

"Once a Therapist, Always a Therapist":¹ The Early Career of Mary Black, Occupational Therapist

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ABSTRACT

Mary Black was an internationally-known weaver and a key figure in Nova Scotia's craft renaissance during the 1940s and 1950s. The early years of her worklife, however, remain unexplored, despite her place as a pioneering occupational therapist in Nova Scotia and in the United States during the 1920s and 1930s.

RÉSUMÉ

Mary Black est une tisseuse de renommée internationale et une personne clé de la renaissance de l'artisanat en Nouvelle-Écosse durant les années 40 et les années 50. Les premières années de sa carrière, demeurent encore inexplorées, malgré sa place en tant qu'ergothérapeute pionnière en Nouvelle-Écosse et aux États-Unis durant les années 20 et les années 30.

INTRODUCTION

There has been something of a groundswell of work studying "professional women" in North America.² There are many fine studies of teachers (Prentice and Theobald 1991), nurses (McPherson 1996; Melosh 1982; Reverby 1987), and of physicians (Morantz-Sanchez 2000). Among health care workers, an important employer of women for much of the twentieth century, there are now studies examining physiotherapists (Heap 1995a; Heap 1995b; Heap and Stuart 1995), dieticians (Charles and Fahmy-Eid 1994), and laboratory technologists (Twohig 2001a). Several books have explored women's professional work through comparative perspectives (Harris 1978; Glazer and Slater 1987; Brumberg and Tomes 1982), including Mary Kinneer's exemplary Canadian study (1995). There is an active national network of scholars interested in the professional education of women and one result of their work was the edited collection *Challenging Professions: Historical and Contemporary Perspectives on Women's Professional Work* (Smyth, et al. 1999), which offers interdisciplinary perspectives on a number of professional careers. In keeping with trends elsewhere, scholars of Atlantic Canada have

explored the nature of women's professional work through the 1980s and 1990s. Chartered accountants (Allen and Conrad 1999), teachers (Balcom 1992; Guildford 1992), nurses (Keddy 1984), women physicians (MacLeod 1990), physiotherapists (Liebenberg 1994), and a range of other groups have been studied to varying degrees (Morton and Guildford 1995).

Despite this growth, large gaps remain in the study of "professional women" in Canada, including women who work in health care. This is compounded by an on-going need to situate the experience of women in local and regional contexts, given the uneven development of health services in Canada and elsewhere throughout the twentieth century. Local authorities weighed many factors when filling staff positions. Municipalities in industrial Cape Breton in Nova Scotia, for example, considered the need to employ local women or religion alongside professional credentials when filling public health appointments well into the twentieth century (Twohig 2001b, 115-17). This study seeks to contribute in an incremental way to the growing body of scholarship on professional women, through an examination of Mary Black's career as an occupational therapist (OT). This is useful because, firstly, the history of occupational

therapy remains poorly understood in Canada and, secondly, while Black is well known in Atlantic Canada for her extensive work in the arts community, her early career has been largely ignored. Black was a key figure in creating a renaissance in crafts in Nova Scotia during the 1940s and 1950s, as Ian McKay has recently documented (McKay 1994). Black, herself an expert weaver, organized a provincial handcrafts revival through her position as Supervisor of Handcrafts for the Nova Scotia Department of Industry and Publicity, a position she held from 1943 until her retirement in 1954. But before she returned to Nova Scotia and rose to prominence as one of the province's foremost cultural producers, Black worked as an occupational therapist, first in Nova Scotia and later in the United States, in settings such as Massachusetts, Michigan, and Wisconsin. Her career offers some insight into occupational therapy's development on both sides of the border, and at the national and local levels, through the 1920s and 1930s when occupational therapy was struggling to define itself as a profession.³

VOCATIONAL TRAINING AND WARD OCCUPATIONS IN CANADA

Mary Ellouise Black was born 18 September 1895 in Nantucket, Massachusetts. She was the eldest daughter of William M. and Ellouise (Eldridge) Black. Her early education was completed in Wolfville, Nova Scotia, and she graduated from Wolfville Seminary in 1913. From 1914 to 1919 she worked in the town offices, followed by a brief stint at the Royal Bank. Black recalled many years later that she worked in the bank long enough to realize that "it wasn't what I wanted to do." Early in 1919 she visited the Nova Scotia Sanatorium, where she saw soldiers making crafts and decided "this is what I wanted to do" (Lotz 1986, 20).

