

The Midwife Next Door: A History of Prince Edward Island Midwives 1900-1950

by

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ABSTRACT

Using oral history interviews collected by Prince Edward Island “pastkeeper,” Dutch Thompson, this report provides insights into the lives and practices of PEI midwives from 1900 to 1950. From the turn of the twentieth century, this report analyses the decline of home births and the rise of hospital births, which became the normal childbirth experience on PEI by the 1950s. It investigates aspects of Island midwifery such as the central roles that midwives held within their communities, their interprofessional relationships with Island doctors, and how one midwife created her own maternity home when the institutionalization of births was a growing trend. This report argues that in the rural areas of Prince Edward Island where poverty was common, the economy of mutual aid made midwives essential to the health of Islanders who could not afford doctor fees. In this favour-based economy where travelling long distances was uncommon, community members often looked to neighbour midwives for medical care, seeking to repay services with favours rather than with cash. This economy of mutual aid slowed the shift from home births to hospital births in rural areas of the Island and it also encouraged doctors to respect the role and place of midwives in the healthcare system.

DEDICATION

To Mom and Dad.

ACKNOWLEDGMENTS

Moving to another province and getting a Masters degree during a global pandemic was stressful at the best of times, and there are many people I must credit this achievement to. First, my family who acted as my sounding board, my caretakers, and my motivators. Ed MacDonald, James Moran and Lisa Chilton at the University of Prince Edward Island for helping me recognize my ability and what I can achieve through sheer determination and an unwavering work ethic. Sasha Mullally for her honest feedback, encouragement, and understanding. Lee Windsor and Erin Morton for signing on to be my examiners. The Prince Edward Island Public Archives for their help even when their documents mentioning midwives were few and far between. And lastly, Dutch Thompson: a giant in the world of heritage on this small Island whose work in collecting memories is truly invaluable, inspirational and will help to preserve “The Bygone Days” for many years to come.

Thank you everyone, this achievement is as much yours as it is mine.

Table of Contents

Abstract	ii
Dedication	iii
Acknowledgements	iv
Table of Contents	v
Introduction	1
Trends in the Historiography of Midwifery	12
Dutch Thompson Interviews	26
Island Midwives and the Economy of Mutual Aid	32
Birthing Room Allies?: Rural Island Doctors and Midwives	41
Lettie MacKinnon's Maternity Home	46
First Breaths Inside Hospital Walls	51
Conclusion	54
Bibliography	59
Curriculum Vitae or CV	

Introduction

Every community depended on midwives, the forgotten women of Island history. Make that Canadian history. Correction: world history.¹

As this quote from Reginald “Dutch” Thompson’s book *Bygone Days*:

Folklore, Traditions and Toenails claims, midwives have been important medical practitioners who have not received the recognition and appreciation they deserve.²

These women not only tended to mothers and babies during home births, but in rural regions of Canada, they were often the only source of medical care when doctors’ services were either unattainable or unaffordable.³ Canada offers an interesting case study for the history of midwifery because there was a sharp decline in practice of midwifery over the early twentieth century, as births moved out of the home and into the hospital.⁴ During this time, doctors were trying to gain footholds in the field of obstetrics.⁵ Many doctors saw childbirth as an “entrée” into large families, providing an opportunity to treat a wider range of conditions and illnesses for the whole family in the future.⁶ Tapping into the market of birthing mothers was also seen as a way to provide doctors with a steady stream of income. Illnesses and injuries were unpredictable, and since birth control was uncommon in this period, it was normal for mothers to have many children. As the practice of obstetrics was still gaining traction

¹Reginald “Dutch” Thompson, *Bygone Days: Folklore, Traditions & Toenails* (Charlottetown: Acorn Press, 2019), 65.

²Thompson, *Bygone Days*.

³Linda Kealey, “On the Edge of Empire: The Working Life of Myra (Grimsley) Bennett,” in *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, ed. Myra Rutherford (Montreal & Kingston: McGill-Queen's University Press, 2010), pp. 84-105.

⁴Lesley Biggs, “Rethinking the History of Midwifery in Canada,” in *Reconceiving Midwifery*, ed. Ivy Lynn Bourgeault, Cecilia Benoit, and Robbie Davis-Floyd (Montreal: McGill-Queen's University Press, 2004), pp.17-45, 36.

⁵Dianne Dodd, “Helen MacMurchy: Popular Midwifery and Maternity Services for Canadian Pioneer Women,” in *Caring and Curing: Historical Perspectives on Women and Healing in Canada*, ed. Dodd Dianne and Gorham Deborah, (University of Ottawa Press, 1994), pp. 135-62, 13; Judith Young, “Nineteenth-Century Nurses and Midwives in Three Canadian Cities, 1861-1891.” *Canadian Bulletin of Medical History* 30, no. 1 (2013): 189–208, pp. 195.

⁶Ivy Lynn Bourgeault, *Push!: The Struggle for Midwifery in Ontario* (Montreal: McGill-Queen's University Press, 2006), 44; Wendy Mitchinson, *Giving Birth in Canada 1900-1950*, (Toronto: University of Toronto Press, 2002), 196.

as an acknowledged specialty and professional respect within medicine, midwives were increasingly seen as competition to doctors because they provided an alternative to labouring mothers.⁷ Midwifery and home births were eventually displaced by hospital obstetrics and almost eradicated entirely until the 1990s. That decade, activists began seeing success in their fight for the reinstatement of midwifery as a recognized medical practice in Canada.⁸ Since then, multiple provinces have put measures in place to allow the return of midwives to Canadian birthing rooms, with Prince Edward Island/Epekwitk⁹ among the most recent.¹⁰

Midwives have also been “forgotten” in Canadian archives and buried under publications by doctors who sometimes used racist and sexist attacks to discredit the knowledge and ability of their perceived rivals.¹¹ The documents left behind by physicians provide sources in Canadian archives which mention midwives, but they simultaneously create biased histories of midwifery. This is especially because the midwives have left few to no sources of their own behind to combat any damning narratives emerging from other sources. Skewed stories of Canadian midwives within the archives reflect interpretive insights offered by Michel-Rolph Trouillot’s *Silencing the Past: Power and the Production*.¹² Trouillot writes how history is made up of both “‘what happened’ and ‘that which is said to have happened.’”¹³ There can often be a difference between the events that actually occurred and the history that is recorded,

⁷ Mitchinson, *Giving Birth in Canada*, 67.

⁸ Ivy Lynn Bourgeault, Cecilia M. Benoit, and Robbie Davis-Floyd, *Reconceiving Midwifery* (Montréal: McGill-Queen's University Press, 2004), 3.

⁹ Epekwitk is the traditional Mi'kmaq name for the land now known as Prince Edward Island.

¹⁰ Bourgeault et al, *Reconceiving Midwifery*, 3.

¹¹ Dodd, "Helen MacMurchy," 135; David A.E. Shephard, *Island Doctor: John Mackieson and Medicine in Nineteenth Century Prince Edward Island*, (Montreal & Kingston: McGill-Queen's University Press, 2003), 74; Wendy Mitchinson, *Giving Birth in Canada*, 196.

¹² Michel-Rolph Trouillot, "The Power in the Story," in *Silencing the Past: Power and the Production of History* (Beacon Press, 1995), pp. 1-30.

¹³ Trouillot, "The Power in the Story," in *Silencing the Past*, 2.

which is always affected by the perspective of the writer. But in the case of Canadian midwifery, these two things are disconnected, both because of a lack of primary sources from midwives themselves and the preservation of sources which often negatively portray their practices. In recent years, with the reinstatement of midwives in several provinces in Canada, historians have attempted to seek out new sources - ones that place midwives' own narratives at the centre of historical accounts. This reflects Trouillot's observation that historical "representation changes as society in the modern world changes."¹⁴ The passage of time since midwifery's sharp decline in Canada in the 1950s, has allowed the focus of historians to shift away from the "heroes" of the many rural medical narratives, doctors who professionalized and expanded practices to provide Canadians with "better" medical care. And it re-centres the midwives' narratives in order to uncover a more complete picture of births in Canada instead of only preserving and relaying the perspective of the more powerful professional group.

In the Prince Edward Island Provincial Archives, as elsewhere, these women are underrepresented even though they were important figures that rural Island communities and relied upon well into the 1950s.¹⁵ This report will work around the local archival silences by using oral history accounts that reveal details about the lives and work of midwives on Prince Edward Island. In doing so, this report will analyse and preserve the stories of Island midwives who were so integral to the health of Islanders up until the mid-twentieth century.¹⁶ I will argue that midwives were integral characters in Island communities who provided essential medical care,

¹⁴ Trouillot, "The Power in the Story," in *Silencing the Past*, 22.

¹⁵ Reginald "Dutch" Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI.

¹⁶ Reginald "Dutch" Thompson Audio Collection.

especially to those who were from the poorer classes, and most residents who lived in rural areas. I will also expose how the shift from home births to hospital births was influenced by both informal and formal economies of early twentieth century PEI. Part of this research will reveal and discuss how many Islanders relied upon Island midwives in ways that placed them within an informal economy of mutual aid. Formal, money-based exchanges and economies, I argue, became more common as the decades unfolded and played a role in advancing private medical practices and led to the institutionalization and centralization of medicine and births inside hospitals.

The oral history interviews collected by PEI historian, Reginald “Dutch” Thompson will allow me to ground this research in popular memory.¹⁷ In the 1980s, Thompson began collecting audio recordings of interviews with elderly people who were born before the 1920s. Originally he started collecting interviews with people from Pictou County, Nova Scotia in order to entertain his mother who was bedridden during her fight with cancer.¹⁸ Soon after he began interviewing Islanders and would go on to collect over 700 hours of recordings.¹⁹ Thompson would knock on doors, often unannounced, and when he was invited in and poured a cup of tea at the kitchen table, he would set his Sony TC 142 tape recorder between himself and his host before joining them on a walk down memory lane.²⁰ As his collection of interviews grew, Thompson was offered his own CBC Radio show which would allow these

¹⁷ Reginald “Dutch” Thompson Audio Collection.

¹⁸ Sally Cole, “Folklorist Dutch Thompson shares his favourite stories in a new book,” *Saltwire*, October 4, 2019, <https://www.saltwire.com/atlantic-canada/lifestyles/local-lifestyles/folklorist-dutch-thompson-shares-his-favourite-stories-in-a-new-book-360350/>.

¹⁹ Cole, “Folklorist Dutch Thompson,” <https://www.saltwire.com/atlantic-canada/lifestyles/local-lifestyles/folklorist-dutch-thompson-shares-his-favourite-stories-in-a-new-book-360350/>.

²⁰ Thompson, *Bygone Days*, Introduction.

interviews to reach the ears of all Islanders.²¹ *Bygone Days* debuted in 1991, reminiscing about the days of old when life was a great deal different than today.²²

Personal connection and family history fuelled Thompson's passion for uncovering midwives' stories.²³ Thompson is the grandson of two Island midwives himself, and he made conscious efforts to probe interview participants' birthing stories in hopes of collecting mentions of Island midwives and gaining insights into their lives.²⁴ The generation that Thompson interviewed experienced first-hand the shift from home births to hospitalized births, making their insights into the decline of midwifery and home births on the Island extremely valuable.²⁵ Most of these insights were informed by the growing historical consciousness among Islanders, the sense of imagined community throughout the Island especially in rural regions, and the growing interest in genealogy around the end of the twentieth century. The growth in historical consciousness, which refers to how individuals became more aware of the importance of history and heritage, allowed Islanders to be more aware of the value of the Island's past, and increased their efforts to preserve it. Tied into this was an increasing interest in documenting family histories. The imagined communities on the Island refer to how many saw themselves as part of a group – whether that be with people who live in the same area, who come from the same background, who have the same profession, or other aspects of life which make people into cohesive groups. These could be very small in scale. Many rural communities of PEI were imagined communities unto themselves, with members sharing values, religions, and

²¹ Cole, "Folklorist Dutch Thompson," <https://www.saltwire.com/atlantic-canada/lifestyles/local-lifestyles/folklorist-dutch-thompson-shares-his-favourite-stories-in-a-new-book-360350/>.

²² Cole, "Folklorist Dutch Thompson," <https://www.saltwire.com/atlantic-canada/lifestyles/local-lifestyles/folklorist-dutch-thompson-shares-his-favourite-stories-in-a-new-book-360350/>.

²³ Cole, "Folklorist Dutch Thompson," <https://www.saltwire.com/atlantic-canada/lifestyles/local-lifestyles/folklorist-dutch-thompson-shares-his-favourite-stories-in-a-new-book-360350/>.

²⁴ Reginald "Dutch" Thompson Audio Collection.

²⁵ Reginald "Dutch" Thompson Audio Collection.

professions in common, creating an idea that their community was unique when compared to others in the same province. In this context, stories about PEI midwives, previously overlooked and undervalued, come to the fore. As Islanders witnessed the disappearance of midwifery on PEI and they saw the importance of Island heritage grow, both Thompson and his interview participants began recognizing how the work of these women deserved to be recorded and preserved.²⁶

Even with the richness of this source, there are shortcomings caused by Thompson's promotion of the image of PEI heritage which was designed to attract tourists. During his interviews, Thompson seemed to be trying to stick to these established narratives instead of working to uncover any critical historical facts surrounding more sensitive subjects such as race or colonialism, which could contradict them.²⁷ The stories about births within racialized and marginalized groups on PEI therefore remain undocumented, and the image of PEI that Thompson presents is only a fragment of a larger picture. Nevertheless, Thompson's interviews are valuable in providing first insight into the lives of "the forgotten women of Island history" who are missing from the PEI archives.²⁸ The interviews allow this report to relocate them in the social history of medicine, add their stories into the Island history records, and illuminate the important roles they played in their respective Island communities where they helped ensure the health of their neighbours.

