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Fulbourn Hospital (Opened in 1858 as the Cambridgeshire and Isle of Ely Pauper Lunatic Asylum)

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Editorial

Welcome to the second issue of the *Bulletin*. July saw the official launch of the UK Association for the History of Nursing (UKAHN) at the School of Nursing, Midwifery and Social Work , University of Manchester. The impressive new Jean McFarlane Building provided a striking setting – and the torrential rain outside failed to dampen the spirits of the enthusiastic participants. The history of nursing as a discipline is clearly in fine fettle and the UKAHN intends to provide an appropriate focus for its further development.

John Adams

Editor

Mission Statement

The mission of the United Kingdom Association for the History of Nursing (UKAHN) is to promote the development and advancement of Nursing History. This is achieved through scholarly work and public outreach. Further, the Association brings together individuals and associations in order to provide mutual support and opportunities for collaboration.

Purpose and Aims

The purpose of the Association is to provide a United Kingdom focus for the development of the discipline of Nursing History. It has three aims:

1. To promote scholarly work in Nursing History, by providing a mutually supportive network of individuals working in the field and by creating opportunities for direct collaboration on significant research projects.
2. To promote the public understanding of Nursing History, by supporting initiatives for public engagement.
3. To gain recognition for the discipline of Nursing History throughout the United Kingdom. This will be achieved in several ways

- by accessing existing links with key disciplines, such as Nursing, History, and Medical History;
- by organising high profile events, including international conferences;
- by supporting significant outreach initiatives such as museums and popular events
- by producing high quality publications
- through the UKAHN online Bulletin

What is the 'best evidence' for researching nursing history?

Claire Chatterton

Introduction

In this article, the concept of 'best evidence' in nursing history research will be discussed. It will focus on mental health nursing history and will reflect on the nature of the search process that was utilised to identify a topic for exploration and the resulting research questions that arose. The sources that were found will be discussed and analysed. Finally, the implications of this will be discussed in relation to the nature of historical research.

What is the best evidence?

The concept of best evidence is one that is a recurrent theme in the evidence based practice literature (Sackett et al, 1996). Different forms of evidence in medicine and health care are commonly organised into a hierarchy or series of levels based on the methodology used to generate them. The best evidence, at the top of the hierarchy, is seen as that provided by systematic reviews of randomised control trails, often referred to as the 'gold standard' in research. The least useful is seen as that derived from expert opinion (Newell and Gournay, 2000). This can interpreted as reflecting a positivist, scientific approach to the nature of evidence (Hamer and Collinson, 1999).

For the historian the need to find the best evidence could be seen as equally important. As Tosh (1991, p.30) says "whether the historian's main concern is with re-creation or explanation, with the past for it's own sake or for the light it can shed on the present, what he or she can actually achieve is determined in the first instance by the extent and character of the surviving sources." It is, he argues, the mastery of these sources, that is a hallmark of historical scholarship.

The historian of mental health nursing can draw from a variety of sources. There are the primary sources, the raw data, "sources which are generated within the period being studied" (Marwick, 2001, p.156) and secondary sources, "the digested, interpreted or reported data of primary historical material" (Rafferty 2000, p.205). Marwick (2001) has argued that it is

important to understand the distinction between not only the primary and secondary sources but between the different kinds of secondary source. He argues, "There are different types and levels of secondary sources. These range from the highly specialised research-based work, through high quality textbooks which incorporate some personal research as well as summarise the works of others, to the simpler textbooks, and then on to the many types of popular and non-academic history" (Marwick, 2001, p.27). The value that is given to these sources reflects the ideological position of the historian – crudely between those who consider history to be a science which can generate laws or facts and those who see it as an art and inherently subjective (Tosh 1991). For some historians this debate has moved on to a post -modern perspective, where there are no historical truths, only assumptions, and the validity of history as a discipline is called into question (for example Southgate, 1996). This has however been challenged by historians such as Evans (1997), who have argued that objective historical knowledge should be striven for, and is attainable.

Thus, debates amongst historians about what is the best evidence can be seen to derive from their ideological stance. For some a hierarchy of evidence can be drawn up in the same way as it has been in evidence-based medicine or health care. For example, Marwick (2001) argues that in the structure of their bibliography a researcher places their material into a certain implied hierarchy. Firstly the archive collections are listed, then the rare printed materials, then government printed materials, and then lower down contemporary pamphlets, newspapers and periodicals. For Tosh (1991, p.65) though, "historical research is not a matter of identifying *the* authoritative source material … for the majority of sources are in some way inaccurate, incomplete or tainted by self-prejudice and self-interest." He argues that it is more important to examine as many pieces of evidence as possible, rather than valuing some sources more than others, evaluating and interpreting them all, a different approach from the 'levels' of evidence-based practice and hierarchy of historical evidence discussed earlier, and this is the approach which was adopted by the author.

Primary sources

History can be seen as attempting to re-create the most important features of the past on the basis of often imperfect and fragmentary evidence. It is therefore important to accept that the primary sources will never be complete. This is certainly true in the history of mental health nursing. As Nolan (1994, p.151) points out,

> "Being able to access one's history either as an individual or as a professional group is dependent upon the safe preservation and availability of clear and accurate records. In the nineteenth and early twentieth

> centuries, mental nurses were not expected to keep records nor indeed to value what they are doing. All official records were written by either the Clerk of the Asylum or the Physician Superintendent and frequently biased so as to suggest that the institution was enjoying greater therapeutic success than was the case."

It is therefore necessary to exercise discrimination when exploring primary source material relating to the history of mental nursing.

The large psychiatric hospitals had extensive record keeping systems, which can provide the historian with a wealth of material for research. However the survival of these records varies from institution to institution and a search of the contents of county record offices, where many county asylums' and mental hospitals' records are kept, reveal a great deal of variety in what was saved in each individual institution. For the purposes of the author's research, the search process for primary material began with an examination of the catalogues of three local county record offices (or archives). One was in a metropolitan area, one a predominantly agricultural area and the other in a mixed area of both industry and agriculture. Their catalogues were searched on the world wide web and then individual offices were visited to inspect archival material. This was primarily to discover which themes emerged from an examination of the records there, in relation to mental health nursing. From an examination of records such as the annual reports, it soon became clear that shortages of staff were a common issue and this provided the impetus for study. Later other county record offices were examined at random; partly to see whether similar themes, and also differences, could be found elsewhere. Different parts of the country were selected to give a spread of mental hospitals across both urban and rural areas.

The records found reflected Mitchell's comments (2000, p.63) when he spoke of, "the erratic process of preservation." During the closure of the large psychiatric hospitals, many records were destroyed or lost and their survival and subsequent transfer to an appropriate archival repository seems to have largely depended on serendipity and the intervention of staff that recognised the importance of their preservation. Evans (1997) sees the preservation or destruction of records in hierarchical terms. He argues that the records that were destroyed were often those of the staff with the lowest status and those that survived were related to those who the most powerful. To apply this in the field of mental health therefore, it was found that most county record offices have a set of the annual reports of the hospital, which were written by the men who ran the asylums, but not all have any records of their other staff. This reflects the power relationships in asylums with the medical superintendent at the top of the hierarchy and the nurses in a subordinate position (Nolan, 1993).

Selection of sources

An initial overview of the sources in the county record offices and archives utilised revealed a great deal of concern, and at times alarm, over nursing staff shortages in mental health institutions. This seemed to be a constant theme, but was particularly acute in the twenty years following the inception of the NHS. This then led to two research questions-

- Why had there been such serious difficulties in recruiting and retaining mental health nurses during its history, and in particular during the first two decades of the National Health Service, and what were the explanations that were given for this?
- What were the strategies utilised to try and ameliorate this problem and how effective were they?

Having done a preliminary search of the records of individual institutions it was decided to look at the records of official bodies that were involved in the development of mental health nursing and the following sections will examine these in more detail.

Ministry of Health

Initially a search was made of the Ministry of Health's files between 1948 and 1968. Like many Government documents, these are stored in the National Archives (formerly the Public Record Office) at Kew. A key word search (using mental nursing, recruitment, wastage and shortage) revealed over twenty one files, which appeared to be relevant to this topic. There were a large number from the 1950s, which seemed to be related to the recruitment campaigns of this period. These had been referred to, for example, in Webster's work on the history of the NHS (1988). The files' contents included reports, minutes, correspondence, memoranda, recruitment literature, posters and some statistical data. These revealed important information about the recruitment and retention of mental nurses in this period.

Ministry of Labour and National Service

It soon became apparent that it would also be necessary to search the Ministry of Labour and National Service's files too, as the Ministry of Health's files reveal that both these ministries were involved in the recruitment of nurses in this period. Thirty five relevant files were identified following a key word search. As with the Ministry of Health's files, these were ordered and searched by systematic reading for the themes that were deemed relevant, that is recruitment, retention and shortages in mental nursing.

General Nursing Council

Having searched these two Ministries' files, a search was done of the records of the General Nursing Council for England and Wales (GNC), whose records are also held at Kew. Of particular interest were the records of the mental nursing committee and sub committees (NA, DT5). This committee was established as a special standing committee to consider issues relevant to mental nursing. In 1951 it was reconstituted as a statutory committee and was primarily concerned with the training and examination of mental nurses. Sub committees included ones to review the syllabus (1962-5), future training policy (1962-73) and the introduction of the enrolled nurse into mental nursing (1961-4) (Bendall and Raybould, 1969).

The Royal College of Psychiatrists

The Royal College of Psychiatrists has been the professional body for psychiatrists for over one hundred and fifty years. It has been known by a variety of names. In the period under investigation (1948-1968) it was called the Royal Medico-Psychological Association (RMPA). It has its own archives at its headquarters in London. These were searched and were found to contain examples of handbooks, regulations, syllabi, examination question papers, registers of those who passed the nursing examination, some pamphlets and also minute books.

The Modern Records Centre

This centre at the University of Warwick, acts as a repository for the records of many trade unions including the main trade union for mental nurses in this period, the Confederation of Health Service Employees (COHSE). Again as in the previous archives, a catalogue search was carried out on the internet, using key words, and this was followed by a personal visit in which several days were spent in reading files that offered potential sources of information, relevant to the research themes. These included minutes of the National Executive Committee (NEC), the union's journal (The Health Services Journal) and some files that had been grouped together under the title, 'Post –war staffing crisis' (MRO, MSS229/6/C/CO/3/3).

The Royal College of Nursing Archives

Lastly a visit was made to the archives of the Royal College of Nursing (RCN) in Edinburgh. This had not been considered initially as the RCN had not admitted either mental health nurses or male nurses until 1960 (McGann et al, 2009). However, conversations with one of the archivists revealed that the College did hold a small amount of relevant records and these

were examined. For example, a Society of Mental Nurses had been established as part of the College, open to women who were general and mental trained only, and some of their private papers were retained (RCN, C/265). The archives also contained the minutes of the National Association of Chief Male Nurses (RCN, AMN/07/54) and a file of miscellaneous papers related to mental health (RCN/5/1/M/9) was also found.

Journals

Key word searches were also utilised in an examination of professional journals of the period, 1948-1968. The main nursing journals of this period were examined, the Nursing Times, Nursing Mirror and the British Journal of Nursing. Relatively few references to mental nursing were found, reflecting perhaps the domination of general nurses in these publications. More discussion was found in the two most well known medical journals of the day, the Lancet and the British Medical Journal. The Journal of Mental Science, the journal of the RMPA, was also searched at the Royal College of Psychiatrists' Archives in London, as were the relevant years of the Health Services Journal in the Modern Records Centre. These were all searched by hand, using the index, except the British Journal of Nursing, which was searched online. However, missing indices caused a problem in some years for the Nursing Times, the Nursing Mirror and Health Services Journal and these years then had to be searched by hand. This can lead to a more meticulous examination of the material as indices can be unreliable. However, this was very time consuming. Thus it was not feasible to search all the journals by hand and indices were used where available.

Hansard

Lastly Hansard, the record of British parliamentary proceedings, was scrutinised to examine to what extent the shortage of mental nurses was a matter of political concern and debate. Again this was done manually using the index and the key words, mental and psychiatric nursing. A large number of references where found which related to the shortage of mental nurses in this period, particularly during the 1950s. This was evidence of the high levels of concern at government level about this issue.

A consideration of textual analysis

The search process that has been outlined above can be seen as an inductive one. Sources that had originally been explored led to other areas of inquiry. Meticulous reading of the contents of many files proved a time consuming process. Some files contained little of relevance, others were a rich source of data. Even in retrospect, it is not always easy to provide a clear rationale for how important any particular source will be. The nature of

searching has been described to aid transparency but the researcher was constantly aware of the potential pitfalls that could occur. Rafferty (2000) has pointed out that one of the key determinants in the historical research process is the way in which the data is interpreted

It is important therefore to be self aware, as well as rigorous, and have an understanding of one's own frame of reference, motives and interpretative framework. It is easy to examine the past with twenty first century eyes, described by Tosh (1991, p.144) as, "present mindedness" and the researcher needs to be on their guard for this. It is also easy to make assumptions based on personal experiences. A background in mental health nursing could offer added insights but also affect aspirations to objectivity. As Jenkins (1991, p.12) points out, one of the epistemological frailties, or limitations, of studying history is that, "nobody, however immersed in the past, can divest himself/herself of his/her own knowledge and assumptions." For example, it is tempting to make a direct comparison between recruitment problems and issues in the twenty first century and the post war years. This would, be misleading, however, because circumstances are so different.

One helpful tool that facilitated the analysis and evaluation of primary sources was the framework provided by Marwick (2001) in which he poses seven questions. He describes this as a "catechism" for the use of the researcher. He asks,

- Is the source authentic, is it what it purports to be?
- When exactly was the source produced? What is its date? How close is its date to the date of the events to which it relates, or to dates relevant to the topic being investigated? What is the significance of the particular source being studied?
- What type of source is it? A private letter? Or an official report, a public document of record, or what?
- How did the source come into existence in the first place and for what purpose? What person, or groups of person, created the source? What basic attitudes, prejudices, vested interests would he, she or they be likely to have? Who was it written or addressed for?
- How far is the author of the source really in a good position to provide first hand information on the particular topic the historian is interested in? Is the writer dependant, perhaps, on hearsay?
- How exactly was the document understood by contemporaries? What, precisely, does it say?

- How does the source relate to knowledge obtained from other sources, both primary and secondary?

(Marwick, 2001, pp.179-183).

