

*Borders, boundaries and political context in  
nursing and health care history*

*Les frontières, les limites et le contexte  
politique en histoire du nursing et des services  
de santé*

CAHN/ACHN International Nursing History Conference  
Canadian Association for the History of Nursing/  
Association Canadienne pour L'histoire du Nursing

June 5-7, 2008, Toronto, Canada



**Sponsors:**

Associated Medical Services

Faculty of Nursing, University of Toronto

School of Nursing, Ryerson University

School of Nursing, Humber Institute of Technology and Advanced Learning

School of Nursing, University of British Columbia

School of Women's Studies, York University

Allemang Centre for the History of Nursing



**We gratefully acknowledge the financial and material support of the sponsors:**

Associated Medical Services awarded a Hannah Conference Grant and student travel support for Canadian as well as international students.



Associated Medical Services, Inc. (AMS) was established in 1936 by Dr. Jason Hannah as a pioneer prepaid not-for-profit health care organization in Ontario. With the advent of Medicare AMS became a charitable organization supporting innovations in academic medicine and health services, specifically the history of medicine and health care, as well as innovations in health professional education and bioethics.

*L'Associated Medical Services, Inc. (AMS) a été fondé en 1936 par le Dr Jason Hannah. Il s'agissait alors d'un organisme sans but lucratif faisant figure de pionnier dans le domaine des soins de santé à tiers payant en Ontario. Suite à l'avènement des régimes d'assurance maladie, l'AMS est devenu un organisme philanthropique qui accorde son appui à des projets innovateurs dans le domaine de la médecine universitaire et des services de santé, tout particulièrement en histoire de la médecine et des soins de la santé. L'AMS soutient également les innovations dans le domaine de la bioéthique et de l'éducation des professionnelles et des professionnels de la santé.*

**Faculty of Nursing, University of Toronto  
School of Nursing, Ryerson University  
School of Nursing, Humber Institute of Technology and Advanced Learning  
School of Nursing, University of British Columbia  
School of Women's Studies, York University  
Allemang Centre for the History of Nursing  
AMS Nursing History Research Unit, University of Ottawa**

**Organizing Committee :**

Co-Chairs: Carol Helmstadter and Judith Young

Members:

Kathy Gates

Lynne Kirkwood

Jaime Lapeyre

Kathryn McPherson

Sioban Nelson

**Program Committee :**

Chair: Geertje Boschma

Members:

Marion McKay

Sioban Nelson

Chris Dooley

Florence Melchior

Anne-Marie Arseneault

Nerrisa Bonifacio (program book development)

## Table of Contents/ Table des matières

List of sponsors, organizing committee, and program committee	2
Program/Programme	4
Abstracts/Resumés Hannah Lecturers	15
Abstracts/ Resumés Theme Sessions, Invited Speakers	17
Abstracts/Resumés Concurrent Sessions, Alphabetically	32

## Program / Programme\*

(\*Subject to last minute change)

### THURSDAY JUNE 5 / JEUDI 5 JUIN

- 1300-1500 Registration/Inscription  
Delta Chelsea Hotel, 3<sup>rd</sup> Floor  
Outside Wren Room
- 1500-1515 Opening Remarks/Discours préliminaire d'ouverture
- 1515-1615 **HANNAH LECTURE, Catherine Choy**, Associate Professor of Ethnic Studies at the University of California Berkeley  
*Nurses on the Move: Migration in Nursing and Health Care History*
- Location:** Delta Chelsea Hotel, 3<sup>rd</sup> Floor Wren Room  
**Chair:** Kathryn McPherson
- 1630-1820 Concurrent Sessions: Delta Chelsea Hotel 3<sup>rd</sup> Floor

#### **SESSION A1, Room: Austen, Chair: Kathy Gates** ***Life History and Biography***

1. Helen Howitt: a Canadian Seed in Latin American Nursing –  
*Ana-Luisa Velandia-Mora, National University of Colombia, Bogotá Colombia*
2. The Influences of Euphemia Jane Taylor's Perspective of Holistic Nursing on the Expansion of Nurses' Knowledge and Skills –  
*Janice Cooke Feigenbaum, University of Buffalo, New York, USA*
3. Overseas Recruitment: Experiences of Nurses Immigrating to Newfoundland and Labrador –  
*Marilyn Beaton and Jeanette Walsh, Memorial University of Newfoundland, St. John's, NL, Canada*
4. Networks of Identity in Nursing History –  
*Maria I. Padilha and Sioban Nelson, University of Toronto, Canada*

#### **SESSION A2, Room: James, Chair: Marg Gorrie** ***Dealing with Shortages, Immigration and Workforce Issues***

1. 'The same old difficulty' - Recruiting and Retaining Nurses to Work in Sheffield, England's General Hospitals, 1948-1974 –  
*Judith Redman, Sheffield Hallam University, Sheffield UK*

2. Rescuers in Need: East Asian Nurses in West German Hospitals in the 1960's – *Ulrike Winkler, Berlin, Germany*
3. Border Crossings: The Immigration and Licensing of Foreign-Trained Nurses & Doctors, c. 1967-75 – *David Wright, McMaster University & Sasha Mullally, Saint Mary's University, Canada*

**SESSION A3, Room: Duchesse, Chair: Jayne Elliott**  
***Religious Nursing Practice***

1. Care for Body and Soul – Nursing in Poor Districts in 19th Century Germany – *Karen Nolte, University of Würzburg, Germany*
2. Religious Roots of Nursing: Belief, Practice, and Representation in a Religious Male Nursing Order, 1866-1966 – *Barbra Mann Wall, University of Pennsylvania, Philadelphia USA*
3. Nursing and the Issue of “party” in the Church of England: the Case of the Lichfield Diocesan Nursing Association – *Stuart Wildman, graduate student, University of Birmingham, UK*

**SESSION A4, Room: Whistler, Chair: Glennis Zilm**  
***Nursing in Wartime***

1. Developing Flight Nursing in the Wartime Australian Air Force 1943-1953 – *Maxine Dahl, graduate student, Alan Barnard and Carol Windsor, Queensland University of Technology, Kelvin Grove, Australia*
2. Southern Blacks Giving Nursing Care in Virginia During the American Civil War, 1861-1865 – *Barbara Maling, graduate student, University of Virginia, Charlottesville USA*
3. The Instability of Boundaries and Practice: Kay Christie, Military Nurse and Prisoner of War, 1941-1943 – *Cynthia Toman, University of Ottawa, Canada*

1830      Cash bar, Wren Room  
 1900      Welcome Reception

## FRIDAY 6 JUNE/ VENDREDI 6 JUIN

The Friday program is at the University of Toronto,  
Faculty of Nursing, Health Sciences Building, 155  
College Street

0800-0900 Breakfast/petit déjeuner: Foyer, 6<sup>th</sup> Floor Auditorium

0900-1030 **THEME SESSION I: Room 610, 6<sup>th</sup> Floor Auditorium**

Chair: *Marion McKay*

### **The Political Context of Health Care**

1. Exploring the Fault Lines of Mid-Twentieth Century Nursing  
*Judith Godden, University of Sydney, Australia*
2. The National Socialist Sisterhood: an Instrument of National Socialist Health Policy - *Christoph Schweikardt, Ruhr-University Bochum, Germany*
3. Sifting “Deserving” from “Undeserving:” Nurses and Morality Politics in United States History - *Cynthia Connolly, Yale University, USA*

1030-1045 Coffee Break/pause: Foyer, 6<sup>th</sup> Floor

1045-1215 Concurrent Sessions:

### **SESSION B1: Room 610, 6<sup>th</sup> Floor Auditorium**

Chair: *Sheila Rankin-Zerr*

### ***Professional Nursing Identity***

1. Imagined Communities: Representation and Identity in American Nursing 1890-1920 - *Patricia D’Antonio, University of Pennsylvania, Philadelphia USA*
2. Who Decides Nursing Professionality?: The Growth of Governmentality in Nursing Professionality Since the 1950s – *Mayumi Kako, graduate student, Flinders University, Adelaide, Australia*
3. Nursing, Professionalization and Modernity: The Development of Nursing and the 1893 Columbian Exhibition – *Louise C. Selanders, Michigan State University, Michigan USA*

## **SESSION B2: Room 106, 1<sup>st</sup> Floor**

Chair: *Sonya Grypma*

### ***Religious Nursing and Spirituality***

1. Shifting Boundaries: Religion, Medicine and Nursing In Mid-Nineteenth Century England – *Carol Helmstadter, University of Toronto, Canada*
2. Parish Nursing in West Germany. On the Social Practice of Christian “Charity Service” after 1945 – *Susanne Kreutzer, Leibniz University of Hanover, German*
3. Russian Romances: Emotionalism and Spirituality in the Writings of ‘Eastern Front’ Nurses, 1914-1918 – *Christine Hallett, University of Manchester, UK*