This report will analyse the oral histories collected by Thompson, histories which were so influenced by the promoted heritage image of PEI. I will uncover the details surrounding the transition of births from home to hospital and the provision

²⁶ Edward MacDonald, *If You're Stronghearted: Prince Edward Island in the Twentieth Century* (Charlottetown: Prince Edward Island Museum and Heritage Foundation, 2000), 319.

²⁷ Reginald "Dutch" Thompson Audio Collection.

²⁸ Thompson, *Bygone Days*, 65.

and payment for healthcare from informal to formal economies on Prince Edward Island in the first half of the twentieth century. This report will also evaluate how the Island's heritage industry influenced the structure and content of these interviews and led Thompson to seek out stories which align with a common image and understanding of rural life and health care. It will investigate the essential roles that midwives had within rural and impoverished Island communities when doctors were not an option for the patient.²⁹ In turn, it will also examine the interprofessional connections between midwives and doctors on Prince Edward Island in the early twentieth century. It will argue that these relationships were born out of necessity due to the number of Islanders living in poverty who couldn't afford doctor's fees, and were bolstered by harsh travel conditions that often made doctors unable to reach patients in rural regions.³⁰ Location and geography will be a central theme throughout this report, as it worked to extend the persistence of midwifery in rural regions throughout PEI.³¹ Additionally, the report will also highlight the experiences and perspectives of Islanders as they lived through the shift away from home births to the institutionalization of births in hospital settings. And it concludes with a case study of one Island midwife who established her own midwife-run maternity home less than 15 kilometres outside the province's capital. The only publicly accessible record of

²⁹ Brian Burtch, *Trials of Labour: The Re-Emergence of Midwifery* (Montreal: McGill-Queens University Press, 1994), 161.

³⁰ Arnold Burden and Andrew Safer, *The Dramatic Life of a Country Doctor: Fifty Years of Disasters and Diagnoses* (Halifax: Nimbus Publishing, 1991); Bob and Queenie MacKinnon, interview by Reginald "Dutch" Thompson, March 3, 1995, recording and transcript, Reginald "Dutch" Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI; Ralph Matheson, interview by Reginald "Dutch" Thompson, November, 2000, recording and transcript, Reginald "Dutch" Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI.

³¹ Kealey, "On the Edge of Empire," in *Caregiving on the Periphery*; Marlene Epp, "Catching Babies and Delivering the Dead: Midwives and Undertakers in Mennonite Settlement Communities," in *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, ed. Myra Rutherford, (Montreal & Kingston: McGill-Queen's University Press, 2010), pp. 61–85, 61; Mitchinson, *Giving Birth in Canada 1900-1950*.

this home exists in Dutch Thompson's interviews.³² And this will be followed by the recollections of Islanders who were among the first to give birth in Island hospitals.³³ This report's qualitative analysis, contextualizing oral history testimony, offers new insights into the history of PEI midwifery.

It will also attempt to place Island midwives into the larger North American context by utilizing an array of secondary sources written by established historians in the field. With the second wave of feminism in the 1970s, Canadian historians turned their attention to the history of midwifery and its marginalization in North America.³⁴ Interest spiked from the 1970s to the 1990s when activists began and then succeeded in petitioning provincial governments to reinstate midwifery as a recognized and legal medical practice throughout the country.³⁵ Since then, more and more historians have turned their attention to providing detailed histories of Canadian midwives from different communities, provinces and regions, and asked questions that shed light on the practice's importance and its decline. In the earlier historiography of midwifery in Canada, historians commonly focused their attention on the more densely populated urban centers of Ontario or Quebec.³⁶ In these areas, doctors were more vocal and aggressive in their fight to eliminate midwifery, which led to the creation and preservation of more sources, facilitating research.³⁷ But these documents often

³² Bryer Jones, interview by Reginald "Dutch" Thompson, February 21, 2007, recording and transcript, Reginald "Dutch" Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI; Dr Harold Yeo, interview by Reginald "Dutch" Thompson, April 13, 1995, recording and transcript, Reginald "Dutch" Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI; Gordon Carver, interview by Reginald "Dutch" Thompson, January 8, 2010, recording and transcript, Reginald "Dutch" Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI; John MacEacharn, interview by Reginald "Dutch" Thompson, February 17, 1995, recording and transcript, Reginald "Dutch" Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI; Bob and Queenie MacKinnon, interview by Reginald "Dutch" Thompson.

³³ Reginald "Dutch" Thompson Audio Collection.

³⁴ Bourgeault et al, *Reconceiving Midwifery*, 3.

³⁵ Bourgeault et al, *Reconceiving Midwifery*, 3.

³⁶ Biggs, "Rethinking the History of Midwifery in Canada," In *Reconceiving Midwifery*, 29.

³⁷ Biggs, "Rethinking the History of Midwifery in Canada," In *Reconceiving Midwifery*, 29.

painted midwives as uneducated and even dangerous to their communities, and if such sources are not read critically enough, they could lead to a skewed history.³⁸

Additionally, historians had initially focused on the white populations in urban centers, effectively overlooking racialized groups, immigrants and populations in more rural regions of the country such as Atlantic Canada.³⁹ For decades historians have been calling for a more complete history of Canadian midwifery, and there is still much work to be done.⁴⁰ Due to archival gaps and silences identified above, historians have had to be both critical and creative when approaching and using archival documents, and most have focused on parenthetical references to midwives in physician diaries, medical journals and medical advice books, in order to uncover their experiences and work.⁴¹ Very few historians have been able to utilize oral history accounts from individuals with memories of midwives to uncover these stories, and that is how this report will differentiate itself from previous work and provide new insights to the field.⁴²

One challenge with oral history is professional identity; the title “midwife” has many meanings. Many of these women did not view themselves as a “midwife,” and instead only saw themselves as a neighbour helping a labouring mother in need.⁴³

This contributes to the invisibility of midwives in archives today. It also made the practitioners of midwifery incapable of seizing the recognition that they deserved in

³⁸ Rebecca Beusaert, “Not Guilty, But Guilty: Race, Rumour, and Respectability in the 1882 Abortion Trial of Letitia Munson,” ed. Thorold J Tronrud, *Ontario History* 106, no. 2 (2014): pp.165-190, 183.

³⁹ Epp, “Catching Babies and Delivering the Dead,” in *Caregiving on the Periphery*, 63.

⁴⁰ Epp, “Catching Babies and Delivering the Dead,” in *Caregiving on the Periphery*: pp. 61–85.

⁴¹ Mitchinson, *Giving Birth in Canada 1900-1950*; Dodd, “Helen MacMurchy,” in *Caring and Curing*; Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary 1785-1812*, (Vintage Books, 1990).

⁴² Dena Carroll and Cecilia Benoit, “Aboriginal Midwifery in Canada: Merging Traditional Practices with Modern Science,” in *Reconceiving Midwifery*, ed. Ivy Lynn Bourgeault, Cecilia Benoit, and Robbie Davis-Floyd, (Montreal: McGill-Queen's University Press, 2004) pp. 263-286; Mitchinson, *Giving Birth in Canada 1900-1950*, 15.

⁴³ Reginald “Dutch” Thompson Audio Collection.

their own time. In the article “Beyond Identity” by Frederick Cooper and Rogers Brubaker, we learn how this can be described as a “sociological identity.”⁴⁴ Many Island midwives missed a shared “sociological identity” which would allow them to build solidarity and define a historical presence based on their midwifery work.⁴⁵ This absence was probably influenced by the differing levels of training and education among midwives, and how they perceived their value to society. Because of this, they were unable to experience a “collective phenomenon” where they were grouped together based on their “sameness.”⁴⁶ This inability to unite made Canadian midwives unable to fight for recognition within the medical marketplace over most of the twentieth century.

In this report, to undo this fragmentation and invisibility, the term midwife will refer to women who tended to mothers during labours and deliveries. It will refer to those who had acquired at least some formal medical training in nursing schools and those who informally apprenticed with experienced community midwives. But this term will also refer to women with no training whatsoever other than being a mother to multiple children, using the knowledge gained through their own personal experiences to help others to the best of their ability. Even though it was common for the Island women who tended to their neighbours during births to resist the title of midwife, whether they believed it to be too formal for them or that they could not measure up to the expectations that came with the term, it is fitting that we apply this title to them now. All the women who provided medical and supportive care to labouring mothers and their babies are equally deserving of the title of midwife,

⁴⁴ Rogers Brubaker and Frederick Cooper, “Beyond ‘Identity,’” *Theory and Society* 29 (February 2000): pp. 1-47.

⁴⁵ Brubaker and Cooper, “Beyond ‘Identity,’” 3.

⁴⁶ Brubaker and Cooper, “Beyond ‘Identity,’” 7.

because they practiced midwifery. This report will re-centre these midwives in the narrative of home births on PEI in the early twentieth century and uncover how their fundamental medical services earned the title of midwife within their respective communities.

Trends in the Historiography of Midwifery

Many historians have worked to shed light on the practices and experiences of Canadian midwives revealing that there is no singular history of midwifery in Canada. Gender, class, race, ethnicity and region have shaped diverse experiences of births, including who attended the event, and when childbirth moved into hospital settings.⁴⁷ The decline of midwifery in Canadian homes seems to begin in urban areas around the mid-nineteenth century.⁴⁸ As the practice of obstetrics professionalized and doctors found stronger footholds in obstetrics throughout North America, more and more mothers decided to give birth inside hospital walls.⁴⁹ With this, midwives and home births slowly became things of the past and the North American culture surrounding births was changed forever. This event, which was once a female dominated affair within the home, became an event overseen by male doctors and governed by scientific medicine and standardization within hospital settings.⁵⁰ In these institutions, every detail was recorded by medical professionals in efforts to establish the most successful procedures to ensure the safest deliveries and the health of both mother and child.⁵¹ Historians have since worked to uncover cultural aspects which were lost, examining the evolution of this shift, and explore the experiences of key players such as the doctors, midwives, and mothers themselves.

The historiography of midwifery in North America has discernible trends influenced by the political climate of the time when the research was conducted. With

⁴⁷ Bourgeault, *Push!*, 49; Biggs, "Rethinking the History of Midwifery in Canada," In *Reconceiving Midwifery*, 36.

⁴⁸ Biggs, "Rethinking the History of Midwifery in Canada," In *Reconceiving Midwifery*, 30.

⁴⁹ Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750-1950*, (New York: Oxford University Press USA - OSO, 1988); Charlotte Borst, *Catching Babies: The Professionalization of Childbirth, 1870-1920* (Cambridge: Harvard University Press, 1995); Wendy Kline, *Coming Home: How Midwives Changed Birth* (Oxford University Press, 2019).

⁵⁰ Mitchinson, *Giving Birth in Canada 1900-1950*, 69, 22.

⁵¹ Mitchinson, *Giving Birth in Canada 1900-1950*, 69, 26.

the rise of the second wave of feminism in the 1970s, historians began turning attention to women in history and the overlooked social histories of their lives.⁵²

Canadian feminists of the late twentieth century worked to have midwifery reinstated as a recognized medical practice in provinces across the country. In the late 1980s and early 1990s, activists pressured provincial governments to allow midwives to return and tend to birthing mothers once again.⁵³ This activism fostered a historical interest in childbearing and midwifery in Canada.

The publications about Canadian midwives can be categorized into multiple “waves,” as each group of publications seem to share common perspectives and goals. Historians first focused on the institutionalization of births among the demographics which were most accessible in the Canadian archives – the white population in urban areas of Ontario.⁵⁴ While useful, these studies overlooked the histories of midwives in minority groups in Canada and the stories of groups located in rural regions of the country. The second round of historical studies on midwifery that came in the early 2000s, aimed at addressing these gaps around race and ethnicity as well as the influence of geography and power upon the decline of midwifery. Through their calls to action, these scholars brought attention to the great deal of work that still needed to be done.⁵⁵ Since the early 2000s, historians have continued addressing questions of race and ethnicity as they investigated Canadian birth experiences and birth

⁵² Mitchinson, *Giving Birth in Canada 1900-1950*, 69, 71.

⁵³ Bourgeault, et al, *Reconceiving Midwifery*, 3.

⁵⁴ Lesley Biggs, “The Case of the Missing Midwives: A History of Midwifery in Ontario from 1795-1900,” in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, ed Katherine Arnup, Andree Levesque, and Ruth Roach Pierson, (London: Routledge, 1990), pp. 20–35; Burtch, *Trials of Labour*; Connor, “Larger Fish to Catch Here than Midwives,” In *Caring and Curing*.

⁵⁵ Bourgeault, *Push!*; Bourgeault, et al, *Reconceiving Midwifery*; Mitchinson, *Giving Birth in Canada 1900-1950*.

attendants,⁵⁶ and many have analysed how location and proximity to urban areas affected childbirth.⁵⁷ This report will contribute to the discussion about the connections between the history of midwives and region in Canada by providing the first location-focused study of midwives on Prince Edward Island. It will investigate how the Island's rural landscape and other regional factors allowed midwifery to thrive well into the mid-twentieth century, during decades that are associated with their decline in many other areas of the country.⁵⁸ It will also describe and analyse the central roles midwives played in their communities, how they often worked side by side with Island doctors, and how some midwives actively participated in the institutionalization and centralization of births on PEI.

In the 1970s, second wave feminism focussed academic attention on women's history and social history. It encouraged studies of marginalization based on gender, race, and class. In this same decade, theorist Michel Foucault delivered a lecture entitled "Society Must Be Defended" at the College de France in 1976, which helps to cast light on some reasons why midwives' narratives have been buried in the archives.⁵⁹ Foucault argues that in the eighteenth and nineteenth centuries, society's perspective changed from seeing man-as-body to man-as-species.⁶⁰ This shift focussed medical power in physicians, and the institutionalization of medicine.