An example of the application of this catechism to this research was a consideration of a file found in the Norfolk record office, entitled *Nursing Publicity Campaign Meetings. 1965-70.* (NRO, SAH/533). This consisted of the minutes of meetings held between the various hospitals in the Norwich area. The source's authenticity can be established by cross referencing items mentioned to other sources. For example there is discussion about the production of a publicity brochure for St. Andrew's Hospital to recruit more mental nurses and this brochure was found in another file (NRO, SAH/333). As these are minutes of meetings the dates on them reveal that they were produced soon after the meetings and they are thus close to the dates of the events to which they relate. They are therefore official documents and came into existence to maintain a record of deliberations. However like most minutes they are not a verbatim transcript of the discussion and only provide a summary. Therefore the documents are not dependent on hearsay and the author of the source does provide first hand information. It is important, though, to note that, they are evidence of what the minute taker deemed to be the most important points. For example it is clear that running a publicity stall at the Royal Norfolk Show was the subject of some debate and dissension but very little detail is given to illuminate this. To answer Marwick's (2001) last question, this source can be related to knowledge obtained from other sources, both primary and secondary. The Norfolk record office had other files concerning mental nursing at St Andrews' Hospital in this period (for example NRO, SAH 34, 35, 534 and 535) and these can also be compared with material from other hospitals in different parts of the country.

When considering textual analysis as a methodology, Mann Wall (2006) describes it as a means of gathering and analysing data and making likely interpretations of that information. She says that it involves analysing not only what is represented but also how it is represented. Scott (1990, p.31) reminds the researcher that the historian has to place documents within the context of the conditions in which they were produced as, "textual analysis involves mediation between the frames of reference of the researcher and those who produced the text." He argues that in reading documents and records the researcher has to consider the 'intended content' of the text (that is what the author intended to say) and the 'received content' (the meaning constructed by its audience). For example some of the notes written in the margins of some memos and letters in the Ministries' files, may have been intended as primarily for internal discussion between civil servants. They may not have had an awareness that these would be opened to public scrutiny which may explain their

candour. The Public Records Act (1958) which provided a framework for the management of public records was introduced during this period and after this date, it is likely that civil servants would be aware that their comments would be open to public display, albeit long after their retirement as government records were to have a closure period of fifty years. This was reduced by the 1967 Public Records Act to thirty years (Shaw, 1994).

Scott (1990), like Marwick (2001) and his seven question catechism, also provides a useful checklist which was utilised when working in archives and examining documentary evidence for this thesis. He calls this, "quality control criteria" when assessing documentary sources –

- Authenticity : soundness and authorship. Is it genuine and what it purports to be?
- Credibility : sincerity and accuracy. How distorted are its contents likely to be?
- Representativeness : survival and availability. Are the documents consulted representative of the totality of the relevant documents?
- Meaning : literal and interpretative understanding.

(Scott, 1990, pp.19-35)

An example of this could be the annual reports of a mental hospital, such as Graylingwell Hospital at Chichester (e.g.WSRO, MJ/2/1-7, MJ/4/1-5 and MJ/16/1-9). These are stored in the West Sussex record office and their provenance will therefore have been scrutinised on receipt in the archives. These annual reports usually contain a report from the medical superintendent, a summary of the Board of Control's visits and their findings, the hospital accounts and a report by the Chaplain. To focus on the medical superintendent's reports, it is not always easy to tell how distorted the contents are. He had, it could be argued, a vested interest in painting the asylum in a positive light and thus while he may have been sincere, he may also have been conveying an optimist tone. His success and prestige was dependent on the effective running of the hospital and this has to be considered when utilising these reports as research material.

West Sussex record office does not have a complete set of Graylingwell's annual reports as some are missing. Therefore, this does raise questions about their representativeness as the totality of the reports is not present. In terms of their meaning they can be interpreted literally or utilising existing knowledge to provide a context for analysis. Thus a reader could think it admirable that the superintendent has outlined all the major accidents and sudden deaths that have affected patients and staff, as this is transparent and honest. In fact, he was required to do so by the Board of Control, as comparison with other hospitals' annual reports

reveal. They all appear to have been written using the same format and so this is a standard feature of other Medical Superintendents' reports. These reports need to be double checked against patient records to support their veracity but this is not possible as patients' records are closed for one hundred years. In terms of staff shortages though, his comments on this can be compared with data in staff registers, which survive for example in some hospitals.

A consideration of oral history

Having considered archival research and textual analysis the use of oral history as a method of historical research will now be considered. Proponents of oral history have argued that it can open up new lines of enquiry to the historian as it can give a voice to those who have traditionally not been well represented in historical study. As Thompson (1998, p.28) says, "Oral history is a history built around people. It thrusts life into history itself and it widens its scope." As Perks and Thomson (1998, p.1) point out, perhaps the most significant feature of the growth of oral history has been the inclusion within the historical record of the experiences and perspectives of groups of people who might otherwise have been "hidden from history." For example, it is difficult to gauge the views of those who lived and worked in the large mental institutions as they are so often hidden from view in official histories. It could also be posited that historians have not been traditionally interested in the experiences of some groups in society. As Caunce (1994, p.13) says "all too often, ordinary people still appear only in fleeting glimpses in records complied by others for their own reasons." Oral history can provide a means of addressing this issue and is particularly useful for a study that covers the 1950s and 1960s, as many nurses are still available to tell their stories.

Twelve people who had trained as mental health nurses were interviewed.. A retired Matron (of a large mental health hospital between 1953 and 1972) who was actively involved in the recruitment of nursing staff was also interviewed. The memories of the thirteen people interviewed were intended to give some insights into this topic so this meant that the sample size was less rigidly defined than it would be in a quantitative study. This was compared with other research in the history of nursing which have used oral history as part of their research. Nolan (1989), for example, interviewed twenty nurses who had trained in the 1940s and Mitchell (2000) seven.

Interviewees were found by word of mouth. A snowballing effect took place with initial volunteers suggesting friends and former colleagues (it was not necessary to advertise). All volunteers were sent a letter outlining the purpose of the study and a consent form. The purpose of the study was also discussed face to face, immediately prior to the interview, and the consent form was explained. This was to ensure that informed consent had been

obtained. All the interviews were taped and subsequently transcribed in full. A copy was sent to the interviewees to check and add comments and they all gave their consent for quotes from their interviews to be utilised in this research. All the transcripts were edited to remove any mention of people's names or individual hospitals to preserve anonymity and again, this process was explained to the interviewees both verbally and in writing. When recruiting volunteers to be interviewed an attempt was made to have a mix of both genders and nationalities amongst the group to reflect, to some degree, the gender divide in mental nursing and the input of many recruits from overseas. Some interviewees spent all their working lives in mental nursing; others did not and left to pursue other avenues. A geographical spread was also attempted by interviewing nurses from a variety of training hospitals in England.

The interviews took the form of semi – structured interviews and the interviewees were asked three main questions -

- Why did you become a mental health nurse?
- What did you like about mental health nursing? (Why did you stay?)
- What didn't you like about mental health nursing? (Why did you leave?)

As Mitchell found (Mitchell and Rafferty, 2005, p.79) in his oral history interviews of learning disability nurses, having asked the first question, "the subsequent format of each interview varied, as some interviewees were keen to direct the agenda, while others were happy to be led by the interviewer." For example, it was found that while some of the nurses interviewed, answered these three questions and were succinct, others talked at great length about the different wards they worked on and the new treatments that were being introduced. One male nurse, for instance, had been involved in a brief attempt to use LSD (lysergic acid diethylamide) as a treatment for schizophrenia. Others were keen to say what they felt was wrong with psychiatry and nursing today.

On reflection these broad questions, while providing a framework for the interview, could have been refined to provide more detailed, specific information and other questions could have been asked. For example, was there a staffing shortage in your hospital? If you stayed in nursing, did any of your friends leave and if so why? Were there many nurses from overseas in your hospital? Do you remember any recruitment initiatives at your hospital?. However using a semi-structured approach did give some freedom to the interviewees to express their thoughts and may have led to the inclusion of material that a more structured approach would not. In addition, the use of the same questions allowed some comparability between

the interviews. This approach to interviewing thus combined elements of both qualitative and quantitative research (Parahoo, 1997).

Criticisms of oral history

A variety of interesting data arose from these interviews but it is important to remember that oral history also has its critics. Grele (1998) summarises criticisms of oral history into three categories –

- Interviewing and questioning techniques,
- Concerns over research standards
- Questions of historical methodology, for example sample size, bias, validity and reliability.

A range of questions could be posed concerning the interviews conducted for this thesis. For example, the oral history interviews provided a rich source of data about recruitment issues in this period; however, the interviewees are not necessarily representative of their peers. In addition, it is impossible to know how accurate, or truthful, people's memories are. The whole nature of oral history is that it based on memory and not recorded at the time. This is one of the reasons why the oral history interviews were not the only source of evidence utilised in this research study. They do, however, add human detail to the narrative and they provide an insight that is absent from documentary sources.

These methodological issues are not however unique to historical research, indeed similar criticisms have been made of qualitative research (Silverman, 2006). As Holloway and Wheeler (1996) illustrate, qualitative research focuses on people's lived experiences and the interpretations and meanings which they attach to these. Similarly, oral history focuses on human experiences and their interpretation and thus it could be argued that there is no single truth to be found in this approach but merely different interpretations. As Holloway and Wheeler (1996, p.4), say, "By observing people and listening to their accounts, researchers seek to understand the process by which participants make sense of their own behaviour and the rules which govern their practice."

It is also important to recognise, as Carter and Porter (2000) point out, that the criteria of validity and reliability were developed within the quantitative paradigm and these do not always fit well with qualitative research's focus on the meanings people have. In addition one of the strengths of oral history is that it complements written, printed and visual sources but can also sometimes challenge them (Howarth,1998). In this study, the main source of data

was derived from archival material but oral history was utilised as a means of offering insights by considering some insider accounts of mental nurses' experiences in this period. It was found that the material that resulted from the oral history interviews did not always concur with the official explanations that were given for nursing shortages at this time and reveals, at times, a dissonance between rhetoric and reality. As Rafferty (2000, p.206) says, "in many ways historical research has much in common with qualitative research in its acknowledgements of multiple realities and triangulation of methods".

The context

The final part of the research process was to develop a deeper understanding of the period in which this was taking place. As Coppock and Hopton (1993, p.13) point out history, "is not some kind of storehouse of pure, uncontaminated 'proofs' waiting for the contemporary researcher to uncover their significance for the present. Historical events, documents or artefacts cannot be understood devoid of messy context – whether it be social, cultural, economic, political, ideological or religious." Nelson (2002) concurs when she says that historical data is only rendered meaningful through an analysis of the historical context in which events took place. Thus a reading of secondary sources in relation to the wider historical issues between 1948 and 1968 was used to aid this process.

Conclusion

The methodological approaches that were utilised to explore recruitment and retention in mental health nursing between 1948 and 1968 have been explored and critically analysed. The nature of what is the 'best evidence' has been discussed, as have different approaches to historiography.

Studying the history of mental health nursing can be both rewarding and frustrating in equal parts. As Firby says "historical research can provide us with knowledge and understanding of the achievements of individuals and groups of nurses in the past and show how they have contributed to the development of the profession as a whole." (1993, p.32) However great care must always be taken by the researcher that the evidence given is the 'best' available from which to make conclusions. As EP Thompson once said (cited in Tosh 1991, p.70) historical evidence must always "be interrogated by minds trained in a discipline of attentive disbelief."

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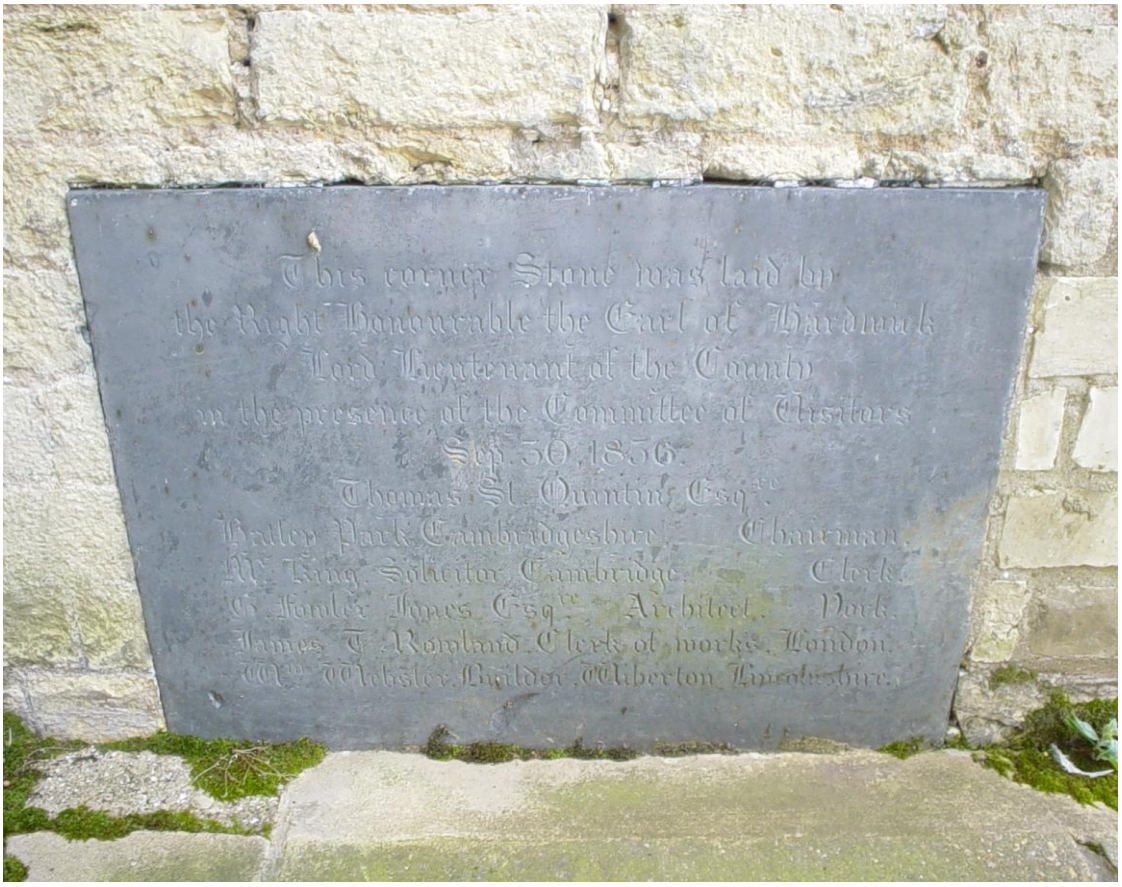

Foundation stone of the Cambridgeshire and Isle of Ely Pauper Lunatic Asylum

Nursing in Russia and the Soviet Union 1914-1941: An Overview of the Development of a Soviet Nursing System[1]

Susan Grant

Introduction

The history of Russian and Soviet nursing has not been written about to any great extent in English language texts; nor is there a substantial Russian language literature on Russian, and more so Soviet, nursing history.[i] Part of the reason for this is because the authorities did not attach any significant degree of public importance to the role of nurses, except during times of war. In spite of the widespread Soviet campaigns to emancipate and enlighten women, encouraging them to enter the workforce and contribute to society, the career or profession of nurse in the Soviet Union remained ambiguous and underdeveloped until the mid to late 1930s (and arguably until after the collapse of the Soviet Union).[ii] The Soviet nurse seemingly had no voice. Indeed, the only journal dedicated specifically to nursing (*Meditsinskaya sestra*) did not appear in the Soviet Union until 1942. As for pre-Soviet nursing, this was based on philanthropy and associated with religion, was not state organized, and fell under the control of wealthy patrons and the Red Cross. The revolutionary ferment of the early 1900s did lead to some growing professional consciousness amongst medical workers and women (as demonstrated during the 1905 revolution) but nurses were still on the sidelines of such movements. It was not until during the First World War and after the fall of Tsarist Russia that nurses began to organize themselves professionally, with the establishment of the Union of Sisters of Mercy in 1917, though this was disbanded just two years later.