## **SESSION B3: Room 108, 1<sup>st</sup> Floor**

Chair: *Florence Melchior*

### ***Race, Imperialism and Professional Ideology***

1. Traces of Manifest Destiny in U.S. Nurses’ Letters to the American Journal of Nursing 1900-1913 – *Winnifred C. Connerton, graduate student, University of Pennsylvania, Philadelphia, USA*
2. Lyle’s Secret Service: Canadian WHO nurses, 1952-1968 – *Susan Armstrong-Reid, Guelph, Canada*
3. Professional Folktales: Nurses’ Accounts of Rural and Remote ‘backblocks’ Practice in New Zealand, 1910-1920 – *Pamela J. Wood, Victoria University of Wellington, New Zealand*

## **SESSION B4: Room 614, 6<sup>th</sup> Floor**

Chair: *Veryl Tipliski*

### ***Midwifery Practice and Regulation***

1. The Midwives Ordinance (Palestine, 1929): Historical Perspectives and Current Lessons – *Eyal Katvan, graduate student, and Nira Bartal, Bar-Ilan University, Israel*
2. Mountain Midwives: British Nurse Midwives at Frontier Nursing Service, 1925-1940 – *Elissa Miller, Searcy Clinic for Women, Arkansas, USA*



3. Branches of the Same Profession?: Nomenclature in Context in Nineteenth and early Twentieth Century Australian Midwifery and Nursing – *Madonna Grehan, graduate student, University of Melbourne, Australia*

1215-1315 Lunch/déjeuner: Foyer, 6<sup>th</sup> Floor

1215-1315 **Annual General Meeting/ Assemblée Générale**  
CAHN/ACHN. **Room 106, 1<sup>st</sup> Floor**

1215-1315 **Student Luncheon: Room 614, 6<sup>th</sup> Floor.** Open to all students, attending and presenting. Facilitator: *Meryn Stuart*

1315-1500 **THEME SESSION II: Room 610, 6<sup>th</sup> Floor Auditorium**  
Chair: *Nicole Rousseau*

**The History of Northern and Circumpolar Nursing**  
Session funded by the CAHN/ACHN Vera Roberts Endowment

**There will be simultaneous French/English, English/French translation for this session**

1500-1515 **Introduction: The Vera Roberts Endowment:**  
*Joyce MacQueen and Florence Melchior*

1515 **Presentations:**

1. Balancing and Sometimes Crossing Lines for the Sake of Those Being in Need - *Elisabeth Lindahl, Umea University, Sweden*
2. Les infirmières aux marges de l'écoumène: isolement, soin et sensibilité/ Nurses on the Frontier: Isolation, Care and Sensitivities - *Johanne Daigle, Laval University, Canada*
3. Inuulitisivik Maternities: Culturally Appropriate Midwifery and Epistemological Accommodation - *Vasiliki Douglas, University of Alberta, Canada*

1500-1515 Refreshment Break/pause: Foyer, 6<sup>th</sup> Floor

1515-1615 Concurrent Sessions:

**SESSION C1: Room 106, 1<sup>st</sup> Floor**, Chair: *Jamie Lapeyre*  
***Documentary History***

1. Using Alternative Media to Disseminate Historical Research: A Documentary Case Study – *Sonya Grypma, Trinity Western University, Langley, Canada*  
Part I - Walls Fall Down  
Part II - Behind the Scenes

1515-1615 **SESSION C2, Room 108, 1<sup>st</sup> Floor**, Chair: *Nerrisa Bonifacio*  
***The Politics of Patients Needs***

1. “If You Can’t Get What You Want, You Get What You Need...”: The Patient Influence on the United States Nurse Practitioner Movement, 1960-1980 – *Julie Fairman, University of Pennsylvania, Philadelphia, USA*
2. They Didn’t Toe the Line: Ottawa Public Health Nurses, Social Justice and Family Planning, 1967-1972 – *Maureen Kennedy, University of Ottawa, Canada*

**SESSION C3, Room 614, 6<sup>th</sup> Floor**, Chair: *Jeanette Walsh*  
***Child Health***

1. Insulin is “unspeakably wonderful”: Nursing Care of Children with Diabetes, 1920-1930 – *Deborah Gleason-Morgan, graduate student, University of Virginia, Charlottesville, USA*
2. ‘You need a greater degree of imagination’ Charlotte Seymour Yapp (1915): Progressive Clinical Nursing and Empathetic Childcare in Northern England – *Lesley Wade, University of Manchester UK*

**SESSION C4, Room 618, 6<sup>th</sup> Floor**, Chair: *Judith Hibberd*  
***Knowledge of Practice***

1. Searching for the Origins of Two-hourly Turning: The Story So Far – *Carol Dealey, University of Birmingham, UK*
2. “Mother Nature’s Medicine: Herbs Used in Childbirth in Early America” – *Megan Privett, graduate student, University of North Carolina, Greensboro, USA*

1615-1630 Break/pause: Foyer, 6<sup>th</sup> Floor

1630-1800 **THEME SESSION III: Room 610, 6<sup>th</sup> Floor Auditorium**

Chair: *Anne Marie Arseneault*

**Missionary Nursing and Religious Sisterhoods in International Context**

**There will be simultaneous French/English, English/French translation for this session**

1. La première école de soignantes laïques au monde face au pouvoir des Eglises / The World's First School for Lay Nurses and the Power of the Churches - *Michel Nadot, University of Applied Sciences Western Switzerland, Fribourg, Switzerland*
2. French Nursing Nuns Confronted by the Beginnings of the Paris Clinic, 1634-1789 - *Daniel Hickey, University of Moncton, Canada*
3. Les hospitalières québécoises face à la nouvelle géographie du travail féminin, 1939-1980 / Nuns and the New Geography of Women's Work in Quebec Hospitals, 1939-1980 - *Aline Charles, Laval University, Canada*

1900 Cash Bar/Conference Dinner at Osgoode Hall

**Dinner Speaker: Alice Baumgart**

*The Canadian Nurses Association at 100*

## SATURDAY 7 JUNE/ SAMEDI 7 JUIN

The Saturday program is at the University of Toronto, Faculty of Nursing, Health Sciences Building, 155 College Street

0800-0900 Breakfast/petit déjeuner, Foyer, 6<sup>th</sup> Floor

0900-1000 **THEME SESSION IV: Room 610, 6<sup>th</sup> Floor Auditorium**

Chair: *Chris Dooley*

### **Complexities of Place, Power and Difference in the History of Psychiatry**

1. The City and the Asylum: Urbanization and the Confinement of the Insane in Victorian Canada - *David Wright, McMaster University, Hamilton, Canada*
2. Coping with Madness: Limits of Health Care for Female Lunatics in the Second Part of the 19<sup>th</sup> Century in Germany - *Sylvelyn Hähner-Rombach, Institute for the History of Medicine, Stuttgart, Germany*

1000-1015 Coffee Break/pause: Foyer, 6<sup>th</sup> Floor

1015-1115 Concurrent Sessions:

### **SESSION D1, Room 614, 6<sup>th</sup> Floor, Chair: Beverly Hicks** ***Redefining Psychiatric and Mental Handicap Nursing***

1. 'Gradual spiritual formation' – Postcolonial Mental Handicap Nursing in Ireland – *John F. Sweeney, University College Cork, Ireland*
2. Parting at the Crossroads: The Emergence of Education for Psychiatric Nursing in Three Canadian Provinces, 1909-1955 – *Veryl M. Tipliski, Langara College, Vancouver, Canada*

### **SESSION D2, Room 618, 6<sup>th</sup> Floor, Chair: Allison Cowell** ***Responding to Contagious Disease***

1. Crossing Borders: The Influenza Pandemic of 1918 and the American Nursing Response – *Arlene Keeling, University of Virginia, Charlottesville, USA*

2. Anna Fraentzel Celli – Italian Nursing in the Early 1900s: An Extraordinary Woman’s Struggle Against Malaria and Illiteracy – *Juergen Wildner, graduate student, Museum of Nursing History, Bologna, Italy*

**SESSION D3, Room 106 1<sup>st</sup> Floor** Chair: *Kathleen MacMillan*  
**Public Health**

1. “Building for the Canada of tomorrow:” Public Health Nursing in Manitoba, 1916-1920 – *Marion McKay, University of Manitoba, Winnipeg, Canada*
2. ‘Nursing knows no boundary’: District Nursing in Ireland in the Context of Political Partition 1890-1930 – *Ann Wickham, Dublin City University, Dublin, Ireland*

