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Doing More With Less: The Sisters of St. Martha (PEI) Diminish the Impact of the Great Depression

PRINCE EDWARD ISLAND HAD THE LOWEST per capita income in the country in the first half of the 20th century and fewer government-funded health and social services than most provinces.¹ Because of this ongoing poverty and lack of services, some historians have argued that the Great Depression was hardly noticed in PEI, while provinces such as Saskatchewan, whose economy really plummeted, suffered more severely.² Such arguments concerning the relative poverty of provinces obscure the more valuable question of how Prince Edward Islanders survived the Depression. A significant factor in Islanders' survival was the work of the Sisters of St. Martha in health and social services. This was true particularly for the 45 per cent of the PEI population who were Roman Catholic. During the Depression, this small congregation of sisters, who numbered 41 in 1930, cared for thousands of people. Although the Depression prevented many clients from paying the fees that supported their social institutions, the sisters continued providing the services that constituted most of the Roman Catholic social order: a 72-bed hospital, a 100-bed orphanage and a 75-bed geriatric facility.³ In addition, they directly confronted the Depression by creating a social services department that served thousands of Roman Catholics annually, beginning in 1931. Contrary to John Taylor's contention that in the early 1930s "voluntary charity as a means of providing relief collapsed", the Sisters of St. Martha and other congregations of women religious provided relief throughout the

- 1 Although the Maritime economy received a boost from the First World War, by the end of that decade the region had returned to its low economic status. See Ian McKay, "The 1910s: The Stillborn Triumph of Progressive Reform", in E.R. Forbes and D.A. Muise, eds., *The Atlantic Provinces in Confederation* (Toronto and Fredericton, 1993), pp. 204-5, 228. An example of the province's lagging social infrastructure is the late establishment of the Department of Health in 1931. See Douglas Baldwin, *She Answered Every Call: The Life of Public Health Nurse, Mona Gordon Wilson, 1894-1981* (Charlottetown, 1997), p. 187. The population of PEI was 88,038 in 1931, down from a high of 109,078 in 1891. See Table 1a: Population of Canada, by counties or census divisions, 1851-1931, *Census of Canada, 1931*, vol. 1, p. 348. I would like to express my appreciation to T.W. Acheson, Gail G. Campbell, D. Gillian Thompson, Ruth Compton Brouwer, Marisa Ferraiuolo and the four anonymous *Acadiensis* reviewers who offered very useful comments on earlier drafts of this paper. I am also grateful for the financial support received from the University of Lethbridge Research Fund. Most notably, I wish to acknowledge the Sisters of St. Martha, Charlottetown, for their generosity in allowing me to study them.
- 2 The myth that the Maritimes suffered less from the Depression than other regions is discussed in E.R. Forbes, "Cutting the Pie into Smaller Pieces: Matching Grants and Relief in the Maritime Provinces During the 1930s", in E.R. Forbes, ed., *Challenging the Regional Stereotype: Essays on the 20th Century Maritimes* (Fredericton, 1989), pp.149-150 and Edward MacDonald, *If You're Stronghearted: Prince Edward Island in the Twentieth Century* (Charlottetown, 2000), p. 159.
- 3 More precise utilization statistics are not available for 1930 but figures for 1935 can be found in footnote 43.

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decade in the form of social services.⁴

Useful comparisons can be made between the labour performed by women religious during the Depression and that of housewives. For example, Denyse Baillargeon argues that Montreal housewives absorbed the impact of the Great Depression by intensifying their existing efforts. The Sisters of St. Martha did the same. They worked harder. Moreover, this paper argues that women religious' labour has only reluctantly been accepted into the historical record for the same reasons that Baillargeon has argued for housewives: invisibility, lack of documentation and the underrated value of unwaged reproductive labour.⁵

As Carol Coburn and Martha Smith have noted of the United States, women religious are "one of the oldest and least analyzed of women's groups . . . [largely] ignored by scholars of Catholic history and women's history".⁶ Similarly, scholars of economic and labour history have not considered women religious' work in any depth, despite widespread acknowledgement that sisters' skilled and inexpensive labour was essential to the success of thousands of North American Roman Catholic schools, hospitals and other social institutions in the 19th and 20th centuries.⁷ Mary J. Oates notes that although male religious (brothers) were the preferred workers in 19th-century American Catholic institutions, "sisters became key actors in all types of charity work because . . . [b]rothers both expected and received much higher compensation than sisters for the same work".⁸ This pay differential supports Alicja Muszinsky's argument that in secular society, the person who performs labour (i.e., men, women or children of the dominant or minority ethnicity) determines the wages paid for it. Just as Muszinsky insists that Marx's labour theory of value should consider patriarchy, which "cuts into and across . . . capitalism",⁹ religious vocation must be taken into account when analyzing sisters' labour. Women religious were motivated by a desire to live out their faith.¹⁰ They dedicated their labour to the glory

4 John H. Taylor, "Sources of Political Conflict in the Thirties: Welfare Policy and the Geography of Need", in Allan Muscovitch and Jim Albert, eds., *The "Benevolent" State: The Growth of Welfare in Canada* (Toronto, 1987), p. 150. Part of Taylor's argument in this very interesting article is that the collapse of voluntary relief required municipalities to become involved in relief work. This description of voluntary relief "collapsing", however, is rather overstated. The article would have been strengthened with an acknowledgment of the variety of relief distributed during the Depression, including cash dispersals, meals and clothing.

5 Denyse Baillargeon, *Making Do: Women, Family and Home in Montreal During the Great Depression*, trans. Yvonne Klein (Waterloo, 1999), p. 2.

6 Carol Coburn and Martha Smith, *Spirited Lives: How Nuns Shaped Catholic Culture and American Life, 1836-1920* (Chapel Hill, 1998), pp. 2-3.

7 Mary J. Oates, *The Catholic Philanthropic Tradition in America* (Bloomington, 1995), pp. 21, 87, 154.

8 Oates, *The Catholic Philanthropic Tradition*, p. 21. This point should not be overstated; it is impossible to prove that women religious predominated among the workers of Roman Catholic institutions in the same way secular teaching became feminized because there were so many more professional options available to men than women.

9 Alicja Muszinsky, *Cheap Wage Labour: Race and Gender in the Fisheries of British Columbia* (Montreal and Kingston, 1996), pp. 28, 62.

10 As Laurie Stanley writes regarding sisters' work in a lazaretto in Tracadie, New Brunswick, "The sisters firmly imbedded their faith in the scenes of their labour". See Laurie C.C. Stanley, "'So Many Crosses to Bear': The Religious Hospitaliers of St. Joseph and the Tracadie Leper Hospital, 1868-1910", in Elizabeth Gillen Muir and Marilyn Färdig Whitely, eds., *Changing Roles of Women within the Christian Church in Canada* (Toronto, 1995), pp. 22-3.

of God and to the service of fellow human beings, and their vow of poverty meant that wages mattered less to them than to most workers. Religious vocation may be one reason why their labour has so rarely been considered by scholars.

This paper considers a congregation of sisters in a very specific time and place, Prince Edward Island during the Depression, yet, even in this context, political economists and religious historians have not addressed sisters' crucial contribution to health and social services. Ernest Forbes convincingly argues that the Maritime provinces received considerably less than other regions in federal relief. Forbes refers to the Antigonish Movement as the Roman Catholic Church's most significant response to the Depression.¹¹ Similarly, in *A History of Canadian Catholics*, Terence Fay focuses on the Antigonish Movement, the Catholic Social Order for Quebec and the Action libéral nationale, higher education, lay women and the Cooperative Commonwealth Federation in a chapter titled "Catholic Responses to the Depression".¹² These grassroots organizations were all of major importance, and in the case of the Antigonish Movement, internationally implemented and respected.¹³ What historians have yet to consider, however, is how groups that existed before 1929, including those within the Catholic Church, responded to the Depression. With the exception of contemplative congregations, of which there are relatively few in North America, congregations of women religious were founded to serve the poor, whether in schools, health care, social services or some combination of these fields.¹⁴ By the 1930s, many congregations had more than a century of experience and, as Coburn and Smith note, were often in a better position to provide charity than Protestant women, who "usually had to balance these activities with their duties to their families. The sisters had to their advantage a centuries-old tradition of female collective living and activity, a large mobile workforce, disciplined and narrowly-focused goals and the ability to react quickly to the needs of a given situation".¹⁵ These unique qualities often allowed congregations such as the Sisters of St. Martha of PEI to respond to the effects of the Depression more immediately and effectively than non-governmental or governmental organizations.

As in the rest of the country,¹⁶ the Depression caught Prince Edward Island with

- 11 E.R. Forbes, "The 1930s: Depression and Retrenchment", in E.R. Forbes and D.A. Muise, eds., *The Atlantic Provinces in Confederation* (Fredericton and Toronto, 1993), p. 288. A recent biography of Moses Coady, the founder of the Antigonish Movement, describes the purpose and significance of the widespread, international movement – Michael R. Welton, *Little Mosie From the Margaree: A Biography of Moses Michael Coady* (Toronto, 2001).
- 12 Terence Fay, *A History of Canadian Catholics* (Montreal and Kingston, 2002), pp. 198-220.
- 13 Moses Coady's invitation to speak at United Nations in 1949 is some indication of the international respect for the Antigonish Movement. See Fay, *A History of Canadian Catholics*, p. 201.
- 14 Congregations also served wealthier clientele, particularly in elite schools or by teaching extracurricular music lessons, with the understanding that their remuneration from that work could finance their work with the poor or pay their personal expenses if their salaries in parochial schools were especially low. See Coburn and Smith, *Spirited Lives*, pp. 52, 144-5.
- 15 Coburn and Smith, *Spirited Lives*, p. 206.
- 16 Canada was at least as vulnerable as other countries to the economic catastrophe of the 1930s, particularly because of heavy reliance on a few exports – forest, mineral and agricultural products – to two countries, the United States and Britain. Between 1929 and 1932, Canadian exports to the United States dropped 50 per cent while exports to Britain decreased by two-thirds. The unemployment rate in Canada peaked at almost 27 per cent in 1933. See Kenneth Norrie and Douglas Oram, *A History of the Canadian Economy*, 2nd ed. (Toronto, 1996), pp. 55-61, 157, 355.