⁵⁶ "Colour of Birth: Uncovering the History of Racialized Midwives in Canada," Ryerson University, accessed April 2, 2021, <https://www.ryerson.ca/colour-of-birth/>; Kealey, "On the Edge of Empire," In *Caregiving on the Periphery*; Epp, "Catching Babies and Delivering the Dead," in *Caregiving on the Periphery*; National Aboriginal Health Organization, *Celebrating Birth - Aboriginal Midwifery in Canada* (Ottawa: National Aboriginal Health Organization, 2008); Beausaert, "Not Guilty, But Guilty."

⁵⁷ Gwenith Siobhan Cross, "'A Midwife at Every Confinement': Midwifery and Medicalized Childbirth in Ontario and Britain, 1920-1950," *Canadian Bulletin of Medical History* 31, no. 2 (2014): pp. 139-59; Judith Young, "Nineteenth-Century Nurses and Midwives in Three Canadian Cities, 1861-1891," *Canadian Bulletin of Medical History* 30, no. 1 (2013): 189-208.

⁵⁸ Reginald "Dutch" Thompson Audio Collection.

⁵⁹ Michel Foucault, "Society Must Be Defended, 17 March 1976," in *Lectures at the College De France, 1975-76*, ed. Mauro Bertani (New York, 2003), pp. 239-263.

⁶⁰ Foucault, "Society Must Be Defended," in *Lectures at the College De France*, 243.

Foucault's framework explains how Canadian doctors began receiving more respect and power within society, and this contributed to the rise of the practice of obstetrics that displaced traditional midwifery.⁶¹ There were other writers during the 70s who were investigating the evolving roles of family doctors within the field of obstetrics. Among these were John Skene,⁶² A. Shardt,⁶³ Joyce Antler and Daniel M. Fox.⁶⁴

It wasn't until the late 1970s into the early 90s that there was significant academic interest in the history of midwifery. Canadians began petitioning the government for the reinstatement of midwifery in Canadian provinces at this time, and the public attention that this issue received inspired historians to unearth the reasons why midwives were marginalized in the first place.⁶⁵ It was also around this time that historians began sifting through personal writings of mothers, doctors and midwives, in search of the perspectives of the three main groups that were most impacted by the shift from home births to hospital births. Judith Walzer Leavitt released her book which offered the first overarching investigation into the history of childbirth in the United States.⁶⁶ Leavitt formed her book around sources like mothers and physician's diaries, as well as family histories and letters in order to analyse the tension that existed around the institutionalization of births.⁶⁷ Leavitt argued that mothers often displayed agency through their self-treatment and how they would

⁶¹ Mitchinson, *Giving Birth in Canada*, 49.

⁶² John S. Skene, "Obstetrical Management & The Family Physician," *Canadian Family Physician* 25 (December 1979): p. 1425, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2383260/>.

⁶³ A. Shardt, "The Family Practitioner in a Multi-Specialty Group: Obstetrics," *Canadian Family Physician* 16, no. 9 (September 1970): pp. 60-63, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2281832/?page=1>.

⁶⁴ Joyce Antler and Daniel M. Fox, "The Movement Toward a Safe Maternity: Physician Accountability in New York City, 1915-1940," *Bulletin of the History of Medicine* 50, no. 4 (1976): pp. 569-595, <https://www-proquest-com.proxy.hil.unb.ca/docview/1296293442?accountid=14611&imgSeq=27>.

⁶⁵ Bourgeault, et al, *Reconceiving Midwifery*, 3; Kline, *Coming Home*; Whitney L. Wood, "Birth Pangs: Maternity, Medicine, and Feminine Delicacy in English Canada, 1867-1950" (2016), Theses and Dissertations (Comprehensive). <https://scholars.wlu.ca/etd/1816>

⁶⁶ Leavitt, *Brought to Bed*.

⁶⁷ Leavitt, *Brought to Bed*, 9.

contest the doctors on treatment plans they did not agree with. She also highlights how male doctors struggled to infiltrate the female dominated realm of the birthing room. The authority of the mother and other females at the bedside, Leavitt claims, motivated doctors to move births into hospital settings where they could have complete control.⁶⁸ Laurel Thatcher Ulrich's Pulitzer Prize winning book, *A Midwife's Tale: The Life of Martha Ballard 1785-1812*, brought even more interest to the field of midwifery.⁶⁹ The strength of this book lies its main source: the diary of Martha Ballard, a midwife in the frontier of Maine at the turn on the nineteenth century.⁷⁰ Through analysing this source, Ulrich sheds light on midwifery in rural areas, tensions between midwives and doctors, how midwives existed in informal economies, and how midwives were integral medical providers during epidemics.⁷¹ Twenty years later in 2010, Linda Kealey would similarly analyse the diary of a Newfoundland midwife.⁷² Documents like these are rich sources of information about the lives and practices of midwives, but they are extremely rare. This might be because most midwives did not believe their work to be important enough to record. This has contributed to the archival deficit today, with stories of midwives preserved through the eyes of others in court records, and materials left behind by doctors, or the occasional mention in the diary of a patient.⁷³

After influential works such as these caught the attention of both the academy and the wider public, historians began working to publish the narratives of Canadian midwives which had been missing up until this point. From 1990-1994, important

⁶⁸ Leavitt, *Brought to Bed*, 98.

⁶⁹ Ulrich, *A Midwife's Tale*.

⁷⁰ Ulrich, *A Midwife's Tale*.

⁷¹ Ulrich, *A Midwife's Tale*.

⁷² Kealey, "On the Edge of Empire," In *Caregiving on the Periphery*; Laurel Thatcher Ulrich, *A Midwife's Tale*.

⁷³ Beausaert, "Not Guilty, But Guilty"; Mitchinson, *Giving Birth in Canada*, 15, 168.

publications from Lesley C. Biggs, Brian Burtch, J.T.H. Connor and Dianne Dodd added to the literature.⁷⁴ These works were among the first to highlight the practices of Canadian midwives, the interprofessional relationships between midwives and doctors, and examine the laws and other state restrictions which led to the sharp decline in midwifery in Canada by the mid twentieth century.

These publications were important steps to understanding midwifery in Canada. Biggs, Burtch and Connor describe Canadian midwifery laws. They also examine how physicians in Ontario used their connections with the upper class and government to place barriers in the paths of midwives.⁷⁵ Biggs goes further to explain how doctors targeted the upper classes, pressuring them to give birth inside hospitals under the supervision of doctors, in hopes that the lower classes to follow suit.⁷⁶ Biggs uncovers how some Ontario doctors disliked midwives because they saw them as “totally uncalled for in a country which was flooded with doctors.”⁷⁷ This reveals how the upper class Ontarian doctors didn’t understand the importance of midwives in more rural areas of the country. This is something that Dodd also discusses in her article. Dodd details how doctors such as Helen MacMurchy, who published medical advice for midwives, received backlash from their colleagues who saw it as helping the enemy during this war over obstetrics.⁷⁸ Connor’s article shows how even some historians do not fully grasp how social class impacted the necessity of midwives. He argues that the decline of Canadian midwives was impacted by how they did not band

⁷⁴ Biggs, “The Case of the Missing Midwives,” in *Delivering Motherhood*; Burtch, *Trials of Labour*; Connor, “Larger Fish to Catch Here than Midwives” In *Caring and Curing*; Dodd, “Helen MacMurchy,” In *Caring and Curing*.

⁷⁵ Biggs, “The Case of the Missing Midwives.” in *Delivering Motherhood*; Burtch, *Trials of Labour*, 161; Connor, “Larger Fish to Catch Here than Midwives” In *Caring and Curing*, 106.

⁷⁶ Biggs, “The Case of the Missing Midwives,” in *Delivering Motherhood*, 24.

⁷⁷ Biggs, “The Case of the Missing Midwives,” in *Delivering Motherhood*, 26.

⁷⁸ Dodd, “Helen MacMurchy,” In *Caring and Curing*, 138, Mitchinson, *Giving Birth in Canada*, 102.

together and fight for recognition like they did in other parts of the world.⁷⁹ But if one considers their class, and the fact that these midwives were often scattered over large areas without ways to communicate with each other, it is clear why they could not cultivate solidarity. Also, they did not have ties to powerful people like doctors did.⁸⁰ The fact that many immigrants were of racial minorities or struggled to learn the languages of their new country did not help them in their ability fight back against white, upper class doctors.⁸¹

The historiography in the United States was evolving along similar lines. Charlotte Borst's 1995 book shed light on the professionalization of midwifery in America, but many of her insights can be applied to the Canadian context as well.⁸² She highlights the ways that the upper class station of doctors allowed them an easier path to recognized professional authority in the world of childbirth.⁸³ She explains how their powerful connections allowed them "control over the production of both knowledge and its producers" and it allowed them to seize autonomy in this realm.⁸⁴ Borst notes how there was a need for more studies into how gender and culture effected the professionalization and institutionalization of births, and in the upcoming years, historians answered this call.⁸⁵

In 2000, Wendy Mitchinson's *Giving Birth in Canada 1900-1950* provided the first overarching study into pregnancy and birthing in Canada during the first half of the twentieth century.⁸⁶ This book examines how feminism, culture and class had

⁷⁹ Connor, "'Larger Fish to Catch Here than Midwives'" In *Caring and Curing*.

⁸⁰ Bourgeault, *Push!*, 50; Mitchinson, *Giving Birth in Canada*, 97.

⁸¹ Bourgeault, *Push!*, 50.

⁸² Borst, *Catching Babies*.

⁸³ Borst, *Catching Babies*, 2.

⁸⁴ Borst, *Catching Babies*, 2.

⁸⁵ Borst, *Catching Babies*, 2.

⁸⁶ Mitchinson, *Giving Birth in Canada*, 4

significant influence upon birthing experiences and the interactions between mothers and their birth attendants – whether they be midwives or doctors.⁸⁷ Mitchinson explains how the rise of social history and feminist scholarship the 1970s and 80s led historians to critique how doctors treated female patients. This in turn encouraged historical writing about birthing in Canada.⁸⁸ Years later, in 2014, Gwenith Siobhan Cross would take information about Canadian midwifery like that included in Mitchinson’s book to provide a comparison between countries.⁸⁹ She uncovers how the environment for midwives in Britain was much more accepting and respectful than in Ontario, which contributed to them remaining recognized medical practitioners while their counterparts sharply declined in Canada.⁹⁰

Even though the studies on Canadian midwifery before Mitchinson are important, many incorrectly claim that midwifery completely disappeared around the turn of the twentieth century.⁹¹ Mitchinson contradicts this by describing how midwifery continued well past this date within “immigrant communities, in isolated areas, in maternity homes on the prairies, and among the poor and First Nations.”⁹² She called for more work on these groups, and specifically racial and ethnic minorities, who have been overlooked so far in the historiography, and many historians would answer the call in the years directly following this foundational publication.

⁸⁷ Mitchinson, *Giving Birth in Canada*, 4,5,6

⁸⁸ Mitchinson, *Giving Birth in Canada*, 9

⁸⁹ Cross, “A Midwife at Every Confinement.”

⁹⁰ Cross, “A Midwife at Every Confinement.”

⁹¹ Mitchinson, *Giving Birth in Canada*, 70

⁹² Mitchinson, *Giving Birth in Canada*, 70.

In 1997, Patricia Jasen was among the first to investigate the intersections of racialization, settler colonialism and midwifery.⁹³ She highlights how the Canadian government blamed midwifery practices for the high mortality rates among babies and mothers. Due to this the government began evacuating pregnant women in remote areas of northern Canada to hospitals far from their homes for them to give birth. This profoundly undermined Indigenous communities' cultural traditions around births.⁹⁴ Jasen was among the first to write about Indigenous midwifery in Canada, and how it differs from the practices of white settlers, but this topic wouldn't become a larger trend in the historiography for another number of years.

In response to Jasen and Mitchinson's calls, a collection of essays called *Reconceiving Midwifery*, was released in 2004, edited by Ivy Lynn Bourgeault, Cecilia Benoit and Robbie Davis-Floyd.⁹⁵ It provides a more diverse history of midwifery in Canada. Its chapters cover topics ranging from the restrictive laws that were placed upon midwifery in the late twentieth century, the requirements placed upon midwives during the reinstatement of midwifery in Canadian provinces, and the experiences of racial minorities in midwifery's history and re-emergence.⁹⁶ The first chapter is an article written by Lesley C. Biggs, "Rethinking the History of Midwifery in Canada." In this, Biggs shifts her attention away from analysing the matters of gender and class within the white population of Ontario as she did in her article in 1990, to discussing midwifery among non-white racialized groups in the country.⁹⁷ Biggs recognized how, in previous work, she made it appear like "the history of

⁹³ Patricia Jasen, "Race, Culture and the Colonization of Childbirth in Northern Canada," *Social History of Medicine* 10, no. 3 (December 1997): pp. 383-400, <https://doi.org/https://doi.org/10.1093/shm/10.3.383>.

⁹⁴ Jasen, "Race, Culture and the Colonization of Childbirth."

⁹⁵ Bourgeault et al, *Reconceiving Midwifery*.

⁹⁶ Bourgeault et al, *Reconceiving Midwifery*.

⁹⁷ Biggs, "Rethinking the History of Midwifery in Canada," In *Reconceiving Midwifery*.

midwifery began with the arrival of the settlers.” In this article she examines midwifery in various Indigenous populations throughout Canada and she implores historians to help fill in the gaps surrounding other marginalized groups in the history of Canadian midwifery as well.⁹⁸ The chapter by Dena Carroll and Cecilia Benoit combats the lack of archival sources that reference Indigenous midwives by utilizing oral history methodologies.⁹⁹ Conducting interviews with focus groups of Indigenous elders from First Nations in British Colombia, these historians uncovered valuable information on the training of Indigenous midwives, how Indigenous midwives would give prenatal care unlike their white settler counterparts, and the spiritual duties that came with being a midwife in these communities.¹⁰⁰ Without the use of oral history, this information would have gone unpreserved as it is non-existent in Canadian archives. In the Afterword, the editors note that despite the volume’s aims to address gaps in the historiography, the book does not adequately offer wide geographic coverage of midwifery in Canada since many historians focused on Ontario due to source limitations. This means that historians in the book did not broadly investigate rural and remote regions, like Atlantic Canada or the Canadian North.¹⁰¹

Ivy Lynn Bourgeault, one of the editors of *Reconceiving Midwifery* authored *PUSH!: The Struggle of Midwifery in Ontario*¹⁰² in 2006, which describes the laws that were placed upon Ontario midwives to limit their abilities to practice. Its third chapter provides a neat timeline of the decline and reinstatement of midwifery in the province. Bourgeault seems to have been influenced by not only working on

⁹⁸ Biggs, “Rethinking the History of Midwifery in Canada,” In *Reconceiving Midwifery*; Bourgeault, *Push!*, 51.