**SESSION D4, Room 108, 1<sup>st</sup> Floor,** Chair: *Joyce McQueen*  
**Nursing Education**

1. An Examination of the Origins of the Bifurcation of Nursing Education in Canada between Colleges and Universities – *Michael L. Skolnik, University of Toronto, Canada*
2. Medical Pedagogy as a Scientific Basis for Nursing in the German Democratic Republic: How Was It Developed, and How Was It Influenced by the State? – *Andrea Thiekötter, Carinthia University of Applied Science, Feldkirchen/Kärnten, Austria*

1115-1130 Break/pause: Foyer, 6<sup>th</sup> Floor

1130-1230 **HANNAH LECTURE, Katrin Schultheiss**, Associate Professor of History at the University of Illinois, Chicago  
*Religion, Citizenship, and the Transformation of the Nursing Profession in France*  
**Location:** Room 610, 6<sup>th</sup> Floor Auditorium  
**Chair:** Meryn Stuart

1230-1330 Lunch/déjeuner: Foyer, 6<sup>th</sup> Floor

1330-1500 Concurrent Sessions:

**SESSION E1, Room 614, 6<sup>th</sup> Floor, Chair: Marilyn Beaton**  
***Professional Politics***

1. Blurring the Boundaries – *Susan McGann, Royal College of Nursing Archives, Edinburgh, UK*
2. Politics, Gender and Regionalism in the Establishment of Psychiatric Nursing in Manitoba – *Beverly Hicks, graduate student, University of Manitoba, Canada*
3. Maintaining a Toe-hold in Shifting Sands: Registered Psychiatric Nurses and the Political Economy of Rapid Mental Health Reform in Saskatchewan – *Chris Dooley, graduate student, York University, Canada*

**SESSION E2, Room 618, 6<sup>th</sup> Floor, Chair: Geertje Boschma**  
***Specialty Practice in the Sixties and Seventies***

1. 'The geriatric hospital felt like a backwater': Nursing the Aged and Infirm in Britain, 1955-1980 – *Jane Brooks, University of Manchester, UK*
2. Space and Specialization: Stories of Transformation in Western Canadian Nursing Practice, 1960-1980 - *Nerrisa Bonifacio, Deborah Hamilton, Erica Roberts, graduate students and Geertje Boschma, University of British Columbia, Vancouver, Canada*
3. National Need and State Translation: Comparing Nurse Practitioner Practice Act Authority Legislation, 1970 to 2007 – *Deborah A. Sampson, University of Michigan, USA*

1330-1500 **SESSION E3, Room 696, 6<sup>th</sup> Floor**

Chair: *Susan Armstrong-Reid*

***Defining Professionalism and Professional Identity***

1. Formation of Nursing Identity – An Intercultural or a National Construction? – *Susanne Malchau, University of Aarhus, Denmark*
2. Negotiating Boundaries and Borders: Nursing Work and Moral Purposes – an Australasian Perspective – *Sarah Jane Brophy, graduate student, University of Sydney*
3. Naming Power: Nursing Diagnosis Classification and the Issues of Language and Professional Boundaries during the Late 20<sup>th</sup> Century – *Jennifer L. Hobbs, graduate student, University of Pennsylvania, USA*

1515-1615 **CLOSING FORUM** Room 610, 6<sup>th</sup> Floor Auditorium  
Chair: *Cynthia Toman*

**Reflections on International Nursing and Health Care History  
Scholarship from an Editor's point of view**

**Patricia D'Antonio**, University of Pennsylvania, USA,  
**Editor** *Nursing History Review*

**Cheryl Warsh**, Vancouver Island University, Canada  
**Editor** *Canadian Bulletin of Medical History*

**Sioban Nelson**, University of Toronto, Canada,  
**Editor** *Nursing Inquiry*

# Abstracts Hannah Lectures

*HANNAH LECTURE 2008 CAHN/ACHN International Nursing History Conference*

## **Nurses on the Move: Migration in Nursing and Health Care History**

### **Catherine Ceniza Choy**

Associate Professor, Department of Ethnic Studies and Coordinator, Asian American Studies Program

University of California, Berkeley

506 Barrows Hall

Berkeley, CA 94720-2570

Email: ceniza@berkeley.edu

Voice Mail: 510-642-8002

Fax: 510-642-6456

In the new millennium, nurses and other health care workers are on the move. Their patterns of international migration are uneven with nurses from developing countries such as the Philippines migrating to work in highly developed nations such as the United States, suggesting that the concept of “brain drain” persists in the twenty-first century. For example, in June 2005, Jaime Tan of the Philippine National Institute of Health, Fernando Sanchez of the Association of Philippine Medical Colleges, and Virginia Balanon of the Philippine Health Social Science Association produced a paper featuring “10 Strategic Solutions for Action by Filipino Leaders” in an effort to combat “the brain drain phenomenon and its implications for health.” The paper was in large part a response to the recent publicity about Filipino doctors taking accelerated nursing courses in the Philippines in order to work abroad. The Philippine example is not an isolated one. Although it continues to be the world’s leading exporter of nurses, new research shows that other countries—Korea, India, Jamaica, and Ghana—have started to play a greater role in this phenomenon. This lecture poses the questions: What if we placed migration at the center of nursing and health care history? How would such a history illuminate the current discourses of nurses and health care workers in migration studies?



**Religion, Citizenship, and the Transformation of the Nursing Profession in France**

**Katrin Schultheiss**

Associate Professor  
History Department  
Gender and Women's Studies Program  
University of Illinois at Chicago  
UH 1818, M/C 360, 601 S. Morgan St.  
Chicago, IL 60607  
(312) 355-0375  
kschulth@uic.edu

In the four decades surrounding the turn of the 20th century, hospital nursing in France underwent a process of professionalization grounded in the development of formal training programs and professional performance standards. Accompanying this move was a politically driven effort to replace the religious nursing orders that had traditionally provided care in most of the nation's hospitals with secular women who, many political leaders argued, were more inclined to embrace modern republican and scientific values. In this talk, I explore the problematic nature of this transition: Why did the secularization of nursing encounter so much resistance even in ostensibly non-pious regions of the country? How did religious nursing orders adapt to the new secular political landscape? How did ideas about women's proper role in society affect campaigns to secularize and professionalize nursing?

## Abstracts for Theme Sessions, Invited Speakers

**THEME SESSION I:** Friday June 6, 9:00 am

### **Political Context of Health Care**

Judith Godden, University of Sydney, Australia  
Christoph Schweikardt, Ruhr-University Bochum, Germany  
Cynthia Connolly, Yale University, USA

**THEME SESSION II:** Friday June 6, 13:15 pm

### **The History of Northern and Circumpolar Nursing**

Elisabeth Lindahl, Umea University, Sweden  
Johanne Daigle, Laval University, Canada  
Vasiliki Douglas, University of Alberta, Canada

**THEME SESSION III:** Friday June 6, 16:30 pm

### **Missionary Nursing and Religious Sisterhoods in International Context**

Michel Nadot, University of Applied Sciences Western  
Switzerland, Fribourg, Switzerland  
Daniel Hickey, University of Moncton, Canada  
Aline Charles, Laval University, Canada

**THEME SESSION IV:** Saturday June 7, 9:00 am

### **Complexities of Place, Power and Difference in the History of Psychiatry**

David Wright, McMaster University, Hamilton, Canada  
Sylvelyn Hähner-Rombach, Institute for the History of Medicine,  
Stuttgart, Germany

**THEME SESSION V: CLOSING FORUM:** Saturday June 7, 15:15 pm

### **Reflections on International Nursing and Health Care History Scholarship from an Editor's point of view**

Patricia D'Antonio, University of Pennsylvania, USA,  
*Editor Nursing History Review*  
Cheryl Warsh, Vancouver Island University, Canada  
*Editor Canadian Bulletin of Medical History*  
Sioban Nelson, University of Toronto, Canada  
*Editor Nursing Inquiry*

***THEME SESSION I:*** Friday June 6, 9:00 am  
**Political Context of Health Care**

**Exploring the Fault Lines of Mid-Twentieth Century Nursing**

**Dr Judith Godden**

School of Public Health (A27)  
University of Sydney NSW 2006  
Australia.  
Jgodden@health.usyd.edu.au

My contribution to this session arises from research for a biography of Gwen Burbidge, Matron during 1939-60 of Fairfield Infectious Diseases Hospital in Melbourne, Australia. Burbidge's career was dogged by her leading role in the 'new guard' of nurses and conflict with the 'old guard'. From a biographer's perspective, what is striking about the conflict is the intensity of emotion, complete with slurs that the 'new guard' were fascists and, later, possibly communists. It is also significant that a similar generational clash took place at around this period in other English-speaking countries.