little room to manoeuvre. According to John Taylor, in the post-First World War era, costly infrastructure pressed hard on the tax base, which stopped growing around 1919.¹⁷ While the Maritimes did not experience the degree of economic growth that the rest of the country did in the 1920s, the Depression still caused dramatic falls in revenue.¹⁸ PEI agricultural revenue and agricultural production had increased steadily in the latter half of the 1920s, with PEI's staple export, seed potatoes, fetching as much as \$1.50 a bushel in 1929; two years later the price bottomed out at only \$0.06 a bushel.¹⁹ Because the fishery was less prosperous in the late 1920s and comprised only six per cent of the gross provincial product, the impact of a downturn in the fishery was less severe than the decline in agriculture.²⁰ The downturn in the fishery was, however, devastating to the Acadian Catholics who dominated the industry.²¹

While the Depression was misunderstood and misdiagnosed in its first years on Prince Edward Island, its severity was clear by 1932 when the gross value of production had fallen to half its value three years earlier – \$15,943,467 compared to \$32,807,542 in 1929 – and many traditional sources of relief were exhausted.²² By this time, according to Dennis Guest, the Depression had become a significant force for making social policy the responsibility of the state. Guest uses the example of unemployment, which “was seen less as a result of personal inadequacy and more as a common and insurable threat to the livelihood of the average citizen”.²³ Unfortunately, tax revenue had decreased markedly in the early 1930s, and very little money was available for civic or provincial public spending.²⁴ Moreover, as Ernest Forbes has explained, the federal government, rather than undertaking a per capita program for relief, undertook a matching grant scheme; consequently the most impoverished region of the country, the Maritimes, received only 3.3 per cent of federal funding or one-third, per capita, of the national average. Island relief recipients

17 Taylor, “Sources of Political Conflict”, p. 147.

18 Dennis Guest, *The Emergence of Social Security in Canada*, 3rd ed. (Vancouver, 1999), p. 65.

19 MacDonald, *If You're Stronghearted*, p. 157.

20 Agricultural revenue increased from \$16,840,000 in 1922 to \$25,976,000 in 1929 and agricultural output increased 21.2 per cent between 1925 and 1929. See *Canada Year Book*, 1926, p. 204 and 1931, p. 215. The peak year for fishing production was 1923 (\$1,754,980). Production dropped to \$1,279,407 in 1928. See *Canada Year Book*, 1926, p. 308; *Guardian*, 18 February 1929.

21 In some cases Roman Catholics were more affected by the Depression than non-Catholics because particular ethno-religious groups congregated in certain occupations. The fishery, for example, was dominated by Acadian Roman Catholics for decades. Premier MacMillan stated that Acadians should find more lucrative means of financial support, specifically farming. In the 1920s and 1930s, the demand for herring was so low that fishers sold it to farmers at a “ridiculously” low price for fertilizer. Spurred by the desperation of the Depression as well as by the hope of the Antigonish Movement, fishing cooperatives were formed in the following Acadian Roman Catholic communities during the 1930s: Mont Carmel, 1931; Miminigash, 1935; North Rustico, 1936; Egmont Bay, 1938 and Skinner's Pond, 1939. See Georges Arsenault, *The Island Acadians, 1720-1980*, trans. Sally Ross (Charlottetown, 1989), p. 222. Although precise figures are unavailable, far more Roman Catholics than Protestants were engaged in this unstable occupation.

22 *Canada Year Book*, 1936, p. 208.

23 Guest, *The Emergence of Social Security*, p. 93.

24 Eric Hobsbawm, *Age of Extremes: The Short Twentieth Century* (London, 1994), p. 93. Canada was like other countries lacking public provisions for social security. In most of Europe, only one quarter of unemployed workers were eligible for relief. See also Taylor, “Sources of Political Conflict”, p. 148.

in 1935 received an average of \$1.93 a month, while Canadians outside the Maritimes received an average of \$6.18 a month.²⁵

Between 1930 and 1935, PEI received a total of \$495,879 from the federal government under all forms of relief legislation. Nova Scotia, by comparison, received \$4,248,084, Saskatchewan \$20,970,948 and Ontario \$47,479,062.²⁶ PEI received \$65,985 in direct relief in the same five-year period; New Brunswick received the second lowest amount of direct relief with \$633,156, which was almost ten times what PEI received despite New Brunswick's population being only 4.6 times larger.²⁷ The four western provinces received between \$5.3 and \$9.4 million in direct relief, while Quebec and Ontario received \$15.4 and \$25.6 million respectively.²⁸ Clearly, Islanders could not depend on federal or provincial government funding to alleviate the effects of the Depression.

In addition to receiving less relief per capita from the federal government than other provinces, PEI also had fewer existing governmental and non-governmental services in place that could respond to the Depression. PEI was the only province, for example, in which the Victorian Order of Nurses (VON) did not serve.²⁹ Similarly, despite having the highest tuberculosis mortality rates in Canada, PEI was the only province without a sanatorium in the 1920s.³⁰ Like the other Maritime provinces, PEI did have a Children's Aid Society, but the society did not flourish as it did in Ontario, where it was more of an umbrella organization over Catholic, Protestant and Jewish

25 The Maritimes' cost of living was estimated to be 7.4 per cent lower than the national average, yet this does not account for the Maritimes' much lower rates of federal funding. See E.R. Forbes, "Cutting the Pie", pp. 149, 153. In 1933, the Island was the first of the Maritime provinces to implement Old Age Security payments. It did so only by limiting the program to fit revenues, and thus only 20 per cent of Islanders 70 years of age and over were eligible, and the monthly pension amounted to \$15 instead of the \$20 previously agreed upon. See Forbes, "Cutting the Pie", p. 155 and Forbes, "The 1930s", p. 281.

26 Small amounts of federal funding were also assigned to relief endeavours through departments such as Justice and Agriculture, as well as through the Canadian National Railway. See "Survey of Federal Relief Activities Since 1930", May 1935, p. 25, RG 21, series 3:1, file 91, Public Archives and Records Office [PARO] (Charlottetown).

27 In 1931, the population of PEI was 88,038 and the population of New Brunswick was 408,219. See Table 1a: Population of Canada, by counties or census divisions, 1851-1931, *Census of Canada*, 1931, vol. 1, p. 348.

28 "Survey of Federal Relief Activities Since 1930", May 1935, p. 25, PARO.

29 By 1933, the VON had 83 branches in Canada – none of them in PEI. In a general report on social services in PEI, sponsored by the Children's Aid Society of Prince Edward Island in 1933, Charlotte Whitton very strongly recommended that the VON be invited to open a branch in PEI. See "Child Welfare, PEI, 1933", Accession # 4222, PARO, cross referenced as "Child Welfare PEI, 1933", MG 28, I10, vol. 19, file 80, National Archives of Canada [NA]. It is likely that sufficient resources could not be provided to support the VON, and thus they may have never been asked or may have had to decline an invitation.

30 Charles Dalton donated a tuberculosis sanatorium to the province in 1913 and the province quickly passed on the operating costs to the War Hospitals Commission during the First World War. In 1922, the province refused to accept the expense of operating the sanatorium and closed it. A new sanatorium opened in 1931 through the major effort of the Canadian Life Insurance Officers Association who donated \$75,000 over a five year period for the operation of the sanatorium. See MacDonald, *If You're Stronghearted*, pp. 125-8 and Katherine McCuaig, *The Weariness, the Fever, and the Fret: The Campaign against Tuberculosis in Canada, 1900-1950* (Montreal and Kingston, 1999), p. 117.

orphanages as well as foster and adoptive programs. In PEI, children's social services were administered and funded by parallel Catholic and Protestant systems that included orphanages and geriatric facilities.³¹ Secular organizations such as the Children's Aid Society contracted out to the denominational institutions and were weak in comparison.³²

The Red Cross, on the other hand, was a significant force in PEI after the Second World War. With insufficient human and financial resources and no department of health, the provincial government contracted out some public health work to the Red Cross. The Red Cross, in turn, focussed on promoting community health through school programs. The Chief Nurse of the PEI Division of the Red Cross, Mona Wilson, and two assistant nurses, made great strides in the late 1920s, particularly in controlling tuberculosis. For a variety of reasons, however, the Red Cross was unable to confront the Depression in PEI effectively. Turnover was high among their own small staff and the organization's board was dominated by the elite of PEI Protestants; Roman Catholics avoided the Red Cross both as volunteers and clients.³³ The Red Cross did not create any programs to confront the needs of the Depression in PEI, although it did respond to individual families with particularly serious needs. If anything, the Red Cross may have been slightly less active than usual in the most severe years of the Depression because some of their regular volunteers were involved with other relief activities, including a soup kitchen in Charlottetown.³⁴

The government of PEI had little social service infrastructure in place that could respond to the economic crisis of the Depression. The Department of Health was established only in 1931, although individual employees had previous experience in health care on the Island through the Red Cross. Rather than responding to the economic crisis of the early 1930s, the new Department was occupied in taking over the public health program established by the Red Cross, and in supervising tuberculosis care at the Dalton Sanatorium and mental health care at Falconwood Hospital, both of which had opened in 1931 thanks to federally-funded construction initiatives. If health care services were slight, social services were even thinner. At no

31 The Roman Catholic Diocese founded St. Vincent's Orphanage in 1910 and Sacred Heart Home in 1925, while Protestants founded the Prince Edward Island Protestant Orphanage in 1908. Beech Grove Home was founded by both Protestants and Catholics in the early 1920s but it came to be known later as a Protestant facility. I would like to thank Jill MacMicken-Wilson at the Public Archives and Records Office in Charlottetown for helping me with these details.

32 Gail Aitken, "Criteria of Adoptability in Ontario, 1945-1965: The Circumstances, Processes and Effects of Policy Change", Ph.D. diss., University of Toronto, 1985, pp. 88-126.