⁹⁹ Carroll and Benoit, “Aboriginal Midwifery in Canada,” in *Reconceiving Midwifery*.

¹⁰⁰ Carroll and Benoit, “Aboriginal Midwifery in Canada,” in *Reconceiving Midwifery*.

¹⁰¹ Bourgeault et al, *Reconceiving Midwifery*, 306.

¹⁰² Bourgeault, *Push!*,

Reconceiving Midwifery, but also by the works of Mitchinson and Jasen.¹⁰³ Through analysing the historiography on the subject, Bourgeault highlights how more work is needed on the Indigenous and immigrant groups who continued using midwifery well after the majority of births in the country had moved inside the hospital.¹⁰⁴ In 2010 Marlene Epp's article would bring the theme of ethnicity among Canadian midwives came to the forefront of the field.¹⁰⁵ By interlacing previous academia on Canadian midwifery to experiences of Mennonite immigrants, Epp uncovers the central role of these midwives in their communities, especially because the language barrier inhibits these immigrants from asking for outside help.¹⁰⁶ Epp points out how there have been no studies before this about midwifery among ethnic groups in Canada, other than Indigenous communities and studies about Newfoundland such as Linda Kealey's work that came out the same year.¹⁰⁷ Epp argues that these communities can provide interesting case studies as it was not only their traditions, but also the limitations provided by their geographic region that shaped their midwifery practices and impacted the decline of midwifery among these populations.¹⁰⁸

Several studies published in the decades since focus on diverse groups within Canada. In 2008, the National Aboriginal Health Organization published an official booklet entitled *Celebrating Birth – Aboriginal Midwifery in Canada*.¹⁰⁹ It provides descriptions of midwifery practices within many Indigenous nations in Canada, such as the medical, spiritual and educational duties placed on midwives in various Indigenous communities. It also acknowledges how “due to the pressure to medicalize

¹⁰³ Jasen, “Race, Culture and the Colonization of Childbirth”; Mitchinson, *Giving Birth in Canada*.

¹⁰⁴ Bourgeault, *Push!*, 43.

¹⁰⁵ Epp, “Catching Babies and Delivering the Dead,” in *Caregiving on the Periphery*.

¹⁰⁶ Epp, “Catching Babies and Delivering the Dead,” in *Caregiving on the Periphery*.

¹⁰⁷ Epp, “Catching Babies and Delivering the Dead,” in *Caregiving on the Periphery*, 63.

¹⁰⁸ Epp, “Catching Babies and Delivering the Dead,” in *Caregiving on the Periphery*.

¹⁰⁹ National Aboriginal Health Organization, *Celebrating Birth*.

birth, much of the traditional birthing and midwifery knowledge among Indigenous nations have been lost.” As Jasen had pointed out, this shift towards medicalization of birth has caused a significant loss of cultural identity among these communities, and this study works towards collecting whatever information remains through oral history interviews.¹¹⁰

There remains a significant historiographic gap in the study of midwifery in Canada and histories of colonialism and racialization, specifically in studying Black midwives and Black Canadian birth. Sources describing midwifery in Black communities remain very hard to find. It was not until 2014 that historian Rebecca Beusaert would use court files to tell the story of Letitia Munson, a Black midwife in Woodstock, Ontario, who was arrested in 1882 after her services allegedly led to the death of a young white mother.¹¹¹ As Beusaert points out, race was commonly used as a weapon to discredit Black midwives. During her trial, Munson faced these attacks from doctors, lawyers and the press who used her race as reasoning for why they believed her to be unintelligent and incapable of providing medical care.¹¹² As Black feminist scholar Patricia Hill-Collins explains, the knowledge of Black women has been regularly undervalued and mistrusted by society and this is evident in how the citizens of Woodstock questioned Munson’s medical ability and even her soundness of mind overall.¹¹³ Beusaert’s article is on the front end of more work to unearth more histories of Black midwives in Canada and end their invisibility within the archives. There is currently a study being led by Karline Wilson-Mitchell and Karen Flynn called “Colour of Birth: Uncovering the History of Racialized Midwives in

¹¹⁰ National Aboriginal Health Organization, *Celebrating Birth*, 15; Jasen, “Race, Culture and the Colonization of Childbirth.”

¹¹¹ Beusaert, “Not Guilty, But Guilty.”

¹¹² Beusaert, “Not Guilty, But Guilty.”

¹¹³ Patricia Hill Collins, “Black Feminist Epistemology,” in *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*, 2nd ed. (New York: Routledge, 2000), pp. 251-272.

Canada.”¹¹⁴ Their goal is to combat the under representation of these women in Canadian archives by collecting sources and oral history accounts in order to help protect the legacy of Canadian midwives of color for future generations.¹¹⁵

Within the historiography of Canadian midwifery, the importance of geographical region has become a large trend in the most recent years. In 2010, Linda Kealey published “On the Edge of Empire: the Working Life of Myra (Grimsley) Bennett,” which is a study into a British-trained midwife who serves the population living in an isolated area of Newfoundland.¹¹⁶ By analysing the detailed records left behind by Myra Bennett during her career from 1921-1955, Kealey details the midwife’s personal reflections to uncover the range of medical services demanded of midwives in their respective isolated communities, similar to how Ulrich did with Martha Ballard twenty years prior.¹¹⁷ After Kealey’s article, Judith Young wrote an article in 2013 where she uses public records like the census to compare the experiences of midwives in different cities across the country, Montreal, Halifax and St John and how their regions impacted their work.¹¹⁸ With this article, Young is trying to show how midwifery declined at different times. But through looking only at urban areas, she is not able to highlight stark differences like those that exist between urban areas such as these and isolated rural areas where midwifery lasted considerably longer. There is a need to not only investigate urban and rural midwives, but to compare their experiences to highlight contrasting experiences in reference to the decline of midwifery in the twentieth century. As Peter Twohig discussed in his 2007 article “Written on the Landscape: Health and Region in Canada,” there are “local

¹¹⁴ “Colour of Birth,” <https://www.ryerson.ca/colour-of-birth/>.

¹¹⁵ “Colour of Birth,” <https://www.ryerson.ca/colour-of-birth/>.

¹¹⁶ Kealey, “On the Edge of Empire,” In *Caregiving on the Periphery*.

¹¹⁷ Kealey, “On the Edge of Empire,” In *Caregiving on the Periphery*; Ulrich, *A Midwife's Tale*.

¹¹⁸ Young, “Nineteenth-Century Nurses and Midwives,” 191.

variables” which affect healthcare in communities throughout Canada. He argues that these variables can provide contradictory evidence against the generalized information which has been published about healthcare, and in this case midwifery, in the past.¹¹⁹

Region asserts perhaps the greatest impact on midwifery in communities across Canada. Factors such as the demographics living in isolated areas, the population’s access to and ability to pay doctors, and the proximity to urban areas where doctors and hospitals were more abundant contributed greatly to the importance of midwives. As this report will reveal, Prince Edward Island as a region provides an interesting case study which has been overlooked in the historiography thus far. The overwhelmingly rural landscape made Islanders rely on a mutual aid economy. This favour-based system created great demand for midwives who would not ask for monetary payment like doctors would. This led to the practice of midwifery lasting significantly longer than most other areas of the country.

¹¹⁹ Peter L. Twohig, “Written on the Landscape: Health and Region in Canada,” *Journal of Canadian Studies* 41, no. 3 (Fall 2007): 5–17, doi:10.3138/jcs.41.3.5.

The Dutch Thompson Interviews

This paper centres around the oral history interviews collected by Reginald “Dutch” Thompson, a Prince Edward Island pastkeeper dedicated to collecting the stories of the region.¹²⁰ Thompson began interviewing elderly members of his family and community in the late 1980s to provide entertainment for his bed-ridden mother.¹²¹ From there, Thompson continued building his collection of recorded interviews with Islanders born before the 1920s, which today accumulate to over 700 hours.¹²² His goal was to preserve stories of Island history and culture which were slowly being forgotten, such as those surrounding Island midwives. Due to being the grandson of two Island midwives, Thompson became aware of midwives’ importance not only in how they provided lifesaving medical care to their Island communities, but also their central roles in community heritage throughout the Island.¹²³ Because of this understanding, he has made conscious efforts during his interviews to ask about birthing stories, in attempts to uncover stories about midwives, doctors¹²⁴ and homebirths on PEI.¹²⁵ His interview participants were of the generation which saw the shift from home births to hospital births, so their reflections on this subject are of great value to this project. Eventually, Thompson shared these interviews with the

¹²⁰ Reginald “Dutch” Thompson Audio Collection; Michael C Batinski, *Pastkeepers in a Small Place: Five Centuries in Deerfield, Massachusetts* (Amherst: University of Massachusetts Press, 2004).

¹²¹ Sally Cole, “Dutch Thompson Bygone Days Book Launch Sept. 28,” <https://www.theguardian.pe.ca/lifestyles/local-lifestyles/dutch-thompson-bygone-days-book-launch-sept-28-356994/>.

¹²² Reginald “Dutch” Thompson Audio Collection.

¹²³ Cole, “Dutch Thompson Bygone Days Book Launch Sept. 28,” <https://www.theguardian.pe.ca/lifestyles/local-lifestyles/dutch-thompson-bygone-days-book-launch-sept-28-356994/>.

¹²⁴ Thompson commonly asked about community doctors during his interview, either in relation to births, or just probing for memories in general. Many interview participants were able to provide detailed descriptions of their local doctors, likely due to the level of “celebrity” that these physicians held on the Island.

¹²⁵ Reginald “Dutch” Thompson Audio Collection.

public through his CBC Radio Show *Bygone Days*, which began airing in 1991.¹²⁶

Then in 2010, Thompson partnered with the Robertson Library at UPEI to convert all his recorded interviews from tape cassettes to digital files, creating the Island Voices database and making the majority of his interviews accessible to the public.¹²⁷

The Reginald “Dutch” Thompson Audio Collection in the Island Voices Database houses over 700 hours of interviews between Thompson and Islanders born before 1925.¹²⁸ When searching through the collection using keywords,¹²⁹ there are 42 interviews which make mention of “births.” Out of this, 37 of these make direct mentions to a “midwife” or “midwives,” while 15 detail births attended by “doctors” in the home and in hospital settings.¹³⁰ These interviews sometimes only provide brief mentions about births, quickly naming the midwife or doctor who was in attendance or where the birth took place.¹³¹ But other interview participants tap into Islanders’ knack for storytelling, delving deep into recollections about the services provided by midwives and doctors that Island communities depended upon. They describe the reputations and personalities of these characters, and provide evidence for how reliance of rural Islanders on the informal economy contributed to the continuing use of midwifery up well into the mid twentieth century.¹³² These interview participant’s personal ties to PEI midwives and doctors is made clear within these interviews as many of their mothers and grandmothers were midwives,¹³³ while others explained

¹²⁶ Cole, “Dutch Thompson Bygone Days Book Launch Sept. 28,” <https://www.theguardian.pe.ca/lifestyles/local-lifestyles/dutch-thompson-bygone-days-book-launch-sept-28-356994/>.

¹²⁷ Reginald “Dutch” Thompson Audio Collection.

¹²⁸ Reginald “Dutch” Thompson Audio Collection.

¹²⁹ There may be additional interviews in the database which mention births, or midwives that were not searchable with the keywords used during the research for this report.

¹³⁰ Reginald “Dutch” Thompson Audio Collection.

¹³¹ Reginald “Dutch” Thompson Audio Collection.

¹³² Reginald “Dutch” Thompson Audio Collection.

¹³³ Bertha Ross, interview by Reginald “Dutch” Thompson, February 4, 2004, recording and transcript, Reginald “Dutch” Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI; Elizabeth “Lulu” Thomson, interview by Reginald “Dutch” Thompson,

how a midwife helped deliver them or they gave birth to their own children with the help of midwives.¹³⁴ Some interview participants even bear the names of their birth attendants with pride, showcasing one way that Island communities tried to immortalize these individuals who were so integral to the health and survival of Islanders.¹³⁵

These interviews do not only provide information about the early twentieth century as told by the interview participants, but they also reflect the time when they were collected. As Edward MacDonald points out that during the mid-twentieth century, the interest in preserving heritage became a pressing issue in the minds of Islanders.¹³⁶ With the approach of the Prince Edward Island Centennial in 1973 came a sense of urgency to preserve PEI's past, which was thought to be vanishing more with each passing day.¹³⁷ As the Island caught up with the modernization of the rest of the country, with growing urbanization and increasing reliance upon current technologies, elements of its heritage were crumbling to the ground or being sold at

January 3, 2009, recording and transcript, Reginald "Dutch" Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI; Frances Llewellyn, interview by Reginald "Dutch" Thompson, November, 2000, recording and transcript, Reginald "Dutch" Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI; Grace Swan, interview by Reginald "Dutch" Thompson, January 5, 2007, recording and transcript, Reginald "Dutch" Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI.