The craft activities provided for hospitalized soldiers that inspired Mary Black became the framework for the development of occupational therapy. Canada, unlike Great Britain or France, initially lacked both hospital facilities for "invalided soldiers" and personnel to care for them. An Order-in-Council created the Military Hospital Commission (MHC) in 1915, which was transferred

to the Department of Soldiers' Civil Re-Establishment (DSCR) on 18 April 1918 (Marquis 1920). One of the key goals of the DSCR was to facilitate the demobilization of Canadian soldiers and to help disabled veterans achieve some degree of economic independence.

Much of the DSCR's attention was focused on the question of vocational training, whether providing veterans with disabilities with new skills or re-training veterans for new jobs. Frederick H. Sexton, Nova Scotia's director of technical education, was one of the champions of such training (Verma 1979). In an article he wrote for Halifax's *Morning Chronicle* on 27 October 1915, Sexton identified a "stream of badly wounded soldiers" returning to Canada, most of whom were young, and who "will not be able to sustain themselves at the standard of decent, normal citizenship which exists in Canada" (1915, 2). In a later article, Sexton described vocational training as an "intensely humanitarian" endeavour, but one that could be "justified on the basis of national economy." He wrote that:

After previous wars there was always a residue of disabled loafers. There were miserable, misshapen beggars with rows of service ribbons...This backwash of humanity lived meanly on pensions inadequate for full support, and in the main nursed grudges toward an ungrateful and forgetful country. They constituted a group which was noxious, if not vicious, in community life. A perfectly idle man is a social menace. (1921, 71)

Rather than idle and disgruntled soldiers, a *classe dangereuse* in waiting, Sexton believed that Canada needed to train soldiers to earn a living. Invoking the cult of industrial Taylorism, wherein factory production was divided into many discrete tasks, Sexton believed that modern industry could accommodate many disabilities, if individuals were adequately prepared. "Proper, efficient training, thorough and advanced enough to put each man on his feet as an independent skilled or semi-skilled wage earner would require from six months to a year at the outside. During this time the man should receive enough to pay his board, in the case of a married man enough to maintain his family. This

may be expensive, but the facts must be faced" (1915, 2). For Sexton and the supporters of training veterans for self-sufficiency, a successful program would preempt any need for enhanced and long-term veteran's pensions. "The country at large does not wish to enter upon such an elaborate and spendthrift policy of pensions as has been developed in the United States," Sexton wrote, adding that "the only way to prevent such a wholesale charity for the next fifty or sixty years is to train our disabled soldiers for occupations by the well-known and tried methods of vocational education" (1915, 2).

Another proponent of vocational education was J.S. McLennan, the Nova Scotian industrialist and publisher who was appointed to the Canadian Senate in February 1916. Other members of the MHC, notably Ernest Scammell, devoted their energies to realizing a broad plan of vocational training. All MHC patients were to be kept busy doing a variety of tasks, to counteract the idleness of convalescence. Those who were able worked in "curative workshops" where they made goods, worked in gardens or tended animals, such as poultry. Those confined to the wards were kept busy doing "ward occupations," such as manufacturing small crafts (Morton and Wright 1987, 41). The Department of Soldier's Civil Re-Establishment summed up its approach this way:

While the men are still in Military Hospitals, a corps of instructors... endeavours to assist them to make some use of their time by teaching a number of useful occupations, in which the men are invited to participate. Even the very sick man, who for the time being can do no more than a bit of weaving or other bedside handicraft work under competent teachers, benefits himself by taking advantage of these opportunities. They tend to restore the skill and strength which he will find necessary in earning his living after his discharge.

(Black Collection, Vol. 2876, Folder 12)

Initially, efforts failed. Many convalescent homes lacked suitable space for vocational training. Ross Home, in Sydney, Nova Scotia, for example,

used makeshift space to offer courses in mechanical drawing, furniture making and carpentry. Trainees also had little reason to attend classes because, in the middle of World War I, jobs were plentiful in many settings. But the MHC was planning for the long-term and it recognized that disabled veterans were not likely to enjoy similar opportunities following the war. In June 1916, the federal government decided to offer convalescing veterans approximately eight dollars a month if they enrolled in a vocational class. It was a small amount but it did indicate the MHC's commitment to the notion of training for the future. Idleness would be replaced by a new regimen, wherein convalescing soldiers were "expected to work from 9:00 to 12:30 and from 2:00 to 4:15 each weekday, with a half-holiday on Saturdays" (Morton and Wright 1987, 34-36).