33 Douglas Baldwin, *She Answered Every Call*, pp. 163-181. Dr. W.J.P. MacMillan was a notable exception to the absence of Roman Catholics in the Red Cross. Premier of the province from 1933 to 1935 and a doctor at the Charlottetown Hospital for several decades, MacMillan was both a prominent Catholic and devoted member of the Red Cross. MacMillan received a medical degree from McGill in 1908 and was elected to the Legislature in 1923. He served as Minister of Education and Public Health before becoming leader of the Conservative Party and Premier from 1933 until 1935, when the Conservatives fell victim to the Depression and lost the provincial election. See *Canada Who's Who*, 1926, p. 763. No evidence was found of any negotiations between the Bishop and the Premier, but Dr. MacMillan, as chief of staff of the Charlottetown Hospital and a devout Roman Catholic, inevitably brought an understanding of Catholicism to his office.

34 Hartwell Daley, *Volunteers in Action: The Prince Edward Island Division, Canadian Red Cross Society, 1907-1979* (Summerside, 1971), pp. 91-2.

time during the Depression was the provincial government involved in social work. Not only was social work needed in its own regard, but, as Charlotte Whitton, Canada's early 20th-century social work expert, noted, its unavailability (beyond the services of the Sisters of St. Martha at the Charlottetown Hospital) negatively affected the work of the Island's three referral hospitals and other health services. In Whitton's words: "There seems little doubt that much of the good work of the hospitals, clinics, sanatorium and other health services are being impaired and hampered by the lack of adequately organized social work with families throughout the entire community."³⁵

In short, in the early 1930s, the impoverished and ill of PEI had less hope of receiving direct relief or social services than people in other provinces. None of the 83 Canadian branches of the Victorian Order of Nurses were located in PEI and the Red Cross concentrated its limited resources on educating school children in public health. Not only was the provincial government unable to offer more than a small fraction of direct relief per capita compared to the national average, it was involved in health care in a very limited way – and only after 1931 – and avoided social work completely. The Roman Catholic Church, on the other hand, had many plans for confronting the Depression.

The Roman Catholic Church responded at several levels to the effects of the economic crisis of the 1930s. Upon issuing the encyclical *Rerum Novarum* in 1891, the papacy had moved away from merely encouraging Roman Catholics to help each other to urging them to work for more fundamental societal changes. In the same tone, *Quadragesimo Anno*, which translates as "Forty Years Having Passed" and refers to *Rerum Novarum*, addressed the effects of the Depression in 1931, rejecting both capitalism and socialism. As Terrence Fay noted, in *Quadragesimo Anno*, Pius XI recognized, "the economic system for the average worker . . . was 'hard, cruel, and relentless'",³⁶ and advised reconstructing the social order by encouraging self-determination.³⁷ Partly as an antidote to socialism, Pope Pius XI promoted *subsidiarity*, a theory based on the centrality of the human being which stated that all institutions, including governments, existed for the individual rather than for society. Furthermore, he argued, it was preferable that organizations function at the most basic and local level possible. In one Roman Catholic theologian's words: "Societies should not assume what individuals can do, nor should larger societies undertake what smaller associations can accomplish. Conversely the state has the responsibility to take up those tasks that neither individuals nor smaller societies can perform".³⁸ This principle of *subsidiarity*, combined with the encyclical's confirmation that it was the church's "right and duty . . . to deal authoritatively with social and economic problems",³⁹ fuelled the Roman Catholic Church's actions during the Depression. In addition to their recommendations for socio-economic change, the directives of

35 "Child Welfare in PEI, 1933", p. 5, PARO.

36 Fay, *A History of Canadian Catholics*, p. 203.

37 Thomas C. Kohler, "Quadragesimo Anno", in George Weigel and Robert Royal, eds., *A Century of Catholic Social Thought: Essays on 'Rerum Novarum' and Nine Other Key Documents* (Washington, 1991), pp. 27-8; Brian Clarke, "English-Speaking Canada from 1854", in Terrence Murphy and Roberto Perin, eds., *A Concise History of Christianity in Canada* (Don Mills, 1996), p. 352.

38 Kohler, "Quadragesimo Anno", p. 30.

39 Kohler, "Quadragesimo Anno", p. 33.

Rerum Novarum and *Quadragesimo Anno* were a continuation of the church's commitment to serve the poor, the sick and the imprisoned, each of whom was *alter Christus* or "the other Christ".

The Reverend Joseph O'Sullivan, who was consecrated Bishop of Charlottetown on 18 May 1931, firmly steered Island Roman Catholics through the Depression.⁴⁰ One of O'Sullivan's predecessors, Bishop Peter MacIntyre, had stabilized the Roman Catholic social order in PEI during his long episcopate in the late 19th century by building a slate of social institutions, including schools, a university and a hospital.⁴¹ O'Sullivan, well aware of how the Depression threatened the Prince Edward Island Roman Catholic social order, determined that the church must continue to care for its own in these social institutions despite the increased financial difficulty of doing so. He ordered parishes to continue paying their annual assessments to keep up the properties and buildings required for Roman Catholic institutions.⁴² His main plan for administering and staffing the institutions was to continue engaging the Sisters of St. Martha, who were responsible for the operational costs of the Roman Catholic social institutions and who could be trusted to enforce the principal of *subsidiarity*.⁴³ By 1930, the sisters' social institutions were frequented by at least 5,000 Island Roman Catholics annually.

The Sisters of St. Martha were a relatively new diocesan congregation, founded by Bishop Henry O'Leary in 1916 to serve the 45 per cent Roman Catholic population of Prince Edward Island in a variety of ways.⁴⁴ In their first decade, 97 per cent of the entrants were native Islanders, almost 80 per cent were Irish and most were uneducated beyond their district schools.⁴⁵ Although their first two assignments were in domestic service, in the tradition of their namesake, the Biblical "Martha", by the

40 G. Edward MacDonald, *The History of St. Dunstan's University, 1855-1956* (Charlottetown, 1989), pp. 325-6.

41 Heidi MacDonald, "Developing a Strong Roman Catholic Social Order in Late Nineteenth-Century Prince Edward Island", *Canadian Catholic Historical Association Historical Studies*, 69 (2003), pp. 34-51.

42 Bishop O'Sullivan, Circular to Island Clergy, 24 June 1932, p. 6, O'Sullivan box, Roman Catholic Diocesan Archives, [RCDA] (Charlottetown).

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

44 Bishop O'Leary engaged the Sisters of St. Martha of Antigonish (founded 1900) to train the new congregation. Although the two have always been completely separate congregations despite sharing a name, the Antigonish congregation did help the new Charlottetown congregation get established by sending four of its senior sisters to Charlottetown from 1915 to 1921, a generosity that was never forgotten. See James Cameron *"And Martha Served": History of the Sisters of St. Martha, Antigonish, Nova Scotia* (Halifax, 2000), pp. 53-7.

45 Heidi MacDonald, "The Social Origins and Congregational Identity of the Founding Sisters of St. Martha, Charlottetown, PEI, 1915-1925", *Canadian Catholic Historical Association Historical Studies*, 70 (2004), forthcoming.

mid-1920s they had overcome a dearth of education, experience and human resources to administer the Charlottetown Hospital, St. Vincent's Orphanage and the Sacred Heart Home after the Sisters of Charity (Grey Nuns) left the diocese in 1925.⁴⁶ Although, by 1930, its resources were still stretched with only 41 members, the congregation was more stable than at any other point in its 15-year history and was involved in a variety of endeavours as outlined in Table One.

Table One
Sisters of St. Martha 1931 Work Assignments

Institutions (Founded)	No. of sisters assigned	No. of total members	Duties
St. Dunstan's University (1916)	9.0	22.0	Domestic service (including meals) for 170 university students and staff
Bishop's Palace (1916)	4.0	9.7	Domestic service, including organizing many banquets
Kinkora School (1921)	4.0	9.7	Three sister-teachers taught Grades 1 to 10 in 3-room district school (1 sister-housekeeper for the convent)
Sacred Heart Home (1923)	5.0	12.0	24-hour care of approximately 100 geriatric patients
Charlottetown Hospital (1925)	8.5	21.0	Administration, nursing, dietary services, pharmacy, x-ray and clerical responsibilities for 1599 patients (72 beds)
St. Vincent's Orphanage (1925)	5.0	12.0	Care for approximately 60 children including the operation of its own school
Social Services Bureau (1931)	2.5	6.1	Distribute relief and make home visits, providing both nursing and social work
Congregation Administration	3.0	7.3	Recruit and train new members and coordinate all aspects of sisters' education, work assignments and care
Sick	4.0	–	These 4 sisters are not included in the percent of total members
Total	45	99.8	

Source: "Sisters' Ministries", series 3, sub-series 3, SSMA.

The Depression marked the onset of another serious challenge for the Sisters of St. Martha. Although they had always served some people unable to pay, the

46 Bishop Louis O'Leary (Bishop Henry O'Leary's successor) was very upset that the Sisters of Charity decided to leave and was very concerned about how he would replace them. Bishop Louis O'Leary to Sister Ste. Christine, Superior General, Hospice of the Sisters of Charity, Quebec, PQ, 19 June 1924, series 8, sub-series 2, #7, SSMA.