This paper is a broad overview of Russian and Soviet nursing that begins by examining the transition from Tsarist to Soviet nursing and then traces the development of the profession in the newly emerging socialist society. Its purpose is to follow the trajectory of nurses and

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nursing, paying particular attention to changes in state attitudes or policy. It focuses on the Soviet period but also takes into account important pre-revolutionary developments which had hitherto served as the foundation of Russian nursing. The research is primarily drawn from the main state archive in Moscow (GARF) that holds collections on the Red Cross, the Commissariat of Public Health, the Union of Medical Workers, and the main City Hospital files. It also utilises material from several other Moscow archives and from archives in the United States as well as a wide range of published English and Russian language material. The conclusions drawn are preliminary and reflect the information found to date. The immediate aim of the paper is to shed light on Russian/Soviet nursing; the longer term aim of the project is to integrate the Russian and Soviet discourse on nursing history into the broader international history of nursing narrative, in order to better understand Russia's position within a comparative context.

The origins of organized nursing care in Russia emerged in the nineteenth century, when the communities of Sisters of Mercy (*obshchiny sester miloserdiya*) began to be formed throughout the country. Directed primarily by aristocratic, religious women with an interest in philanthropy, and later taken over by the Red Cross, these communities oversaw nursing care during times of both war and peace, proving so valuable that they expanded throughout the latter half of the nineteenth and early twentieth century. What had started out as charitable work eventually came to form the basis of nursing care in Russia, but the system of training and education was not state organized or standardised. The communities or *obshchiny* that were sponsored by philanthropic ladies and organized by the Russian Red Cross (founded in 1867) had their own set of rules and regulations, though these were generally similar. The communities in some ways resembled the nineteenth century motherhouse system that existed in the German states (whether belonging to the Protestant Deaconesses, Catholic orders, or the Red Cross) whereby the interconnectedness of motherhouse and church provided training to women who in turn would provide physical and spiritual care to patients (Schweikardt, 2008). In spite of the hardship experienced by these nurses, women continued to enter the communities. Since the establishment of the first sister community in 1844, there were an estimated 150 communities by the outbreak of World War One.

The conditions of war and revolution (February 1917) highlighted the important role of nurses and also, in the rapidly changing political climate, the need for some sort of coherent nurse leadership and organization. In August 1917 the First All-Union Congress of Russian Sisters of Mercy took place in Petrograd (now St. Petersburg), marking the first real attempt by Russian nurses to organize themselves on a national scale. Despite the ongoing war and

domestic upheaval, the congress of nurses established the All-Russian Union of Sisters of Mercy (*Vserossisskii Soiuz Sester Miloserdiya*) and set about tackling the improvement of nurses' rights in Russia. In discussing the communities, the sisters seem to have been quite active in calling for increased standardization (GARF f.R-5532, op.1, d.1, ll.4-5). The files that relate to the Union of Sister of Mercy discussions indicate that these women were trying to establish some degree of regulation. The material also shows that their frequently constrained efforts were symptomatic of the omnipotent political turmoil of these years, as well as the hardship and confusion experienced by ordinary people. Given such circumstances it is no surprise that the Union of Sisters of Mercy was never in a strong position and had little influence. Indeed, other nursing unions that had sprung up along frontal zones and in major cities during this time - also in an attempt to protect nurses' interests - were apparently unaware of the existence of this Petrograd union. In spite of the lack of coordination, the existence of such unions shows that nurses were clearly attempting to organize themselves in the midst of war and revolution. Within just a couple of months of the formation of the Union of Sisters of Mercy in Petrograd however, events were to once again set to change dramatically.

Revolution and Civil War

The Bolsheviks, having come to power in October 1917, recognized the need to have trained medical personnel to treat the wounded and the sick but recruited their nurses – known as "red sisters" – from the ranks of workers. At this time two week courses for sanitars[iii] had been organized, composed of factory workers who formed the Red Guard (Lopatkina 2009, p.108). At the end of October 1917 the Medical-Sanitation Department was established in Petrograd with the objective of organizing medical help for workers and soldiers and for the reconstruction of medical and sanitation institutes across the country. Further action was taken in February 1919 when the Russian Society for the Red Cross organized two month training courses for communist "red sisters" who were then sent to the civil war front (Lopatkina 2009, p.108). No doubt as a response to the establishment of new courses, the Commissariat of Public Health wasted little time in issuing textbooks for nurses, still called Sisters of Mercy (officially in use until 1926 when the nurse was then known as a "*meditsinskaya sestra*" or "*medsestra*", meaning medical sister). The continued existence of various medical institutes and organizations was soon ended by the Bolsheviks with the establishment of the All-Russian Professional Union of Workers and Medical-Sanitary Institute Personnel (later *Vsemediksantrud*) and the disbandment of the All-Russian Union of Sisters of Mercy. The new, larger union brought various levels of medical personnel, including nurses, together in the one union. From this point on nurses were categorized in

the Soviet Union as “middle medical workers” (*srednii meditsinskii personal*”) alongside *feldshers*[iv], midwives, and other categories of medical worker.

Once the union of nurses had merged with this main medical union in 1919, the voice of nurses began to fade once again and these sisters were then further undermined when the old communities began to be systematically liquidated with “normal schools for sisters” opening in their place in 1919 and 1920.[v] These schools, according to Commissar of Public Health Nikolai Semashko, were to be fundamentally different to the old, pre-revolutionary schools, with new programmes and study plans to be drawn up (Perfil’eva 1995, p.74). However, in reality there was little change from the pre-revolutionary system, with the study plans and programmes largely the same as before (Banshchikov and Propper 1928, p.121). Sisters, as those “at the beds of patients”, were still expected to be “clever” and “honest”, with a “correct understanding of relations toward the sick and their role in the life of the medical institute” and had to “execute all duties exactly as instructed by the attending doctor” (GARF, f.A-482, op.1, d.80, l.39). The main difference, as Elizabeth Murray has noted, was that the religious element was now absent (Murray 2004, p.135). With civil war (1918-1921) still raging and high levels of migration and emigration as well as famine (1922), there was an immense demand for medical workers, and so the experience and expertise of nurses, be they Sisters of Mercy or “red sisters”, were desperately needed.

The epidemic hospital in Samara: examining a sick woman.

Russian refugee girls in training (with the Quakers)

(Images courtesy of American Friends Service Committee, Philadelphia [Russian album]).

Throughout the immediate post-revolutionary years nurses continued to work and tend to the needs of a population ravaged by war, hunger, and disease and did so in deplorable living and working conditions. According to the US National Information Bureau's Russian health survey in 1922, such conditions were taking their toll on the health of medical workers and "over 75% of all nurses in Russia" were "living on incomes too low to provide the bare necessities of life" (AFSC, General Files: Foreign Service; Russia). So desperate were the conditions that in some areas senior medical students were even called on to assist in smallpox vaccination campaigns (GARF, f. A-482, op.14, d.58, l.2). Such difficult circumstances were certainly not conducive to the establishment of a successful medical training system as the Commissariat for Public Health (*Narodnyi Kommissariat Zdravookhraneniya*; hereafter Narkomzdrav) struggled to cope with the huge demands placed on its limited resources. The young socialist state needed its medical workers but such qualified workers were becoming harder to find. Adequate training, direction, and support were needed. With many medical personnel, including nurses, having lived through war, revolution, civil war and now famine, they were faced with an uncertain future as the civil war drew to a close. What would happen once conflict and famine came to an end– where would nurses belong in the new state?

Early Soviet Nursing

As Bolshevik anti-religious campaigns raged, science and education became the focus of state attention. If the "New Soviet Person" was to be created then education was vitally important. Medical education was no exception and, as in many other areas of political and cultural significance, it too became the subject of frequent revision throughout the 1920s and 1930s. One of the first signs of a new peacetime commitment to health education came in 1922 when the decision was made to transfer middle medical education to the Committee for Professional-Technical and Social-Scientific Education (Glavprofobr), which was under the Commissariat of Education (middle medical education was transferred back to Narkomzdrav in 1930). This Committee held the First All-Union Conference for Middle Medical Education which set out the type and range of medical institutes to be established for the education of "middle medical personnel". At this conference it was noted that nurses "should not just follow doctor's orders" but "know and understand the meaning and role of medical treatment" (Banshchikov and Propper 1928, p.144), a statement that was still a far cry from conferring nurses with any kind of professional independence and provided no guarantee of improved status. The 1922 conference decreed that nurses were to be trained in middle or secondary medical educational institutes (*srednee meditsinskoe uchebnoe zavedenie*, sing.) for a period of two years, but after reviews in 1924 and 1925, this was extended to a period of two and a half years by the Second All-Union Conference of Middle Medical Workers in January 1926. Dissatisfied with the standard of medical worker being produced by the educational system, all of the above secondary medical educational institutes were to be re-organized into medical technical schools or polytechnics (*technikumy*) with different departments for midwifery, nursing, etc. and all those entering were to have a basic seven years education. Also noteworthy about this conference was that it called for the further establishment of other types of training for nurses, such as evening courses of three year duration for workers (an initiative that received increased attention in the 1930s).

Until the mid to late 1920s the Soviet state seemed to be open to different types of training systems and courses, especially regarding nursing. It is evident too that the Soviet state maintained a keen interest in developing medical and scientific links with the West. During the first half of the 1920s in particular there was considerable exchange of information between the Soviet Union and the United States, as well as with other countries such as Germany and Great Britain. Indeed, some of the journals sent by the New York Medical Academy to the Soviet Union between 1920 and 1923 included *American Nursing,* the *Journal of Social Hygiene*, and the *American Journal of Public Health* (GARF, R- f. 482, op.

35, d.55, l. 37). It was also clear from Narkomzdrav correspondences that during this period 1923-1926 there was a Soviet interest in British attitudes to health, especially childcare (GARF, R- f. 482, op. 35, d.69, l. 114). Indeed, in July 1925 a letter was sent to Moscow from a Narkomzdrav correspondent in London, which referred to Narkomzdrav's interest in the training of medical workers and especially nurses. In view of their interest in this matter, the London correspondent noted that an international training course for nurses run by the League of the Society of the Red Cross in collaboration with London University's Bedford College for the training of nurses might be of interest to Narkomzdrav and he duly attached the programme for the nursing course (GARF, R-f. 482, op.35, d.69, l. 153-154). The archival paper-trail, alas, does not elucidate whether or not the Health Commissariat wished to pursue a British style training system for nurses. What is clear is that all efforts to adapt a British or American-run (and indeed funded) training college for nurses in Russia ended in the late 1920s and early 1930s.

Nursing during the Early Stalinist Period, 1928-1935

At the end of the 1920s international and domestic events had the effect of drawing other organizations, besides the Commissariats of Health and Education, into the sphere of nursing education. The Communist Youth League, or Komsomol, began to pay attention to medical issues placing an emphasis on improving sanitation amongst the population, while Young Pioneer (youth organization for those aged ten to fifteen) members were encouraged to "draw their sisters and mothers" into the work of the Red Cross and Red Crescent (RGASPI, f. 1-M, op.23, d.792, l.32, 1927). It was at this time that medical training once again came to be viewed in conjunction with defence needs and from this point on the two issues of health and defence were frequently linked with one another, a trend reinforced by the establishment in 1930 of the publication *K sanatoriuu i oboronu* ('Towards Sanitation and Defence'). In order to once again train "red sisters", the Komsomol and Red Cross began to organize *kruzhki* or "circles" where such "sisters" or potential nurses would receive some theoretical and practical training (RGASPI, f.1-M, op.23, d.793, l.59, 68). In some cases it was intended that girls who attended the *kruzhok* lessons would be on an equal footing ("*ravny*") with those sisters who had finished full-time special courses (RGASPI, f. 1-M, op.23, d.794, l.34). This became official after Red Cross reforms in 1934 which saw course curricula reviewed in order to allow those attending two year Red Cross courses to work in the capacity of professional nurse (Naida 1936, p.362). However, overall, the involvement of other organizations and introduction of Red Cross courses largely served to complicate matters (Murray 2005, p.135).

The confusion was not helped by the introduction of some thirteen specializations into the technical school, an action undertaken by Narkomzdrav once control of middle medical education had been returned to it in 1930. Two years later, in 1932, the state decreed that this subdivision of medical personnel into so many categories had a negative impact, and so medical technical schools from that point on were to have only four specializations conducted over a three year period.[vi] As for nurses at this time, their training consisted of one years' preparation with a view to being able to care for the patient and assist the doctor (Perfil'eva 1995, pp.76-77). The nurse's primary medical duties were to take the patient's temperature, check the patient's pulse and breathing, as well as perform procedures such as enema. A new level of pay was introduced to distinguish between those nurses who had more training and experience and those who had not. A further decree in 1933 noted the still low level of nurse training in the technical school and the fact that there were insufficient numbers of graduates to meet the high demand for medical workers. In order to address this demand 3-6 month courses were introduced to train nurses, a move that led to even greater problems and as Galina Perfil'eva notes, produced nursing personnel with an even lower level of qualification (Perfil'eva 1995, pp.77-78).