In addition to vocational training, there was the question of what to do with veterans who were not yet ready to return to work. One of the many war histories written at the end of World War I noted "ward occupations were of enormous benefit in making the weary hours of the days pass quickly, in improving the discipline in the institutions, in materially shortening the time of treatment in many cases" (Hunt 1920, 335-36). In Nova Scotia, volunteers from the Saint John Ambulance Association who were trained at the Technical College initially worked with returned men, but there was a demand for more aides. With a growing number of returned soldiers convalescing in hospitals across Canada, more women were needed and the DSCR replaced these volunteers with "ward occupation aides" trained in Montreal and Toronto to supervise patient activity (Morton and Wright 1987, Ch. 2). H.E.T. Haultain, who became the MHC's vocational officer for Ontario and the former head of the University of Toronto's mining engineering school, described these early classes as a "scramble." Twenty-four students enrolled in the initial course, which focused on vocational training at the bedside, during February and March 1918. These workers met the immediate need in Ontario for aides to organize the hospital activities. Moreover, the women trained in early 1918 agreed to work anywhere and to remain in MHC hospitals for at least one year (CAOT Collection, Box 21).

Impressed by her observations of the work being done with soldiers at the Nova Scotia Sanatorium, Mary Black wrote to Sexton in January 1919. Sexton, in typical fashion, responded that the ward aide course was open to "Girls of good education and suitable personality who had some training or showed aptitude for handicraft." While training, the women would receive \$45 a month, though they currently commanded in the neighbourhood of \$60 per month when employed in hospitals. Sexton believed that the courses had trained a sufficient number of ward aides, and that if "more girls" were necessary, they would be "trained locally by those who have already been through the classes." There was, then, "no opportunity at the present moment for a girl with your training and experience" (Black Collection, Vol. 2876, Folder 12).

Undiscouraged, Black enrolled in a course offered in Montreal and in June 1919 she began her training as a ward aide. While the length of the training varied from eight to twelve weeks, depending upon the candidate's abilities, Black spent the full three months. She acquired skills in basketry, bookbinding, beadwork, block printing, designing, fancywork, raffia, stenciling, toy making, woodcarving and weaving. Like other ward aides, Black could be assigned to any institution in her district (including tuberculosis sanatoria, asylums, or medical or orthopaedic hospitals) that was providing care for returned soldiers (Black Collection, Vol. 2876, Folder 12). Upon completing her course in August 1919, Black was assigned to work at the Nova Scotia Sanatorium, the provincial tuberculosis hospital in Kentville.

This Sanatorium had expanded after 1916 when the Nova Scotian government had entered into an agreement with the Military Hospital Commission to enlarge the facility to accommodate the major problem posed by returned soldiers with tuberculosis. Originally, a tent colony was erected but more permanent buildings were eventually provided (Armstrong Papers, Vol. 20, F1/6565 and F2/6722). Vocational work began at the sanatorium in June 1917 and encompassed both therapeutic workshops (conducted in the Vocational Building after October) and ward occupation work. The statistical report prepared for the Department of Soldiers' Civil Re-Establishment acknowledged that "the object of all vocational work (officially called

Occupational Therapy) is primarily occupational ... The aim is to fill what would be otherwise wasted hours with occupational recreation, which has at the same time some real value to the soldier who is to be re-established in civilian life." The ward aides, "young ladies of superior and education," directed the ward work. Initially, the sanatorium employed eight such aides, working under the direction of Jessie Ferrier who organized the department (Nova Scotia Report of the Public Charities Department 1920, 33-34). Black was assigned to pavilion number six and was responsible for 48 patients (NSSOT Collection, Vol. 1876, Folder 2).

In the spring of 1920, the DSCR transferred Black to the Nova Scotia Hospital, the province's mental hospital situated on the shores of Halifax harbour. That hospital requested that the Department of Soldiers' Civil Re-Establishment establish vocational therapy and, in October 1919, three aides were sent to work with returned soldiers. In the autumn of 1920, with her one year of DSCR service complete, the hospital's superintendent, Dr. F.E. Lawlor, asked Black to resign her position so that she could organize an occupational therapy service for civilians (NSSOT Collection, Vol. 1876, Folder 2). Lawlor wanted to offer vocational work to all the patients in the hospital. He believed that "acute cases will receive direct benefit, and in many instances their recovery will be more rapid, while the condition of the chronic inmates will be much improved, and, under proper guidance and management, considerable saving to the hospital will be the result" (Nova Scotia Report of the Public Charities Department 1921, 11).