Charlottetown Hospital, St. Vincent's Orphanage and St. Dunstan's University were all highly dependent on the payments of those families who used their various services, as was the custom before the development of the welfare state. In the cash-strapped days of the Depression, however, far fewer clients than before were able to pay. The economic crisis caused falling enrolments at St. Dunstan's University,⁴⁷ but the number of children at the orphanage remained relatively constant and the number of patients and patient days increased steadily at the Charlottetown Hospital. However, contributions fell so much at St. Vincent's Orphanage that expenditures in the 1935 budget had to be cut to one-third of those in the 1930 budget, and an average of 39 per cent of Charlottetown Hospital patients did not pay any part of their bill in the 1930s.⁴⁸

Although the Depression threatened every Roman Catholic social institution, running a hospital was especially difficult. As David Gagan and Rosemary Gagan document, hospital operating costs rose greatly in the period after the First World War.⁴⁹ The Depression exacerbated the problem of collecting fees and led many would-be patients to avoid the hospital completely, because they knew they could not pay a hospital bill. Manitoba's hospitals experienced more than a sixfold increase in the costs of caring for indigents in the first year of the Depression, while 33 Saskatchewan hospitals were forced to shut down during the 1930s.⁵⁰ Roman Catholic diocesan officials involved in administering the Charlottetown Hospital tried to maintain business as usual during the Depression, but that business was getting tougher, and what was "usual" was a lack of cash. While hospital fees had been kept relatively low, the percentage of patients not paying any of their hospital bill rose to 38 per cent in 1932, 37 per cent in 1933, and 42 per cent in 1934.⁵¹ As indicated in Table Two, the number of patient days increased, the number of paying patients decreased and the hospital's budget could not be balanced in the early 1930s.

47 According to MacDonald, enrolment slumped the year of the "Great Crash", rallied to 170 students in 1931-32, but then slid to a low of 115 students in 1935-36. MacDonald, *History of St. Dunstan's*, p. 321.

48 No comparison is available regarding the number of paying and non-paying patients at the Charlottetown Hospital in the 1920s, but, overall, PEI had a large increase in non-paying patients in the early 1930s. See "Bed Occupancy in Canadian Hospitals During 1931", *The Canadian Hospital* (October, 1932), pp. 12-3, 30, as quoted in W.G. Godfrey, "Private and Government Funding: The Case of the Moncton Hospital, 1898-1953", *Acadiensis*, XXXI, 1 (Autumn 2001), p. 17.

49 David Gagan and Rosemary Gagan, *For Patients of Moderate Means: A Social History of the Voluntary Public General Hospital in Canada, 1890-1950* (Montreal and Kingston, 2002), p. 73. Increased costs were passed on to patients at an average increase of over 200 per cent between 1915 and 1930. In part, increases in patient fees were meant to cover the growing number of transient and elderly patients who were unable to pay their bills. See Gagan and Gagan, *For Patients of Moderate Means*, p. 75.

50 Gagan and Gagan, *For Patients of Moderate Means*, pp. 77-80.

51 The per diem patient fee at the Charlottetown Hospital was \$2.87 in 1933. For comparison, the fee was \$3.28 at the PEI Hospital in 1933 and \$5.21 at the Moncton Hospital in 1934. See Godfrey, "Private and Government Funding", p. 17.

Table Two
Patients and Patient Days, Charlottetown Hospital, 1932, 1934 and 1936.

Year	Patients	Patient Days	Paying Patients	Part-Paying	Non-paying	Free
1932	1485	n/a	583 (39%)	337 (23%)	565 (38%)	n/a
1934	1572	13596	551 (35%)	367 (23%)	515 (33%)	39 (9%)
1936	1752	16296	862 (49%)	343 (20%)	474 (27%)	73 (4%)

Source: "Charlottetown Hospital Financial Records, 1931-39", series 12, box 1, #7, SSMA. "Free" patients refers to those patients, including the very impoverished and the clergy, from whom the sisters had no intention of collecting, while "non-paying" referred to those who were expected to pay but did not.

The Charlottetown Hospital reacted to this lack of funds with a policy very different from public general hospitals: the financial problems caused by the Depression were passed onto the sisters who administered the Charlottetown Hospital. Although fewer than half the patients paid their fees, Bishop O'Sullivan blamed the Sisters of St. Martha, rather than non-paying patients and the wider economic slump, when an operating deficit started to mount in the early 1930s. The bishop criticized the sisters' administration and would not allow them to carry any debt. In 1933, he not only blamed the sisters for the hospital's debt, but condemned them for taking an allowance. He wrote to the mother general: "It seems to me incongruous that, when your Sisters cannot run the hospital without going into debt monthly, they still have collected their monthly salary".⁵² At this time there were 13 sisters working at the hospital: one graduate nurse, four registered nurses, two nurses in training, two office staff, two kitchen staff and one seamstress.⁵³ The secular, paid personnel consisted of one orderly, one bookkeeper, one engineer, one general man, two laundry women, nine maids and 20 student nurses. For the year 1933, there were 1340 patients, only 42 per cent of whom paid fully. Twenty-one per cent paid only part of their bills while 37 per cent paid nothing.⁵⁴ Nevertheless, the bishop demanded that the \$4.66 a month average salary of the 14 sisters for the previous 10 months (since February) be returned to the hospital and that the mother general "have this matter adjusted in the hospital books so that it will be shown that your sisters are receiving absolutely no monetary recompense for their labours, and that they are really Sisters of Charity".⁵⁵

52 Bishop O'Sullivan to Mother M. Paula, 2 December 1933, series 8, sub-series 3(c), #1, SSMA.

53 "Sisters' Ministries", 1934, series 3, sub-series 4, #1, SSMA.

54 The 37 per cent is composed of 29 per cent non-paying patients and 8 per cent free patients. The free patients were those who were not charged, including diocesan priests, sisters, and the very poor without family. See "Statistics and Financial Information, Charlottetown Hospital", series 12, box 1, #7, SSMA.

55 Bishop O'Sullivan to Mother M. Paula, 2 December 1933, series 8, sub-series 3(c), #1, SSMA.

Needless to say, given the poverty in the province and in the Congregation, the \$652 in question was long spent. Mother M. Paula relayed this to the bishop, writing:

In reply I may say it is impossible to do this as the money has been spent, and in great part for the wherewithal necessary of the sisters to carry on their work – for clothing, footwear, dentists' and opticians' bills. . . . Our community bank balance in current account today stands at \$57.76. Though we cannot give what we have not, yet we are willing to forego all future salaries until such time as the hospital is in a position to cover the expenses of its sister-personnel.⁵⁶

If the sisters had available the money that the bishop requested, they would have been required to give it back; the hospital was owned by the episcopal corporation, and the vow of obedience dictated that sisters must act as the bishop directed.⁵⁷

The Sisters of St. Martha who served at the hospital and represented about one quarter of the whole congregation, went without their allowance for a year. They also trimmed the budget in a variety of ways so that in the financial year of 1934, the hospital showed an operating deficit of only \$49.70, a feat which the bishop praised: "They have conclusively shown that they know how to manage a hospital economically".⁵⁸ The sisters must have been extremely frugal because they had almost 400 more patient days in 1934 than in 1933 and had seven per cent fewer fully-paying patients. The annalist noted in 1934: "The years of the depression have been especially difficult for all hospitals which must have the equipment at whatever cost to carry on its work".⁵⁹ Finally, in 1935, the hospital sisters started receiving their \$56-a-year salary again and they even received an increase in 1937 as the economy began to recover. Bishop O'Sullivan noted the economic value of the sisters' work:

There is no comparison between the cost of our hospital and the cost of hospitals conducted entirely by lay help. If the remuneration received by the Sisters was according to the salaries paid in other institutions, our Hospital could not begin to carry on. This item of salary alone would soar to about \$15,000 per year. But we know the Sisters are devoting their lives to the service of the church.⁶⁰

In 1938 Bishop O'Sullivan again emphasized the sisters' economic contribution when he compared the wages at the Charlottetown Hospital to those at the Prince Edward Island Hospital, the Protestant referral hospital: "Comparisons are odious, but it may be pardonable to remind you that the total salaries and wages paid by our hospital last year amounted to only \$7,436.80 while the Prince Edward Island Hospital reported \$19,369.43. We can imagine what our deficit would be if we had to

56 Mother M. Paula to Bishop O'Sullivan, 11 December 1933, O'Sullivan box, RCDA.

57 Bishop O'Sullivan must have known that in the first 40 years of their existence – and particularly at the height of the Depression – the sisters probably never had that amount of money in their bank account.

58 Bishop O'Sullivan, Pastoral letter, 22 April 1935, O'Sullivan box, RCDA.

59 Annals, Charlottetown Hospital, 1934, series 12, box 1, #1, SSMA.

60 Bishop O'Sullivan to PEI clergy, 3 May 1937, O'Sullivan box, RCDA.

pay for the services of our Sisters.”⁶¹ Five years earlier, in 1933, the contrast in wage costs between the two hospitals had been almost as large – a contrast which the bishop was not adverse to pointing out as an illustration of the value of the sisters’ work and their good management (see Table Three):

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

	Charlottetown Hospital	PEI Hospital
Number of patients	1,359	1,568
Number Paying	543 (40%)	842 (53.7%)
Part-Paying	283 (20.8%)	462 (29.5%)
Non-Paying and Free	514 (38%)	264 (16.8%)
Patient Days	12,918	14,731
Non-Paying and Free Days	4,385 (33.8%)	3,617 (24.6%)
Cost Non-Paying and Free	\$11,357.09	\$11,670.10
Per Diem Cost	\$2.87	\$3.28
Total Revenue	\$26,436.83	\$48,287.68
Expenditure	\$33,474.59	N/A
Patients’ Fees	\$20,469.57	\$32,809.71
Endowment	\$ 1,103.05	\$60,000.00 (approx.)
Interest on Endowment	—	\$ 2,909.63
Salaries	\$ 8,084.81	\$18,126.63
Food	\$ 8,128.89	\$10,680.61
Light and Power	\$ 1,448.85	\$ 1,680.03
Fuel	\$ 4,643.03	\$ 2,545.36
Insurance	\$ 666.66	\$ 901.69
Medicine and O.R.	\$ 2,564.88	\$ 4,636.29
Laundry and Cleaning	\$ 474.26	\$ 2,235.31
Telephone	\$ 92.78	\$ 319.73
X-Ray	\$ 783.39	\$ 841.41

Source: O’Sullivan box, RCDA

61 Bishop O’Sullivan to Island clergy, 30 March 1938, O’Sullivan box, RCDA. The \$7,436.80 refers to wages for both sisters and secular staff. Certainly the Bishop used these figures to illustrate his point, but there is no reason to think the figures are exaggerated. Records from the Prince Edward Island Hospital did not survive a fire in the 1940s. (Interview with Joann Edgcomb, Director of Medical Records, Queen Elizabeth Hospital, July 1995). While there are examples of public institutions that were secular but were referred to as Protestant because they were frequented mainly by Protestants, the PEI Hospital was a private institution that was accurately named a Protestant hospital. The PEI Hospital was governed by a Protestant board of directors and served Protestants, some of whom were defined more by not being Roman Catholic than by being actively Protestant. With the small exception of a few specialist doctors who obtained privileges at both hospitals in Charlottetown, all of the PEI Hospital’s staff were Protestant. See MacDonald, *If You’re Stronghearted*, p. 18.