While it is evident that the beginning of the 1930s witnessed a continuation of change and reform as a response to poor medical education standards, this at the same time began to be accompanied by the increased articulation of discontent among medical workers, including nurses.[vii] Disgruntled with their still low level of pay, nurses began to look for further salary increases to differentiate their status from other medical workers. It was becoming clear that if the state wanted well-educated and highly skilled nurses, then it would have to not only focus on education, but indeed address the issues of salary increases and improvement of working conditions in order to attract greater numbers to the career of nurse. This was especially so when those working in factories and plants, and record breakers more particularly, were publicly lauded and rewarded by the state. Nurses would have to wait until the end of the decade before they were officially awarded and publicly recognized for their work (TsAGM, f.552, op.1, d.46, ll.730b-80).

Professionalization and War, 1936-1940

Towards the mid to late the 1930s increasing attention came to focus on hospitals and beginning in 1936 – the year in which the reform inspiring Stalin Constitution was introduced – hospital directors and medical specialists from across the Soviet Union began to assemble and discuss in detail the situation which faced them on an everyday basis in the hospitals where they worked. Key issues included the role of nurses and the role which they

ought to play as well as the issue of patient care. Evidence of this changing focus in the direction of nursing could be found in establishment by Narkomzdrav of special courses for the qualification of senior nurse and a Council for Medical Education which was to examine all basic issues associated with "middle level health training". Middle medical education was revised in 1936 to reflect new Stalinist policies such as the emphasis on hospital construction. Nurse education consisted of training schools with two year courses for nurses but also kindergarten nurses (the latter a reflection of the Stalin Constitution and 1936 ban on abortion). In spite of continued reforms the status of the nurse continued to remain ambiguous, as did the myriad different duties which he or she could or had to perform.

Medical personnel, especially nurses, were frequently described as being seriously overworked, with long working days. In some instances, nurses were reported as not sleeping for two to three nights in a row because they were required to be on duty for twenty-four to forty-eight hours or more (GARF, f.8009, op.5, d.16, l. 7).[viii] The general impression was that nurses were severely overworked with responsibility for too many patients with whom they never really spent sufficient time. The reported lack of middle and junior medical staff led to a host of different problems, including a lowering of their qualifications, instability, a drop in worker discipline and so on (GARF, f.8009, op.5, d.16, l. 7). The two main reasons advanced for the huge shortage of middle level and junior personnel were firstly, the lack of dormitory accommodation available near the hospital and secondly, the low level of pay for these workers (GARF f.8009, op.5, d.19, l.11).

Problems with education also remained unresolved and impacted upon hospital life and medical standards, as evidenced by the comments of the deputy head of Leningrad's Botkin hospital, one of the Soviet Union's most important hospitals (GARF, f.8009, op.5, d.61, l.73). He had a low opinion of technical school graduates and considered them too young. These technical schools, he observed, "received anyone from age fifteen" with graduates consequently aged seventeen. Yet anybody younger than eighteen years was not permitted to enter the infectious disease ward and so "these girls did not have the right to work there" (GARF, f.8009, op.5, d.61, l.73). Moreover, when technical school graduates arrived to work in the hospital, staff had to "spend a year training and teaching these girls because having left the technical school they did not know how to deal with patients or perform basic medical procedures such as a compress or enema". The deputy head considered it necessary to re-examine the programme of training schools for nurses and the age of entrants in order to address the shortage in numbers of "genuine nurses, without which we could not exist" (GARF, f.8009, op.5, d.61, l.74).

Here, toward the end of the 1930s and on the eve of war, these discussions by hospital leaders indicate the first real signs in over a decade of organized high level interest in the status of the nurse and the contribution of nursing personnel to the healthcare system. The interest was not one-sided for nurses were attempting to organize themselves too, to some degree. The first sign of a coordinated professional identity beginning to be developed among Soviet nurses appeared in 1939 when several conferences, most notably in Leningrad, were convened by nurses themselves, with the help of the head doctors and professors (TsAGM, f.552, op.1, d.46, l.730b). In Leningrad nurses presented papers on topics such as patient care, surgery, trauma etc. and some of these were then published. The conferences by nurses, it was noted by Narkomzdrav, would "widely activate the nursing masses…and would raise the role and authority of the nurse – the first assistant to the doctor" (TsAGM, f.552, op.1, d.46, l.730b). The stand taken by these leading Soviet nurses won the admiration of many of their colleagues, but at the same time, there were criticisms. It was made clear for instance, by at least some doctors during the course of these discussions, that conferring nurses with an academic degree would be "wrong" and that there "should be no discussion of this" (GARF, f.8009, op.5, d.57, l.48). In spite of the now widespread recognition of the importance of nurses and the necessity of well-trained and educated nurses, there was still no commitment to confer any significant level of autonomy or greater professional rights to them. The opportunity to build on the nursing conference and advance the cause of Soviet nurses was soon interrupted by the German invasion of 1941 and Soviet entry into the Second World War.

Conclusion

When examining the development of Russian nursing in the immediate pre-revolutionary period to the outbreak of the Second World War it becomes evident that nursing was subject to constant change, the result of both political and social developments as well as developments in health education and standards. By the late 1920s the Five Year Plan and Stalinist policies saw more reforms introduced in nursing education, but it could be argued that these were not necessarily for the better as the attempt to involve more people in broader sanitation and public health courses led to falling standards in the quality of care and education. Notwithstanding continued reforms by the mid-1930s it was acknowledged that standards were still low and that nurses needed to be better trained, given more responsibility, and ultimately needed to receive higher rates of pay to reflect experience and qualifications. The need for further action was particularly recognized in the years 1939-1940 but by this stage looming war again placed the emphasis on short term courses and away from the continued development of a stable, Soviet system of nursing.

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Notes

[i] See for example Murray 2004; Curtiss 1966; Lopatkina 2009; Romaniuk, Lopatnikov, Nakatis 1988; Perfil'eva 1994; Shcherbinin 2004.

[ii] While the nursing profession did not seem to feature in Soviet female emancipation campaigns or grow in popularity, the medical profession did as the number of women qualifying as doctors increased substantially during the Soviet period.

iii Sanitars are best described as orderlies or hospital attendants who assisted the other medical personnel.

[iv] *Feldshers*, from the German meaning field barber or company surgeon, were first introduced into Russian armies by Peter the Great in the seventeenth century and by the nineteenth century could best be described as paramedics who were trained in first aid and were able to perform certain minor surgeries as well as administer certain medicines. These were often not very well-educated and filled practices in rural areas where there physicians were lacking. See Field 1967, p.127 and Ramer 1990, pp.121-145.

[v] In 1920 the Russian Red Cross and its property was transferred to the Commissariat of Public Health and it was largely on its former premises, where possible, that the schools opened (Murray 2005, p.135).

[vi] These were: medical assistant to a doctor, medical assistant to the sanitary doctor, pediatric doctor's assistant, and midwife and pharmacist (Perfil'eva 1995, pp.76-77).

[vii] Examples of the growing discontent can be found in the union archive files as well as the medical union publication, *Meditsinskii rabotnik*.

[viii] This occurred in spite of the purported six hour working day that nurses and other medical staff apparently worked.

Manchester launch of the UK Association for the History of Nursing

Speakers at the UKAHN Launch Event: (R-L) Christine Hallett, Jane Brooks, Carmen Mangion, Sue Hawkins, Carolyn Gibbon and Tommy Dickinson (Photo: courtesy Neil O'Connor)

A review of the launch of the UKAHN and its importance in shaping the future of nursing

Julia Jones

I was fortunate enough to attend the recent launch of the UKAHN on 6th July in Manchester, hosted by Professor Christine Hallett. It provided absolute clarity of the importance of the study of nursing history together with wider socio-economic subjects in order to influence the present and future of nursing by lessons learnt from the past.

When I received the agenda, there appeared, to me, to be a range of very interesting presentations but with no specific theme. However, as the day went on and, particularly after the final, thought provoking lecture by Christine, 'Nursing: The Lost Art?' I began to

further reflect on the presentations and subsequent discussions and soon began to thread aspects of each together to provide some clues to the issues raised by Christine.

The final lecture was the only one which started in the present day and commenced with the shocking experience of Christina Patterson, the Independent columnist who had, on Radio 4, described her awful experiences whilst undergoing six operations for breast cancer over a period of eight years at different hospitals. No-one listening to her recount her experience could defend it – it was indefensible and she would certainly assert that nursing is indeed a lost art.

Whilst the number of such occurrences is relatively low, they appear to be increasing as highlighted in several recent reports and headlines. The absolute numbers are too high and, I would also suggest that we do not know the actual number since many people choose, for several reasons, not to complain.

I commenced nursing as a mature student after more than 20 years in service related/client focused industries. Whilst I never came across incidents such as Christina experienced and I was exposed to many examples of excellent care, I also witnessed things with which I was very uncomfortable and was struck by levels of general unpleasantness both within teams and towards patients and families within what should fundamentally be 'a caring environment'.

I have felt for some time that, the root cause of this is the initial selection process. Yes, there are other factors and, in health care, there are many which can and do influence the quality of care but if you have a team with the correct core qualities, you have a solid base from which to address the challenges.

In my view, when people require medical intervention, it is the level of empathetic care they receive that makes the difference to a good experience or a bad experience - good communication, especially being listened to; kindness; caring and, yes, sympathy. It is these aspects, not the technical intervention (which is almost taken as a given) that really make the difference.

My strong view is that those qualities cannot be taught in the sense that, if they are not inherently part of someone, you cannot put them there. You can highlight them, stress their importance and continue to drive the message within every learning module but it is difficult to make such a significant change. My own training experience was that all of these qualities were stressed over and over again but it made little difference to some students. I have often

said to people who provide examples of poor care to me that students are not taught that way at all.

By comparison, technical skills and knowledge can, in the main, be learned. Professor Hallett's paper alluded to the change in emphasis in recent years to nurses becoming more technically specialised as one of the possible reasons for the loss of caring. Yet, do the two need to be mutually exclusive? I think not and the paper demonstrated this with evidence of good care within those highly technical and critical environments and which I have witnessed first-hand myself.

So, surely one must ensure the selection of an individual with the right core nursing qualities and add the technical skills and competencies. In her paper, Christine includes reference to Margaret Scott Wright, Britain's first Professor of Nursing who noted that whilst she may have forgotten her technical knowledge, the basics of nursing including tender loving care, talking to and supporting people would never leave her.

It was nurses with these qualities in Jane Brooke's paper who stayed with their patients when under fire in the Middle East during WWII. It was these 'subversive' nurses in Tommy Dickinson's paper who covertly refused to administer the barbaric 'cures' to homosexuals and who colluded with them as to their 'recovery' and it was these nurses who crossed the divide of sectarianism in Carmen Mangion's presentation.

Carolyn Gibbon looked at recruitment and retention in the 19th and 20th centuries - this, to me, is the key and, most importantly of all, whether the current selection process provides assurance of an intake in which the majority have the correct core qualities.

I have looked at several University's entry requirements and selection criteria and, whilst some do place value on caring and compassion most do not mention qualities at all even within required personal profiles. Others place more emphasis on the importance of competence in clinical practice and decision making skills. Some course aims include providing opportunities for students to develop the necessary knowledge and skills to become visionary thinkers, with the potential to lead future developments in research, education, policy and practice at national and international level.

Whilst attitudes are sometimes mentioned, crucially, actual good practice is often at the end of the list of objectives. Similarly, communication skills are included in some cases but the overall core qualities needed to deliver good nursing care are not sufficiently covered.

Sue' Hawkins's paper looked at the migratory patterns of women in the 19th and early 20th Centuries which, at one level, suggested that women effectively moved to take up nursing as a means of employment in what was regarded as a low skilled but paid job. Carolyn's comparison also found from nursing registers that the recorded shortcomings had not significantly changed and drew parallels with some of today's problems.

Is there something therefore around the fact that there may be a similar perception today to some potential candidates in terms of the requirements of the role? Is there also something around the fact that because student nurses are 'paid' during their training, this may motivate certain candidates? Whilst I am not suggesting that funding should not be given and, in fact, would argue that, any such withdrawal would preclude a great number of excellent candidates who may otherwise not be able to apply, what is important is that the selection process is sufficiently robust to ensure the selection of the appropriate candidates.

Christine's paper included reference to the anonymous writings of a nurse trained through one of the Victorian Sisterhoods known as "Sister Eva" and who, for me, sums this up perfectly when she refers to the distressed patient "….needing all our care, all our love, and drawing from us all the sympathy of which we are capable. What if we are capable of little of either?"

In a similar way, the profession should not fall into the trap of believing that good academic credentials = good managers. Good managers are those individuals with good people, communication and organisational skills who also have some technical knowledge. The profession needs to have good leaders to make a difference in the way that teams are managed and therefore the service delivered so that, most importantly, patients receive high quality care.

That is not to support the view held by some that too much time is spent in classrooms. My own view, based on my experience, is that the balance is right for it is within these classrooms that we are taught how it should be done without the unwanted pressures of poor practice. It is the qualities of those being taught that are the most contributing factors to success. Sound selection ensures good nursing practice which in turn provides future leaders, visionaries, teachers and researchers who will have an approach which is firmly entrenched in the qualities that make a good nurse in the first place.

Past and Present

The History of Nursing in the Islands of Zanzibar, Tanzania, East Africa.

Amina Abdulkadir Ali

Introduction

Zanzibar islands lie in the Indian Ocean 35 kilometers off the coast of East Africa with an area of 1651 square kilometers and a population of one million. Geographically Zanzibar consists of two main islands, Unguja and Pemba, and about 40 small islets around the big islands. Some of the small islands have recently been developed for tourist attractions with their beautiful beaches of white sands. "However, small the island of Zanzibar is, it has played a significant part in local and international history far beyond the proportion of its size and its population" (Ali, 2011). The reason was its easy access to traders and adventurers exploring down the East Coast of Africa from Arabia, India, China, Europe, and the slave trade.

Culture and people of Zanzibar

The people of Zanzibar are known as Zanzibaris and the national language is Kiswahili which is widely spoken in East Africa. The second official language is English and many people can read and write Arabic. The intermarriages of people from different parts of the world made Zanzibar people to be a "mixture of mixtures" as stated by Farouk Abdulla Al Barwani in their ethnic background (website: http://www.zanzinet.org/h_conc.html).