¹³⁴ Agnes Sheehan, interview by Reginald "Dutch" Thompson, March 21, 1995, recording and transcript, Reginald "Dutch" Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI; Bertha Ross, interview by Reginald "Dutch" Thompson; Clarisse Gallant, interview by Reginald "Dutch" Thompson, November, 2000, recording and transcript, Reginald "Dutch" Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI; Mary Malone MacPhee and Ludger MacPhee, interview by Reginald "Dutch" Thompson, July 20, 2000, recording and transcript, Reginald "Dutch" Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI.

¹³⁵ Keir MacKay, interview by Reginald "Dutch" Thompson, January 28, 1999, recording and transcript, Reginald "Dutch" Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI; Wallace "Wally" Jenkins Andrew, interview by Reginald "Dutch" Thompson, July 22, 2003, recording and transcript, Reginald "Dutch" Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI.

¹³⁶ MacDonald, *If You're Stronghearted*, 319.

¹³⁷ MacDonald, *If You're Stronghearted*, 319; this included the history of the Mi'kmaq peoples who had resided on the Island since time immemorial.

auction, eradicating all trace of the old ways. Even oral traditions were fading away as these stories were being forgotten and not passed down like they had been in the past.¹³⁸ The Prince Edward Island Heritage Foundation was founded in 1970 in response to this with a mandate “to study, collect, preserve, interpret and protect the human and natural history of Prince Edward Island for the use, benefit, and enjoyment of the people of the province.”¹³⁹ The revigorated public interest in heritage on PEI was once again on display when the federal government gave PEI \$1.4 million to celebrate the centennial, and the provincial government decided to use this funding for Island heritage preservation initiatives.¹⁴⁰

Beginning in the mid twentieth century, tourism throughout the Maritimes began using heritage to capture the interests of tourists.¹⁴¹ But in this context, it is important to keep in mind the differences between heritage and history and how this shaped what was being promoted to the visitor. David Lowenthal, in his book argues that where history seeks to uncover truths unbiasedly, heritage often aligns with biases and tends to omit information which does not meet a desired storyline.¹⁴² Ian McKay and Robin Bates join in this conversation, arguing that heritage tourism relies not upon hard facts but on “credulous allegiance” to the image that is promoted to the tourist.¹⁴³ These authors point out how heritage gathers populations together under one common promoted image, but J.E. Tunbridge and G.J. Ashworth argue that through making these generalizing statements, heritage creates insiders and outsiders,

¹³⁸ MacDonald, *If You're Stronghearted*, 320.

¹³⁹ “About the PEI Museum and Heritage Foundation,” About the PEI Museum and Heritage Foundation | PEI Museum and Heritage Foundation, accessed April 18, 2021, <https://www.peimuseum.ca/about-the-pei-museum-and-heritage-foundation>.

¹⁴⁰ MacDonald, *If You're Stronghearted*, 321.

¹⁴¹ Ian McKay and Robin Bates, *In the Province of History: The Making of the Public Past in Twentieth Century Nova Scotia* (Montreal: McGill-Queen's University Press, 2010), 19.

¹⁴² David Lowenthal, *The Heritage Crusade and the Spoils of History* (Cambridge: Cambridge University Press, 1968), 121.

¹⁴³ McKay and Bates, *In the Province of History*, 18.

since they ostracize those who cannot identify with this common heritage image.¹⁴⁴ Through this practice, all heritage-based tourism products actively bury the voices of “non-participating social, ethnic, or regional groups.”¹⁴⁵ And as Benedict Anderson states in *Imagined Communities*, this selectiveness makes it that heritage is always “profoundly political.”¹⁴⁶

The process of modernization and the increasing reliance on technology influenced not only the desire to preserve physical heritage on Prince Edward Island, but it also motivated Dutch Thompson to collect his large number of interviews and contributed to the success of his CBC Radio show *Bygone Days*. The image of the “Home Place,” as Edward MacDonald describes in *If You’re Stronghearted*, can clearly be found within each of Thompson’s interviews.¹⁴⁷ This depiction of PEI as a quiet refuge was grounded in nostalgia, reminiscences of a time when Island life was much more grounded in the earth and sea, and these memories were what that Thompson sought to draw out with his interviews.¹⁴⁸ But the progressive changes in Island society caused the population to gain historical consciousness even though it was these changes which were ripping away the old ways of Island life.¹⁴⁹ As Peter Seixas observes, “...certain populations ‘achieve’ historical consciousness, as a result of cultural development, intercultural contact, or education.”¹⁵⁰ This appears to be true for the Island population, as showcased through Thompson’s drive to collect these oral interviews and the rush to preserve PEI’s heritage as a whole. It was only in the

¹⁴⁴ J.E. Tunbridge and G.J. Ashworth, *Dissonant Heritage: The Management of the Past as a Resource in Conflict* (Chichester: John Wiley & Sons, 1996) 20.

¹⁴⁵ McKay and Bates, *In the Province of History*, 20.

¹⁴⁶ Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (London: Verso, 1983), 178.

¹⁴⁷ MacDonald, *If You’re Stronghearted*, 119.

¹⁴⁸ MacDonald, *If You’re Stronghearted*, 121.

¹⁴⁹ MacDonald, *If You’re Stronghearted*, 121; Reginald “Dutch” Thompson Audio Collection.

¹⁵⁰ Peter Seixas, *Theorizing Historical Consciousness* (Toronto: University of Toronto Press, 2004), 22.

moment when “the old ways” were slipping out of memory, that their significance was reassessed, and their preservation was prioritized. In terms of midwives, it was only after they had been gone from Island society for twenty years or more that their practices and roles within Island communities seen as important enough to collect records of. This late realization is unfortunate because this lack of social recognition caused midwives to not see their work was important enough to keep detailed records of, and this is what has led to the extreme lack of sources we face today. But even though Thompson’s interviews provide invaluable insight into the lives of Island midwives, there were undeniably members of Island society who were did not fall under the “common past” that Thompson was collecting.¹⁵¹ Thompson’s interviews largely focused on the white population of Prince Edward Island, leaving out the voices of minorities.¹⁵² This is why Thompson’s interviews should be categorized as heritage instead of history; by focusing on the stories of the white identifying population of Prince Edward Island, he was unable to collect a complete history. So, when he was attempting to portray what “life on the Island” was like for all Islanders in the early twentieth century, he was only actually telling part of the story while leaving out members of PEI’s diverse groups. Because of this, these interviews do not help to fill the gaps in historical records of racialized and subjugated midwives, but they still work to preserve the stories of midwives on the Island, and the shift between healthcare in informal and formal economies.

¹⁵¹ Seixas, *Theorizing Historical Consciousness*, 19.

¹⁵² Reginald “Dutch” Thompson Audio Collection.

Island Midwives and the Economy of Mutual Aid

The individuals interviewed by Dutch Thompson remembered midwives as essential healthcare providers to families in rural areas of Prince Edward Island up to the mid-twentieth century. They ensured the health and wellbeing of birthing mothers and their babies during a time when childbirth was dangerous. The idea of facing birth in an isolated area without any help from a midwife or doctor was a source of great distress for pregnant mothers. As one woman quoted by Wendy Mitchinson remembered: “never until my dying day shall I forget the agony of knowing that if anything went wrong I hadn’t a chance.”¹⁵³ It was imperative to the health of Islanders to have individuals with medical knowledge accessible to them during labours and deliveries. But as many of Dutch Thompson’s interview participants point out, in the early twentieth century, a large portion of PEI’s population were unable to pay the high doctors’ fees which were usually around \$10 per birth.¹⁵⁴ Jeanette “Jessie” McVittie Marshall of Covehead commented on the vulnerability of poorer Islanders, “when they couldn’t afford a doctor, what were they gonna do?”¹⁵⁵ Islanders living on low incomes in rural regions relied heavily on an informal economy based on the exchange of favours and mutual aid. Many Islanders relied upon the affordable option of midwives who would occasionally accept payment of about \$2 but would more often go without payment altogether.¹⁵⁶ As one midwife’s

¹⁵³ Mitchinson, *Giving Birth in Canada*, 76.

¹⁵⁴ Leonard LeClair, interview by Reginald “Dutch” Thompson, August 31, 2006, recording and transcript, Reginald “Dutch” Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI.

¹⁵⁵ Jeanette “Jessie” McVittie Marshall, interview by Reginald “Dutch” Thompson, March 2, 1998, recording and transcript, Reginald “Dutch” Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI.

¹⁵⁶ Elizabeth “Lulu” Thomson, interview by Reginald “Dutch” Thompson, January 3, 2009, recording and transcript, Reginald “Dutch” Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI; Frances Llewellyn, interview by Reginald “Dutch” Thompson.

daughter explained “Mom never got paid – she wouldn’t take a cent anyways.”¹⁵⁷ There are no records of goods being exchanged when individuals had no money to pay a midwife. It seems midwives would usually help their neighbours out of compassion. The poverty which many Islanders faced made them unable to travel long distances to receive healthcare. It forced Islanders to seek out individuals within a small geographic radius to provide them with medical aid. It seems that the demand for healthcare caused communities to place the role of midwife upon a women who fit a certain common profile: usually middle aged or elderly mothers or widows.¹⁵⁸ Not only would they be expected to help during births, but often they would be looked to for treatment of the sick and injured, and even to prepare the dead for burial.¹⁵⁹ It could be argued that more was expected of local midwives than Island doctors. Doctors would usually only arrive at the moment of birth for the act of “baby catching” and then after collecting their fees they would leave again soon after.¹⁶⁰ But midwives would be present throughout the labour, and would remain in the home of the patient throughout their confinement following the delivery.¹⁶¹ All of these expectations placed upon midwives made them integral parts of their communities by providing Islanders with access to healthcare which they might have otherwise had to go without.

¹⁵⁷ Elizabeth “Lulu” Thomson, interview by Reginald “Dutch” Thompson.

¹⁵⁸ Young, “Nineteenth-Century Nurses and Midwives”; Mitchinson, *Giving Birth in Canada 1900-1950*, 168.

¹⁵⁹ Bob and Queenie MacKinnon, interview by Reginald “Dutch” Thompson; Vance MacKay, interview by Reginald “Dutch” Thompson, July 31, 2003, recording and transcript, Reginald “Dutch” Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI; Epp, “Catching Babies and Delivering the Dead,” in *Caregiving on the Periphery*.

¹⁶⁰ Borst, *Catching Babies*; Alvin MacSwain, interview by Reginald “Dutch” Thompson, January 14, 1999, recording and transcript, Reginald “Dutch” Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI

¹⁶¹ Frances Llewellyn, interview by Reginald “Dutch” Thompson.

It is important to the legal frameworks that attempted to define the practice of midwifery in the early twentieth century on Prince Edward Island. The 1899 “Act Respecting the Profession of Medicine and Surgery” states that it was illegal for “any person not registered (or licensed) under this Act, to practice Medicine, Surgery, or Midwifery, for hire, gain, or hope of rewards...”¹⁶² This placed midwives firmly in an informal economy, explaining why they would usually not accept payment or did so very quietly. If any person practicing midwifery without a medical license confessed to the practice or advertised their services in any way, they could face large fines: “for any and every such offence, pay a penalty not exceeding twenty-five dollars.”¹⁶³ The act also states that if anyone assumed the title of midwife when they were not legally entitled to by license or registration, they could also be fined \$25.¹⁶⁴ These legal restrictions could explain why most Island midwives would hesitate to use the term midwife, although the history of midwifery in Canada suggests that such Acts were rarely enforced and midwives were very rarely found guilty of these offenses and fined.¹⁶⁵

Other terms were used to designate childbirth attendants. In Island society, instead of using the title of “midwife” most women who practiced midwifery were commonly called “Grannies” or sometimes “Aunt Deary.”¹⁶⁶ Most of the time, they would be simply referred to by their name, or as “the neighbour woman” since the entire community would share in the understanding of who was to be called in times

¹⁶² *Act Respecting the Profession of Medicine and Surgery, Statutes of Prince Edward Island 1899*, c.24, Prince Edward Island Public Archives, Charlottetown, Prince Edward Island.

¹⁶³ *Act Respecting the Profession of Medicine and Surgery*.

¹⁶⁴ *Act Respecting the Profession of Medicine and Surgery*.

¹⁶⁵ Beusaert, “Not Guilty, But Guilty.”

¹⁶⁶ Bertha Ross, interview by Reginald “Dutch” Thompson; John Stephen and Mildred MacDonald, interview by Reginald “Dutch” Thompson, January 21, 2009, recording and transcript, Reginald “Dutch” Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI.

of birth. It seems this eliminated the need for any formal title, even as this was an open acknowledgement Grace Swan of York, for instance, when asked if there were a midwife in the community, responded “No but my grandmother would be very handy at that.”¹⁶⁷ Her grandmother, along with other midwives throughout the province, saw their work as neighbourly mutual aid, but possibly they avoided the title of “midwife” because they were also unwilling to accept the legal risks that came with the label.

Midwives often came by their training through informal means. It was not common for midwives to be formally educated on PEI, but they would instead have knowledge gained through informal apprenticeships with other midwives or they would just utilize the knowledge they had gained through their own birthing experiences.¹⁶⁸ The stereotypical image of a midwife was that of a middle aged or elderly woman who was a mother many times over in her own right.¹⁶⁹ Frances Llewellyn, for instance, remembered how her mother, Mabel Stuart of Georgetown, was an untrained midwife who tended to the mothers of the surrounding communities.¹⁷⁰ When asked how her mother began practicing midwifery, she explained “We lived next door to Peter Llewellyn’s grandmother and she was expecting a baby ... their kids got all worked up and came for mom, and that’s how it started.”¹⁷¹ Mabel had never acted as a midwife before this day. But as Frances pointed out, her mother was one of the many midwives who learned aspects of midwifery during their own births: “she had seven children herself. She was quite knowledgeable.”¹⁷²

¹⁶⁷ Grace Swan, interview by Reginald “Dutch” Thompson.

¹⁶⁸ Frances Llewellyn, interview by Reginald “Dutch” Thompson; Leonard LeClair, interview by Reginald “Dutch” Thompson.