The two hospitals were frequented by patients in numbers approximating the Protestant-Roman Catholic split in the provincial population. Both the Protestant and Roman Catholic hospitals received a small amount of government funding, \$2,000 each from the province and \$1,500 each from the city. More significantly, both hospitals were among the more than 200 Canadian hospitals that saved a great deal in labour costs by operating nursing schools, though without a medical school in the province, neither was able to cash in on student physicians.⁶² Until the late 1950s, like almost all public hospitals in the country, these two PEI hospitals were highly dependent on user fees to cover their operating costs.⁶³

While the Prince Edward Island Hospital undoubtedly struggled to serve Protestant patients during the Depression, it received more in patient fees and endowments than the Charlottetown Hospital. The percentage of non-paying and free patient days at the Charlottetown Hospital was 9.2 per cent higher than at the Prince Edward Island Hospital; the Charlottetown Hospital had 13 per cent fewer patients and 12.3 per cent fewer patient days than the Prince Edward Island Hospital in 1933. While the two hospitals had very similar totals for the cost of non-paying and free patients, these costs were calculated on such a basis that per diem costs at the Protestant hospital were 12.5 per cent higher than at the Charlottetown Hospital, \$3.28 compared to \$2.87. Several factors affected per diem costs at the two hospitals, including the amount of money paid in wages, which was much lower at the Charlottetown Hospital, especially when compared to the average Maritime rates of pay for the hospital jobs the sisters filled. There were six sisters at the Charlottetown hospital: one superintendent, one nurse/x-ray technician, three nurses and one lab technician. If they had been paid at the going rate for these positions, the staff pay would have totalled approximately \$8,667 per annum.⁶⁴

Instead, the sisters, who lived in a convent inside the hospital, were remunerated eight dollars a month in addition to room and board, all of which came out of the hospital budget. Some lay nurses at many Canadian hospitals were also boarders, less as a fringe benefit than as part of being on 24-hour duty; thus, it seems unreasonable

62 Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990* (Toronto, 1996), pp. 31-2; Gagan and Gagan, *For Patients of Modern Means*, pp. 62-3. The Charlottetown Hospital opened a school of nursing in 1920. While annual enrolments are unavailable, a total of 554 students entered between 1920 and 1959, with 82 per cent of that number graduating from the three-year program. See Mary Irene McKinnon, "History of the Charlottetown Hospital School of Nursing, Charlottetown, Prince Edward Island, Canada, From 1920 to 1959", M.Sc. thesis, St. Louis University, 1959.

63 Gagan and Gagan note that from 1910 onward, patient fees accounted for up to 80 per cent of hospitals' operating costs. See Gagan and Gagan, *For Patients of Moderate Means*, pp. 61-2.

64 The annual average rates of pay for nursing staff in the Maritimes, for the fiscal year 1929-30, were as follows: Superintendent - \$1,850; Nurse/x-ray technician - \$1,600; Nurse - \$1,339; Lab technician - \$1,200. These figures are approximate and based on a nurse with x-ray training receiving more than a ward nurse and a lab technician receiving less than a nurse. See George Weir, *Survey of Nursing Education in Canada* (Toronto, 1932), p. 50 and the author's estimates using Peter Twohig, "'Local Girls' and 'Lab Boys': Gender, Skill and Medical Laboratories in Nova Scotia in the 1920s and 1930s", *Acadiensis*, XXXI, 1 (Autumn 2001), pp. 55-75. Twohig also notes the fluidity between nurses and lab technicians, arguing that nurses were expected to perform most hospital jobs, including lab work; the wages for nurses and lab technicians could have been very similar. See Twohig, "'Local Girls' and 'Lab Boys'", pp. 62-3.

to deduct the value of board from the sisters' salaries. If the pay of eight dollars a month is multiplied by six (the number of sister-nurses), and then multiplied by twelve months, the total remuneration is \$576. This amount may be subtracted from the total value (\$8,667) to show that the approximate unpaid value of the sisters' labour was \$8,091 a year in the late 1920s. In other words, the Charlottetown Hospital saved \$8,091 by employing sisters rather than lay employees, a source of savings that became especially significant during the Depression.

Proportionate to the number of patients, food, insurance, x-ray costs and light and power were no more than ten per cent higher at the Protestant hospital than at the Roman Catholic hospital in 1933.⁶⁵ The differences in the costs of fuel, salaries, medicine and operating room, laundry and cleaning and telephone were far greater. With the exclusion of heating costs, which may indicate a poorer-quality building, all the above costs at the Charlottetown Hospital were only half of what they were at the Prince Edward Island Hospital, even adjusting for the Roman Catholic hospital's fewer patient days. Clearly, the sisters who administered the Charlottetown Hospital were experts in efficiency.

As the decade wore on, the difference in the budgets of the two general hospitals continued. In 1933, the Charlottetown Hospital received 71 per cent less in patient fees per patient day than the Prince Edward Island Hospital. In 1937, the Charlottetown Hospital still received 57 per cent less, as indicated in Table Four.

Table Four
Patient Days and Fees at the Charlottetown and Prince Edward Island Hospitals,
1937

	Charlottetown Hospital	PEI Hospital
Patient Days	16,608	19,248
Patient Fees	\$22,469.57	\$45,041.47
Fees/Patient Day	\$1.35	\$2.34

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

Income from Roman Catholic Charlottetown Hospital patient fees decreased 16 per cent or \$0.25 per patient day between 1933 and 1937, while income from Protestant Prince Edward Island Hospital patient fees increased by five per cent or \$0.11. With no alternative, the Protestant hospital engaged the most common means of meeting increased hospital costs: increasing hospital fees for paying patients.⁶⁶ The

65 Food costs were 8.7 per cent higher, light and power was 0.02 per cent higher and insurance was 0.96 per cent higher at the PEI Hospital. The Charlottetown Hospital figures were multiplied by 1.13 to account for the 13 per cent more patients at the Prince Edward Island Hospital. See "Comparative Financial Statement Charlottetown Hospital and Prince Edward Hospital, 1933", O'Sullivan box, RCDA.

66 Gagan and Gagan, *For Patients of Moderate Means*, p. 61.

Roman Catholic hospital consistently set lower patient fees, either realizing their clientele could not sustain any higher fees or passing on the savings generated by the hospital sisters' very inexpensive labour. Whatever the case, the fees collected at the Charlottetown Hospital amounted to a relatively small sum. With the Roman Catholic hospital unable to depend on patient fees, the sisters' virtually unpaid labour was crucial, as it was with virtually any Roman Catholic hospital in North America.⁶⁷ The Depression made it very difficult for the hospital to meet the health and safety standards of the American College of Surgeons, which was necessary to maintain accreditation for a "standardized" hospital.⁶⁸ The Sisters of St. Martha's frugal and skilled management offset decreasing financial resources and allowed the Charlottetown Hospital to remain open in the 1930s. As the Bishop himself noted more than once during the Depression, the Charlottetown Hospital "could not begin to carry on" without the sisters' skilled and very inexpensive labour.⁶⁹ That labour was often taken-for-granted outside the church hierarchy and continues to be today in that it has not been recognized in the historical record.

Keeping the Charlottetown Hospital open was probably the Sisters of St. Martha's greatest challenge during the Depression, but it was certainly not their only one. St. Vincent's Orphanage, which opened in 1910 and came under the management of the Sisters of St. Martha in 1925, also suffered the effects of the Depression very keenly but maintained its usual services. The orphanage cared for an average of 55 children a day in the late 1930s. It was common to have more children in the winter and fewer in summer when a great effort was made to place them in the temporary care of Roman Catholic rural families so the children could have the benefit of a country vacation.

Because St. Vincent's Orphanage provided short-term care for children whose families were experiencing financial crisis, it was a crucial institution during the Depression era. Like St. Alexis, the 19th-century Montreal Roman Catholic orphanage on which Bettina Bradbury has written,⁷⁰ as well as the Little Flower Institute, a Roman Catholic orphanage run by the Antigonish Sisters of St. Martha in Bras D'Or, Cape Breton in the 1940s,⁷¹ St. Vincent's Orphanage housed children from families in economic stress as well as parentless children.⁷² In the period 1935 to 1939, for which the most complete Depression-era statistics are available, an average

67 Oates, *The Catholic Philanthropic Tradition*, p. 29.

68 They passed this examination in June 1930. See *Annals, Charlottetown Hospital, 1930*, series 12, box 1, #1, SSMA.

69 Bishop O'Sullivan, Pastoral letter, 22 April 1935 and Bishop O'Sullivan to PEI clergy, 03 May 1937, O'Sullivan box, RCDA.

70 Bettina Bradbury, "The Fragmented Family: Family Strategies in the Face of Death, Illness, and Poverty, Montreal 1860-1885", in Joy Parr, ed., *Childhood and Family in Canadian History* (Toronto, 1982), pp. 109-128.