The history of nursing in Zanzibar

Zanzibar has very rich in history with a number of articles, books and documents describing key developments, like the centre of trade in East Africa, the introduction of Islam from 10th century, the Arab rulers from the Sultan of Oman, the coming of the Portuguese, slave trade, missionaries, the church, David Livingstone and Zanzibar as a British Protectorate. There are also publications on culture, tourism, a film festival and the unique art of the stone town.

"What is sadly missing is information, books and publications or official documentation on the history of nursing and the trends of professional development" (Ali, 2011). What is available that you can access is a little information on the Zanzibar Nurses' Association (ZANA) registered in 1992 from its website (www.zana.or.tz). The website needs an Information Technologist to assist them for regular updating. The author of this paper is the one founder of ZANA.

The Catholics and the Universities' Mission to Central Africa.

It may not be possible to write the history of nursing in Zanzibar without mentioning those who have introduced the profession in the islands. As the history of Zanzibar is rich in slave trade, culture and several other things that have been mentioned earlier, the history of nursing in Zanzibar is equally very rich because of its connectedness with the world pioneer of the nursing profession, Florence Nightingale. Christianity (Catholic) was introduced in Zanzibar in 1499 by the Portuguese who established a Catholic Mission in Zanzibar Town. The French Hospital was built and became operational in 1890 at Tumekuja Shangani Stone Town area. Over the time the hospital in Zanzibar was seen to be less essential and was converted into the St Joseph Convent School. There is limited documentation of who were the doctors and nurses at that time. On December 4th 1857 the British Explorer Dr David Livingstone made a strong presentation in his speech appealing for the sending of church missionaries from England to Southern and East Africa to preach the gospel and assist in freeing of the salves. The missionary society was formed as a result of his speeches at Oxford and Cambridge. The Universities' Mission to Central Africa (UMCA) came to Zanzibar. They built a church at the slave market, the school (St Monica's School) and the hospital was built at the same vicinity from 1873-1880. The slave trade ceased in 1880 when Zanzibar fell under the British Protectorate.

The main activities of the missionaries at this time were to take care of the homeless ex-slaves working on plantations and helping them to earn their living honestly. Both the Catholics and the Protestants made efforts to include church affairs in training at Kiungani ("St Andrew Teaching Training College" then known as the Theological College). The curriculum stressed faith, knowledge and discipline. For further details see the website: (http://www.zanzibarhistory.org/zanzibar_christians.htm) . Some of the students were likely to be among the first students undertaking bedside nursing from UMCA and they may also be among the first student nurses when the nursing school was established in 1938.

The British nurses and nursing training in Zanzibar

There was no particular time when nursing came to being. Nursing that we know today goes back to less than 150 years (Ellis and Hartley, 2004, p.107). May Allen is said to have been the first medical missionary in Zanzibar (Brown, 2005, p. 133). She took her nursing training at King's College. She arrived in 1875 with two Shropshire nursing assistants, Sophia Jones and Emma Durham, to make up a team. She did her work as a nurse in Zanzibar and by 1888 she moved to Magilla Tanga on the Tanzania mainland with three sisters from the St Raphael community. Margaret Breay SRN, SCM, FBCN, was First Vice President for Life, British College of Nurses 1926-1939 (Anon, 1940) and her star shines in literature of the history of nursing in Zanzibar. Margaret Breay started her nursing training in 1885 at the school attached to St Bartholomew's hospital, London and as a pupil she was noted for her devotion to work. The cleanliness and order of the ward were her pride as a basis of good nursing. She graduated in 1888. She studied obstetrics and got a certificate and was made a matron of Battersea Maternity Home where she got much credit from the work she loved. After two years she was offered a post of a matron of the Metropolitan hospital under the direction of St John's House. After sometime Margaret handed over St John's House to the sisters of St Peter's, Kilburn and she joined the University Mission of Central Africa and was appointed the Matron of Zanzibar hospital. Her extraordinary influence with local people due to her "magnetic sympathy" and love was noteworthy. Nurses of today will remember her historical work and what she wrote about nurses in Zanzibar. She trained native boys on bed-side nursing and the care for the native patients. Girls were not mentioned and the available archive literature may be due to Islamic influence at that time. Nursing training for girls comes later in the history. In addition to the wonderful work of Margaret Breay it is important to note that her national and internationalist view of the nursing profession influenced her to develop some literature of nursing in Zanzibar. Margaret Breay was the President of the League of St John's House, one of the founder member and honorary treasurer of International Council for Nurses (ICN) from 1904 1925 and a brilliant journalist for the British Journal of Nursing. As a matron for Zanzibar hospitals, she wrote about Zanzibar nurses that were so good and kind hearted to mention a few characteristics.

The Royal British Nurses Association (RBNA) was founded (as the British Nurses Association) in 1887, by Dr. Bedford Fenwick and his wife Ethel Gordon Fenwick, former matron of St Bartholomew's hospital London, with HRH Princess Christian, daughter of Queen Victoria as its first President. The Royal British Nurses' Association archives have a lot of information including letters, badges, reports of meetings and annual reports, notes, nursing certificates and many other historical records by British nurses who contributed to

the world history of nursing. Among the records are photographs and illustrations from the period 1863 – 1950 including photographs of the Royal Family, Florence Nightingale, Mrs. Bedford Fenwick and her family and RBNA officers including Isobel Macdonald, Margret Breay and Ms H M Cambell were displayed at the International Exhibition, London in 1862 and Queen Victoria's Diamond Jubilee in 1887.

Unfortunately Margaret served Zanzibar for only 18 months and had to go back home due to malaria. She continued her work and UK with international commitments until she died on Tuesday, December 19th, 1939. She was cremated on 22nd December and her ashes were scattered in the Garden of Peace in Brighton. Zanzibar was lucky to get people who participated in forums with Florence Nightingale, like Margaret Breay, and who thus were in contact with the crème of nursing profession.

During the period of Arab rule and the British protectorate, several missionary nurses came to Zanzibar as nurse tutors, administrators or clinical experts.

The official nursing training school in Zanzibar

The first nursing school was opened in 1938 at a building within the vicinity of H H Karimjee Hospital currently known as Mnazimmoja Hospital. The building was known as Sewa Haji Hospital. Sewa Haji Paroo was born in Zanzibar in 1851 after his father left Bhuj, Kutch, India. He was one of the four children and worked for his father in Zanzibar and Bagamoyo to run a family business. In 1860s his two brothers died and he took a lead of the business. Sewa Haji became a very influential businessman with his caravan firm and opened stores at Mwanza (lake zone of Tanzania) Tabora, Ujiji, Bagaomyo and Zanzibar. Sewa Haji was well known and a "friend" of German East Africa, a friend to the explorers like Dr. David Livingstone and a friends of Arabs rulers of Zanzibar in business. There is a lot of information about what he did in Tanzania mainland (by then Tanganyika) in Bagamoyo and Muhimbili and East Africa but very little information on his contribution from Zanzibar side where he was born, especially his financial support in the health sector. The Sewa Haji Block at Muhimbili National Hospital Dar es Salaam built with his financial support still retains his name in his honour. This has motivated me to write something about him. Although Sewa Haji was wealthy, he was also religious and was well known for his exceptional generosity towards the sick and the poor irrespective of their ethnic origin or religion. His support was spelled out for "all" including Indian, Arab, Africans, Muslims or Christians.

The first Nursing School in Zanzibar from 1938 to 1964 was located at Sewa Haji Hospital commonly known as the wooden hospital which was built with the support of Mr. Sewa Haji Peroo. Currently it is part of Mnazimmoja Hospital and is used as an eye ward, Eye Clinic and Chest clinic and Physiotherapy

(Photo: courtesy of the author)

The nursing school had one classroom on the first floor which accommodated 15 students, male and female, and a demonstration room or skill lab. The school started with a 2 year curriculum and the British nurse tutors were doing the training. Only 7 students were able to complete successfully and got certificates as nurses. The school was under the management of the hospital. One among the students who completed successfully was Mr. Abdulkadir Ali Moosa who later became the first local Zanzibari to be the Principal of the Nursing School when the British left. The nursing school continued to train nurses of different branches until after the revolution of January 12, 1964. Some nurses were recruited from India and vacant post for nurses were advertised internationally by the colonial government. Some of the trained nurses with potential were sent to Britain for further studies, mainly short courses of three months of training like nursing administration at the Royal College of Nursing in London. The British High Commission was overseeing the nursing training in East Africa. The Midwifery Act in Zanzibar was established in 1953.

Soon after the revolution there were several changes in the government systems including the nursing training. The number of students was increased due to the demand. The revolution made foreigners, mainly the British, Americans, Asians and Arabs, doctors and nurses, nurse tutors and other people from western countries, leave Zanzibar. The new government followed the socialist system and the doctors and nurses who came to replace the vacancies were mainly from Russia, Cuba, China and East Germany. The language was a barrier in effective communication among Zanzibar nurses and foreign experts in providing quality of care to patients. The approach to patients was also different as well the treatment.

For example, Chinese medicine and acupuncture which were new to the health care providers were introduced. From 1964 nursing in Zanzibar opened up a new chapter which can be in the next article and its connection went back to the British nurses especially after the visit of Her Royal Highness Princess Anne in Zanzibar in 1985.

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What makes a good nurse 'very good'?

Jacinta Kelly

Despite our best efforts, knowing the exact components which make up a good nurse remains elusive. It is an impossible project, one destined for failure or ridicule. Nightingale's sentiments that a good nurse is biologically preordained; that 'every woman makes a good nurse' (Nightingale1860:3) or that 'a good nurse is uncomplaining even in the face of unnecessary hardship' provide prime examples (Fenwick 1938:47). Perhaps we need not pursue the question so vigorously or elaborate it so precisely and just accept there is a spectrum where a very good nurse is broadly someone who is in their element in what they do? And a bad nurse is someone who is doing work they just wandered in to? It is difficult to know. It seems to me the only thing we know with any degree of certainty is that a good nurse responds satisfactorily to expectations of those in authority at any particular point in time.

Sifting through nurse registers from 1942-1945 held at the archives at Addenbrooke's Hospital, Cambridge, UK provides some shards and fragments as to what constituted a good nurse during the Second World War. The over riding impression one is left with is that nurses in this period were seldom left off the leash and that success was not assured for those who did not take to discipline. According to student assessment criteria nurses were expected to demonstrate a narrow range of personality traits and functional ability. Creativity, critical faculty and decision making skills did not feature and instead tremendous emphasis was placed on qualities which would ensure subordination and self restraint such as obedience, truthfulness, punctuality, trustworthiness, industry, and temper.

Functional skills to ensure the efficient running of the hospital were also valued which included memory, propriety of behaviour in wards, method in work, general attention and kindness to patients. Curiously, at the bottom rung of the hierarchy in criteria for success were the practical skills to include cleanliness of utensils, skills in dressing wounds and bandaging, observations of symptoms, waiting on operations, bed making and personal

neatness. The degree to which nurses did or did not fulfil these criteria and to what degree was judged alone by each ward Sister. According to their performance, nurses were categorised in rotated placements as simply V.G. = Very good, G = Good, M = Moderate and B = Bad. In addition to this schema which went some way towards generating a composite of a bad, good, moderate or very good nurse were summary comments and observations provided by the attending Matron (Table 1).

As the ultimate gatekeeper, Matron saw it as her duty to capture the measure of an unsuitable nurse in often brusque and terse tones. Irredeemably bad candidates were referred to as 'quite hopeless', 'too casual', 'a very odd girl, pleasant and kindly but totally inefficient' and 'extremely slow practically and theoretically'. References to nurses as' unreliable, unfit for responsibility and resentful of correction', 'rather a silly and shallow type – noisy and uncontrolled' and to the nurse 'who stole a fountain pen from a patient', evince very precisely how some received the grade Bad. At the same time, it noteworthy that a nurse who succumbing to 'an attack of hysteria' under the strain of continuous night duty and a nurse with 'very spotty skin' also earned the title, Bad nurse.

What is most striking in Matron's notes is that while the image of a 'good nurse' was always very clear cut, being frequently reported as 'kind', 'willing', 'thorough', 'quiet', and 'conscientious', or 'capable' and as one who exerts a 'good influence on staff', remarks pertaining to those who outshined others, that is those nurses who were deemed 'very good', were lacking in precise detail as to what it was these very few nurses possessed which attracted so emphatically the praise; 'very good in every way', 'an excellent senior in every way' or 'most satisfactory in every respect'.

Clearly this group of very good nurses fulfilled all the criteria laid out but so apparently did the good nurses. What was it that set the very good nurse apart from the good nurse? To answer this question it is useful to look to Matron's reports in the 'moderate' category. Here comments are generally positive but are usually accompanied by reservations and qualifications 'conscientious but not brilliant', 'a capable nurse, nervous at first', 'kind to patients, lacks method,' 'not very capable, did her best' and 'worked well, rather noisy at times'. Within this category is a comment revealing what represents a 'very good nurse' which is that a candidate 'will make a very good nurse if she can forget herself'? A nurse providing comfort unshielded to a patient undergoing treatment for chemical injury (Figure 1), perhaps made this good nurse at this time 'very good'?