Numerous issues fuelled the conflict. The dominant issues in Australia which involved Gwen Burbidge were: different grades of nurses; the role of the state in regulating nursing; the location and nature of nursing instruction; and the role of trade unions in nursing. While these were important issues, the intensity of emotion and the language used suggest that they were symptoms as much as the cause of the debate. The underlying issue appears one of fundamental difference about the nature of nursing, including who should be a nurse. It can be likened to a major 'fault-line' running through nursing and generating a series of debates that were, within the nursing world at least, earth-shaking. What seems to have been at stake for the 'old guard' was everything they had fought for in nursing, as well as the role of women in an ordered, free society. The 'new guard' of matrons such as Burbidge faced the pragmatic realities that arose from the endemic shortage of nurses.

In this paper I suggest some answers about the fundamental cause of the conflict, but particularly draw attention to the intensity of the debate. As it mattered so much to those involved, and echoed throughout the western world, it indicates an issue of importance to nursing historians.

***THEME SESSION I:*** Friday June 6, 9:00 am  
**Political Context of Health Care**

**The National Socialist Sisterhood: an Instrument of National Socialist Health Policy**

**PD Dr. Christoph Schweikardt, MA**

Institute for Medical Ethics and History of Medicine

Ruhr-University Bochum

Malakowturm, Markstr. 258a

D-44799 Bochum

Germany

Tel: ++49(0)234-32-28655

Fax: ++49(0)234-32-14205

When Adolf Hitler came to power in 1933, the new Nazi government and National Socialist organisations pushed strongly in order to redirect the German health system towards their new priorities such as the creation of a racially homogeneous society and the preparation of war.

In order to bring nursing under National Socialist control, several measures were taken: They comprised not only bureaucratic measures and the dissolution of the free trade union sisterhood (Schwesternschaft der Reichssektion Gesundheitswesen) in 1933 as well as the Professional Organisation of German Nurses (Berufsorganisation der Krankenpflegerinnen Deutschlands) in 1938, but also the creation of a new sisterhood. In 1934, Erich Hilgenfeldt (1897-1945), the ambitious head of the National Socialist Welfare Association (Nationalsozialistische Volkswohlfahrt, NSV), founded the National Socialist Sisterhood (Nationalsozialistische Schwesternschaft) in order to create an elite for the purposes of the National Socialist German Workers' Party (Nationalsozialistische Deutsche Arbeiterpartei, NSDAP). Until 1939, the NS Sisterhood grew to an organisation with approximately 10.000 members. One main field of work was community nursing, with the express purpose to replace Catholic and Protestant sisters traditionally dedicated to community nursing. But also service for the NSDAP and crimes committed in cooperation with the SS (Schutzstaffel) belonged to the tasks assigned to the NS Sisterhood.

This paper will focus on two aspects. The first part will deal with the structure of the NS Sisterhood with the significance of the motherhouse system and the orientation towards the "Führer." Secondly, the role of the NS Sisterhood as an instrument for the implementation of National Socialist health policy and ideology will be addressed, which contributes to our understanding of the role of nursing during a process of enforcing an unprecedented reversal of health policy against humanity and tradition.

**THEME SESSION I:** Friday June 6, 9:00 am  
**Political Context of Health Care**

**Sifting “Deserving” from “Undeserving:” Nurses and Morality Politics in United States History**

**Cindy Connolly PhD RN PNP**

Assistant Professor,  
Yale University School of Nursing  
Assistant Professor, Section in the History of Medicine  
Yale University School of Medicine  
100 Church Street South PO Box 9740  
New Haven, CT 06536  
Telephone (203) 737-2416  
Cindy.connolly@yale.edu

Conventional models of American politics focus on the roots of the United States’ brand of classical liberalism, viewing the nation’s solutions to social problems such as poverty and inequality in health care through a variety of theoretical lenses. One analytic framework that receives less attention is what political scientist James Morone has termed “morality” politics, the enduring notion in the United States that societally-brokered determinations of individual virtue should translate into judgments regarding the type and extent of aid and assistance from strangers. In this paper, I suggest that morality plays a broader role in American political culture than is generally acknowledged. Nowhere is this felt more than in health care delivery, since the United States is one of the few nations in which health care is not considered a “right,” but rather a “privilege.” My central contention, which I will argue through a series of cases, is that American nursing, as a profession, developed consciously and unconsciously in ways that made it possible for morality politics not just to be sustained, but to flourish.

**THEME SESSION II:** Friday June 6, 13:15 pm  
**The History of Northern and Circumpolar Nursing**

**Balancing and Sometimes Crossing Lines for the Sake of Those Being in Need**

**Elisabeth Lindahl RNT, MSc, PhD student**

Department of Nursing

Umeå University

SE 901 87 Umeå, Sweden

elisabeth.lindahl@nurs.umu.se

Nursing in the north of Sweden has always been demanding and challenging because of the geographical conditions, the climate and the long distances between people. Sweden is a small country situated between Norway and Finland and in the very north with Russia as a close neighbour. The area is rural and sparsely populated. The Sami people are by traditions nomads following the reindeers who do not know any national borders, and that has been a challenge for the health care system.

Being a nurse in the north of Sweden, far from the capital where many crucial decisions were made, meant for nurses working during the early 20<sup>th</sup> century having to take on heavy burdens of work and responsibilities, sometimes even exceeding their authorities. The cottage hospital was the base for nurses and district nurses also spent time caring for people in their homes. Health promotion and education were important issues as well as struggling for the well-being and survival of the poor.

Swedish pioneers in nursing were strongly influenced by nursing in England. The development of the professional nurse in Sweden reflected the nursing ideals in England during the late 19<sup>th</sup> century as well as the ideals of the upper classes and the church in Sweden. Nurses working in the north were far from the urban hospitals in the south and met challenges and demands sometimes beyond their expectations.

I will in my presentation try to paint a picture of the conditions for nurses working in the north during the early 20<sup>th</sup> century based on my own research and interesting research published by others. I will reflect on the balancing between high ideals and hard realities, and how nurses intervened and made essential contributions to health care and the community without taking any credit for it.

**THEME SESSION II: Friday June 6, 13:15 pm**  
**The History of Northern and Circumpolar Nursing**

**Les infirmières aux marges de l'écoumène: isolement, soin et sensibilité / Nurses on the Frontier: Isolation, Care and Sensitivities**

**Johanne Daigle**

Département d'histoire  
Centre interuniversitaire d'études québécoises (CIEQ)  
Université Laval  
Québec, Canada  
Johanne.Daigle@hst.ulaval.ca

Dans la province de Québec le rêve nationaliste de développer les régions nordiques pour assurer la survivance du peuple canadien-français fut soutenu par les autorités politiques pour sortir de la Grande Dépression. Modernisé, le projet de colonisation mené en partenariat entre l'Église et l'État encadrait l'installation et assurait aux colons un minimum de services essentiels. Pour les « secours médicaux », un service infirmier chargé d'accompagner le mouvement se répandit dans toutes les régions excentrées une fois la crise économique et la colonisation révolues ; une solution « raisonnable » au problème d'accessibilité aux services médicaux pour des communautés pauvres et isolées.

Dans ce contexte, 174 postes furent créés essentiellement entre 1932 et 1972 pour des infirmières « traitantes » suivant l'isolement et la nécessité. On peut se demander comment tous ces postes furent justifiés en regard des besoins spécifiques des communautés locales ? Et comment des contextes locaux distincts ont pu influencer la pratique soignante ? Ces infirmières aux marges de l'écoumène ont-elles à leur tour exercé une influence sur les politiques de santé ? Cette communication se concentre sur la diversité des lieux de pratique des infirmières dites de colonie. Si les infirmières ont servi de médiatrices entre les autorités publiques et les populations des territoires desservies, elles ont perçu leur migration interne à travers des paramètres plus subjectifs, tels un sentiment d'appartenance ou d'apport à la communauté.

Nous évoquerons brièvement les caractéristiques du système infirmier québécois pour nous attarder sur la manière dont les autorités ont pris en compte les besoins spécifiques des communautés locales et finalement montrer comment les infirmières ont perçu et apprécié leur rôle comme infirmière dite de colonie. Les données d'archives du Service médical aux colons (SMC), ainsi que 48 entrevues avec d'anciennes infirmières de colonie sont ici mises à profit.

In Quebec, political authorities saw the nationalist dream of settling the province's northern regions not merely as a means of ensuring the survival of the French-Canadian people, but also as a way of recovering from the Great Depression. A modernized version of this colonization project was thus undertaken as a partnership between the provincial government and the Catholic Church. Together, they oversaw the process of settlement and ensured that colonists enjoyed a minimum level of essential services. With regard to

"medical assistance," nurses followed in the footsteps of the settlers and, as the latter established themselves into poor and isolated communities, the nursing service provided a "reasonable" solution to the problem of access to medical services.

