically) restorative quality of private-duty nursing for both parties. Natalie, of course, succumbs to the disease herself but eventually recovers. This only reinforces to the reader the nobility of her personal sacrifice, and she receives her eventual reward when she is reunited with Arbuckle at the novel's close, leaving the hospital to marry him and start a family in Scotland.

### The Nurse as "Case Study": *Hilda Wade* (1899)

Although Grant Allen's *Hilda Wade* might on first glance appear a far less conservative depiction of nursing than *Dr. Bruno's Wife*, it can still be argued that the novel's final resolution leaves the heroine in a far less autonomous position than we, as modern readers, might hope for (and expect) given Allen's reputation as a key New Woman author of this era. The main premise of the novel is the protagonist Hilda's desire to be close to the noted doctor, Professor Sebastian, who works at St. Nathaniel's, a London hospital: "[i]t is my object in life to be near Sebastian—to watch him and observe him" (27). Such a mission intrigues and concerns the novel's narrator, Dr. Hubert Cumberledge, who has great respect for Sebastian, but also great affection for Hilda. Hilda watches Sebastian in order to uncover the truth about her father who she believes was wrongly accused of murdering a patient while undertaking a series of medical trials. Hilda believes her father was framed by Sebastian and, worried that such actions might occur again in the name of scientific advancement, she also "watches" Sebastian to ensure the safety of his patients. Hilda's presence "therefore" subtly undermines Sebastian's authority and her own supposed submissiveness to him: "[s]he spoke to me just now, and I thought her tone unbecoming in a subordinate ... Like Korah and his crew, she takes too much upon her ... We must get rid of her, Cumberledge; we must get rid of her. She is a dangerous woman!" (50). Hilda's "dangerousness" thus stems from her lack of complete passivity and obedience. By refusing to remain silent, she breaks from the image of the nurse that was idealised by the feminine ideology of the period and expected by physicians.

Grant Allen (1848-1899) was born near Kingston, Ontario and spent his childhood in Canada. At the age of 13, he moved to the United States with his parents, studying for his degree at the University of Oxford, before teaching in Jamaica for several years, and finally settling in England in 1876. He was a prolific novelist and journalist, his fiction covering a wide range of genres from crime and mystery to more science-based narratives. He is perhaps best known today for his controversial New Woman novel *The Woman Who Did* (1895), which played a central role in helping define the genre and its tropes in its earliest articulations. Although he never returned to Canada (much like Sara Jeannette Duncan), and is largely considered an English author by adoption, Allen still holds a place in Canadian literary history, even garnering a short biography in Carl Klinck's *Literary History of Canada* (2nd ed.; 1976). Much earlier, in a 1900 book review of an Allen memoir, one *Canadian Magazine* reviewer commented that: "If Grant Allen was not a Canadian, in the strict sense, the associations of his family with this country, and his own birth here, entitle us to a special interest in his personality" ("Review of *Grant Allen*" 380).

In an article for *Canadian Nurse* (n.d), one writer commented that the nurse "owes to the attending physicians absolute silence regarding their professional demerits or blundering. No nurse who has not learned the lesson of implicit obedience to authority and practised it until it has become a habit of life, is fitted to command others" (qtd. in Coburn 157). This practice of "implicit obedience" was seen as essential in a good nurse, and early in her time at St. Nathaniel's, Hilda, who only *simulates* obedience, is acknowledged by Sebastian to be a worthwhile addition to their staff:

"[a] nurse with brains is such a valuable accessory—unless, of course, she takes to *thinking*. But Nurse Wade never *thinks*; she is a useful instrument—does what she's told, and carries out one's orders implicitly."

"She knows enough to know when she doesn't know," I [Dr Cumberledge] answered, "which is really the rarest kind of knowledge." (Allen 31)

The skill of "knowing when she doesn't know" was a common expectation on the part of physicians of the period. Nurses were expected to endure two to three years of rigorous training in order to attain a degree of scientific knowledge on which they were rarely consulted. They were instead expected to act as the "physician's hand" – a phrase recalled in Sebastian's own reference to Hilda as a "useful instrument."