Table 1 Typology of calibre of nurse

B = Bad	A very odd girl, pleasant and kindly but totally inefficient Unreliable and unfit for responsibility – resentful of correction Rather a silly and shallow type – noisy and uncontrolled Very spotty skin and never looks tidy Untidy and impetuous. Extremely slow practically and theoretically, Too casual, Quite hopeless, Memory poor Lacks confidence Nervous A nice gentle girl, but a very poor nurse Dismissed - Had a difficult manner - (stole fountain pen from a patient) Left - Did not like night duty and became increasingly highly strung and left following an attack of hysteria one night
M = Moderate	Conscientious but not brilliant, A capable nurse nervous at first Reliable, resentful – needs supervision, Will make a very good nurse if she can forget herself A nice girl but lacked vocation An intelligent girl but with a difficult manner, required very careful handling Kind to patients lacks method, Not very capable but did her best Worked well rather noisy at times, A nurse of average ability
G = Good	Quiet kind and willing A nice girl and a good nurse Reliable, conscientious and very kind Good influence on staff A willing and thorough worker, Conscientious reliable and efficient
VG = Very Good	An excellent senior in every way Most satisfactory in every respect Very good in every way

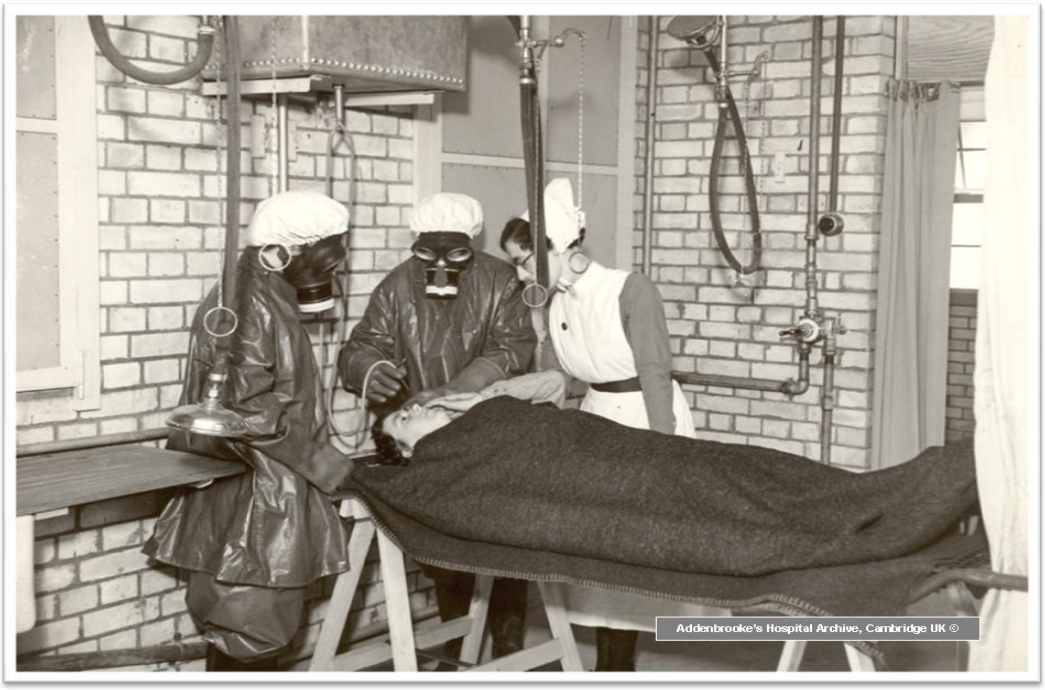

Figure 1 (R-L) Nurse pictured (1942) in attendance with patient and staff at the decontamination Unit at Addenbrooke's Hospital, Cambridge, UK, used at that time during the Second World War for victims of poison gas and chemical warfare (Photo: courtesy of Addenbrooke's Hospital Archive)

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Principles and Practice of Nursing: An oral history investigation of how nurses learnt their clinical skills

Sarah Keeley, Francis Biley and Carol S. Bond

Abstract

Nursing has always involved the application of practical clinical skills. This paper will look at how nurses perceive that they learnt those skills. To achieve this, data from an oral history project called Memories of Nursing was examined along with relevant documentary evidence to build a picture of clinical skills education from 1936 to 1965.

Introduction

The oral history project, Memories of Nursing, is currently underway. After ethical approval was sought, the life stories of retired nurses at a national retired nurses' home and in the surrounding community were recorded. Semi-structured interviews commenced in the spring of 2009. The recordings are available for future study.

Sample and Data Collection

Eight participant recordings from the Memory of Nursing project were used for this study. Each recording has been numbered and given the prefix MON. All of the participants were female and completed State Registered Nurse training in the United Kingdom between 1936 and 1965. The recordings were systematically analysed to discover how the nurses felt they learnt their skills. Four themes emerged

- PTS (Preliminary Training School)
- Practical room teaching in the blocks
- Supervision on the wards
- Assessments and exams

Analysis and Discussion

All the participants mentioned that they learnt clinical skills in the preliminary training school or PTS at the start of their training. Several participants, MON 9, MON 2, MON 10, MON 4, state that the PTS was in a separate building to the rest of the training school. This is also described in various nursing memoirs (Craig, 2010; Collin, 2009; Gill, 2004). An article in the Nursing Times (1951a) also describe PTS as operating in a separate building from the hospital and the students had to pass an exam before they could enter the wards for their placements.

The participants mention that they came in to the school of nursing for blocks of theory throughout their training where they practised skills in the practical rooms. The General Nursing Council (GNC 1952a) recommended that 44 classroom hours should be spent teaching the principles and practice of nursing and they list several clinical skills to be taught. This teaching was carried out by the nurse tutor, ward or departmental sister (GNC 1952a). They learnt by actually having a go at the skill either on a mannequin

"*There was a period when we had a model person in the bed*" MON 2

or on each other

"*Tube feeding, although I had done it on babies we had to practise on each other*" MON 8 speaking of her second training as a general nurse in 1963.

Craig (2010) also describes bed making and practising bandaging on each other in the practical room. There is debate amongst the participants as to the effectiveness of these sessions in the practical room.

"I *don't think it was terribly significant because when you got on the wards it didn't quite work like that."* MON 2

This statement implies that the learning in the simulated environment did not match up to that experienced in the real ward environment so was not seen by the participant to be a valid learning experience. By contrast another participant states

"***How relevant was the practical room? "****I never did any theatre work, and I think yes, for laying up a trolley and knowing what you needed for what, it gave you a bit of a reminder."* MON 8

Here the participant has not had any experience in an operating theatre but the simulated experience in the practical rooms helped cement her knowledge. Several of the participants, MON 2, MON 8, MON 10, state that they were taught skills on the wards.

" As students became more senior they would be working with a staff nurse who would be teaching them procedures and skills" MON 2

The ward sisters clearly had a teaching role. This is mentioned several times by Craig (2010) and a report published in the Nursing Times (1951b) calls for more time to be allocated to sisters for teaching. This was a formal role and included assessment as each student nurse was issued with a book or chart listing duties that they were expected to perform on various wards of their training (GNC 1923 1952b). This book is mentioned by MON 8 and Craig (2010). The sister or charge nurse was to mark the section pertaining to that skill with a oblique line if the skill had been demonstrated and an X if the student was proficient at that skill.

As well as the sisters teaching the students, several participants recall being supervised by students.

"and you worked under the supervision of the staff nurse?"
"Yes either that or a third year student" MON 10

As a senior student Craig (2010) also recalls supervising junior students.

As well as being assessed on the wards the participants had practical exams.

" *Prelim was at the end of the first year. My friend and I worked together. We had a 10 year old girl in plaster. To us she was terribly heavy as we were used to lifting children. We had an awful job to lift her up the bed. We had a gap at the end of the bed and we had to change the bottom sheet."* MON 8

Here MON 8 appears to have had an assessment involving a patient. This seems to be common; Parkin (1990) recounts a similar story.

Conclusion

From the analysis of the 'Memories of Nursing' oral history project it is clear that the acquisition of clinical skills has always been an integral part of nurse education. Nurses were prepared for practice at the start of their training in the PTS period and learnt skills in practical rooms by practising either on mannequins or each other right through their training. The qualified nurses had a clear role in teaching and assessing students. Their learning was also assessed by practical exams.

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Biographies

Eliza Leek, Born c1833 Atherstone, Warwickshire. Died Bradford, Yorkshire, 31st July 1900.

Stuart Wildman

Early Life

At the time of her birth, Eliza's father was a wheelwright. In 1851 at the age of eighteen, Eliza was employed as a silk weaver in Bedworth, Warwickshire, living with her widowed mother. In the census of 1861 she was recorded as a reel packer in Little Bolton, Lancashire. This move was probably initiated by a general depression in the English silk industry with many workers relocating to Lancashire at this time to find employment in the cotton mills.

Nursing Career

In 1864 she was recruited by the newly formed Manchester Nurse Training Institution, which aimed to supply nurses to provide care in the homes of the poor free of charge and to wealthy families on payment of a fee. This would indicate that she would have had a basic education as she would have been required to read and write as part of her work. In 1865 she was being trained by the St. John's House sisterhood at Kings College Hospital, London. At this time, this Anglican order of sisters was one of the very few organizations that offered systematic supervision and training of nurses. On her return to Lancashire, in January 1866, nurse Leek worked in the Adelphi Street District of Salford and in December 1866 the Lady Superintendent of the district wrote:

"she has not only proved herself a skilful and well trained nurse, but also, by her judicious exertions, been of great advantage to the poor by teaching them many useful lessons, such as the value of cleanliness, the proper way of preparing food etc." (MLS (362.1 M85), 1866, p17)

This was followed by five years' exemplary work as a district nurse in which she was said to be "upright, zealous, and good" and "much loved by the poor". In 1871 she was appointed as the matron of the Bradford Eye and Ear Hospital, Yorkshire. This was a small hospital as illustrated by the 1881 census which recorded that there were twenty six patients, a cook, two housemaids, one nurse and Eliza, the matron. She stayed in post until retirement in 1893, where she was given an illuminated testimonial and £100 in "deep appreciation of her labours for the past twenty three years". She retired to the Tradesmen's Homes in Bradford,

a charitable organisation. She died in July 1900 and left an estate of £173-1s-5d. to be divided between friends and relatives.

Eliza's career illustrates that working-class women with the necessary attitude and skills could make nursing a worthwhile career and accumulate capital to provide for retirement.

Sources: Manchester Local Studies Library (362.1 M85) *Manchester Nurse Training Institution Annual Reports, 1866-71*; West Yorkshire Archives, (70D95/1b) Bradford Eye & Ear Hospital, Annual Reports 1871-1893

Alice Bird, born 1915, Walthamstow London. Died 2005, Ilkley, West Yorkshire.

Janet Hargreaves

Alice Bird was born and raised in London, the second daughter of a London Transport Engineer. Having achieved her School Certificate she abandoned further school qualifications when at 17 she decided to become a nurse. Being too young to commence State Registration, she undertook the British Tuberculosis Certificate at a Black Notley TB sanatorium in Baintree, Essex in 1932.

Although she was happy at Baintree, she was also eager to progress her career so started State Registration training at the Royal Sussex Hospital in 1936. Alice was an exemplary student, achieving the gold medal for her year. Her first post registration job as night assistant coincided with the outbreak of war and the nursing of many casualties from the Dunkirk evacuation. Returning to London in 1940, Alice stayed throughout the war. Completing her midwifery training at the Middlesex, she then moved to a post as night sister at the Waterloo, as this enabled her to continue to study for her sister tutor qualification: three years at Battersea Polytechnic.

After the war, as the National Health Service changed the organisation of health care and traditional nurse education was challenged, Alice took a post managing the Pre Training School at the Leeds General Infirmary. Initially in Leeds city centre, and then in the imposing Roundhay Hall Alice nurtured new nursing recruits for 10 years, teaching them the basis of nursing, the ethos of this prestigious school and to fold their caps: '*exactly 11 inches across at the top'*. By studying early in the mornings, Alice added the London Diploma of Nursing to her achievements in 1949 and followed this by an application to the Red Cross for a travel scholarship. Alice used this to sail to New York and study for 12 months at Teacher

College. Joining 500 students from over 60 countries Alice had a wonderful experience studying nursing and education at degree level at this then unique institution. She visited hospitals and nurse training places in the USA, exploring and making life-long friends. Her father's ill health necessitated return to England, preventing completion of a further module needed to graduate.

Now very well qualified and full of progressive idea, Alice successfully gained a new post as principal tutor at St James's Hospital School of nursing in Leeds in 1956, where she remained until her retirement in 1973. Here she commissioned, staffed and managed a new purpose built school of nursing, actively engaged in Royal College of Nursing work, externally examined for the General Nursing Council and contributed to curriculum development for the first nursing degree course in Leeds, jointly with Leeds Technical College (now Leeds Metropolitan University).

Alice represents one life in the history of nursing. Ordinary and yet extraordinary Alice illustrates the breadth of career available to nurses in 20th Century England and the ways in which a generation of nurses and nurse educators took nursing through the second world war, the development of the National Health Service and the transition to undergraduate education as standard.

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A Domiciliary Coventry Midwife: Mary Eaves, 1806-1875.

Fran Badger

Exploration of the practice and careers of nineteenth-century nurses and midwives who were not attached to institutions is hampered by a lack of primary sources. In 1994, David Harley anticipated that more midwives' registers would be discovered in collections as historians

developed more interest in the field (Harley, 1994). During research for my analysis of nineteenth-century midwifery in the English midlands, I became aware of the registers of Mary Eaves, a midwife who practised in Coventry, Warwickshire, over a period of at least 28 years, from 1847 until her death in 1875 (CHC).

Eaves possibly learned her craft from her neighbour, who was also a midwife, and in the 1851 census, although not in subsequent ones, she ensured that her occupation was recorded as 'midwife.' Containing 5,029 entries over 28 years, Eaves's registers probably represent all the deliveries she attended. She regularly attended over 200 women a year, with a peak of 286 deliveries, over five a week, in 1857. The registers demonstrate repeat custom from local woman, and deliveries on behalf of the poor law union and the two local lying-in charities. Given the scope of Eaves's practice, revealed in her registers, it is possible that her fees formed a substantial, or even the major part, of the family's income. On occasions Eaves delivered four women a day, although at other periods no births were recorded for up to 8 days, indicating that local midwives may have established systems for covering each other's caseloads. In only one entry is medical assistance noted. The last entry is dated just six weeks before Eaves died of bronchitis, at her home, aged 69 years of age.

The confidence of local medical men in Eaves's midwifery skills is indicated by their support of the two lying-in charities from which she derived a proportion of her income. Although Eaves's death was registered by her daughter, neither her death certificate, nor the brief obituary in the local paper, refer to her as a midwife, and no contemporary references to her practice have been found.

Mary Eaves's registers appear to be one of the most extensive and complete records of female nineteenth-century domiciliary midwifery practice in England. The registers are significant because of their survival, and because they indicate a much greater intensity of midwifery practice than previously reported. Eaves's registers clearly demonstrate that working class midwives had the potential to be skilled and trusted professionals, they were significant in their local communities, and well regarded by poor women, subscribers and medical men. A chapter in my forthcoming thesis is devoted to a detailed analysis of Eaves's midwifery practice.

Sources: CHC (Coventry History Centre), PA63/1-3, *Midwives' (sic) Registers for Coventry, 1847-1875*.

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Research in Progress

Raising Professional Confidence: The influence of the Anglo-Boer War (1899 - 1902) on the development and recognition of Nursing as a profession.