Within this context, 174 nursing stations were created essentially between 1932 and 1972, in response to the settlers' isolation and medical needs. How were all of these positions justified in light of the specific needs of local communities? And how did these distinct local contexts influence the delivery of health care? Did those nurses working on the frontier of settlement also influence health care policy? My presentation focuses on the diversity of workplaces encountered by these so-called "settlement" nurses. If the nurses mediated between public officials and the population of the regions they served, they also viewed their voyages to the province's remote areas more subjectively, such as through their sense of belonging or their contributions to the community.

I will briefly describe the characteristics of the nursing system in Quebec before delving into the way that the authorities took into account the specific needs of local communities. Finally, I show how the nurses themselves perceived and understood their role as so-called "settlement" nurses. In doing so, I draw on my research in the archives of the Service médical aux colons (SMC) [Settlers' Medical Services], as well as 48 interviews with former settlement nurses.



***THEME SESSION II***: Friday June 6, 13:15 pm  
**The History of Northern and Circumpolar Nursing**

**Inuulitisivik Maternities: Culturally Appropriate Midwifery and Epistemological Accommodation**

**Vasiliki K. Douglas, PhD(c)**

University of Alberta and the College of New Caledonia  
5445 Old Summit Lake Road  
Prince George, BC  
V2K 5S5  
vasiliki@ualberta.ca

The Inuulitisivik Maternities were established in 1987 as a means of returning childbirth to the community after years of evacuation to southern Canada for birth. Since then they have expanded from their original site in Puvurnituq, Quebec to other villages in the Nunavik region. The Maternities operate within the framework of the biomedical healthcare system in Quebec, and make full use of the knowledge and technical expertise available within it, but are epistemologically quite different. The nurse-midwives and traditional midwives at the Maternities are governed by a communal decision-making structure that determines whether mothers will remain at the maternities for birth, or in case of complications, be evacuated to Montreal to an obstetric ward for birth. The decision is made based on both clinical factors and broader family and community health concerns. Although the medical staff in each clinic have input into the final decisions, so do the midwives themselves and representatives from the local community. By adopting this system the traditional Inuit premodern epistemology of health has successfully adapted to the modern health care system, while still retaining its core identity. In effect the Inuit have adopted the tools of biomedicine, while rejecting its epistemological authority. In doing so, the Inuulitisivik Maternities have become a successful model of community based birthing, and suggest alternate directions for community health care in the Canadian Arctic and elsewhere.

**THEME SESSION III:** Friday June 6, 16:30 pm  
**Missionary Nursing and Religious Sisterhoods in International Context**

**La première école de soignantes laïques au monde face au pouvoir des Eglises / The World's First School for Lay Nurses and the Power of the Church**

**Michel Nadot, inf. PhD**

Professeur, responsable recherche appliquée et développement  
Haute école de santé  
Route des Cliniques 15, 1700 Fribourg (Suisse)  
Tél: 0041/26.429.60.00 Tél direct: 0041/26.429.60.07  
Michel.Nadot@hefr.ch

Les pratiques de soins laïques n'ont pas attendu l'arrivée de l'Eglise pour commencer à se standardiser et à déterminer les bases de ce qui sera plus tard une discipline. Ces pratiques sont en place dans les hôpitaux laïcs depuis le Moyen-âge, et reposent sur le triptyque « *domus, familia, hominem* » (Nadot, 2005). Ce n'est que dans le dernier tiers du 18<sup>e</sup> siècle, que l'Eglise catholique imposera sa culture dans les institutions laïques, imitée alors en 1836 par l'Eglise protestante. Face à l'envahissement de la société civile par les « congréganistes » et le mélange des genres religieux pratiqué par Florence Nightingale, cette femme « dévote » soutenue en 1854 par un « *puissant puseyte* » (Sir Sidney Herbert), Valérie de Gasparin-Boissier (1813-1894), « *femme remarquable dont les idées devancent le siècle sous bien des rapports* » (Seymer, 1933), grande pédagogue suisse protestante du 19<sup>e</sup> siècle, médaille d'or de l'Académie française, proposera un modèle de formation laïc le 20 juillet 1859 qui sera un contre-modèle des maisons religieuses. Précurseur d'autres écoles, la première école de soignantes laïques au monde (Lausanne) était née. Le défi était d'introduire un changement majeur de statut dans la formation des infirmières autour de six principes habituellement défendus dans les communautés religieuses : l'engagement à vie, la Règle, l'obéissance, le célibat, le renoncement au salaire et le costume (Nadot, 1993, 575-577).

The secular care practices have not waited on the appearance of the Church in order to begin to standardize and to determine the basis of which will be later a discipline. These practices exist in the hospitals since the Middle Ages, and are based on the triptyque « *domus, familia, hominem* » (Nadot, 2005). It is only in the last third of Eighteenth-Century that the Catholic Church will impose its culture in its secular institutions, so imitated in 1836 by the Protestant Church. Facing the invasion of the civilian society by the « congreganists » and by the mixture of the kinds of religions practiced by Florence Nightingale, this « devote » woman supported in 1854 by a « *puissant puseyte* » (Sir Sidney Herbert), Valérie de Gasparin-Boissier (1813-1894), « *femme remarquable dont les idées devancent le siècle sous bien des rapports* » (Seymer, 1933), main swiss protestant pedagogist in the 19<sup>th</sup> century, gold medal from the French Academy, will propose on 20<sup>th</sup> of July 1859 a model of secular education, which will be a countered model of the religious houses. Precursor of the other schools, the first secular care school in the world (Lausanne) was born. The challenge was to introduce a major change in the status at the level of

the nursing education around six principles which are usually defended in the religious communities: commitment for life, the Rule, the Obedience, the Celibacy, the act of giving the salary up and the costume (Nadot, 1993, 575-577).

***THEME SESSION III***: Friday June 6, 16:30 pm  
**Missionary Nursing and Religious Sisterhoods in International Context**

**French Nursing Nuns Confronted by the Beginnings of the Paris Clinic, 1634-1789**

**Daniel Hickey, professeur émérite, Université de Moncton**

University of Moncton, Canada

daniel.hickey@umoncton.ca

In the late 1780s a major controversy broke out in the Paris Hôtel-Dieu between the Augustinian nursing sisters and the first surgeon Pierre-Joseph Desault over the implementation of the new 1787 code for medical services and patient care. The code, drawn up by Jean Colombier, royal Inspector of Civil Hospitals and Prisons, envisioned major hospitals like the Hôtel-Dieu as health centers for acute and chronic disease. It specified that the full range of medical intervention – admission, examination, diagnosis, feeding, treatment and discharge – were to be defined as clinical functions and put in the hands of staff physicians and surgeons. Dr Desault went to great lengths to implement this code in the Hôtel-Dieu and in so doing confronted and criticized the prioress of the Augustinian nuns who staffed the hospital.

The case has been treated by both Toby Gelfand and Louis Greenbaum. It prefigured the type of criticism that was leveled at the nursing sisters by the proponents of the new school of clinical medicine and eventually by the public health authorities of the Third Republic. This paper will return to the origins of the nursing sisters in France to demonstrate a very different focus in their preoccupation with hospitals and patients. It will attempt to show why they opposed the measures that Desault and his colleagues imposed in the Hôtel-Dieu.

**THEME SESSION III: Friday June 6, 16:30 pm**  
**Missionary Nursing and Religious Sisterhoods in International Context**

**Les hospitalières québécoises face à la nouvelle géographie du travail féminin, 1939-1980 / Nuns and the New Geography of Women's Work in Quebec Hospitals, 1939-1980**

**Aline Charles**

Professeure agrégée  
Département d'histoire  
Université Laval  
Québec, Canada  
aline.charles@hst.ulaval.ca

En 1961, au Québec, la position des religieuses dans l'univers hospitalier apparaît inébranlable. Elles dirigent 43% des hôpitaux et gèrent 71% des lits. Elles administrent des réseaux d'institutions qui s'étendent à toute la province et au-delà, de l'Ontario ou des États-Unis à l'Afrique et l'Amérique latine. Ces chiffres et ces faits, pourtant, ne disent pas l'essentiel. Ils ne disent pas que les soeurs ont constitué ces petits « empires » hospitaliers grâce, notamment, à un mode de fonctionnement qui juxtapose le travail gratuit et le travail rémunéré des femmes, enrôlant côte à côte religieuses, travailleuses et bénévoles. Ils ne disent pas non plus que cette organisation hybride du travail est de plus en plus décriée. Et surtout, ils ne disent pas que les religieuses sont sur le point de disparaître corps et âmes du monde hospitalier, au Québec comme à l'échelle internationale.