This tendency to refer to nurses as objects is repeated later in the novel when Sebastian tries to convince Dr. Cumberledge that Hilda is a liability to the hospital: "[w]hen she's clothed and in her right mind, she is a valuable accessory—sharp and trenchant like a clean, bright lancet; but when she allows one of these causeless hysterical fits to override her tone, she plays one false at once—like a lancet that slips, or grows dull and rusty" (52). The "hysterical fit" referred to in this passage is revealed to be a ruse on Hilda's part. By overplaying her femininity and thus her inclination towards hysteria, she is able to avoid a blood test that would have taken her life. Sebastian, realising her true identity, attempts to poison her, filling the needle's tip with a dangerous bacteria. It is only through her observational skills and knowledge of medical equipment (she notices the needle is not the regular type used for blood samples) that she is able to respond quickly, feigning a hysterical fit and managing to retrieve the needle from the Professor through sleight of hand. Here Allen appears to be mocking existing tropes regarding female hysteria and undermining assumptions of female weakness through the quick-thinking of his intelligent and educated nursing heroine.

Catherine Judd has argued that the nurse's gaze held great significance at the turn of the century as "the authority of this controlling female gaze derived from an amalgamation of domestic and medical ideologies: by the mid-nineteenth century, domestic ideology firmly claimed not only an innate feminine moral authority, but also a uniquely feminine ability to discern, control, and manage environmental details" (56). Furthermore, Judd argues that, "rather than being an usurpation of the male medical gaze, the policing eye of the nurse derive[d] its authority from sources separate from, and often in opposition to, male medical authority" (75). The concept of valuing the nurse's unique perspective due to her increased contact with the patient was far from revolutionary, with Florence Nightingale herself championing the "facts the nurse alone can observe" (68) in her *Notes on Nursing* (1860). Nevertheless, Hilda would seem to be a distinctive literary example of this trend, her powers of observation not only saving her own life, but also allowing her to help others.

Aside from her gift for observation, another skill which stands Hilda in good stead for her role as a nurse is her ability to discern temperament. Throughout the novel this ability is portrayed as an inherently feminine trait (much like intuition) which even Sebastian begrudgingly admits has practical applications in medicine. "As he says [s]he recognises *temperament*—the fixed form of character, and what it is likely to do—in a degree which I have never seen equalled elsewhere. To that extent, and within proper limits of supervision, I acknowledge her faculty as a valuable adjunct to a scientific practitioner" (4). This skill is used not only in her work as a nurse, but also on occasion to help solve mysteries and uncover the motives of other characters in the novel when required. When Hilda explains the talent to Cumberledge, she likens herself to a novelist. This comparison allows Allen to comment self-reflexively on the act of writing *Hilda Wade* itself, and perhaps make a claim for his own status as a "great novelist.":

[c]haracter determines action ... That is the secret of the great novelists. They put themselves behind and within their characters, and so make us feel that every act of their personages is not only natural but even—given the conditions—inevitable ... Now, I am not a great novelist; I cannot create and imagine characters and situations. But I have something of the novelist's gift; I apply the same method to the real life of the people around me. I try to throw myself into the person of others, and to feel how their character will compel them to act in each set of circumstances to which they may expose themselves. (41)

The passage also allows us insight into Hilda's nursing abilities, the fact that she sees those around her almost as literary "characters" perhaps suggesting the need for appropriate distance from one's subject (or patient) in order to accurately perceive their intentions and possible actions. Here Allen's novel employs elements of the detective genre, while Hilda's earlier interaction with Sebastian in the hospital perhaps shows an indebtedness to the Sensation fiction of the late-nineteenth century. Thus, for Allen, the New Woman novel seems to act as a hybrid genre, allowing the reader to engage with multiple literary traditions, all focalised through this problematic, emerging literary figure.