71 Cameron, "And Martha Served", p. 149.

72 Although an American rather than Canadian example, a quotation from a Chicago priest explains why families chose to put their children in orphanages during difficult times: "These poor people try to put their children . . . where they will be able to see them frequently and bring them clothing and other necessities". See J.A. Charlebois to Archbishop J.E. Quigley, Chicago, Illinois, 1911, as quoted in Coburn and Smith, *Spirited Lives*, p. 207.

of 58 children resided in the orphanage as of January 31st of each year.⁷³ Over the five-year period, an average of 35.4 per cent of the children had two parents alive, 29.2 had one parent alive and 32 per cent were termed “illegitimate” and were not calculated into the sisters’ statistics on the number of parents alive. It was very uncommon for both parents to be dead; never more than two children in a given year were reported to be true orphans, a statistic which works out to an average over four years of 1.3 children with both parents dead. Moreover, in the years 1935 to 1939, a significant number of children were returned to relatives, a category that included parents. Between 1936 and 1939, an average of 19.5 per cent of children who had been in the orphanage the previous year were returned to relatives. Bradbury found that ten per cent of the approximately 1,000 girls who passed through St. Alexis’ Orphanage in Montreal between 1860 and 1889 stayed less than a month and another half stayed less than a year, a trend that became more common later in the 19th century. Moreover, some girls returned for a second or third stay at the orphanage, further illustrating the elastic supply and demand of the orphanage. According to Bradbury, “increasingly, parents seem to have used the orphanage to solve short-term rather than long-term family crises”.⁷⁴ While case files for St. Vincent’s Orphanage are not available for the 1930s, the aggregate data strongly suggests that St. Vincent’s provided for short-term care for as many as one-in-five children who came to the orphanage. Of course, children were also accepted into more permanent arrangements; between 1935 and 1939, the sisters arranged an average of ten adoptions per year.⁷⁵

As with the hospital, St. Vincent’s provision of 24-hour care was labour intensive. The nursery, which was home to between one-third and one-half of orphanage residents in the 1930s,⁷⁶ required a great deal from the staff. Among the older children, one sister was responsible for the “girls’ side” and one for the “boys’ side”. One or two sisters were also engaged in teaching the children during regular school hours as the children remained inside the orphanage to attend school.

Even with the virtually unpaid labour provided by the sisters, meeting the operating costs of the orphanage was a great struggle. The provincial government paid the per diem fees of children who were officially wards of the state, but those children usually comprised under ten per cent of the residents of the orphanage in the 1930s.⁷⁷ With no significant alternative funding for the other children, the church intended that St. Vincent’s Orphanage, like the Charlottetown Hospital, be financed primarily through fees paid by the families of residents. Understandably, a significant number of the children’s bills were not paid during the 1930s. And so the sisters continued to depend on local Roman Catholic businesses to donate food and other supplies for the

73 The sisters at St. Vincent’s Orphanage kept statistics on the average number of children cared for per day as well as more detailed statistics on those children who resided at the orphanage as of 1 January each year. Admissions, adoptions and returning children to relatives lead to significant turnover at the orphanage.

74 Bradbury, “The Fragmented Family”, p. 71.

75 Annual Reports of St. Vincent’s Orphanage, 1935-1939, series 12, box 11, SSMA.

76 Thirty-eight of the 97 residents were in the nursery at the time of the Sisters of St. Martha’s takeover in 1925. Annals, St. Vincent’s Orphanage, 1925, series 12, box 11, #1, SSMA.

77 St. Vincent’s Orphanage Financial Statements, 1930s, series 12, box 11, #3, SSMA.

orphanage and upon charitable groups and individuals to donate cash.⁷⁸ Even with the generous donation from the St. Elizabeth's Aid's hugely successful cookbook sale in 1930, the sisters noted a greater shortage of cash than in the previous five years. The bursar of the orphanage wrote:

[I]t is with trepidation I think of how I am going to find the 850 loaves of bread we have to have every month, the 12 hundred dollar bills we have to pay for coal, not to mention anything else needed for housekeeping nor the little bits that make a muckle going out for lead pencils, shoe laces etc.. We receive payment in part for only 11 of our 80 children so we look hopefully for a continuation of the charity always shown us.⁷⁹

As the Depression continued, the sisters at the orphanage had to slash their budget. By 1935, contributions from Roman Catholic charities and children's board dropped, respectively, to one-half and one-fifth their 1930 amounts. Consequently, operating expenditures dropped two-thirds from \$9,471.43 in 1930 to \$3,500.33 in 1935. As Tables Five and Six illustrate, keeping the orphanage open could only be accomplished through very frugal management.

Table Five
St. Vincent's Orphanage Income, 1930 and 1935

	<u>1930</u>	<u>1935</u>
Catholic Women's Charities	\$1,911	\$759
Children's Board	\$1,407	\$283
Bread Contributions	\$1,318	\$1,371
Farm Produce Sold	\$588	\$733
Bequests	\$2,047	\$1,836
Provincial Government Grant	\$1,600	\$1,600
City Government Grant	<u>\$400</u>	<u>\$400</u>
Total Income	\$9,271	\$6,982

Source: St. Vincent's Orphanage, Financial Records, 1930 and 1935, series 12, box 11, #3, SSMA. The provincial and municipal governments each gave the same amount (\$1600 and \$400 respectively) to the Prince Edward Island Protestant Orphanage, the province's Protestant orphanage.

78 Lay women's groups such as Saint Elizabeth's Aid and the Catholic Women's League raised money for Roman Catholic institutions including the orphanage and hospital. See Annals, 1934, series 8, sub-series 4, SSMA.

79 *Laudate*, December 1931, p. 12, series 8, sub-series 5, SSMA. "*Laudate*" was a publication of the Sisters of St. Martha that ran from December 1929 to August 1933. It had 400 subscribers in its first year and 949 subscribers in its history. "[*Laudate*] Introduction and Historical Sketch", series 8, sub-series 5, SSMA.

Table Six
St. Vincent's Orphanage Expenditures, 1930 and 1935

	<u>1930</u>	<u>1935</u>
Food	\$1,894	\$675
Clothing and Bedding	\$403	\$252
Salaries	\$2,373	\$752
Coal	\$1,201	\$705
Farm Expenses	\$790	\$586
Misc. Repairs	\$1,471	\$192
Other	<u>\$1,440</u>	<u>\$338</u>
Total Expenditures	\$9,572	\$3,500

Source: St. Vincent's Orphanage, Financial Records, 1930 and 1935, series 12, box 11, #3, SSMA.

As with many religious congregations, the Sisters of St. Martha raised some revenue for the orphanage by begging.⁸⁰ The sisters' "bread collection" was first performed by their predecessors, the Sisters of Charity, in the late 19th century, with profits going to the Charlottetown Hospital; but, when the orphanage was founded in 1910, contributions were directed to it. Sometime in the early 20th century, probably because of the difficulty in transportation and the preference for cash, monetary donations – rather than bread – were requested, although the name of the collection stayed the same.⁸¹ A Sister of St. Martha who participated in the bread collection recalled the process as follows:

Two Sisters (one did not travel alone in those days but we did walk each side of the same street alone)[solicited donations]. The usual donation was 25 cents and if you happened to get a 50 cent piece you considered you were wealthy. There were between 250 and 300 calls on the list and it occupied the first two days of every month rain or shine snow or ice twelve months of the year – really the only cash we ever had.⁸²

The bread collection could never garner much, given the poverty of the people who were canvassed, but it remained a steady source of income for the orphanage even during the Depression. The bread collection was also an uncomfortable, humbling task for the Sisters of St. Martha. As Smith and Coburn have noted, begging was the traditional fundraising method of European congregations, but some American-born sisters

⁸⁰ Coburn and Smith, *Spirited Lives*, pp. 174, 212.

⁸¹ When the Sisters of Charity returned to Quebec in 1925, the bread collection was discontinued, but Bishop Louis O'Leary requested that the Sisters of St. Martha reinstate it in 1928 when the Sisters of St. Martha were more settled at the hospital. See *Annals*, 1928, series 8, sub-series 4, SSMA. Some accounts say the orphanage maintenance man and tallest boy at the orphanage performed the bread collection while other accounts say two sisters did it. Both accounts are probably true at different times.

⁸² Written recollection from unidentified Sister of St. Martha, series 12, box 12, #8, SSMA.

“abhorred the humiliating task”.⁸³

The other main fundraising method the Sisters of St. Martha used at the orphanage was farming. They not only produced food for the orphanage but also garnered income from selling some of the produce. The sisters were extremely frugal; the amount of money they spent on food dropped by 1935 to only 37 per cent of what it had been in 1930. Moreover, as Tables 6 and 7 illustrate, the sisters’ income from sales of farm produce increased by 24.6 per cent between 1930 and 1935, a significant feat given the rate of deflation and a very competitive market in the agricultural province. Most of the farm labour was performed by a full time “paid man”, who was also a handyman at the orphanage, as well as by seasonal employees. Because the amount of money paid for salaries at the orphanage had decreased in 1935 to less than one-third of the amount paid out in 1930, it was likely that the sisters and older children at the orphanage performed much of the farm labour during the Depression.

The added difficulty of operating the orphanage during the early 1930s led the bishop to tighten the admissions policy. In 1938, Bishop O’Sullivan wrote a pastoral instruction regarding the orphanage and illegitimate infants in response to complaints; he stated that “the Orphanage was being made a ‘dumping place’ for these children . . . [and] that no provision was made for the upkeep of these unfortunate little ones, except possibly an initial payment, and that some effort should be made to stop these abuses”.⁸⁴ The sisters were instructed not to accept children at the orphanage unless “every other means of providing for the child had failed”. Given how dependent the orphanage was on donated cash and goods, the bishop no doubt wished to assure potential donors, in particular, that the orphanage was meant to serve needy legitimate children. About one-third of the orphanage residents were classified as illegitimate, but public perception seems to have assumed the number was higher.