Cette communication s'intéresse donc à la place des soeurs dans l'organisation séculaire du travail hospitalier féminin, aux rapports complexes qu'elles entretiennent toujours à la fin de la Crise avec le salariat et le bénévolat. Elle s'intéresse aussi aux changements qui bouleversent leur rôle dans cette organisation à partir des années 1950. D'un côté, le travail rémunéré s'impose, ce qui améliore enfin les conditions des employées et des infirmières, mais force, du même coup, les religieuses à devenir des salariées et des syndiquées que plus rien ne distingue des laïques. D'un autre côté, le travail gratuit décline, obligeant ses dernières représentantes – les bénévoles – à se faire discrètes. Cette nouvelle géographie du travail hospitalier s'inscrit bien sûr dans un contexte plus large : laïcisation et crise des vocations religieuses, acceptation de l'emploi féminin et syndicalisation accrues, démocratisation des soins et prise en charge définitive des hôpitaux par l'État la génèrent autant qu'elles l'alimentent.

In 1961, the position of nuns in Québec's hospital system seemed as solid as ever. They were responsible for 43% of the hospitals, accounting for 71% of the beds. The network of institutions they administered covered the entire province and beyond, from Ontario to the United States and from Africa to Latin America. Such a picture omits, however, some essential information. The sisters had created these little hospital « empires » thanks, notably, to a mode of functioning that juxtaposed the paid and unpaid labour of women, be they nuns, workers or volunteers. This hybrid form of the organization of work was increasingly called into question. And, finally, the nuns were about to disappear completely from the hospital world, in Québec and internationally.

This paper focuses on the nuns' position in the organization of women's hospital work that was still in place at the end of the Depression, and the sisters' complex relationship with paid and unpaid labour. It also studies the changes that upset their role within that organization beginning in the 1950s. On the one hand, paid work gained ground, which at last improved employees' and nurses' working conditions, but at the same time forced the nuns to become waged and unionized staff indistinguishable from lay personnel. On the other, unpaid labour declined, relegating its last representatives – the volunteers – to a discreet role. Of course, this new geography of hospital work both reflected and contributed larger changes: laicization and the crisis of religious vocations, greater acceptance of women's employment and increased unionization, democratization of care and assumption of control of hospitals by the state.

**THEME SESSION IV: Saturday June 7, 9:00 am**  
**Complexities of Place, Power and Difference in the History of Psychiatry**

**The City and the Asylum: Urbanization and the Confinement of the Insane in Victorian Canada**

**David Wright**

Hannah Chair in the History of Medicine  
McMaster University  
History of Medicine Unit  
HSC 3N10, 1200 Main Street West  
Hamilton, Ont. L8N 3Z5, CANADA  
dwright@mcmaster.ca

The history of mental health and psychiatry has witnessed a tremendous popularity amongst scholars interested in the history of nursing and the history of medicine. Within this literature, themes of isolation and segregation have dominated perspectives on the confinement of the insane. Despite the fact that the first generation of asylums in Canada, and elsewhere, were almost always constructed on the edge of the principal provincial cities, there have been few comparative studies of the asylum as a public, urban institution. This paper examines several aspects of the complex and multifaceted relationship between the city and the Victorian lunatic asylum.

The paper will begin in a qualitative vein, demonstrating that the urban-ness of the public mental hospital has been a matter of ongoing contemporary and historical debate. On the one hand, the asylum had significant civic symbolism, as one of the most expensive and illustrious institutions of the principal cities of Victorian Canada. Rather than being 'out of sight', these mental hospitals were visible and prominent institutions that held public interest, generated scrutiny, and fostered local myths. They were important centres of economic activity, employing hundreds of local nurses and domestic staff. On the other hand, the asylum – in its idealized form – was an attempt to recreate (if in rather awkward institutional form) the idyll of pre-industrial rural living. Purposefully set in ample farmland, just outside the boundaries of the urban centres, the placement of the mental hospital was predicated, in part, on drawing mentally disordered persons *outside* of the frenetic pace of industrial society, of creating an asylum *from* urban industrial life.

The second part of the paper will adopt a quantitative approach to answering a basic, if unresolved question in the history of psychiatry: To what extent was the Victorian asylum – socio-demographically speaking – an *urban* institution? Focusing on the rise of the mental hospital in Victorian Ontario, and in particular the background of over 7,000 patients admitted to provincial lunatic asylums from 1841 up to, and including, the census year 1881, it will reveal that, far from the receptacle of strictly urban dwellers, the mental hospitals received a remarkable number of mentally ill from rural regions of the province. This finding, derived from one of the largest database studies of mental hospital patients ever undertaken, challenges an important and influential theme that has underpinned much of the historiography of the North American mental hospital.

Dr David Wright holds the Hannah Chair in the History of Medicine and is Associate Dean of the Faculty of Humanities, McMaster University. He is the author and co-editor of six books on the history of mental health, including, most recently: John Weaver and David Wright (eds.) *Suicide in the Modern Western World: Transnational Perspectives* (Toronto: University of Toronto Press, 2008), in press.

**THEME SESSION IV: Saturday June 7, 9:00 am**  
**Complexities of Place, Power and Difference in the History of Psychiatry**

**Coping with Madness: Limits of Health Care for Female Lunatics in the Second Part of the 19<sup>th</sup> Century in Germany**

**Sylvelyn Hähner-Rombach**

Institute for the History of Medicine of the Robert Bosch Foundation  
Straussweg 17  
D-70184 Stuttgart  
sylvelyn.haehner@igm-bosch.de

In German psychiatry of the 19<sup>th</sup> century we find a clear social construction of female madness connected with the biology of the female body. Psychiatrists were convinced that the stages of the “biological calendar” of woman – start of menstruation, pregnancy/birth/childbed and the beginning of menopause – were the trigger or source of different forms of madness. Taking female inmates of a psychiatric hospital in Württemberg, a south-western state of Germany, between 1812 and 1871 as a case study, we can see that in the absolute majority of the cases the cause of madness was connected with the female biology or the so-called female “character”.

There were three censuses of lunatics in Württemberg during the 19<sup>th</sup> century, including hospitalized and non-hospitalized. All of them showed that the number of female lunatics exceeded the number of their male counterparts. Based on the above-mentioned social construction of female madness we would expect that most of the patients of psychiatric institutions were female – but: it’s just the opposite. Although each census showed that there were more female lunatics than male, the majority of the inmates were men. It is worthy mentioning that the available space in the psychiatric institutions was always insufficient.

An examination of the reasons for admission of male and female inmates revealed that one of the main arguments for the commitment was danger. It could be the danger for the patients themselves (risk of suicide) or the danger for their domestic environment (violence, arson, etc.). In that sense men were more dangerous than women. As families or communities were very interested in getting rid of their lunatics when they had no capacities to take care of them, they often tried to construct an endangerment on the part of the patients.

An analysis of the duration between the breakout of the disease and the commitment shows how, depending on family status, age, and working ability, the circumstances of female lunatics and the public response to them differed considerably from their male counterparts.



## Abstracts Concurrent Sessions, Alphabetically

### Lyle's Secret Service: Canadian WHO Nurses 1952-1968

#### **Dr. Susan Armstrong-Reid**

Independent scholar

17 Carriage Lane, Guelph, Ontario,

N1H 6H9, Canada

reids@rogers.com

Lyle Creelman's career epitomized the fabric of Canadian nursing at home and abroad for over three decades. She was dedicated to helping nurses organize themselves as professionals and to communicate more effectively with one another to promote healthy living. This paper focuses exclusively on Creelman's field work as Chief Nursing Officer for the World Health Organization (1952-68). Along with a cadre of hand-picked WHO nursing consultants, who helped her to refine her ideas about international nursing, Creelman emerged onto the world stage at a time when former colonies grappled with the socio and economic consequences of decolonization as the Cold War deepened.

The study seeks a nuanced and textured understanding of international nursing's role in the development of health policy within developing countries - an under-examined area of nursing's past. In so doing, it raises several germane questions for scholars. How did political, cultural, and financial constraints of working within an international health agency determine what WHO nursing projects would be carried out? As nurses attempted to influence development of WHO's health programs, both at headquarters and within what Creelman termed "the fast developing nations," what professional tensions arose within those health communities over claims of knowledge, skill, and identity? Did the predominantly Anglo-American-trained WHO nursing consultants impose an elite model of nursing education that ill-fitted the needs of countries confronting the problems of decolonization and racial discrimination?

An attempt will be made to situate the paper within the Creelman biography currently in progress. That larger study assesses her WHO career within a broader transnational perspective by exploring the interrelationships of her professional endeavours at headquarters, in the field, and with other international organizations, such as the International Council of Nurses, Rockefeller Foundation and International Labour Organization, to advance the nursing profession. Each shaped the practice, power, and policies of WHO's nursing programs and trans-organizational relationships.