It is with the question of "distance" that the division between the characters of Hilda and Sebastian becomes most apparent to the reader. In the hospital environment that Allen creates for the reader, the doctors (with the exception of narrator Cumberledge) rely too much on science, losing their emotional attachment to the patient in the process. Allen illustrates this dilemma when Hilda, Cumberledge, and Nielsen, the surgeon, discuss case "Number Fourteen" (9):

"[a] successful operation, certainly!" the great surgeon admitted, with just pride in the Master's [Sebastian's] commendation.

"And the patient?" Hilda asked, wavering.

"Oh, the patient? The patient will die," Nielsen replied, in an unconcerned voice, wiping his spotless instruments.

"That is not *my* idea of the medical art," I cried, shocked at his callousness. "An operation is only successful if—"

He regarded me with lofty scorn. "A certain percentage of losses," he interrupted, calmly, "is inevitable, of course, in all surgical operations. We are obliged to average it. How could I preserve my precision and accuracy of hand if I were always bothered by sentimental considerations of the patient's safety?"

Hilda Wade looked up at me with a sympathetic glance. "We will pull her through yet," she murmured, in her soft voice, "if care and skill can do it,—*my* care and *your* skill. This is now *our* patient, Dr Cumberledge." (10)

Managing to balance humour and poignancy, Allen highlights the dangers of the quest for scientific improvement, the potential loss of human compassion, and indeed the element of *care* essential to a successful cure. Nevertheless, it is perhaps telling that Hilda herself chooses to associate Cumberledge with the requisite "skill" to save the patient, while she takes responsibility for the "care." Similarly, Hilda refuses to refer to the patient as "Number Fourteen" (a further attempt by the doctors to dehumanise and distance themselves from the people under their care), using the patient's first name and knowledge of her personal situation to motivate her to respond to their treatment:

Hilda held her face close. "Isabel," she whispered—and I recognised in her tone the vast moral difference between "Isabel" and "Number Fourteen,"—"Is-a-bel, you must take it. For Arthur's sake, I say, you *must* take it."  
...

The girl's face lighted up again. "Yes, Hilda, dear," she answered, in an unearthly voice, like one raised from the dead. "I will call you what you will. Angel of light, you have been so good to me."

She opened her lips with an effort and slowly swallowed another spoonful. Then she fell back, exhausted. But her pulse improved within twenty minutes. I mentioned the matter, with enthusiasm, to Sebastian later. "It is

very nice in its way,” he answered; “but... it is not nursing.”

I thought to myself that that was just what it was; but I did not say so. (11)

Once again, Cumberledge and Hilda are placed in opposition to the clinically detached Sebastian, both the patient and Cumberledge agreeing that Hilda’s nursing of Isabel (aided no doubt by her ability to read the patient’s character and discern her reasons for living) are close to “angelic” and exemplary of true nursing. Therefore, despite her subversive methods – going against Sebastian’s orders; relying on her feminine ability to read temperament – Allen’s protagonist ultimately still recreates the idealised figure of the selfless, caring, and morally conscious nurse of the Victorian era. Thus, although these two novels are quite distinct in their generic features and style, Allen’s novel appears to draw as heavily on maternalist rhetoric as Lawson’s, both heroines conforming to the feminine traits expected of successful nurses – and literary nursing heroines – in this period.

Elaine Showalter has commented that “in the imaginative as well as the medical literature of the *fin de siècle*, the woman becomes the case study as well as the case, an object to be incisively opened, analysed, and reassembled” (128). Through his choice of Dr. Cumberledge as the narrator of *Hilda Wade*, it could be argued that Allen turns his heroine into a case study herself, one that Cumberledge (and by extension the reader) must analyse in order to understand. This reading of the novel as a form of case study is reinforced by the way in which Hilda is introduced to the reader: “Hilda Wade’s gift was so unique, so extraordinary, that I must illustrate it, I think, before I attempt to describe it” (Allen 3), and “Hilda Wade herself I will not formally introduce to you: you will learn to know her as I proceed with my story” (4). These phrases are designed to intrigue the reader and encourage further investigation of a character who, from the start, the narrator refuses to explain and classify. As well as acting as a device to draw in the reader, this method evokes the desire of the period – with the rise in scientific discoveries and Darwinism – for everything to be quantified and categorised, with Allen perhaps suggesting that such a desire was often highly elusive and even counter-productive, especially in the case of a woman like Hilda Wade.