The moral outrage toward unmarried mothers was standard fare not only in Roman Catholic institutions but also in Protestant circles and the general society until at least the 1950s. Andre Levesque’s analysis of the Hôpital de la Miséricorde, where approximately 20 per cent of illegitimate births in Quebec occurred from 1929 to 1939, explains that the sister-administrators tried to reform the unmarried mothers. Levesque notes that the single mother, “was considered weak and ignorant, strong-minded and wicked, or simple-minded”.⁸⁵ This stigma led most provincial governments to exclude unmarried single mothers from mothers’ allowances and some provinces to exclude them from relief during the Depression,⁸⁶ two pieces of legislation that no doubt increased the demand for orphanage space for children born outside marriage. The timing of the bishop’s “instruction” regarding illegitimate children suggests that the financial crisis of

83 Smith and Coburn, *Spirited Lives*, p. 174.

84 O’Sullivan explained that if a child had to be placed at the orphanage, his/her provision, about \$100 annually, should be secured, if possible, by means which could include putting a lien against the father’s real estate. See his “The Orphanage and Illegitimate Infants: A Pastoral Instruction by the Bishop”, 1939, series 12, box 11, SSMA.

85 Andrée Lévesque, “Deviants Anonymous: Single Mothers at the Hôpital de la Miséricorde in Montreal, 1929-1939”, in Veronica Strong-Boag and Anita Clair Fellman, eds., *Rethinking Canada: The Promise of Women’s History*, 3rd ed. (Toronto, 1997), p. 327.

86 See Levesque, “Deviants Anonymous”, p. 332; Margaret Hillyard Little, “Claiming a Unique Place: The Introduction of Mothers’ Pensions in British Columbia”, in *Rethinking Canada*, p. 294; James Struthers, *The Limits of Affluence: Welfare in Ontario, 1920-1970* (Toronto, 1994), p. 159.

the 1930s may have decreased PEI Roman Catholics' tolerance for what they perceived to be immoral behaviour. Like many other Canadians, they wanted to be able to define who was worthy of help.

With approximately 60 children resident during the economic crisis of the 1930s, keeping the orphanage open was very difficult. The sisters managed, however, by intensifying their begging and farming, cutting back on all their expenses and assuring their potential donors of the policy that discouraged the admission of children born outside marriage.

In addition to keeping their established institutions open during the Depression, in 1931 the Sisters of St. Martha also confronted the economic crisis by opening a social services department at the Charlottetown Hospital to serve impoverished Roman Catholics in a variety of practical ways.⁸⁷ Gagan and Gagan have explained the creation of outpatient clinics and social service departments as a means to direct impoverished patients away from expensive and possibly lengthy hospital care for which the hospital would never be remunerated.⁸⁸ The timing of the opening of the Charlottetown Hospital's social service department in 1931 and the fact that it was moved to a separate downtown building as soon as was possible suggests, instead, that it was more precisely a way to serve the poor with direct and indirect relief, spurred by a particularly serious economic crisis. Other congregations of women religious responded to the Depression with similar social work efforts. The Antigonish Sisters of St. Martha, for example, opened Catholic Charities offices in their hospitals in Sydney (1935) and Glace Bay (1938), and provided professionally-trained sister-social workers for many parishes in Cape Breton.⁸⁹ More established congregations, including the Sisters of Charity of Halifax, founded in 1849, and the Sisters of St. Joseph in the Archdiocese of Toronto, founded in 1851, were already engaged in social work by the 1930s.⁹⁰

The Sisters of St. Martha in PEI described the purpose of their new social service department in their congregation's newspaper, *Laudate*, in the following way: "to provide part time nursing where required and to care for out-patients; follow-up work is done among the hospital's patients; the sick poor are attended; the down and out are assisted and encouraged to help themselves and where carelessness about duties to God is evident, efforts are made to remedy this".⁹¹ The department was originally staffed by two women, a lay nurse who was a graduate of the Charlottetown Hospital School of Nursing and a sister, who concentrated on social work but stressed religion throughout. It strove "to combine what is best in recognized social service methods with the highest and holiest in religion".⁹²

87 The opening of this department marked the beginning of the sisters' foray into social work, which continues to this day.

88 Gagan and Gagan, *For Patients of Moderate Means*, pp. 58-9.

89 Cameron, "And Martha Served", pp. 141-5.

90 Sister Maura, *The Sisters of Charity Halifax* (Toronto, 1956), pp. 3, 13; Elizabeth Smyth, "Christian Perfection and Service to Neighbours: The Congregation of the Sisters of St. Joseph, Toronto, 1851-1920", in Elizabeth Gillan Muir and Marilyn Färdig Whitely, eds., *Changing Roles of Women Within the Christian Church in Canada* (Toronto, 1995), p. 40. Due to several redrawing of diocesan boundaries in Ontario between 1851 and 1936, six independent congregations of the Sisters of St. Joseph were eventually established in the Archdiocese of Toronto.

91 *Laudate*, December 1931, p. 11, series 8, sub-series 5, SSMA.

92 *Laudate*, December 1931, p. 11, series 8, sub-series 5, SSMA.

Bishop O'Sullivan saw an obvious need for social service in the economically-depressed province, particularly in the 1930s, and the Sisters of St. Martha accepted the new assignment despite already being overburdened.⁹³ Bishop O'Sullivan used the department to fulfil the sisters' role in charitable service; the bishop quoted Pope Leo XIII's "affirmation of duty of charity" which stated: "People are not free to choose whether they will take up the cause of the poor or not: it is a matter of simple duty; what the weight of our obligation is we may discover from the super abundance of the good things we have received".⁹⁴

In its first six months of operation, the social service department carried out 1,250 home visits, clothed 62 children for school, cared for 10 bedridden patients and nine maternity cases and attended six dying people. The department was aided by three Roman Catholic women's groups – the St. Vincent de Paul sewing circle, the St. Charles Auxiliary and the Catholic Women's League – in distributing food and clothing to 51 families. At Christmas, 30 baskets were distributed and 160 Christmas stockings were given to children, the supplies for which came from Charlottetown Roman Catholic merchants.⁹⁵ Three thousand home visits were made in 1932, and that number remained steady for the remainder of the decade.⁹⁶ The social service department not only coordinated charity for Charlottetown Roman Catholic families, but also engaged in professional home nursing, serving as a Roman Catholic version of the Victorian Order of Nurses.⁹⁷

During the Depression, the Sisters of St. Martha also continued their work at a district school in Kinkora, which they began to staff in 1921. Although staffed completely by sisters, the school was considered a public district school.⁹⁸ The school was not markedly more difficult for the Congregation to run during the Depression than in earlier years because the sister-teachers were paid by the provincial government, although teachers' wages were cut by ten per cent in the early 1930s.⁹⁹ The congregation still often had to pay for the sisters' training, however, as many were unprepared for a career in education when they entered the congregation. In addition, it became increasingly difficult to staff the school during the 1930s because of the increased demands of the Charlottetown Hospital. On the other hand, running the school in the 1930s was more crucial than in earlier years because the sisters' wages went into the congregation's general coffers and

93 Costs for the new endeavour were kept low because the department was operated from within the hospital so a new building was not required and the sister-social worker(s) could live at the convent in the hospital. A secular nurse may have been employed because some of the work was in maternity care and post-partum care and the Sisters of St. Martha were not usually engaged in this field. In addition, the sisters' skills and labour was already stretched beyond reasonable limits, so a secular nurse may have been necessary for human resource reasons.

94 *Laudate*, December 1931, p. 11, series 8, sub-series 5, SSMA.

95 *Laudate*, June 1932, p. 8, series 8, sub-series 5, SSMA.

96 *Laudate*, August 1933, p. 12, series 8, sub-series 5, SSMA.

97 The sisters often worked in conjunction with the City of Charlottetown in referring people for relief and monitoring those who received it. See *A History of the Catholic Family Services Bureau, 60th Anniversary* (Charlottetown, 1991), p. 8.

98 The founder of the Sisters of St. Martha, Bishop Henry O'Leary, noted that the Congregation would become engaged in teaching in the rural schools. Because the Congregation, however, took on the administration of the hospital and orphanage on short notice, and because these institutions were so demanding of human resources, plans to staff other rural schools in addition to Kinkora were postponed.

99 MacDonald, *If You're Stronghearted*, p. 160.

financed those aspects of the congregation, such as the novitiate and infirmary, that did not receive any funding.¹⁰⁰ The three sister-teachers, Jeanette Coady, Nellie MacDonald and Annie Walsh, held first, second and third class teachers' licences and received \$411.50 (plus a \$25 supplement), \$247.50 and \$140 respectively in 1931.¹⁰¹

While the Sisters of St. Martha responded to the Depression quite effectively, all of their social institutions suffered from a shortage of labour. One annalist recorded that "subjects are needed so badly for the houses now in existence and for the many other demands being constantly made upon the community. We will have to pray more and make greater sacrifices".¹⁰² In 1932, Bishop O'Sullivan acknowledged the shortage of labour, writing "if we had 50 more nuns at the moment, our present institutions would be only properly staffed."¹⁰³ As entrants finished their novitiates, and special training if chosen, and became available for active ministry, they were readily and easily absorbed into the congregation's existing responsibilities. The number of sisters working at the hospital, for example, doubled over the decade, which is more of an indication of the under-staffing at the beginning of the decade than a comment on a large staff at the decade's end. Similarly, the number serving at the bishop's palace increased from four to seven. In this case the workload expanded to include caring for the Basilica sacristy and taking on some clerical duties.

The congregation actively sought young Roman Catholic women to join them. A 1931 issue of *Laudate*, the congregation's newsletter, included a defiant appeal for vocations, delivered in a chastising tone:

Do the young women of Prince Edward Island realize that in the Congregation of St. Martha . . . there is unlimited scope for the utilization of every talent to the honour and glory of God? Throughout the length and breadth of North America and in foreign countries are found Sisters who were born and brought up in Prince Edward Island. . . . We even hope in the not too distant future their adopted lands will pay back the debt owing our Province by sending us useful subjects. . . . Dear Catholic girls, it depends on YOU. Are you interested?¹⁰⁴

100 The instruction must have been of good quality; in 1930 five students passed Grade Ten examinations and Dorothy Cullen, a 14-year-old, led the province, "being 30 marks ahead of the next one". The year before, another Kinkora student, Bernice Cullen, a future Sister of St. Martha, won a provincial award for her high marks. See *Annals*, 1929 and 1930, series 8, sub-series 4, SSMA.