When she joined the staff of the Nova Scotia Hospital, Black organized four classes per day for the civilian patients, accommodating an average of fifty-five patients. The hospital lacked a room for vocational work, so she conducted her work on the wards. Black utilized the skills she learned in Montreal and patients made baskets, handkerchiefs and laundry bags, did bead work, knitted mitts and socks, created hooked and woven rugs and a range of other goods. Indeed, patients made over fifteen hundreds items (Nova Scotia Report of the Public Charities Department 1922, 10). Despite this promising beginning, the hospital lacked sufficient facilities to sustain the program and Black resigned her position in the summer of 1922 (Black Collection, Vol. 2876, Folder 14). She

recalled many years later that "there did not seem to be much future for advancement" (NSSOT Collection, Vol. 1876, Folder 2). Black's observation is an important reminder that, even in the midst of a period of rapid expansion of health services across Canada, replete with new occupational groups and services, there was significant variation from setting to setting. The health care system that was forming in the first decades of the twentieth century was idiosyncratic. Individual institutions and provincial health departments, even if they are comparable, were funded, administered, organized and staffed in markedly different ways (Gagan and Gagan 2002).

OFF TO BOSTON

It was clear to Mary Black that occupational therapy in Nova Scotia had limited prospects, so she decided to go to the United States. Black was following a well-worn path when she made inquiries in the Boston area in early 1922 about working as an occupational therapist (Black Collection, Vol. 2876, Folder 14). Only her preference for professional work set her apart from the thousands of other single Canadian women working in that city by the 1920s.⁴ Black's experience and qualifications were enough to pique the interest of her American correspondent, Harriet Robeson, the Massachusetts director of occupational therapy. Robeson spoke directly to Boston Hospital's chief therapist, Frances Wood, who suggested that Black should prepare to come to Boston and begin work in September. Despite some uncertainty, Black did so and began working at the Boston State Hospital (Black Collection, Vol. 2876, Folder 14). While working, she also took several crafts classes and attended lectures on the treatment of the mentally ill, both of which interested her greatly (NSSOT Collection, Vol. 1876, Folder 2).

When Black arrived in the United States, occupational therapy was still very much in its formative period (Kahnmann 1967; Spackman 1968). The growth of occupational therapy was part of a trend in which a number of female-dominated occupations emerged in health care following World War I. Entirely new categories of workers such as physiotherapists, occupational therapists, dietitians, and x-ray and laboratory technicians joined nurses and physicians to provide an

expanded range of services to patients, both inside institutions and beyond. Each of these occupational groups created local and national organizations and established education programs. Debates about appropriate qualifications and other matters, including licensure, followed.

In the United States, the greatest impetus to the professional organization of occupational therapy was America's entry into World War I, though there were other factors, such as the large polio epidemic that gripped the eastern United States in 1916. Schools, modeled on the Canadian example, were opened to supply "reconstruction aides" who were to teach particular skills or "occupations" to convalescing soldiers (Litterst 1992). The length of courses varied. One course syllabus described by Suzanne Peloquin (1991) included lectures on psychology, orthopedics, disorders of the central nervous system, mental health, blindness, hearing impairment and hospital etiquette. It also included a clinical practicum in a hospital for one half day a week. Another course operated by the Chicago chapter of the Red Cross offered a six-week course that was directed by Eleanor Clarke Slagle, one of the most prominent of the early occupational therapists. By the end of the war, there were "116 ill-trained, enthusiastic ladies, who were expected to immediately develop a craft program to rehabilitate the wounded." From this modest beginning, the National Society for the Promotion of Occupational Therapy was founded on 17 October 1917 and in 1923 the society changed its name to the American Occupational Therapy Association (AOTA). By the early 1920s, there were 450 members in the AOTA and over 800 by the end of the 1920s (Woodside 1971).

Mary Black's modest training and her subsequent experience with veterans' and civilian patients was similar to that of American occupational therapists. She worked in Massachusetts from September 1922 to November 1923, where she organized and directed an occupational program for the mentally ill. In the autumn of 1923, Black was again seeking a change. She wrote the medical superintendent of Michigan's Traverse City Hospital, James Munson, to make some inquiries and he, in turn, offered her a job. Black would become the director of occupational therapy and be charged with organizing the department and training any necessary assistants.