Charlotte Dale PhD Student, University of Manchester
Supervisors: Professor Christine Hallett and Dr Jane Brooks

The thesis aims to examine how the second Anglo-Boer War of 1899 to 1902 raised the profile of nursing. The objective is to establish that nursing created an avenue for ambitious women, while war consolidated nursing's place. During the war, nurses were employed in new and diverse locations, exposed to danger and violence, while gaining transferable skills and knowledge. It is important to examine the role of the nurse during the second Anglo-Boer War, as when it ended the Queen Alexandra's Imperial Military Nursing Service was created. The government recognised that future wars would be on a larger scale with corresponding casualties. This study will obtain, analyse and interpret primary data on the working lives of the nurses and their rise to prominence. It is necessary to understand what the nurses were doing within the military sphere that was diverse to the work of the doctors and the male orderlies?

The second Anglo-Boer War led to two central repercussions for nursing: the poor health of the recruits strengthened both military nursing by indicating the need for a permanent military nursing force in times of war and peace; and the nursing population generally by the evident need for nurses to oversee the health of the population. With an evident lack of in-depth research into this specific era of military and general nursing there is a requirement to understand whether it was the work of the nurses during the second Anglo-Boer War of their growing confidence, as a result of their work, which influenced professionalisation.

After completing a preliminary literature review during the nascent stages of the study 5 key themes were identified to inform the data collection process and will be used as chapter headings with subheadings to further explore. The five key themes include:

1. **Nursing in the face of adversity**
2. **The boundaries of Practice: Nurses in the sphere of war**

3. **Working alongside the Army Medical Services and the investigation of the Royal Commission on South African Hospitals**
4. **The challenges of practice: Clinical and environmental**
5. **A move for professionalisation**

The data collection stage has recently been commenced concentrating on a number of primary sources obtained from pertinent archives. These include: the Wellcome library, The "London", the British Library, National Army Museum, The British Red Cross Museum, RCN archives Edinburgh, the Army Medical Services Museum, Cambridge University and the National Archives. The range of primary sources briefly include nurse's diaries, letters, memoirs and memorabilia. Publications by prominent doctors who served with the nurses in South Africa along with documentation on the nurses character and nursing capabilities. The preliminary findings demonstrate the working conditions of the nurses, their role and their environmental experiences of life unchaperoned and under canvas on the South African veldt.

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Project: Early Soviet Nursing in the 1920s and 1930s

Susan Grant, Irish Research Council for the Humanities and Social Sciences CARA Mobility Postdoctoral Fellow and Alice Fisher Fellow, Barbara Bates Centre for the History of Nursing, University of Pennsylvania

In 2005 the Nurses Association of Russia joined the International Council of Nurses; this was the first time that any Russian or Soviet nursing association or organisation had cemented official links with an international nursing organisation. Until this point, Soviet nursing and nurses had remained isolated behind an iron curtain in a country that did not attribute to nursing the kind of professionalism that western nurses enjoyed. In an effort to explain the deeper, underlying reasons for the lack of a strong professional organisation of Russian and Soviet nurses, it is necessary to examine the origins of Russian nursing. Consequently, this project explores the early development of Russian and Soviet nursing, beginning with its original philanthropic roots in the late Imperial era to the impact of the First World War and Bolshevik Revolution in 1917. This was a critical period for Russian nursing with events and decisions arising from war and revolution largely determining the future course of Russian nursing.

With the Bolsheviks securely in power, the project then moves on to assess Soviet attitudes to nursing and examines the type of system that was established for the training and education of nurses under the new regime in the 1920s and 1930s, and the various changes that occurred in this system over a twenty year period. In the immediate wake of the October 1917 revolution and ensuing civil war (1918-1921) there was discussion of establishing a western type nursing system, with the presence of the American Quakers endeavouring to establish a nurse training centre in Russia based on the US system of nursing education, and with Rockefeller involvement even mooted. However, this never came to pass. In this project I examine the various reasons for this and outline the reasons behind why the kind of training system that emerged in Soviet Russia during this period was established.

The type of system that eventually did emerge after years of war and revolution sought to separate nurses from their Tsarist era image of a religious Sister of Mercy and instead turn her into a proletarian "red sister". However, in attempting to transform the social and political perception of the nurse, the nurse's social status was not improved. Inhabiting almost the lowest rung on the medical professional ladder, the nurse struggled to gain respect and professional recognition. With largely inadequate training facilities, mixed attitudes to their competency by both colleagues and the authorities, and frequently poor living and working conditions, nurses seemed to be engaged in a constant battle to verify and legitimise their right to professional recognition. Using a variety of archival and printed sources in Russia, Britain and the United States, I aim to bring into focus the role and status of the Soviet nurse during this formative period of Russian history and draw on various Soviet, gender, and medical discourses to shed light on the position of the nurse within Soviet society.

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PhD study: *'Irish girls make such good nurses'- A history of Irish civilian nurses in Britain during the Second World War, 1939-1945*

Jacinta Kelly

Right to left: Mary Flynn originally from Waterford, Ireland pictured as student nurse at City General Hospital in Stoke-on-Trent 1943 with fellow student nurse (Photo by kind permission of Mary Flynn)

Until now a hidden topic, this study creates a representation of Irish migrant nurses in Britain during the Second World War 1939-1945. Nearing completion, this Ph. D work written by Jacinta Kelly, Senior Lecturer, Anglia Ruskin University, Cambridge, UK under the supervision of Professor Christine Hallett, Dr Jane Brooks (University of Manchester) and Professor Gerard Fealy (University College Dublin), will bring to light the social, economic, political and cultural currents which, despite nursing opportunities in Ireland and the then on-going perception of Britain as the 'old enemy', saw an unprecedented movement of often teenage Irish women, largely from rural and farming backgrounds, into the nursing profession in Britain. With a long history of predominantly untrained female emigration from Ireland, even during economic buoyant periods, to countries such as America, Canada and Australia for employment in domestic service, this study draws on oral history and documentary sources to examine whether intending Irish nurses sought sanctuary in Britain from an aspiring oppressive Catholic theocracy and impoverished male subservient lives in rural Ireland or if this wave of emigration was propelled by Irish Catholic agency as a

'respectable' method of regulating population growth and by the Irish government as a means of negotiating economic straits and furtive British co-operation. Whether predominantly pushed or pulled, critical exploration of female migration shows that Irish women left behind their restricted lives for the equally kerbed fate of functional management in a profession steeped in vocational ideals where many in the process succumbed death, often heroically. Although Irish nurses did through the emergencies of war, overcome their sense of powerlessness and come to know self-reliance, self-sufficiency and self and occupational esteem, examination of the image of the return migrant nurse to Ireland, reveals issues surrounding alienation and poor occupational prestige as a foreign trained nurse in their native country.

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Letters to the editor

Dear Editor

I join nursing journalist, Laurence Dopson, in congratulating you and the and the UK Association for the History of Nursing on the inaugural issue of the *Bulletin*. We do need more venues to present the complexity of nursing's history to as wide an audience as possible.

I do, though, need to correct three errors in Mr. Dopson's letter-to-the editor. The *Nursing History Review* is the official journal of the American Association for the History of Nursing (AAHN), but, from its inception under the editorial guidance of Joan Lynaugh, it has always and continues to be a rigorously peer-reviewed journal with an interdisciplinary and global reach. The *Nursing History Review* has been formally recognized as a high impact journal with a strong international presence (see Dougherty, M.C., Lin, S., McKenna, H.P. and Seers, K. (2004). International content of high ranking nursing journals in the year 2000. *Journal of Nursing Scholarship, 36* (2), 173-179). Rather than being akin to a publication from a "county historical society," our authors, editorial board members, and reviewers include nurses and historians from over 15 countries around the globe.

In addition, the AAHN, not the Johns Hopkins University Press, publishes the *Bulletin of the American Association for the History of Nursing;* and, regrettably, the *Journal of the History of Nursing* ceased publication some many years ago.

With warm wishes for the success of your *Bulletin* – and with hopes of possible collaborations in the future,

Patricia D'Antonio, PhD, RN, FAAN

Editor,

Nursing History Review

Dear Editor,

I am a nurse and historian working at the University of Manchester in the School of Nursing, Midwifery and Social Work. I am undertaking an oral history project of nursing work in Second World War. I am undertaking this research because whilst there have been histories written about nursing in Second World War, there has been almost nothing on the actual work that was done.

I am looking for Registered nurses who nursed during Second World War, either on the Home Front, or on active service overseas and are willing to be interviewed? Alternatively, do any of your readers have diaries, letters or any other interesting material that a relative who nursed in the Second World War passed on to them?

If there are any readers of your Bulletin, would either like to be interviewed, or have some writings which may be of interest, then please contact me, with no obligation to continue if they decide not to.

If anyone is interested to take part, please contact me in any of the following ways:

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Or telephone the School of Nursing, Midwifery and Social Work on: 0161 306 7636 and leave a message for me. Please remember to leave your name and contact details. Thank you.

Book reviews

Angela Jackson, *For Us It Was Heaven. The Passion, Grief and Fortitude of Patience Darton. From the Spanish Civil War to Mao's China* (Brighton, Sussex Academic Press, 2012) Hbk ISBN: 978-1-84519-514-4: Pbk ISBN 978-1-84519-515-1 (£55/£22.50)

In the late 1930s scores of young women left the comfort of their homes and secure employment as nurses in many countries around the world to face hardship, desperately difficult working conditions and danger, as nurses with the medical units of the International Brigades in the Spanish Civil War. It is difficult for a twenty first century readership to appreciate what drove them to act apparently so impulsively, so recklessly and with such astonishing disregard for their own personal safety – let alone their future careers. Angela

Jackson's book offers an understanding of both the motivations and the experiences of one such woman: Patience Darton (later Patience Edney), who, following a privileged childhood and a difficult young adulthood, determined to devoted herself to working in the appalling conditions of the Republican field hospitals of the Civil War. Jackson brings home to her readership, with devastating clarity, the sincerity of Darton's desire to make the world a better and fairer place, and the depth of her fear that fascism would take over the world if individuals did not act against it. Along with her colleagues in the medical units of the International Brigades, Darton saw herself as engaged in a fight for freedom and democracy.

One of the most interesting features of Angela Jackson's biography of Patience Darton is the way in which its author traces the process by which her subject gradually developed a growing commitment to righting the wrongs created by social and class injustice. Jackson attributes this sensitivity on Darton's part to the early development of a 'predisposition to discern and deplore the sufferings of others' (p.8). And yet, Darton was not sentimental; as a young nurse probationer at University College Hospital, she was one of a group of nurses who voiced grievances against the unfairness of the training system. When informed that if they did not drop their complaint it would 'kill matron', Darton was, apparently, the only one of the group who expressed unconcern at such a prospect. As a young trainee midwife, the squalor and injustice she encountered in East London confirmed her belief that her world was infused with hypocrisy. For her, as for so many others, the Republican cause in Spain was a fight to right such wrongs, a fight which the fascists under Franco, and with the help of Mussolini and Hitler were attempting to snuff out. 'I was purely political' (p.20), she said to Jackson, who, with the historian's sensitivity, recognised that this perception was, perhaps, filtered through Darton's later experiences during which her views became increasingly left wing.

Jackson recounts Darton's colourful career with the Republican forces. During her eighteen months as a nurse with the International Brigades, Darton never went home on leave, because of her fear that the Brigades would refuse to re-admit her to their ranks. Even after sustaining horrific facial wounds following a car accident, she remained in Spain, persuading an expert surgical colleague to repair her injuries. Her years with the Republic were characterised by a refusal to blindly submit to the demands or orders of her political and military superiors, and a tendency to deplore the chauvinism that infused the patriarchal system of medical care in Spain. 'I was all for freeing them and showing that they too could be liberated people' (p.46) she said to Jackson of the *chicas* (untrained Spanish women) she worked with. She made it clear in her interviews that her own convictions were powerfully in

support of individual freedom, and this created tension between her and some of her more doctrinaire leaders. Eventually, however, she was given a series of postings on the Aragon front at Polenino, Fraga, Valls, Teruel and, finally, a cave hospital near La Bisbal de Falset. It was whilst at a convalescent hospital in Valls that Darton met and fell in love with a young German Jewish International Brigadier, Robert Aaquist. Jackson eloquently depicts how the loss of her lover at the Battle of the Ebro in July 1938 affected the remainder of Darton's life, compelling her to join the communist party and influencing her decision to travel to Mao's China, where, in the 1950s, her son, Robert, was born.

One of the most impressive elements of Darton's professional work in Spain was the extent to which she developed and pushed the boundaries of nursing practice, particularly with typhoid patients. At the *Casa de Reposo* in Valls, she was effectively medical director following the medical officer's call-up to the front. Her expertise in the care and treatment of typhoid cases clearly saved many lives, and her extraordinary tenacity in nursing severe trauma cases in the cave hospital at La Bisbal de Falset, whilst herself suffering from chronic dysentery, demonstrates her commitment to her patients and their cause.

Part of the art of history writing is the ability to offer insight into a subject matter that may be highly emotional, whilst taking several steps back and giving a purely dispassionate account. Angela Jackson perhaps deliberately takes fewer steps back than most. Her book is rawer, more personal and more immediate than many biographies. This may, in part, be because she met her subject several times, conducting a series of clearly quite intimate interviews, in which Patience Edney, already an experienced interviewee, offered Jackson a much deeper insight into her personal life than she had ever revealed before. Jackson captures both her life and her personality from the book's first page, on which we learn that Patience Edney was 'still strikingly regal in bearing and inclined, like many nurses, to issue imperious commands relating to practical matters', to its closing passage, from which we learn that she wrote to her lover in 1938: "I shall kiss you when I like". These personal insights, along with Jackson's determination to capture not just the actions of this most remarkable nurse, but also the 'passion, grief and fortitude' with which they were infused, make this book a remarkable and moving piece of work. Reading it is an emotional as well as an intellectual experience, and this makes it a unique and impressive achievement. I am pleased to recommend this beautifully-written biography of an extraordinary woman, to nurses, historians and lay readers alike, all of whom will find it an enriching experience.

Christine E Hallett

Sue Hawkins. *Nursing and Women's Labour in the Nineteenth Century. The quest for independence.* (Abingdon/ New York: Routledge, 2012) pbk ISBN13: 978-0-415-53974-6 (£24.95).