101 These are the sisters' birth names as they appeared in the Department of Education Annual Report. The Congregation of Notre Dame also ran convent schools within the district school system. The Congregation of Notre Dame teachers received higher wages and presumably held higher licences than the Sisters of St. Martha, and all Congregation of Notre Dame sister-teachers received supplements in 1931. Furthermore, the Congregation of Notre Dame schools received higher scores on property evaluation. In 1925, the Tignish, Miscouche and Rustico convent schools received a full score of 250 while Kinkora lagged behind at 156. The higher-class teaching licences among the Congregation of Notre Dame teachers in Island schools, combined with their schools' perfect property evaluation, indicate that the Congregation of Notre Dame ran schools which were more elite than most Island schools, including the Kinkora school. See Department of Education, *Annual Report*, 1931, RG 10, PARO.

102 *Annals*, 1939, series 8, sub-series 4, SSMA.

103 Bishop O'Sullivan to all Priests of the Diocese, 24 June 1932, O'Sullivan box, RCDA. While in the 1930s there were sometimes more than ten postulants annually, only about half that number stayed in the congregation permanently.

104 *Laudate*, June 1931, pp. 3, 15, series 8, sub-series 5, SSMA.

Even when young women joined the congregation, there was quite a high attrition rate as one annalist noted:

Only one of the four aspirants who entered so hopefully last September persevered and we had a lone ceremony for Sister M. Annunciatta . . . on March 25.¹⁰⁵ Some of our postulants did not receive the grace of perseverance and the only consolation we have is to remember the maxim: "Quality is better than quantity". How we would like to have quantity too.¹⁰⁶

The labour shortage in the Sisters of St. Martha's institutions was exacerbated by the need to educate sisters for many of the jobs required by the congregation. Removing a sister from a specific work in order to train her meant losing a much-needed source of labour, the benefits of which were often not realized for several years depending on the course of study. The further burden of tuition and board, paid from the sisters' small salaries, was very difficult for the small community to support.

Despite the strain on human resources that professional training posed, the congregation paid for the further education of several members in the 1930s: Sister M. Dunstan and Sister M. Delores took a six week course at Miss Farmer's cooking school in Boston in 1929; three sisters finished grade 10; Sister St. Hugh became a registered pharmacist after attending Dalhousie University; four sisters graduated from Prince of Wales College with teaching certificates; Mother Loyola obtained a B.Sc. in Home Economics from St. Francis Xavier; Sister M. Angela obtained a B.Sc. in Nursing from St. Francis Xavier; three sisters graduated from the Charlottetown Hospital School of Nursing and two sisters completed grade 12 at St. Dunstan's, the first two women to attend or graduate from the high school's program.¹⁰⁷ Because of the congregation's focus on education, even during the Depression, the sisters did not fall behind professionally and were able to maintain standards in their institutions during the Second World War and after.

The Depression threatened social institutions throughout Canada. In Prince Edward Island, the most impoverished province in the nation, Roman Catholic institutions were particularly threatened. The amount of money the Roman Catholic population could donate or pay in fees was finite and falling in the 1930s. The provincial and municipal governments were similarly able to make only small contributions and provided minimal administrative infrastructure in health care and none in social work. Finally, there were fewer non-governmental agencies in PEI than in most provinces. The Sisters of St. Martha managed to keep the province's slate of Roman Catholic health and social institutions open by intensifying their economizing efforts, fundraising, keeping salaries very low, using their own labour almost exclusively and putting off repairs. In addition to keeping the Charlottetown Hospital, St. Vincent's Orphanage, Sacred Heart Home and a district school open in the 1930s, the sisters also provided a much-needed social services bureau that conducted three thousand home visits annually.

Recognizing the work of the Sisters of St. Martha in PEI fills a gap in the

105 Annals, 1936, series 8, sub-series 4, SSMA.

106 Annals, 1937, series 8, sub-series 4, SSMA.

107 Annals, 1930s, series 8, sub-series 4, SSMA.

historiography of the Depression similar to that recognized by Denyse Baillargeon in *Making Do: Women, Family and Home in Montreal During the Great Depression*. Baillargeon argues “most studies of this period, while recognizing that the aid extended to the unemployed was insufficient for their needs, have nothing to say about the means these families used to assure their survival”.¹⁰⁸ Her study looks beyond the sparse or non-existent wages of primary breadwinners to the complex contributions of the whole family and especially housewives, who were usually successful in “absorbing” the impact of the Depression by intensifying their domestic “labour” and seeking support from family and church organizations. Although Baillargeon is correct in asserting that private sphere survival techniques have been almost completely and very mistakenly overlooked in the Depression historiography in favour of more political accounts and horrific anecdotes,¹⁰⁹ the social service work of the Sisters of St. Martha has been overlooked for many of the same reasons: invisibility, lack of documentation (or access to it) and the underrated value of unwaged reproductive labour.

Women religious’ invisibility is an important issue, particularly in socially-isolated institutions such as homes for unmarried expectant women or orphanages, which clearly replicated the private or domestic sphere. The general population, and even the Roman Catholic population, would rarely see these sisters and thus would not recognize the value of their labour. Sisters working in hospitals and schools were “seen” by more people, and thus their labour was more likely to be recognized. It is not surprising, therefore, that the bulk of the historiography on North American women religious focuses on congregations who ran hospitals and schools. Sisters engaged in domestic service were the least visible and certainly their work was the most like that of housewives. For example, in a history of St. Dunstan’s University, where the Sisters of St. Martha provided domestic service from 1916 until 1968, Edward MacDonald explained their work in terms that we might associate with mothers: “Together, they are cook, maid, laundress, gardener, seamstress, and nurse to the campus community. . . . Their duties are performed with such quiet circumspection that their sacrifices and privations go largely unnoticed”.¹¹⁰ This author would argue not only that invisibility has prevented historical recognition for sisters’ labour, but also that there is a scale of invisibility within religious institutions. Just as women working in the domestic sphere are far less visible than their husbands who worked in the public sphere, so is the domestic labour of nuns less visible than professional occupations such as teaching and nursing.

As Baillargeon has argued regarding the paucity of the historiography on housewives, documentation is also an issue when studying sisters. While congregations tend to keep

108 Baillargeon, *Making Do*, p. 2.

109 The best known of the accounts on the politicians is Blair Neatby, *The Politics of Chaos: Canada in the 1930s* (Toronto, 1972). There are also several dozen biographies of R.B. Bennett and various premiers during the 1930s, including Larry Glassford, *Reaction and Reform: the Politics of the Conservative Party under R.B. Bennett, 1927-1938* (Toronto, 1992). Depression-era documents are contained in Michael Horn, *The Dirty Thirties: Canadians in the Great Depression* (Toronto, 1972).

110 MacDonald, *History of St. Dunstan’s*, p. 363. Moreover, MacDonald notes that when the university closed – it amalgamated with a Protestant university to become the University of Prince Edward Island in 1968 – neither the Diocese nor the College formally thanked the sisters, for “apparently they just packed up and left without so much as a handshake”. Edward MacDonald, correspondence with author, 5 February 1999.

very good archives, gaining access to them is difficult because the documents are private, and congregations have the right to turn away researchers or place strict limits on what they can use. Recent legal issues with congregations involved in residential schools have made access to certain records still more difficult. Some congregations in Canada have even had these records subpoenaed by lawyers and removed from their archives.

The greatest reason why sisters' work has been overlooked is because it is undervalued, much like the work of housewives. Since the 19th century in particular, housewives have been expected to perform reproductive labour without acknowledgement, much less remuneration. As Nancy Folbre has argued regarding British and American censuses, "the concept of the unproductive housewife was a by-product of a new definition of productive labor that valorized participation in the market and devalored the nonmarket work central to many women's lives. The terminological shift formalized the assumptions of androcentric political economy".¹¹¹ The Sisters of St. Martha, as diocesan sisters, functioned under a particularly patriarchal structure in which they were created by, and completely responsible to, a diocesan bishop. Just as the census listed a man's occupation but indirectly suggested that "housewives" were unproductive and did not accomplish anything, sisters were often listed in the *Census of Canada* as "Nuns" rather than by the occupation they performed. The lack of value placed on nuns' labour, at least partly because it was often not clearly remunerated, must, among other things, skew occupational statistics. There were approximately 30,000 women religious in Canada in 1931, yet the *Census of Canada* lists 8,260 "nuns" and enumerated the remainder into occupational groups.¹¹² Enumerating 8,260 women as nuns rather than by a more specific occupation recognizes them as unproductive in a way comparable to housewives; in the case of these nuns, the bishop may be considered the breadwinner in the relationship.

The Sisters of St. Martha succeeded in operating several social institutions during the Depression. Their contributions, motivated by their religious faith, explain in part how Prince Edward Islanders survived the Depression. Although the sisters worked within a very patriarchal system, the success was theirs alone. The contributions of women religious to the economy during the Depression need to be recognized in the same manner that feminist historians have begun to recognize the value of women's unwaged labour in the home.

111 Nancy Folbre, "The Unproductive Housewife: Her Evolution in Nineteenth-Century American Thought", *Signs: Journal of Women in Culture and Society* 16, 3 (1991), p. 481.

112 The "approximately 30,000" is compiled from "Communautés De Femmes" in *Canada Ecclesiastique, 1932* (Montreal, 1932), pp. 631-756. This lists the members of 102 women's religious institutes serving in Canada in 1931. All members of the institutes, including postulants, were included in the figure which totaled 29,623. The number is only approximate, however, because 22 of the smaller institutes did not submit their membership figures and are thus not included in the total number. In addition, sisters serving in other countries were excluded when possible, but this was not always possible. I am grateful to Marisa Ferraiuolo for compiling these figures. Regarding the *Census of Canada*, over 20,000 women religious must have been enumerated into occupational groups, but there is no way to distinguish how many of the total number of graduate nurses in Canada (20,462) or female teachers (64,709) were also women religious. See "Table 40: Gainfully occupied, 10 years of Age and over, by occupation, age, and sex for Canada and the provinces, 1931", *Census of Canada, 1931*, vol. 7, p. 72.