¹⁶⁹ Reginald “Dutch” Thompson Audio Collection.

¹⁷⁰ Frances Llewellyn, interview by Reginald “Dutch” Thompson.

¹⁷¹ Frances Llewellyn, interview by Reginald “Dutch” Thompson.

¹⁷² Frances Llewellyn, interview by Reginald “Dutch” Thompson.

This depiction of Island midwives is reflected in the journals of world-renowned author and Islander, Lucy Maud Montgomery. During her confinement in Ontario before the birth of her first son in 1912, Montgomery recorded how surprised she was that the nurse who tended to her was only 28.¹⁷³ She expressed shock because she had been expecting someone elderly or at least middle-aged attendant, as might have been expected back home in PEI.¹⁷⁴ This small observation in Montgomery's journal highlights regional differences between rural communities of PEI and the Maritimes compared to Ontario where pregnant women were increasingly tended to by trained nurses and doctors instead of traditional midwives by this time. Pregnant women in towns and cities of Canada would also receive pre-natal care where their counterparts in rural areas usually would not, with midwives only arriving when labour began.¹⁷⁵

Throughout Dutch Thompson's interviews, there is not great deal of information about the technical work of midwives, but there are some insights which help illustrate how midwives needed to be adaptable and make the best of the situation in which they found themselves in during births. For example, Wally Andrew of East Royalty described how the midwife who tended to his birth decided to position his mother on the kitchen table for the delivery since it was the location in the house with the best light and proximity to the hot water supply.¹⁷⁶ Sometimes, midwives would have to utilize the help of other women during births. As Grace Swan of York recalls, a Mrs. West who was the attending midwife at one late night birth, stated that she needed "someone good and steady to hold the lamp." She

¹⁷³ Mitchinson, *Giving Birth in Canada*, 168.

¹⁷⁴ Mitchinson, *Giving Birth in Canada*, 168.

¹⁷⁵ Biggs, "Rethinking the History of Midwifery in Canada," In *Reconceiving Midwifery*, 30.

¹⁷⁶ Wallace "Wally" Jenkins Andrew, interview by Reginald "Dutch" Thompson.

emphasized the need for someone who would not be distressed by the delivery or any complications that could arise, as the light was imperative to her being able to carry out her work.¹⁷⁷ There were even instances where midwives would have to get the baby's older siblings to help. Bertha Ross of Dundas recalls when she was nine years old, a local nurse and midwife named Mrs. MacLeod, came to tend to the delivery of her younger sister.¹⁷⁸ After the arrival of the baby, MacLeod came to young Bertha and said, "now would you hold the baby for me while I see to your mother."¹⁷⁹

The work for Island midwives did not end when the child arrived. It was the common practice for midwives to arrive during labour, but they would remain at the home of their patient throughout the following confinement for 9-14 days afterwards to provide post-natal care to both the mother and the baby.¹⁸⁰ Additionally the midwife would take up the female roles in the household of the patient, tending to the older children, cooking for the family and more.¹⁸¹ As Vance MacKay from Campbellton explained, a midwife would sometimes "come and stay for perhaps two weeks or more."¹⁸² But, as Mitchinson has observed, this commonly meant midwives would often have to cope with less than ideal living conditions – sleeping in chairs at their patient's bedside or in small children's beds until their work was done.¹⁸³ It is noteworthy that midwives were leaving their own families, relying in turn on their own female relatives and networks, to take up household duties until their return.¹⁸⁴

¹⁷⁷ Grace Swan, interview by Reginald "Dutch" Thompson; Leonard LeClair, interview by Reginald "Dutch" Thompson.

¹⁷⁸ Bertha Ross, interview by Reginald "Dutch" Thompson; Leonard LeClair, interview by Reginald "Dutch" Thompson.

¹⁷⁹ Bertha Ross, interview by Reginald "Dutch" Thompson.

¹⁸⁰ Frances Llewellyn, interview by Reginald "Dutch" Thompson; Agnes Sheehan, interview by Reginald "Dutch" Thompson.

¹⁸¹ Frances Llewellyn, interview by Reginald "Dutch" Thompson; Leavitt, *Brought to Bed*, 99; Connor, "Larger Fish to Catch Here than Midwives," 103.

¹⁸² Vance MacKay, interview by Reginald "Dutch" Thompson.

¹⁸³ Mitchinson, *Giving Birth in Canada*, 79.

¹⁸⁴ Mitchinson, *Giving Birth in Canada*, 79.

Lengthy nursing jobs were a part of the work expected of midwives as they provided a wide array of medical care to their neighbors in need. It was common for them to tend to a wide variety of patients, ranging from children with scarlet fever, to smallpox cases, to tending elderly convalescents.¹⁸⁵ Midwives were important players in fights against epidemics in Island history. During the Spanish Flu pandemic of 1918, Island midwives like Mary Lisa Duggan from French River went from house to house in order to tend to the sick, wash and change their bed linens and supply them with food.¹⁸⁶ Countless midwives voluntarily engaged in mutual aid while putting themselves at risk of contracting deadly illnesses. But even such stories have no record of compensation.¹⁸⁷

When the mother of a family would work as a midwife, it would often affect the whole family with every member trying to help with the practice in whatever ways they could. Years after Frances Llewellyn's mother Mabel began practicing as a midwife, when Frances was old enough, she began to help her mother with the women and babies that she tended to. Especially when multiple women were delivering at the same time.

There was one time when she had three babies at the same time. ... Mom had two other patients. One was out at Burnt Point and she had to walk! And the other two were in Georgetown. So, I took over Mrs. Stuart to look after her, took dinner to her, looked after the baby.¹⁸⁸

This highlights the disadvantages, and possible dangers, to having only one designated midwife in a community. Before the extension of paved roads after World War Two, the only mode of transportation was walking or a horse and wagon and

¹⁸⁵ Thompson, *Bygone Days*, 66; Frances Llewellyn, interview by Reginald "Dutch" Thompson; Bob and Queenie MacKinnon, interview by Reginald "Dutch" Thompson.

¹⁸⁶ Maisie Adams, interview by Reginald "Dutch" Thompson, April 11, 1997, recording and transcript, Reginald "Dutch" Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI.

¹⁸⁷ Thompson, *Bygone Days*, 66.

¹⁸⁸ Frances Llewellyn, interview by Reginald "Dutch" Thompson.

depending on the weather, travel between mothers could be extremely slow and unreliable. In the above instance, Mabel had to walk 2.5 kilometers to tend to a mother in the neighbouring community multiple times a day while also trying to support two more women in Georgetown. These demands upon midwives often pulled family members in to support, and it was common for daughters to become apprentices to their mothers.¹⁸⁹

A midwife's family was there to support her when she returned from challenging births. Stillbirths were common, but it was considered very rare for mothers to die during an exceptionally difficult birth.¹⁹⁰ Midwives were occasionally faced with situations during births that could not be prepared for, such as the infant having birth defects. Frances Llewellyn recalled one day her mother returned home and told her family how she had delivered a child with a birth defect that left him with only one arm. Llewellyn explained how the entire family wept for the baby and his unfortunate situation, but it ended up that he was otherwise healthy, and was still living when Llewellyn was interviewed by Dutch Thompson in 2000.¹⁹¹ Elizabeth "Lulu" Thomson, from Lot 6 in PEI's western tip, remembered her mother Ada MacArthur working as a midwife. Ada was a trained nurse who was often busy tending to sick neighbours and labouring mothers in her community.¹⁹² Ada's charitable family saw it as their duty to help their neighbours in need. So, Thomson and her sister would spend hours each day making baby clothes for the newborns that their mother delivered and their father would build caskets for Ada's patients who

¹⁸⁹ Frances Llewellyn, interview by Reginald "Dutch" Thompson.

¹⁹⁰ Mitchinson, 265.

¹⁹¹ Frances Llewellyn, interview by Reginald "Dutch" Thompson.

¹⁹² Elizabeth "Lulu" Thomson, interview by Reginald "Dutch" Thompson.

passed away because homemade caskets were more feasible than buying one in town.¹⁹³

Harsh winters and unpredictable weather often undermined transportation on Prince Edward Island. Ada was commonly called upon during snowstorms. In these instances, her husband would hitch up two horses to two sleighs, then enlist the help of his neighbour, Jim Hardy, to drive one while he drove the other. While the group was rushing to the patient's home, if one horse would get stuck in the snow, Ada would climb onto the other sleigh and continue through the storm until they reached her patient.¹⁹⁴ Ralph Matheson recalled a similar story during his interview. His uncle John lived only 2 miles away from his local midwife, but when his wife went into labour in the middle of a storm, it took him 5 hours to retrieve her on his horse.¹⁹⁵ Bad weather and poor road conditions could make it impossible for doctors to reach their patients if they were required to travel a long distance.¹⁹⁶ Because of this, neighbour midwives were critically important because their proximity allowed them to reach the individual when a doctor who was further removed could not.

¹⁹³ Elizabeth "Lulu" Thomson, interview by Reginald "Dutch" Thompson.

¹⁹⁴ Elizabeth "Lulu" Thomson, interview by Reginald "Dutch" Thompson.

¹⁹⁵ Ralph Matheson, interview by Reginald "Dutch" Thompson.

¹⁹⁶ Burden and Safer, *The Dramatic Life of a Country Doctor*.

Birthing Room Allies: Island Doctors and Midwives

Even though midwives were very common, one should not assume that doctors never participated in childbirth in the early twentieth century on Prince Edward Island. Sometimes a family might be comfortable with a midwife delivering the child and only calling a doctor as a last resort if the mother was experiencing complications.¹⁹⁷ In other instances the local midwife would be on hand just in case the baby would come before the doctor's arrival. Jennie MacLean of Port Hill described the situation: "There was a doctor and there was a midwife. And if the doctor didn't get there, they would deliver the baby themselves."¹⁹⁸ The interprofessional relationship between Island doctors and midwives was complex. Midwives were in many ways competition for doctors, especially in the field of obstetrics. And additionally they provided services to Islanders within an informal economy of mutual aid, not charging money for their services. But through making house calls, doctors' private practices relied on a cash economy, even if they occasionally extended charity. Many impoverished or cash poor Islanders struggled to take part in the formal economies of private practice. This undoubtedly influenced most PEI doctors to recognize how midwives were the only accessible healthcare option for many impoverished Islanders, and the medical services that they provided were better than none at all. Likely because of this, many Island physicians chose to respect midwives instead of attack them. They also understood the place and importance that midwives held within their respective communities and the power they could wield – if the doctor upset the midwife, there was a possibility that she could convince her neighbours to refrain from calling upon him in the future. Doctors

¹⁹⁷ Jennie MacLean, interview by Reginald "Dutch" Thompson, February 4, 1999, recording and transcript, Reginald "Dutch" Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI.

¹⁹⁸ Jennie MacLean, interview by Reginald "Dutch" Thompson.

had to keep in mind that it was the midwives who were the insiders in these communities, and the doctors, while respected professionals, were nonetheless often outsiders.

There are also many recorded birth experiences where Island midwives and doctors worked together during a delivery. There were also not many trained nurses on Prince Edward Island in the early twentieth century. Over these decades nursing was developing as a profession, and many women who trained as nurses would move away to work in urban areas.¹⁹⁹ Island doctors, in the absence of trained nursing care, looked to untrained midwives for assistance.²⁰⁰ Dutch Thompson's interview participants mentioned how when these nurses came home to PEI to visit family, they would try to keep their visit a secret. If word got out, doctors and patients alike would be knocking at their door asking for medical help.²⁰¹ One Island midwife named Lettie MacKinnon, whose work will be discussed at length later in this report, did not complete all her requirements in nursing school, but there was so much demand for someone with any amount of nursing education that she had so much work that she never had to go back to school to finish her nursing program.²⁰²

Many of Dutch Thompson's interview participants remembered two doctors who were well known for working side by side with midwives: Dr. Jim Collins of Vernon River and Dr. Lester Brehaut from Murray River.²⁰³ Both men would often stop on the way to a labouring mother to pick up a midwife along the way, and they would have her serve as their assistant during the birth.²⁰⁴ Ada Baker MacKenzie

¹⁹⁹ Ralph Matheson, interview by Reginald "Dutch" Thompson.

²⁰⁰ Reginald "Dutch" Thompson Audio Collection.

²⁰¹ Ralph Matheson, interview by Reginald "Dutch" Thompson.

²⁰² Bob and Queenie MacKinnon, interview by Reginald "Dutch" Thompson.

²⁰³ Alvin MacSwain, interview by Reginald "Dutch" Thompson; Bob and Queenie MacKinnon, interview by Reginald "Dutch" Thompson; Thompson, *Bygone Days*, 61.

²⁰⁴ Alvin MacSwain, interview by Reginald "Dutch" Thompson; Mary Redmond, interview by Reginald "Dutch" Thompson; Thompson, *Bygone Days*, 60.

recalled how during her labour with her third daughter, she was attended to by Dr. Brehaut and Edith MacDonald, the latter a trained nurse and midwife from her community. She noted how the doctor and midwife “talked about politics and things the whole time.” The collegiality and friendly chatter in this particular birthing room provides an example of how some Island midwives and doctors felt comfortable working side by side.²⁰⁵

During Island doctors’ house calls to attend births, many witnessed how important midwives were throughout PEI communities. During these house calls, doctors were faced with the realities of poor Islanders. If they were unable to pay doctor’s fees, these individuals would commonly attempt to treat themselves or be treated by a midwife. They would only call the doctor at the very last minute.²⁰⁶ It seems clear that some Island doctors were moved to compassion upon coming face to face with the living conditions of the poor during their house calls. Those affected never forgot the kindness shown to them and their families. Alvin MacSwain from Peters Road told the story about how Dr. Lester Brehaut helped deliver him in 1922.²⁰⁷ When Alvin was born, the doctor asked for something to wrap the newborn in, but the family was extremely poor and had nothing to use. So Brehaut took the shirt off his back and wrapped it around the infant before handing him to his mother.²⁰⁸ Additionally, after the doctor had left, the family found that Brehaut had placed the five dollars that the family had paid him on the kitchen table.²⁰⁹ Mary Redmond of Vernon River told a similar story about Dr. Collins’ who also tended a family living in extreme poverty. He had stopped in to see a mother who was in

²⁰⁵ Thompson, *Bygone Days*, 250.