## **Overseas Recruitment: Experiences of Nurses Immigrating to Newfoundland and Labrador**

**Marilyn Beaton, Associate Professor**  
Memorial University School of Nursing  
mbeaton@mun.ca

**Jeanette Walsh, Assistant Professor (retired)**  
Memorial University School of Nursing  
mj.walsh@nl.rogers.com

NONIA began overseas recruitment in the 1920s to provide nurses for rural Newfoundland and Labrador (NL). Ninety years later out-of-country recruitment continues primarily to recruit nurse midwives for northern regions of the province. The International Grenfell Association relied on such recruitments efforts for nursing stations in Labrador and hospitals in northern NL. During periods of provincial nursing shortages, the NL government and local hospitals initiated out-of-country recruitment to resolve such shortages. In the 1960s, Memorial University used this strategy to attract qualified applicants to teach in the nursing degree program.

Overseas recruitment brought many challenges; for those who came, for local nurses who worked with them and for the profession. While many nurses returned home upon completion of their contract, many opted to stay. Subsequently, out-of-country recruitment and the contribution these nurses made to nursing and health care in NL is a significant part of our history which to date has not been documented. The primary goals of this research was to document the experience of immigrating to and working in NL from the perspective of those recruited, to explore the challenges of overseas recruitment and to preserve this record of nursing history.

Forty nurses who immigrated to Newfoundland and Labrador between the early 1950s and late 1990s and practiced in all regions and settings were interviewed. Participants were asked to recollect their immigration experience and while individual recollections may not always be accurate, the investigators accepted the participants' stories as reflecting their reality. Where possible, employers involved in out-of-country recruitment and individuals from the professional association involved in licensing these nurses were also interviewed to obtain a broader perspective of the issues and to create a context for these nurses' stories.

## **Space and Specialization: Stories of Transformation in Western Canadian Nursing Practice, 1960-1980**

**Nerrisa Bonifacio, MSN student, UBC School of Nursing**  
**Deborah Hamilton, MSN student, UBC School of Nursing**  
**Erica Roberts, MSN student, UBC School of Nursing**  
**Geertje Boschma, PhD, Associate Professor, UBC School of Nursing**

University of British Columbia  
2211 Wesbrook Mall, Vancouver BC V6T 2B5  
Phone 604-822-7457, Fax 604-822-7466  
nerrisa@interchange.ubc.ca

Continuous change characterized the rapid evolution of Canadian health care in the post-WWII era. Nursing care grew more complex in the face of increased specialization, expanding technology, diversification of nursing roles, and changing demographics. Nurses developed new practices, new knowledge and new spaces in response to the changing health care needs of the population. Yet, there is scant historical analysis of these changes within the Canadian health care context.

This paper explores the development of three new areas of nursing practice and specialization, post-anesthetic, intensive care, and gerontological nursing that emerged within the health care system in the province of British Columbia in the 1960s and 1970s. The concepts of space and place form the central categories of analysis, highlighting how the creation of new spaces of care, whether for elderly or acutely-ill patients, went hand in hand with the construction of new nursing ideas, not necessarily without its tensions.

Oral history accounts from nurses involved in the establishment of intensive care units, new recovery rooms, as well as new residential care settings for the elderly, form the primary source material, augmented with archival records and governmental reports and other primary and secondary sources. Personal accounts provide an opportunity to include experiences not otherwise documented. The evidence reveals how nurses experienced these dynamic changes, what events they choose to remember, and how they incorporated the new spaces in their practice. By exploring the complex connections between work and place, these stories provide insight into the (re)construction of health care spaces that were in part shaped by larger social influences, societal attitudes, and technology. The paper concludes that the individual experiences of ordinary nurses provide a unique lens to understand the evolution of nursing knowledge and the complex dynamics of specialty practice in postwar Canadian health care.

**'The geriatric hospital felt like a backwater': Nursing the Aged and Infirm in Britain, 1955-1980**

**Dr Jane Brooks, School of Nursing, Midwifery and Social Work**

University of Manchester

Oxford Road

Manchester

M13 9PL UK

Jane.Brooks@manchester.ac.uk

The foundation of the National Health Service (NHS) in Britain in 1948 was meant to eliminate the second-class treatment of the chronically ill and elderly in their decrepit hospital buildings. Whether being cared for in a prestigious teaching hospital or the old poor law infirmary everyone was now to be provided with the same level of care; all were now patients, those in the poor law were no longer inmates. However by the mid 1950s the honeymoon period was over, the British government realised that savings needed to be made; the 'geriatric bed-norm' was invented, and was unsurprisingly woefully limited and under funded.

Although in more recent years there has been a growth of interest in the politics and health of the older person in hospital and the community, the interest from medical and social care historians has resembled that of the governments; limited. More critically, there has been virtually nothing on the nursing care of older people in Britain. Given the involvement of nurses in caring for the aged, this seems a gross oversight. This paper is based on an oral history project of twenty nurses who worked on older adult wards in general hospitals between 1955 and 1980 in the UK. There are differences in the testimonies that these nurses brought and some were certainly more positive than others, but the overriding themes were of struggle and incarceration. Using the seminal work of Erving Goffman, this paper will explore the notion of the geriatric ward as a 'total institution', in which the patients and nurses alike are subordinated by the hegemony of the acute hospital. This examination will consider the relations between the nurses and their patients and the struggles both faced in status, financial support and recruiting and retaining suitable staff.

## **Negotiating Boundaries and Borders: Nursing Work and Moral Purposes – an Australasian Perspective**

**Sarah Jane Brophy RN BA MBA, Graduate student**

University of Sydney, Faculty of Nursing and Midwifery, Australia

43 West Watson Ave, Christchurch 8025, New Zealand

0064 -3-3380464

sarah.brophy@cdhb.govt.nz

I discuss key factors that have influenced and shaped the development of patient centred service ideals related to moral purposes in nursing work, with particular attention paid to the Australian and New Zealand contexts and, where relevant, Britain. My starting point is the late nineteenth century colonial period in the British Commonwealth when the promotion of well-trained nurses of good moral character gained impetus. This movement stemmed from reforms in nursing standards driven largely by Nightingale. I consider how this was reflected in original legislation establishing the registration of nurses in Britain, Australia and New Zealand. I also discuss the contemporary context, where moral values and fundamental moral responsibilities of nurses are upheld in officially sanctioned nursing Codes of Ethics. I conclude that the moral principles of nursing function as a guide to appropriate professional practice in the face of serious challenges, in particular, when resource constraints threaten the provision of safe patient health care. The moral stance of nursing has been an inherently protective one, particularly in relation to the welfare of the patient, since its 'modern' foundation. Finally, I conclude that it is by honouring the principles expressed within their Codes of Ethics that nurses uphold their core professional values and fundamental moral commitments to patients in their care. However, this analysis also points to the increasing pressure that nurses experience in their work(places) to uphold these professional and statutory obligations.

## **Traces of Manifest Destiny in U.S. Nurses' Letters to the American Journal of Nursing 1900-1913**

**Winifred C. Connerton, CNM, Doctoral Student**

University of Pennsylvania School of Nursing

469 Ripka St., Philadelphia, PA 19128 USA

215.482.2164

wconnert@nursing.upenn.edu

The term Manifest Destiny was first coined by John O'Sullivan in 1845 in an editorial explaining the United States' "manifest destiny" to annex Texas from Mexico. While O'Sullivan established a succinct catch phrase, the ideology itself was a collection of ideas rooted in theories of Anglo-Saxon superiority and Social Darwinism. By the late-nineteenth century the ideology was well developed enough for expansionists to use it as justification for U.S. expansion into the Caribbean and Pacific. Trained nurses participated in the U.S. international expansion as missionaries, military nurses and individual adventurers. Missionary nurses were working in remote parts of Africa, South America, India and China, Army nurses were stationed in Cuba and the Philippines, and individual nurses were employees of mining and agriculture companies in Mexico and Hawaii. Nurses worked in these places out of a desire for personal and professional fulfillment, but no matter what their personal reasons for international work, they also embodied U.S. expansion and carried with them the familiar justifications of Manifest Destiny.

U.S. nurses working abroad wrote letters to the *American Journal of Nursing (AJN)* that were published in the "Nursing in Mission Stations" and "Foreign" departments. These letters reflect individual nurses' adventures with international travel and work as well as those nurses' individual articulation of prevailing political and social ideologies. Nurses' manifest destiny had some different attributes than the capitalists' or politicians' versions of the same ideology. These differences stemmed from nurses' place in the practice of scientific medicine, from acceptable roles for women and from the professional interests of the women engaged in nursing work. The purpose of this paper is to examine these letters sent to *AJN* between 1900-1913 and place them in the broader context of U.S. ideology as it was unfolding in the U.S. in the early twentieth century.