First published in 2010, this detailed study of nineteenth century nursing has now been re-issued in paperback and is also available from Routledge as an e-book – in itself a welcome development by the publishers bringing the price of nursing history texts within reach of their prospective readership! Dr Hawkins challenges a number of assumptions concerning the character and motivation underlying Victorian nurses and the development of nursing both politically and professionally. She does this by drawing upon a wide range of sources including census records, newspapers, journals and archival material – primarily that of St George's Hospital and the Great Ormond Street Hospital for Sick Children, but also using the Charles Booth Archive from which she has analysed collections of questionnaires and interviews of London matrons which inform the work in an unusual and fascinating way.

The book's introduction would stand alone as an excellent historiographical essay tracing developments in the field of nineteenth century nursing history, particularly noting the very limited contributions by feminist historians, whilst encouraging history that challenges Victorian stereotypes as a move away from the more prevalent personality-focused history. At the end of each of the six chapters that follow, Hawkins illustrates her conclusions with a 'pen portrait' of a nurse from her study. Her emphasis throughout is on the changing economic opportunities open to women as nurses during the Victorian period whilst also covering the changing trends in recruitment and career development as well as attempting to understand the various experiences of 'being nurses' both within the hospital environment and, to a lesser extent, in the community. It therefore enables some comparisons to be made between different aspects of nursing albeit with the focus on the St George's Hospital nurses.

The methodology centres on a prosopographical study examining in detail the women who worked as nurses at St George's teaching hospital, London, between 1850 and 1900 - perhaps not quite the whole of the nineteenth century as the book's title might suggest, but a significant time-span, nevertheless. For those not conversant with prosopography, the three appendices provide helpful explanations to Dr Hawkins' resulting analysis. She demonstrates convincingly that nursing was more a 'melting pot of social classes' than has hitherto been thought to be so, and with 'promotion and opportunity extended to all women on the basis of merit alone' they were entering an emerging profession to make nursing a career and to achieve independence contrary to images previously portrayed in earlier nursing histories. Hawkins contests traditionally-held notions of nursing as a career rather

than as a convenient stop-gap prior to marriage, this revealing a much more complex picture than earlier hagiographical and progressivist approaches to nursing history provided.

I would recommend this well-written and engrossing book highly to all those interested in the history of nursing and of gender and social history and especially to students and researchers in these fields.

Helen Sweet

Conference Reports

Canadian Association for the History of Nursing
Association canadienne pour l'histoire du nursing

Claire Chatterton reports:

'CAHN/ACHN marked their 25th anniversary with a conference in Medicine Hat, Alberta in June 2012, which I was fortunate enough to attend. The conference theme was Places and People's Health: Exploring Nursing in Diverse Contexts. It aimed to enhance a critical understanding of connections between place and practice and sought to examine the history of nursing and health care in diverse geographic, social, and political contexts, including rural and remote locations, specialty areas, and various communities.

The conference brought together scholars, professionals, and students from different fields and various areas of nursing and health care history.

The Hannah Lecturer at the conference was Dr Carol Helmstadter, Adjunct Assistant Professor at the Faculty of Nursing, University of Toronto who spoke on "Military Nursing in Four Different Contexts : The Crimean War, 1853-56."

There were some other very interesting speakers who gave excellent papers on a variety of topics including an oral history project on experiences of rural Canadians in the Prairie West of the Spanish Influenza Pandemic, 1918-19 and relationships between missionary nurses and Chinese nurse in the establishment of an institutionalised nursing system in Hong Kong between the 1890s and 1940s.

Next year the association will host a conference in Victoria on Vancouver Island. More details will be found on www.cahn-achn.ca'

Claire with CAHN's president, Dr Beverley Hicks (L), and Dr Florence Melchior (R), who organised the conference (Photos: courtesy Claire Chatterton).

INTERNATIONAL NURSING HISTORY CONFERENCE IN DENMARK
AUGUST 9-11 2012

NURSING HISTORY IN A GLOBAL PERSPECTIVE

(L – R) Prof Linda Shields (Australia) Prof Linda Bryder (NZ) Dr Karen Egenes (US) Dr Helen Sweet (UK) (Photo courtesy Claire Chatterton)

Claire Chatterton reports:

'The Danish Society of Nursing History, the Danish Museum of Nursing History and the Danish Nurses' Organization recently hosted an international conference on the History of Nursing between August 9 - 11, 2012. Attended by over 120 delegates from 25 countries, this provided a stimulating and highly enjoyable three days.

The four keynote speakers of the conference were Professor Anne Marie Rafferty (UK), Professor Julie Fairman (USA), Professor Christine Hallett (UK) and Associate Professor Susanne Kreutzer (Germany) and there were concurrent sessions on a wide variety of interesting topics. Appropriately the conference was situated in a former TB sanatorium. 2 buildings now house the Danish Museum of Nursing History and the rest Hotel Koldingfjord. Situated on the shore of a fjord near the town of Kolding on Jutland in Denmark it provided a beautiful setting in which to explore the many facets of nursing history and meet fellow scholars. The conference also saw the launch of the European Association for the History of Nursing (EAHN) with representatives from the current constituent associations from Ireland, Denmark, Norway, Germany and the UK (Professor Christine Hallett and Dr Sue Hawkins).

AMERICAN ASSOCIATION FOR THE HISTORY OF NURSING

Annual Conference 2012

Geertje Boschma (Canada), Gerard Fealy (Ireland), Pauline Brand (UK), Claire Chatterton (UK) and Kath Start (UK), with the Savannah river in the background (Photo courtesy: Claire Chatterton)

Pauline Brand reports:
'The 29th Annual American Association for the History of Nursing (AAHN) Conference hosted by the School of Nursing Georgia Southern University took place at the Hyatt Regency Hotel in the beautiful and historic town of Savannah from 27th-30th September. It was attended by over 100 delegates mainly drawn from the USA and Canada but with representation from the UK and Ireland.

A workshop on Thursday 27th "Culture Context and Place: Implications for Methods" preceded the official opening of the conference on Friday afternoon when tributes were paid to Rosemary T McCarthy and Eleanor Kroch Herrmann who died on 26th June and 31st July respectively.

In memory of his wife, Lawrence Hermann has instigated a fund for an annual keynote lecture in Eleanor's name. The first of these was given by Margaret Humphreys MD PhD Josiah Charles Trent Professor of the History of Medicine. In her fascinating lecture she explored the outcomes and impact of good and bad health care for soldiers from the Confederate and Union Armies during the American Civil war.

This session was followed by the presentation of awards before the first of the nine concurrent sessions of the conference. The themes for these varied across education, leadership, women's health, rural health, mental health, world war, culture and religion.

As the conference was held in Savannah it was perhaps inevitable that Scarlett and Rhett would make an appearance at the conference banquet to run the auction! The conference reception, silent auction and conference banquet provided plenty of opportunities to socialise, network and share ideas about the history of nursing in our respective universities and countries. Overall the conference provided an excellent form for discussion and dissemination of the current research on the history of nursing.'

AMERICAN ASSOCIATION FOR THE HISTORY OF NURSING
2012 RESEACH AND WRITING AWARDS

At its 29th annual conference, in Savannah, Georgia, the American Association for the History of Nursing awarded four awards to members for their outstanding scholarship. The distinguished Teresa E. Christy Award for Exemplary Historical Research and Writing in a dissertation was awarded to Annemarie McAllister for her *R. Louise Mc Manus and Mildred Montage Create the Associate Degree Model for the Education of Nurses: The Right Leaders, The Right Time, the Right Place 1947-1959*. Dr. McAllister studied the

creation of a new model of nursing education - the community college associated degree in nursing. This program proved so successful that it quickly replaced the traditional way of training student nurses in hospital schools of nursing. Dr. McAllister is a practice manager in a busy cardiology office and a part- time instructor at Pace University School of Nursing. The Lavinia L. Dock Award for Exemplary Historical Research and Writing in a book was awarded to Carol Helmstadter and Judith Godden for their work *Nursing Before Nightingale: 1815 – 1899* published by Ashgate Publishing Limited. In it Helmstadter and Godden explore the practice of nurses in the early nineteenth century prior to Nightingale's founding of the famous St. Thomas Hospital's School of Nursing. Focusing on the activities of English Anglican sisters beginning in 1815, the authors' document the many contributions the sisters made in transforming nurses/nursing from ignorant and indifferent women to intelligent and competent nurses. In doing this, the researchers have dispelled many of the myths that have cast Nightingale as the sole creator of modern professional nursing. Carol Helmstadter, formerly Adjunct Assistant Professor at the Faculty of Nursing, University of Toronto publishes on nursing in the nineteenth century. Judith Godden, formerly Senior Lecturer in the School of Public Health at the University of Sydney and Honorary Associate of the Department of History is a professional historian specializing in the history of medicine.

The Mary Adelaide Nutting Award for Exemplary Historical Research and Writing in an article was awarded to Cynthia Connolly, Janet Golden and Benjamin Schneider for their work in "A *Startling New Chemotherapeutic Agent": Pediatric Infectious Disease and the Introduction of Sulfonamides at Baltimore's Syndenham Hospital* published in the **Bulletin of the History of Medicine** (86, 1. 2012 66-93). This article creatively examined the intertwining of medicine, therapeutic pharmacology and the nursing of children when sulfonamides were first used in the treatment of infections. The researchers' deft use of the children's charts aided readers' understanding of how the efficiency of the drug was established and why it became the standard for future studies on penicillin when it was introduced. Cynthia Connolly is an Associate Professor in the School of Nursing University of Pennsylvania, Judith Golden is a Professor of History at Rutgers University, and Benjamin Schneider is history doctoral student at the University of Pennsylvania.

The AAHN's fourth award, the Mary M. Roberts Award recognizes the exemplary talents of nurse historians to create a book of edited readings that focus on pertinent nursing issues and events. Barbra Mann Wall and Arlene Keeling's book ***Nurses on the Front***

Line. When Disaster Strikes 1878 – 2010 was selected for the award. The articles selected for the book covers a wide range of disasters including a hurricane, mine explosion, night club fire, earthquake and the 1917 flu epidemic. The disasters reveal both the advances in medicine that allowed nurses and physicians to better manage the medical needs of victims and the courage of these professionals to work in dangerous and chaotic conditions. Barbra Mann Wall is an Associate Professor in the School of Nursing University of Pennsylvania and Arlene Keeling is a Professor in the School of Nursing University of Virginia.

Detailed information regarding all AAHN Awards including when submissions are due for the 2013 awards can be obtained from the web site: www/aahn.org

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Nursing memorials

Statues of nurses

Laurence Dopson

The first public statue in Britain of a woman not of royal blood is that of a nurse – Sister Dora, of Walsall. But the only statue of a modern nurse is to be found in Woolwich Cemetery – a life effigy of a Queen Alexandra's Royal Army Nursing Corps sister, wearing spectacles. It portrays Sister Maud M. ('Gladys') Richards-Lockwood, who died 30 August 1955. But nothing is known of the artist. Maud was the daughter of a dockyard labourer, who had been born in Northamptonshire, and her mother Mary came from London.

Sister Dora – Dorothy Pattison – accomplished in civilian duty what Florence Nightingale did for military hospitals, stated the *Daily Telegraph* in 1897. Born in Yorkshire in 1832, Sister Dora joined a pioneer Anglican sisterhood, who sent her in 1865 to England's industrial Black Country in the midlands, to nurse in Walsall, a Staffordshire town of collieries, blast-furnaces, saddler workshops and iron works. For fourteen years, until her premature death on Christmas Day 1878, aged 46, Sister Dora nursed the poor of Walsall and brought about social improvements. At her funeral her plain wooden coffin was born by eighteen railwaymen, engine drivers, porters and guards.

The sculptor of Sister Dora's monument was Francis John Williamson (1853-1920), who Queen Victoria commissioned for a number of works. At the unveiling ceremony on 12

October 1886, 'the soft outlines of chaste marble were revealed and a hushed murmur ran through the crowd.' Eight feet high, the statue showed Sister Dora in cap and apron, with a lively turn of her head, rolling a bandage.

Marble was perhaps not the best choice in an industrial polluted atmosphere, however. By the middle of the following century the statue and the four relievos illustrating Sister Dora's work had become eroded. A fund to cast replicas in bronze was readily subscribed and the bronze statue was unveiled on 16 January 1957. The replica was itself restored and re-unveiled in November 2000. A letter in the *Wolverhampton Express and Star*, the local evening newspaper, in 1999 described Sister Dora's statue as 'a toilet for pigeons'.

In 1972, a concrete carving of a hippopotamus appeared opposite the Sister Dora statue but this was later moved to a corner of the square and replaced by a fountain. The hippo has proved extremely popular and a proposal to do away with it in 1990 aroused a fierce reaction.

There are three statues of Florence Nightingale in Derby. One is outside the London Road Community Hospital, formerly the Derbyshire Royal Infirmary, another is in St Peter's Street, and the third is above the Nightingale-Macmillan Continuing Care Unit. The statue of the 'founder of nursing' at Waterloo Place, off The Mall in London, is by George Walker, a sculptor who was also an illustrator of children's books. A statue of Nightingale 'after Walker' was completed by Frederick Mancini in 1975 at St Thomas' Hospital, where she founded her school of nursing. It was the idea of T.W. MacAlpine, of the international building firm, that a light should be placed in the lamp in this statue.

The statue of Edith Cavell in St Martin's Place, London, was carved by Sir George Frampton R.A. and was architecturally listed Grade II in 1970. In Brussels a monument by Paul Dubois commemorates Cavell and her fellow victim Marie Depage. In New York there is a statue of Cavell by R. Tait McKenzie near the national headquarters of the Red Cross.

Laurence Dopson died on 19 June 2012. Obituaries have been published in the *Independent* (26 July), *Guardian* (18 August) and *Nursing Standard* (4 July).

Future events:

RCN History of Nursing Society Conference

- 15 November 2012
- The Fielder Centre, Hatfield Business Park, Herts AL10 9TP

This conference will raise awareness of the range and diversity of nursing history related activity among RCN members and external organisations, such as universities.

Delegates will learn about oral history projects and how nursing history influences present day care and conditions. The event will also provide an opportunity to shape the work of the History of Nursing Society and for delegates to contribute to the wider history of nursing debate. A poster display will accompany the conference to showcase work being undertaken.

Website: http://www.rcn.org.uk/newsevents/event_details/rcn_eventsms/history2012

International Colloquium for History of Nursing Research

The next International Colloquium for History of Nursing Research will take place at the History Faculty Lecture Theatre of the University of Oxford on Thursday July 4th 2013. This will be on a strictly 'first-come-first-served' basis with limited seating. For further details see: http://www.nursing.manchester.ac.uk/ukchnm/events/colloquia/