Occupational therapy was still novel in Michigan and the hospital had no idea what to pay Black and asked her to name a salary. She requested \$1500 per year plus maintenance (Black Collection, Vol. 2876, Folder 15). That an occupational therapist with less than four years experience could assume responsibility for an entire service, train others and command such a salary is, on the surface, surprising. There was, however, an acute shortage of trained therapists to work in hospitals. Approximately two hundred hospitals were opened each year in the United States between 1900 and 1929, which created significant employment opportunities in many hospital departments (Rosen 1983). In addition, a series of legislative changes expanded the place of occupational therapy in hospitals, including the *Industrial Rehabilitation Act* of 1920, the creation of the Veterans' Hospital Bureau in 1922 and the Federal *Industrial Rehabilitation Act* of 1923 (Hanson and Walker 1992; Peloquin 1991; Rerek 1971). The prospects of work for occupational therapists were good, the need for training large and, from the perspective of the nascent AOTA, the need to impose order to promote the profession profound.

In Canada and the United States, occupational therapy emerged as a response to the rehabilitation needs of returned soldiers. Supported by the national governments in both countries, the effort on the home front meant the hasty preparation of women to fill the new positions of ward aides. But beyond these new recruits, how were occupational therapists to be trained? George Edward Barton, for example, believed that nurses made ideal occupational therapists and he feared that nurses were missing a significant opportunity to extend their work in new ways (Licht 1967; Peloquin 1991). Taking a somewhat different approach, American Susan Tracy believed that occupational therapy should be established as a sub-specialty of nursing (Quiroga 1995). This pattern of working across services was familiar to nurses and for some years had engendered debate within nursing. Lavinia Dock, a leading American nurse, recognized that opportunities in the service departments could alleviate some of the overcrowding that was characteristic in American nursing as early as the 1890s. Dock suggested that departments such as dietetics or pharmacy were promising employment alternatives for nurses

(Reverby 1997). By the 1920s, many hospital workers filled multiple roles in small and large hospitals and nurses found themselves working in nascent x-ray departments, clinical laboratories, in kitchens, or performing tasks such as dispensing drugs, maintaining medical records or administering anesthesia (Twohig 2001a; Bankert 1989).

Nurses constituted a flexible labour pool for the modernizing hospital, and using nurses to work throughout the new departments was a pragmatic response in the face of rising expectations and limited financial resources (Gagan and Gagan 2002; Godfrey 2001). The addition of new services created a demand for competent and capable staff but the limited financial resources meant that hospitals needed inexpensive options. Similar processes unfolded in office work and other areas (Lowe 1987). Nurses and other women played a critical role in the "scientific and technological transformation" of hospitals and health care (Sandelowski 2000, 1). Susan Reverby has argued that beginning in the 1910s, as hospitals added new services and departments, nurses could be found working as laboratory or x-ray technicians, social workers or physiotherapists and a similar pattern can be discerned in Canada (1987, 187; Twohig 2001a). Sandelowski describes the nurses in these settings as "assistants" (2000, 83) but they were very often in charge of the new departments and often worked with very little supervision.

The debate about whether or not nurses made the best therapists was, then, hardly unique to occupational therapy. Nor were debates about the nature and length of education required to prepare for practice. In common with most occupational therapists of the 1920s, Mary Black's preparation was practically-oriented and short. Reflecting on her own experience, Black argued that therapists with more formal training "do not come to a hospital in a receptive mood" and that she preferred an individual experienced with patients who had "some natural ability along craft lines and a desire to learn and she makes a much better asst [assistant] than does the school trained aide" (Black Collection, Vol. 2143, Folder 3).

In contrast, the leaders of the nascent AOTA only wanted trained therapists in hospitals, to shore up their claims of professional status and privilege. After all, professional claims are typically cast in the language of expertise which is most

commonly associated with an extended period of education. Many occupational therapists, however, had only limited credentials which tore asunder the education-expertise link. In the absence of such an obvious link, another strategy was necessary. Occupational therapy, and other groups in a similar position, cultivated a strong relationship with medicine, the one health occupation that had an unquestionable professional status. Ruby Heap has described the "inextricable link" between Canadian physiotherapy and professional medicine in the former's struggle for professional status. "Indeed," Heap wrote, "medical patronage was considered both as a precondition and as a means to creating a university-based [physiotherapy] course" (Heap 1995b, 137).