However, as readers we cannot help but question the reliability of the narrative of *Hilda Wade* given the narrator’s romantic intentions towards the heroine. Cumberledge’s desire to marry Hilda might lead readers to question the extent to which her behaviour has been idealised by him through his role as narrator in order to fit the accepted social and gender mores of the time, thus allowing her to appear as a suitable bride for a doctor. Notably, Hilda Wade is portrayed as a woman of independent wealth, with no economic need to work – especially in a predominantly middle and working-class profession:

[s]he is independent, quite; has a tidy little income of her own—six or seven hundred a year—and she could choose her own society. But she went in for this mission fad early; she didn’t intend to marry, she said; so she would like to have some work to do in life. Girls suffer like that, nowadays. In her case, the malady took the form of nursing. (5)

The speaker, Mrs. Mallet, a close friend to Hilda, seems to find Hilda’s desire to work inconceivable, obviously not buying into the ideology of feminine usefulness that Hilda (and Natalie in *Dr Bruno’s Wife*) lives by: “what life can be better than the service of one’s kind?” (47). Of course, the assertion that she “didn’t intend to marry” shocks Cumberledge (her would-be suitor) and, when pressed for details, Mrs. Mallet explains that “Hilda will never marry. Never, that is to say, till she has attained some mysterious object she seems to have in view, about which she never speaks to anyone—not even to me” (5). Whilst the pursuit of this “mysterious object” has led Hilda to nurse, it leaves open the question of whether she would have chosen the same calling had Sebastian not been a doctor. For all her innate nursing skill, there remains the suggestion that Hilda’s professionalism might merely be a convenience; nursing ultimately allowing her to further her own interests, rather than to find pleasure in serving others. This would appear to contrast starkly with Lawson’s depiction of Natalie and her seemingly sincere desire to help and learn during her “apprenticeship” as a nurse, even if Natalie’s ultimate goal, much like Hilda’s, is to leave the profession to pursue other aspirations (marriage and motherhood).

This determination to achieve her “purpose” (Allen 55) is something that Hilda retains throughout the novel, even when Cumberledge follows her to Rhodesia to proclaim his love for her. During this Rhodesian interlude, it is also important to note Allen’s emphasis on Hilda’s maternal instincts. After saving a local baby from a massacre by Matabele rebels (hired by Sebastian), she insists that “it is my place to take her” (72), later berating Cumberledge, as they are chased by the horde, for asking her to give him the child to carry: “[y]ou are a man ... and you ask a woman to save her life by abandoning a baby! Hubert, you shame me!” (72). Allen seemingly felt the same necessity as Lawson to contrive a situation that illustrated the maternal nature of the novel’s heroine, suggesting the continuing high value placed on this trait by publishers and readers.

It is only after several more months of global travel and the final admission of her father’s innocence from Sebastian’s dying lips that Hilda eventually agrees to Cumberledge’s proposal. She finally admits to there being “[n]o impediment ... I have vindicated and cleared my father’s memory. And now, I can live. ‘Actual life comes next.’ We have much to do, Hubert” (122). The phrase “actual life comes next,” a quotation from Robert Browning, adds a note of ambiguity to the novel’s close. If taken literally, it would suggest that Hilda’s *legitimate* life begins from this point, with her decision to marry Cumberledge and presumably leave her job at St. Nathaniel’s. This would devalue the significance of her time and skill spent nursing and caring for her patients, and suggests that however subversive Allen’s heroine may have appeared in manner – using her innate *feminine* skills and her refusal to defer to her superiors to solve mysteries, save lives, and help others – her destiny is still ultimately highly conservative and traditional by the standards of Victorian fiction. Given this rather traditional representation of the New Woman’s destiny (which might feel particularly diluted when considered alongside the endings in Allen’s earlier 1897 New Woman novels *The Woman Who Did* and *The Type-Writer Girl*), *Hilda Wade* raises questions about how much Allen’s decision to utilise a heroine with such an overtly maternalist profession may also have played into her ultimate destiny as a wife and future mother.