²⁰⁶ Jennie MacLean, interview by Reginald “Dutch” Thompson; Mitchinson, *Giving Birth in Canada 1900-1950*, 31.

²⁰⁷ Alvin MacSwain, interview by Reginald “Dutch” Thompson; Thompson, *Bygone Days*, 61.

²⁰⁸ Alvin MacSwain, interview by Reginald “Dutch” Thompson; Thompson, *Bygone Days*, 61.

²⁰⁹ Alvin MacSwain, interview by Reginald “Dutch” Thompson; Thompson, *Bygone Days*, 61.

labour and saw the poverty that this particular family was living in. He then went to Mary's family home to ask her mother, who was a midwife, to come and help him with the birth.²¹⁰ Before they left, Dr. Collins asked Mary's father if he would go to the local priest, Father McGuigan, to ask for food and coal for the family because after witnessing the state of the home first-hand, he feared that the newborn could freeze to death otherwise.²¹¹ Dire situations like these helped to open the eyes of Island doctors to see the necessity of midwifery and highlighted the economy of mutual aid within which they practiced. For the poorer families in rural areas of the Island, midwives provided a form of healthcare when doctors were not an option financially. It was in these instances when doctors tended to poorer Islanders that they were forced to suspend their formal economic practices, and work within the economy of mutual aid, as shown in these stories.

The interprofessional relationship between doctors and informal midwives on PEI provides a stark contrast to relations in more urban areas of Ontario. There, many doctors expressed contempt for midwives. In these locations there were more doctors and they saw midwives as direct competition and as barriers to their establishment of a family practice, which at this time included obstetrics.²¹² Many doctors in Ontario offered critiques of midwives using their gender, race, or class as weapons to discredit them and encourage patients to choose the services of trained doctors. For example, Dr. W.B. Hendry of the Burnside Lying in Clinic in Toronto, published a description of midwives as "unkempt, gin-soaked harridans, unfit for the work they were supposed to do and a menace to the health of any women they might attend."²¹³

²¹⁰ Mary Redmond, interview by Reginald "Dutch" Thompson.

²¹¹ Mary Redmond, interview by Reginald "Dutch" Thompson.

²¹² Mitchinson, *Giving Birth in Canada 1900-1950*, 96.

²¹³ Mitchinson, *Giving Birth in Canada 1900-1950*, 96.

Even though the relationships between Island doctors and midwives were better than many of their counterparts, they were not perfect and did not always function harmoniously. Mary Malone MacPhee of Souris explained one instance when a midwife named Josephine MacDonald was not afraid to speak up to the local Doctor Gus MacDonald:

If the doctor got there in time, it would be Dr Gus MacDonald, and if he came a little early he'd go over in the West room and have a sleep. And she, as the midwife, she would be mad and she'd hit the door and say "come and do your business here doctor!" See leave it to the midwife, she wouldn't have the time to wait and he'd go and sleep!²¹⁴

Here, this midwife was not afraid to raise concerns, rouse and demand the labour of one of PEI's most well-known doctors, who was a male figure of authority, and also of a higher professional and social class than her. During this time, Prince Edward Island was a place where gender roles and hierarchies were fixed and rarely confronted. In early twentieth century Prince Edward Island, doctors were generally respected and well-known community figures. They often had reputations that remained in the memories of many for years. This is proven throughout Dutch Thompson's interviews with elderly Islanders who were in their 80s and 90s, many of whom could still name the nearest doctor to their community and describe his personality and ability as a physician.²¹⁵ It was common for Islanders to also name their children after them. Keir MacKay of Darnley was named after Dr. James Keir of Malpeque, the doctor who attended his delivery, and Wally Jenkins Andrew owes his middle name to the doctor who delivered him, Dr. Steve Jenkins.²¹⁶

²¹⁴ Mary Malone MacPhee and Ludger MacPhee, interview by Reginald "Dutch" Thompson.

²¹⁵ Reginald "Dutch" Thompson Audio Collection.

²¹⁶ Keir MacKay, interview by Reginald "Dutch" Thompson; Wallace "Wally" Jenkins Andrew, interview by Reginald "Dutch" Thompson.

Lettie MacKinnon's Maternity Home

Lettie Jardine MacKinnon, originally of Orwell and later of the Gay Road in Crossroads area, was a midwife of a different sort. She ran a “maternity home” in Crossroads, fourteen kilometers southeast of Charlottetown.²¹⁷ As a young woman she received medical training from a nursing school but did not complete all the requirements to earn her nursing registration. As her daughter-in-law Queenie MacKinnon explained in her interview,

She went to the old Prince Edward Island Hospital, she took a nursing course there ... she was pretty much up to the last of her three year training when her father got sick in Orwell and she left and went home to look after him, and she never went back and took her exams. So, she wasn't an RN, but she had had her three years training.²¹⁸

For years after this, Lettie travelled from house to house in the Orwell area as a healer and midwife until a few years after she married Neil MacKinnon of Earnscliff in 1917.²¹⁹

After the marriage her practice changed. The MacKinnon's built their house on the Gay Road in 1921 and although its main purpose was to be their family home, it was also to serve as a maternity home.²²⁰ Three additional rooms were built in the upper level to act as birthing rooms for mothers under Lettie's care.²²¹ In addition to this, the house was also a communications hub, acting as the Hillsborough telephone office for Island Tel. Home to the switchboard, it meant someone from the MacKinnon household had to be present at all times to answer the phone in case of emergencies in the community.²²² Through its years of operation, from 1921 to 1954, the MacKinnon's Nursing Home was a landmark in the Crossroads area, providing

²¹⁷ Bob and Queenie MacKinnon, interview by Reginald “Dutch” Thompson.

²¹⁸ Bob and Queenie MacKinnon, interview by Reginald “Dutch” Thompson.

²¹⁹ Bob and Queenie MacKinnon, interview by Reginald “Dutch” Thompson.

²²⁰ Bob and Queenie MacKinnon, interview by Reginald “Dutch” Thompson.

²²¹ Bob and Queenie MacKinnon, interview by Reginald “Dutch” Thompson.

²²² Bob and Queenie MacKinnon, interview by Reginald “Dutch” Thompson.

care to mothers from the surrounding communities of Hillsborough, Mermaid, Southport, Charlottetown and more.²²³

This maternity home was an example of one midwife taking innovative action to capitalize on the rising trend toward the institutionalization of births. By centralizing her patients and bringing her midwifery work out of the informal, favour-based economy and into the formal, monetary economy, she was able to earn an income for her family with her midwifery skills. This is a considerable feat especially since during this time midwives throughout the country were being put out of work by births moving into hospitals. As far as Queenie describes during her interview, Lettie never referred to her establishment as a maternity hospital or a lying-in hospital. This could have been due to Lettie trying to distance herself from the threat of being persecuted for practicing midwifery without a license under the Medical Act. It is also important to consider that Lettie was drawing in pregnant mothers within roughly a 10-kilometer radius. This travel interrupted the informal economy that existed in the more rural regions surrounding Charlottetown. As more people were willing to travel and pay for medical treatments, the favour-based economy of mutual aid gradually became a thing of the past. Due to patients traveling considerable distances to be treated by her, Lettie could not rely on being paid through favours, so she shifted her currency to cash. Through establishing this maternity home, Lettie was able to centralize her patients and cut out travel time between mothers, allowing her to care for more mothers simultaneously and bring in more revenue than she otherwise would have been able to do. Surprisingly, the only publicly accessible records of this

²²³ Bryer Jones, interview by Reginald “Dutch” Thompson; Dr Harold Yeo, interview by Reginald “Dutch” Thompson; Gordon Carver, interview by Reginald “Dutch” Thompson; John MacEacharn, interview by Reginald “Dutch” Thompson; Bob and Queenie MacKinnon, interview by Reginald “Dutch” Thompson.

maternity home's existence can be found in the oral histories collected by Dutch Thompson as there are no documents mentioning its existence to be found in the Prince Edward Island Provincial Archives.

Lettie had a reputation within the community of being “a terribly smart woman” who was strong-hearted, level-headed, and very skilled as a midwife and healer.²²⁴ This undoubtedly played a large role in convincing women to have their children in the maternity home instead of remaining at home as was the tradition. In his interview with Dutch Thompson, Lettie's neighbour Bryer Jones, remembered:

She ran things well. I think that the women, many of whom would be young and afraid, I think her reputation was such that they weren't afraid of what would happen to them because you just had to look at her to know she knew exactly what she was doing, and she was in command of herself and the situation.²²⁵

Although Lettie was very skilled, doctors would sometimes be called to the house when births took a dangerous turn. Dr. Harold Yeo told of one occasion when there were complications and Lettie called him for help, “I had to go for one with bleeding and take her to the hospital for a (caesarean) section.”²²⁶ Lettie's daughter-in-law Queenie made it clear that no matter how dire a situation got with a mother in labour, Lettie was always very composed and would never let her true feelings show if she was ever nervous.²²⁷

The MacKinnon's Nursing Home was always willing to help mothers and their newborn babies in any way they could. The three rooms upstairs were rarely empty as “it was very seldom that there wasn't somebody here in those days” as

²²⁴ Bryer Jones, interview by Reginald “Dutch” Thompson; Dr Harold Yeo, interview by Reginald “Dutch” Thompson; Gordon Carver, interview by Reginald “Dutch” Thompson; John MacEacharn, interview by Reginald “Dutch” Thompson; Bob and Queenie MacKinnon, interview by Reginald “Dutch” Thompson.

²²⁵ Bryer Jones, interview by Reginald “Dutch” Thompson.

²²⁶ Dr Harold Yeo, interview by Reginald “Dutch” Thompson.

²²⁷ Bob and Queenie MacKinnon, interview by Reginald “Dutch” Thompson.

Queenie pointed out.²²⁸ She recalled how some mothers who feared getting storm-stayed during their deliveries would go to the maternity home weeks before their due date in order to make sure that they would have medical care when their time came. These mothers who boarded at the maternity home would pay \$10 a month for their lodging until they went into labour. When that happened, they would then be moved to one of the three rooms on the house's second level, where Lettie would charge them \$3 a day for round the clock care from Lettie until their child was born.²²⁹

The maternity home was an accepting and respectful place for many different groups of people in need. In addition to the married women who would visit the maternity home, Queenie detailed how it was common for many unwed mothers to be brought there by doctors in Charlottetown in order to cover up their pregnancy and avoid the shame and rumors that would tarnish their reputation.²³⁰ On top of regularly housing multiple expectant mothers, Lettie would often care for many children as well. If mothers did not wish to keep their newborn, they would leave it in Lettie's care until the child was two or three months old, at which time an orphanage would agree to take it. Throughout the time when the child was living at the MacKinnon's Nursing Home, the mother would be charged \$10 a month for their care.²³¹ Queenie described one woman who had "married an airman who had left the country" and when she gave birth, she did not want to keep the baby girl, choosing to leave her with Lettie until the orphanage would agree to take her.²³² But when the time came, instead of sending this baby to the orphanage as she had done with so many other infants, Lettie ended up adopting this baby and raising her as her own child.²³³ This is

²²⁸ Bob and Queenie MacKinnon, interview by Reginald "Dutch" Thompson.

²²⁹ Bob and Queenie MacKinnon, interview by Reginald "Dutch" Thompson.

²³⁰ Bob and Queenie MacKinnon, interview by Reginald "Dutch" Thompson.

²³¹ Bob and Queenie MacKinnon, interview by Reginald "Dutch" Thompson.

²³² Bob and Queenie MacKinnon, interview by Reginald "Dutch" Thompson.

²³³ Bob and Queenie MacKinnon, interview by Reginald "Dutch" Thompson.

the only mention of Lettie ever keeping a baby, but it unsurprising that she might become attached to these infants as she cared for them during their first few months of life.

It is easy to imagine the MacKinnon's home in Crossroads as a bustling place. Many people came and went: pregnant mothers, doctors, farmers calling upon Mr. MacKinnon for his veterinary skills, Lettie's own children, and the other children who were boarding there.²³⁴ In 1954, after almost 40 years of working as a midwife, and bringing countless babies into the world, Lettie retired from practicing midwifery and the MacKinnon's Nursing Home stopped receiving patients.²³⁵ This coincides with the normalization of hospital births across PEI. Throughout Canada, hospital births had been increasingly common since the late nineteenth century, especially in urban areas where women had easier access to hospitals.²³⁶ By 1950, 76% of births in Canada were happening in hospitals, but the more rural regions of provinces like Prince Edward Island and Newfoundland did much slower to make this shift.²³⁷ Because Crossroads is relatively close to Charlottetown, less than 15 kilometers away, its proximity made it easier for MacKinnon's former clients from the surrounding areas to travel to the hospital. This likely played a role in Lettie's decision to retire from the practice of midwifery when she did.

²³⁴ Gordon Carver, interview by Reginald "Dutch" Thompson; Bob and Queenie MacKinnon, interview by Reginald "Dutch" Thompson.

²³⁵ Bob and Queenie MacKinnon, interview by Reginald "Dutch" Thompson.

²³⁶ Biggs, "The Case of the Missing Midwives," in *Delivering Motherhood*, 70.

²³⁷ Biggs, "Rethinking the History of Midwifery in Canada," In *Reconceiving Midwifery*, 35; Mitchinson, *Giving Birth in Canada 1900-1950*, 173, 175.