Occupational therapy's professionalizers recognized that the best way to strengthen their own status was by cultivating a strong relationship with organized medicine. The AOTA and the American Medical Association's (AMA) Council on Medical Education jointly produced the *Essentials for Professional Education* (1923) and established registration criteria for occupational therapists. These two developments helped frame the content of the discipline and define its membership. Mosey (1971, 235) wrote that the close relationship with the AMA and their critical role in shaping OT education "was not questioned" by occupational therapy's professional leadership, including early leaders such as George Edward Barton (Rerek 1971, 231-33; Peloquin 1991). The "Minimum Standards for Courses in Training in Occupational Therapy" adopted by the AOTA at their 1923 annual meeting required that candidates hold a high school certificate and that they complete a course of at least eight months, including three months of supervised hospital practice (Spackman 1968; Woodside 1971). As with other health care workers, strong links were forged between the professional society, accreditation and education standards.

Mary Black was in the midst of many of the debates that characterized occupational therapy's formative period in the 1920s and 1930s. She described William Rush Dunton, another of occupational therapy's early leaders, as a good friend and advisor and Black was well-known to other leaders, such as Eleanor Clark Slagle (Black Collection, Vol. 2881, Folder 83). Black joined the AOTA in early 1924 and became active in

professional activities at the national and local level. She was often called upon to serve on national committees, the AOTA's registration board, and wrote regularly for professional journals. In the mid-1920s, Black left the northeast to assume a new position at the State Hospital, in Traverse City, Michigan (Black Collection, Vol. 2143, Folder 3). In 1932, she again relocated, this time to Ypsilanti, Michigan, where a new hospital opened under the direction of Dr. George F. Inch, who had also served as the medical superintendent when Black worked in Traverse City. The hospital was unique because it was the first in North America to use occupational (and recreational) therapy as a standard treatment for the mentally ill. The new hospital eventually accommodated over five thousand patients and had a building devoted to occupational therapy and a staff of 25 to 30 "trained OTs" (NSSOT Collection, Vol. 1876, Folder 2). While at the Ypsilanti State Hospital, where she was the director of occupational therapy, Black also assumed key positions within American occupational therapy, including becoming president of the state OT association in 1936 and becoming a member of the AOTA's Board of Management (Black Collection, Vol. 2143, Folder 3).

CONCLUSION: BACK TO NOVA SCOTIA

Black stayed in Ypsilanti until 1939 when a new superintendent was appointed. She later described him as a "political appointee" and hinted at conflict (NSSOT Collection, Vol. 1876, Folder 2). She decided to resign her position and in June 1939, she took a new job at the Milwaukee Sanitarium, a small, private institution in Wauwatosa. There, she hoped to "work with the individual patient and to carry on some research in which I have long been interested" (Black Collection, Vol. 2143, Folder 4). She remained in Wauwatosa until January 1943, during which time she prepared a handbook on the treatment of mentally ill service personnel and prepared the material for her well-known *Key to Weaving* (NSSOT Collection, Vol. 1876, Folder 2). This would be her last position in America. By 1940, she was interested in returning to Nova Scotia.

As an occupational therapist, Black took a special interest weaving. In an article published just

before her return to Nova Scotia, she described weaving as one of occupational therapy's "most effective methods of treatment" noting that the "many, many progressive changes and techniques provide therapeutic activity to meet the needs of nearly every grade and type of mental patient" (Black 1938). Convinced of the therapeutic value of weaving, carving, and other such activities, she was given the opportunity to apply the lesson on a grand scale as director of handcrafts for the province of Nova Scotia. Her career in occupational therapy, in part, helped lay the groundwork for her better-known career as a weaver of international reputation and as one of Nova Scotia's most important cultural producers of the twentieth century. Black ultimately became internationally recognized for her knowledge of, and skill in, weaving techniques. Such skills served her well in her capacity as Nova Scotia's supervisor of handcrafts in the Department of Industry, a position she held between 1943 and 1954 (McKay 1994, Ch. 3).