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Although these two novels showcase rather embryonic versions of the Canadian New Woman (*Dr Bruno's Wife* being published before the term was even officially coined), they nevertheless offer great insight into the ways the “professional” woman – and particularly the figure of the nurse – became associated with this emerging cultural figure. Both heroines respond with confidence and proficiency to adverse circumstances in order to save lives and improve their situations, emphasising the new roles and opportunities opening up to women at the end of the nineteenth century – even if both heroines do ultimately conform to maternal feminist expectations and find their hard work rewarded with marriage at the novels’ close. In this article, I have also drawn attention to how an analysis of New Woman novels with nursing heroines emphasises the more maternal feminist rhetoric that critics such as Devereux, Dean and Gerson have argued was particularly prevalent in a Canadian context.

There would thus seem to be much truth in Ethel Johns’s claim that a nurse could not hope to “conciliate” profession and marriage at the turn of the twentieth century, a reality which the literature of the period seems to both reflect and endorse. However, during their time as nurses both heroines manage to subtly undermine the patriarchal hegemony that their hospitals seem to encapsulate: Natalie through her refusal to marry Arbuckle (who she herself admits is her “superior”) until she has trained; and Hilda through her surveillance of Sebastian and his tendency to place science above patient care, often to the potential peril of the patients themselves. Nevertheless, by constantly emphasising Hilda’s feminine skills and her focus on caring rather than curing, even Allen, one of the era’s key New Woman authors, falls back on the female stereotypes of the period. These novels, therefore, provide further evidence of a Canadian tradition that was directly engaging with New Woman debates and issues surrounding female labour that were in line with those of their contemporaries in the States and England. However, they also highlight a reliance on maternal feminist rhetoric – likely tied to emerging theories surrounding imperial motherhood – that ensured these stories ended with the more traditional return to the homestead at the novels’ close, something which increasingly became less common in New Woman narratives written across the Atlantic as the twentieth century progressed.

Perhaps most significantly, these novels articulate the presence of a more pro-active and positive representation of the Canadian New Woman than those found in the novels of Fytche and Dougall, whose heroines were still largely utilised to draw attention to “the woman question” and satirise her desire for independence. Perhaps by utilising such a respected and inherently feminine profession authors like Lawson and Allen were able to articulate the potential value of such female labour, as long as this work was still held in secondary status to their ultimate “professions” as wives and mothers. Thus, while the image of the selfless, submissive nurse was still prevalent in popular fiction of this era, I would argue these texts suggest such images were being increasingly problematised and questioned, even if they were still far from being fully overthrown at the *fin de siècle*.

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#### Note

<sup>1</sup> See also Gardner and Rutherford (3-4). That same year, Sydney Grundy’s play *The New Woman* appeared on the stage. Important as well to note the New Woman was assumed to be white and from the middle class.

<sup>2</sup> Although these novels both act as evidence of the existence of the New Woman in Canadian popular culture far earlier than the NCWC’s comment might suggest, they have already been explored extensively by Dean in *Practising Femininity* (1998) and thus will not be studied here. Significantly, the protagonists’ status as “New Women” in these novels are largely utilised to deride and undermine their supposedly independent, forward thinking perspectives and actions, while the novels I have chosen to study in this article appear to offer more positive, if still limited, depictions of the benefits and values of the New Woman’s desire for education and independence.

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