First Breaths Inside Hospital Walls

Location influenced whether women would choose or be able to go to a hospital to give birth. Families located within or close to the two urban centers of Prince Edward Island were among the first to go to make this change. Hester Linkletter of Linkletter, located three kilometers west of Summerside, gave birth to her son Richard at the old Prince County Hospital in 1939.²³⁸ She kept the receipt for expenses for this hospital birth, and she kept insisting during her interview with Dutch Thompson that “it was very little. Only five or ten dollars.”²³⁹ In addition to this fee for the birth, she was also required to pay the registered nurse, Doris Phillips, who cared for her during her time in the hospital. This added about five dollars a day to the total cost.²⁴⁰ Hester’s attitude suggests she was of a different class than the poorer families of more rural areas of the Island who could not afford to pay the midwife anything, let alone a bill like the one that Linkletter paid. This provides evidence that the middle and upper classes who were more comfortable with the formal cash economies for health care, were among the first to deliver their children in the hospital. People in these classes often lived in the more urban areas and they would have the income which would allow them the ability to pay the bill.

Within a hospital, doctors had access to drugs and technologies that were not available in the home or used by midwives. Ruth VanInderstine told Dutch Thompson that she had elected to have her daughter in the hospital. The delivery had been very difficult because her infant daughter was very large, weighing thirteen pounds when

²³⁸ Hester Linkletter, interview by Reginald “Dutch” Thompson, November 7, 2003, recording and transcript, Reginald “Dutch” Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI.

²³⁹ Hester Linkletter, interview by Reginald “Dutch” Thompson.

²⁴⁰ Hester Linkletter, interview by Reginald “Dutch” Thompson.

she was born.²⁴¹ Ruth described how after the birth, the doctor came in to see her and cried at her bedside because of the guilt he felt for allowing her to remain conscious for her grueling labour instead of anesthetizing her with the drugs at his disposal.²⁴² This story contrasts the many accounts by historians who examined childbirth in other provinces who describe doctors being very insistent about anesthetizing mothers during labour. Some historians argue that doctors were sometimes too reliant on medications such as “twilight sleep,” an injection of morphine and scopolamine. These drugs would allow the mother a respite from the painful experience of birth and then she would wake up to a baby in her arms after the ordeal was over.²⁴³ Ruth’s doctors would not let her see her newborn daughter for three days after the birth because during the delivery the doctor had used forceps, and in doing so they had severely cut the child’s face.²⁴⁴ The doctor explained he wanted to spare Ruth the shock of seeing her baby in such a state.²⁴⁵ But this also gives evidence of how during this period, doctors were still trying to perfect their skills in the relatively new field of obstetrics inside hospitals, with mistakes happening along the way. It is important to remember that in Canada, the recorded maternal mortality rates were higher in hospitals than in homes until after the Second World War.²⁴⁶ The medical doctors had been critiqued since the 19th century for “meddlesome midwifery,” and being too quick to apply forceps in order to hurry a birth along so they could see to their next patient.²⁴⁷ In this particular instance, with a child of this size, the forceps were

²⁴¹ Ruth VanInderstine, interview by Reginald “Dutch” Thompson, January 15, 1998, recording and transcript, Reginald “Dutch” Thompson Audio Collection, Island Voices Database, University of Prince Edward Island, Charlottetown, PEI.

²⁴² Ruth VanInderstine, interview by Reginald “Dutch” Thompson.

²⁴³ Mitchinson, 217

²⁴⁴ Forceps are a medical tool that look similar to scissors, but instead of blades, they have scoop shaped ends which are placed around either side of the infant’s head and allows the doctor to pull the baby from the birth canal.

²⁴⁵ Ruth VanInderstine, interview by Reginald “Dutch” Thompson.

²⁴⁶ Cross, ““A Midwife at Every Confinement,”” 142.

²⁴⁷ Mitchinson, *Giving Birth in Canada*, 219.

undoubtedly a necessary tool to help both the child and mother with this difficult birth.

As doctors recognized that traveling between patients was negatively affecting their abilities to have time to treat a multitude of patients and bring in high levels of revenue and deliver standardized care, they encouraged centralization of care. But as Lettie MacKinnon's experience illustrates, it was not only doctors who recognized the benefits of institutionalization. Lettie provides an example of one midwife breaking away from the traditional ways of traveling between the homes of neighbours and operating within an informal economy of mutual aid. Instead, she was able to earn a monetary income to support her family, and care for large numbers of patients at once. Although the institutionalization of births caused important cultural practices surrounding birth on Prince Edward Island to fade away, it allowed medical practitioners to earn more revenue, care for more patients at once, and have more advanced tools and drugs at their disposal that they could not carry with them from house to house.

Conclusion

Over the last century and a half, childbirth in Canada has changed dramatically. Births began in the home surrounded by women gathered together to usher a new life into the world but then shifted to hospital settings where doctors would take the lead and each moment was measured and standardized in accordance with scientific specifications.²⁴⁸ With this change, Canadian midwives were marginalized as doctors sought and succeeded to secure a monopoly over obstetrics patients.²⁴⁹ The greatest factor in the decline of midwifery in Canada was geographic region. Doctors' attacks upon midwives and the move out of the home and into hospitals was a trend observable in urban areas first as early as the early 19th Century.²⁵⁰ Here, the population was more comfortable with the formal cash economy of private practice, and had easier access to such institutions. In rural regions, like the majority of Prince Edward Island, where the inhabitants relied on the exchange of favours and economies of mutual aid, this shift occurred later with home births persisting well into the 1950s.²⁵¹ This report examined the influence of rural location on the roles of midwives in PEI communities over the early twentieth century. Doctors' inability to travel through harsh weather, mountainous snowbanks and impassible mud-filled roads contributed to the necessity of rural midwives. Also, the inability of many poor Islanders to pay doctor's high monetary fees was another reason why midwives, who often did not charge for their services, remained key players in ensuring the health and wellbeing of birthing mothers and their babies. In order to gain a full appreciation for Island midwives and midwifery, this report

²⁴⁸ Mitchinson, *Giving Birth in Canada*, 26.

²⁴⁹ Burtch, *Trials of Labour*, 161; Biggs, "Rethinking the History of Midwifery in Canada," In *Reconceiving Midwifery*, 36.

²⁵⁰ Biggs, "The Case of the Missing Midwives," in *Delivering Motherhood*, 21, 28; Bourgeault, *Push!*, 44;

²⁵¹ Twohig, "Written on the Landscape: Health and Region in Canada," 6.

described the various roles midwives took on and the position they held in their communities, outlining the medical services they provided, and highlighting the agency they displayed in their work. It also underscored the compassion they showed their neighbours, explaining their actions in an economy of mutual aid, as there is little evidence they received or expected monetary reward for their efforts.

Historians of midwifery in Canada must contend with a lack of sources left by the individuals who did this work. Many have chosen to read sources left by doctors ‘against the grain’ or get details from women who would mention midwives in their diaries when describing birthing experiences.²⁵² Because doctors’ concerns with midwifery were more public and aggressive in provinces like Ontario and Quebec, more sources were left behind which provide insights into the work of midwives in those provinces. Due to this, the majority of historians have focused their attention on those provinces and emphasized the conflicts there.²⁵³ But as more historians work to fill the holes in the historiography of Canadian midwifery, attention has shifted away from the narratives of urban white settler populations in Ontario, expanding the literature to study diverse groups across the country. Still, the Maritime provinces have been overlooked and this report provides an important step in documenting the history of PEI midwives.

The archival deficit is very noticeable in the Prince Edward Island Provincial Archives which contains very few sources on Island midwives. In order to work around this, this report utilized oral history accounts that tell of first-hand and second-hand experiences with Island midwives from around the turn of the twentieth century to midwifery’s decline in the 1950s. This investigation drew from the interviews

²⁵² Mitchinson, *Giving Birth in Canada 1900-1950*.

²⁵³ Biggs, “Rethinking the History of Midwifery in Canada,” In *Reconceiving Midwifery*, 29.

conducted by Reg “Dutch” Thompson, which preserve Island heritage through public memory and oral history accounts from Islanders themselves.²⁵⁴ As part of his efforts to capture pieces of Island heritage before they slip out of living memory, Thompson memorialized the women who worked as midwives on PEI, preserving their stories for future generations.²⁵⁵ His interviews are especially valuable for this report because they capture an important moment of transition. The interview participants were members of the last generation to be born at home and among the first to have their own children born in hospitals.²⁵⁶ Because of this, they are able to describe what it was like to live through the transition when births were moving out of the home and into hospital rooms, leaving tradition behind. These interviews illustrate why PEI offers an interesting case study in relation to midwifery. For instance, some stories highlight how the relationships between doctors and midwives on Prince Edward Island were often collegial and respectful and they uncover how this was impacted by necessity. There was a lack of nurses on PEI in the mid to late twentieth century, and the population was cash poor in rural areas, making many Islanders unable to afford to pay doctors high fees.²⁵⁷ Other interviews detail how midwives’ work as healers throughout their communities was relied upon just as much as their skills assisting in the birthing room. This mostly seems to have been due to their low fees, and their proximity in case of bad weather.²⁵⁸ They were imperative to the survival and well-being of their neighbours during epidemics and when life threatening injuries and illnesses put lives in danger. Other interview participants describe their experiences as

²⁵⁴ Reginald “Dutch” Thompson Audio Collection.

²⁵⁵ MacDonald, *If You're Stronghearted*, 319.; Dutch Thompson, *Reginald “Dutch” Thompson Audio Collection*.

²⁵⁶ Reginald “Dutch” Thompson Audio Collection.

²⁵⁷ Elizabeth “Lulu” Thomson, interview by Reginald “Dutch” Thompson; Frances Llewellyn, interview by Reginald “Dutch” Thompson; Jeanette “Jessie” McVittie Marshall, interview by Reginald “Dutch” Thompson.

²⁵⁸ Thompson, *Bygone Days*, 66; Frances Llewellyn, interview by Reginald “Dutch” Thompson; Bob and Queenie MacKinnon, interview by Reginald “Dutch” Thompson.

the first generation to give birth to their own children within hospital walls, detailing the fees they were charged and their interactions with the medical staff there.²⁵⁹ By using the memories of Island midwives' families and communities, this report documented and analyzed the practices and lives of PEI midwives and the influence that they had on those around them. It also detailed how the informal economy which existed in rural areas of Prince Edward Island slowed the shift from midwife attended homebirths to hospital births supervised by doctors.

As historians like Marlene Epp and Wendy Mitchinson have pointed out, the drive among physicians to move births out of the home and into the hospitals marginalized midwifery in Canada.²⁶⁰ Yet, as shown in these interviews, it is also true that midwives participated in the institutionalization of births. One Island midwife, Lettie MacKinnon, founded an establishment of her own with the MacKinnon's Nursing Home in Crossroads, PEI, in order to tap into the growing trend of centralizing care and hospitalizing births to create a steady source of income for her family.²⁶¹ This maternity home provided a safe, respectful and discrete place for all its patients, including unwed mothers and unwanted children.²⁶² The inner workings of this maternity home deserve to be published since it was such a pillar in its community during its operational years. The MacKinnon's Nursing Home has not received historical attention, probably because the only publicly accessible sources are memories preserved in oral histories like Dutch Thompson's interviews. But

²⁵⁹ Hester Linkletter, interview by Reginald "Dutch" Thompson; Ruth VanInderstine, interview by Reginald "Dutch" Thompson.

²⁶⁰ Epp, "Catching Babies and Delivering the Dead," in *Caregiving on the Periphery*, 61; Mitchinson, *Giving Birth in Canada*, 20.

²⁶¹ Bob and Queenie MacKinnon, interview by Reginald "Dutch" Thompson.

²⁶² Bryer Jones, interview by Reginald "Dutch" Thompson; Dr Harold Yeo, interview by Reginald "Dutch" Thompson; Gordon Carver, interview by Reginald "Dutch" Thompson; John MacEacharn, interview by Reginald "Dutch" Thompson; Bob and Queenie MacKinnon, interview by Reginald "Dutch" Thompson.

Lettie's work is an important piece of the history of medicine in PEI and she deserves to not be overlooked. This establishment is not only valuable because it reveals elements of Island midwifery practice, but also because it highlights the role some midwives played in centralizing childbirth, turning the institutionalization of births to their own advantage.²⁶³

With midwifery slowly returning across Canada today, it is important to explore the history of this practice and expose what caused it to nearly disappear in the first place. Especially since many recognize its absence, but do not know why this absence exists.²⁶⁴ Only now, in 2021, is work finally happening to reinstate midwifery to its position as a recognized medical practice on Prince Edward Island.²⁶⁵ After a great deal of activism, it has recently been reported that midwifery is scheduled to return to Prince Edward Island in the fall of 2022.²⁶⁶ As midwives return to PEI and regain their status as medical providers in the province, this report underscores the station of importance that these women each held in their Island communities during the early twentieth century. A place of importance that this new wave of midwives will surely work to take up once again. As Dutch Thompson said, "Every community depended on midwives."²⁶⁷ Maybe they soon will again.

²⁶³ Reginald "Dutch" Thompson Audio Collection.

²⁶⁴ Bourgeault, et al., *Reconceiving Midwifery*, 3.

²⁶⁵ "Aylward Now Says P.E.I. Will Have Midwives Operating This Fall," *CBC News PEI*, February 2, 2021, <https://www.cbc.ca/news/canada/prince-edward-island/pei-politics-midwives-aylward-1.5898191>.

²⁶⁶ Stu Neatby, "Expectations 'Reset' for Launch of P.E.I. Midwifery Program; Now Planned for Late 2022," *Saltwire Network*, June 11, 2021, <https://www.saltwire.com/atlantic-canada/news/expectations-reset-for-launch-of-pei-midwifery-program-now-planned-for-late-2022-100599080/>.

²⁶⁷ Thompson, *Bygone Days: Folklore, Traditions & Toenails*, 65.

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