Occupational therapy did not fare well in Nova Scotia during the 1920s or 1930s, despite early initiatives. At the Canadian Association of Occupational Therapy (CAOT) 1930 annual meeting, it was reported that there was only one occupational therapist at work, despite the "great need ... in many of the hospitals." In neighbouring New Brunswick, occupational therapy was said to be at a "standstill" (CAOT Collection, Box 21). There were no Nova Scotians among the 94 occupational therapists in good standing with the CAOT in 1938.⁵ Other aspects of health services also faced significant challenges in the Maritimes. Public health nursing in Nova Scotia, for example, had only limited success during the 1920s, while Prince Edward Island did not establish a health department until the early 1930s (Baldwin 1990; Twohig 1998; Twohig 2001b). In New Brunswick, a rural health unit established in the early 1920s through the support of the Rockefeller Foundation withered because the provincial government would not shoulder the financial burden of supporting the project (Reid 1984). Mary Black lamented the underdevelopment of OT in correspondence with Nova Scotia Hospital Superintendent J.L. Churchill in the mid-1930s. Black longed for the day when there would be "Occupational Therapy in every Hospital, County Farm and Home (where it is

needed) in Nova Scotia," adding that "it could and should be done" (Black Collection, Vol. 2876, Folder 17). F.H. Sexton contrasted Black's career with the state of occupational therapy in Nova Scotia. He wrote to Black (Black Collection, Vol. 2876, Folder 17):

You have travelled a long way in occupational therapy since you left Nova Scotia, but we have not even held our own in this field. Even though Dr. Lawlor considered occupational therapy an essential for good treatment we could not appoint ward aides after the Dominion funds were withdrawn. The work at the Nova Scotia Sanatorium is also desultory and amateurish.

I am afraid the province will not move anywhere in this direction in the near future because of the pressing needs which are apparent for additional building accommodation, extensive nursing staff, medical staff and other fundamental expenditures.

Indeed, Mary Black had traveled a long way. Like many young people from the Maritimes, she left to pursue better opportunities elsewhere. And occupational therapy, like many other aspects of health services in Nova Scotia, would have to wait another generation before being firmly established in the province.

ENDNOTES

1. Mary E. Black, "Challenge to a Therapist" [Letter], *American Journal of Occupational Therapy*, 3.1 (1949): 45-48. Research for this project was funded through a Canadian Institute of Health Research post-doctoral fellowship and a research grant from Associated Medical Services, Inc., through the Hannah History of Medicine Program.
2. In their key 1982 review article, Joan Jacob Brumberg and Nancy Tomes (1982, 75) argued that while women's historians had successfully demonstrated that gender was a key factor in structuring occupational hierarchies, historians of professionals did not incorporate gender into their accounts, "even in those historical works that have examined a predominantly female profession." Since then, studies of occupational groups which are significant employers of women have increasingly explored questions of gender, identity, skill and professional formation.
3. Biographical details on Mary Black may be found in McKay (1994, Chapter 3) and Lotz (1986, 19-24). Nova Scotia Archives and Records Management holds her extensive private papers (Mary E. Black Papers, MG 1), while the records of the Nova Scotia Society of Occupational Therapy provided additional detail (NSARM MG 20, Vol. 1876).
4. Overwhelmingly, women migrants were single and, if case studies of Boston, Massachusetts and Portland, Maine are typical, most often worked as domestic servants (Beattie 2000; Beattie 1989; Thornton 1985; Brookes 1981; Brookes 1976). A Boston social worker writing in the early twentieth century noted that in addition to working in domestic service, Maritime women could also be found working in hotels and restaurants, offices, schools and hospitals (Kennedy 1975). When one Boston-area hospital could not fill training vacancies in the 1920s, it advertised with success in Halifax newspapers (Reverby 1987, 80).
5. *Canadian Journal of Occupational Therapy and Physiotherapy*, 5.2 (October 1938), pp. 78-79. It should be noted that almost two-thirds of the members were in Ontario.

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Black Collection. Mary E. Black Papers, Nova Scotia Archives and Records Management, MG 1, Vols. 2143, 2876, 2880, 2881, 2882.

CAOT Collection. Canadian Association of Occupational Therapy Fonds, National Archives of Canada, MG 28 I 495. This material was unprocessed when I made use of it during May 2001.

NSSOT Collection. Nova Scotia Society of Occupational Therapists Collection, MG 20, Vol. 1876.

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To Desire

I carry ocean
in my pockets
dip hands

carry the smell of seaweed
to my mouth
drink saltwater

waves tumble
break against my hips
invade skin

to a high tide
saline and wet

Joanna M. Weston