## **Developing Flight Nursing in the Wartime Australian Air Force 1943-1953**

**Maxine Dahl, PhD student, Dr Alan Barnard and Carol Windsor**

School of Nursing, Faculty of Health, Queensland University of Technology

PO Box 137

CAMPBELL ACT 2612

Australia

+61 2 6292 1193

mcdahl@grapevine.com.au

In times of war and conflict, transporting casualties by air accompanied by specialised flight teams to definitive medical care is today recognized and accepted as best practice for saving lives. For Australia, the development of an air evacuation system and training of flight teams commenced in World War II (WWII) and became the responsibility of the Royal Australian Air Force (RAAF). The role of the registered nurse as the team leader was accepted practice because of the shortage of medical practitioners in the wartime force. What the role was and how these female RAAF nurses lived and worked during WWII and the Korean War remains largely unexplored and is the focus of this historical research.

This paper presents the background, aims and methodology for researching the development of both the air evacuation system and the role of the RAAF flight nurses who lived and worked during WWII and the Korean War. The paper also draws on oral history evidence of Australian nurses deployed specifically to undertake flight-nursing duties during these two wars. Finally the paper presents the outcome of analysis of interview data together with primary source documents exploring the training, role and working conditions of these flight nurses. The research also seeks to identify the existence of boundaries that were placed on these nurses as women in the military during the time of war and the emergence of the flight-nursing role.

## **Imagined Communities: Representation and Identity in American Nursing 1890-1920**

**Patricia D'Antonio, RN, PhD, FAAN**

Associate Professor of Nursing

Claire M. Fagin Hall

University of Pennsylvania

418 Curie Boulevard

Philadelphia, PA 19104

dantonio@nursing.upenn.edu

Questions about borders, boundaries, and political context in nursing and health care assume a certain stability in the concept of “nursing” even as they acknowledge that nurses themselves hail from and practice within diverse racial, ethnic, global, and classed communities. This paper wonders about such an assumed conceptual stability. It turns to late nineteenth and early twentieth century representations of nursing by United States nurses to seek answers. It particularly draws upon articles written and speeches given by nurses for lay audiences. These nurses include thought leaders within the discipline, those committed to social change within their particular race and regional communities, and those drawing on their nursing experiences to comment on the happenings of their local neighborhoods.

This paper considers these data by drawing upon theoretical work that posits meanings ascribed to gender and race as situational and that opens self-definition and self-representations as serious constructs to be analyzed in their own right as well as in relation to personal, political, and social contexts. Thus, it re-engages with these nurses’ own emphasis on content and character; and it re-considers the currently disparaged emphasis on nurses’ need to embody de-limiting traits of discipline, loyalty, and obedience. Certainly, I argue, representations of disciplined, loyal, and respectful practice remained important. But these representations were also presented by nurses among themselves and to their public as traits that served the production of even more important ones: those of coolness, courage, and absolute control of the clinical moment. And such traits performed important ideological and social work: they drew nurses into the prestigious scientific orbit of modern medicine and differentiated them and their work from main competitors – not untrained nurses, but rather equally modern, middle-class mothers.

These representations, I argue, did create a shared, internalized, and fairly stable conceptualization of “nursing” and, as importantly, a strong nursing identity. They ran across – although never bridged – racial, gendered, and classed divide. But they did provide a common scaffolding upon which nurses’ built additional meanings attendant upon their particular gendered, racialized, classed, and geographic worlds. In the end, nurses’ representations of nursing created powerfully imagined (if not always real) communities of meaning throughout the United States. And such meanings encouraged nurses to consider themselves as much empowered as subordinate actors in the construction of lives lived in communities as well as in parts of the American health care system.



## Searching for the Origins of Two-hourly Turning: The Story So Far

**Dr Carol Dealey**

School of Health Sciences

University of Birmingham, Birmingham, UK

c.dealey@bham.ac.uk

The prevention of pressure ulcers (bed sores) is a fundamental aspect of nursing care and has long been seen as an indicator of the quality of care provision. Anecdotally the most commonly described method for pressure ulcer prevention is repositioning of the patient every two hours, known as two-hourly turning. However, there is limited research evidence to support the practice, and uncertainty as to how it became so widely used. The aim of this study is to determine the origins of two-hourly turning and the factors that led to its almost universal adoption.

To date, the Wellcome History of Medicine Library and the Library of the Centre for the History of Medicine, University of Birmingham have been searched for textbooks dating from the 19<sup>th</sup> century up to the 1960's. In addition, the archives at St Bartholomew's Hospital London, The Royal London Hospital and the British Journal of Nursing have also been searched, giving preliminary results.

The earliest reference to turning patients was in 1873 and found in notes from a lecture on bed sores made to medical students by Sir James Paget, who was a Lecturer in Clinical Surgery at St Bartholomew's Hospital at the time. The first real mention comes from Isla Stewart (Matron at St Bartholomew's Hospital, 1887-1910) in *Practical Nursing* (1903) where she states ".....a patient should never be allowed to lie more than two hours in one position, but be turned first to one side and then to the other....". However, later nursing publications have mixed views on the frequency of turning. The point when the theory proposed by Stewart became regular clinical practice has not yet been found and further study is required.

## **Maintaining a Toe-hold in Shifting Sands: Registered Psychiatric Nurses and the Political Economy of Rapid Mental Health Reform in Saskatchewan**

**Chris Dooley, PhD Candidate, York University**

Department of History, University of Manitoba

403 Fletcher Argue Building

Winnipeg, Manitoba R3T 5V5

Chris\_Dooley@UManitoba.CA

In 1957 the Government of Canada introduced the Health Insurance and Diagnostic Services Act (HIDS), which codified federal-provincial cost-sharing of hospital-based services. HIDS was not without casualties. Facing a large fiscal liability, the government limited its support of other programs, notably in the areas of public and mental health, and this, combined with the potential for cost-sharing, created a strong incentive to remove such services to the general hospital system.

This reconfiguration held particular peril for Registered Psychiatric Nurses (RPNs) in Western Canada, for whom any relocation of services away from specialty mental hospitals implied conflict with Registered Nurses and Social Workers. Nowhere was this more pronounced than Saskatchewan. In 1957, that province announced the Saskatchewan Plan for Mental Health, a proposal to close the province's existing mental hospitals in favour of small regional in-patient centres, staffed principally by RPNs, that would serve as nodes in a distributed system of community-based care. The Plan was predicated on HIDS support, a matter on which the federal government demurred. The consequence, hastened by the election of a cost-cutting government in 1964, was a new Saskatchewan Plan based on rapid deinstitutionalization, in-patient care at general hospitals, and a heavy reliance on welfare services and private physicians.

This paper contextualizes strategies embraced by the Saskatchewan RPNs to claim occupational space in the face of these changes: a self-conscious engagement with formal knowledge production to refashion their collective identity and expand their scope of practice into the general hospital and the community, political challenges to the monopoly of Registered Nurses on hospital-based practice, redoubled efforts to gain national recognition of their credential, and an active institutional involvement in mental health advocacy and in debates about appropriate care. As a case study, it is a reminder that the configuration of health care systems is neither natural nor inevitable but rather a product of negotiation between institutions and groups operating within a wider political economy.

## **“If You Can’t Get What You Want, You Get What You Need...”:The Patient Influence on the United States Nurse Practitioner Movement, 1960-1980**

**Julie Fairman, PhD, RN, FAAN**

University of Pennsylvania

Director, Barbara Bates Center for the Study of the History of Nursing

School of Nursing

Philadelphia, PA 19104

Fairman@nursing.upenn.edu

The nursing profession is shaped by the patients it serves. Much of what professional nursing does in terms of policy initiatives is rhetorically positioned as a response to patient needs, of “returning power to the end user.” This approach melds together professional self-interests and altruistic values; nurses speak of patient outcomes, quality of care, and allowing patients to make their own decisions. These labels are contingently constructed and at times proxy to professional ideals and prerogatives. This is not to say that nurses are not advocates for patients, because they can legitimately claim this role. But patient needs are politically different from what patients want, particularly in terms of how patients decide who provides their health care at particular times and places, and how these choices influence the nursing profession.

The early nurse practitioner movement in the United States (1960-1980) was a peculiar confluence of the scarcity of physician resources in chronic and primary care, and in rural and urban poor communities, with nursing’s growing capacity to effectively care for patients in these places. It was not a result of planned decision-making but one of opportunity for patients who sought out health care services in areas that typically had few or none. Patients found acceptable alternatives, and nurses found power and authority to practice in expanded roles. The movement itself was sustained by unmet health care services, and as nurses moved into these areas, patients found them to be satisfactory and interested providers, followed their advice, and came to their clinics. Multiple studies point to patient satisfaction with nurse practitioners for specific types of health care, and as safe and effective providers. These selections in turn supported the nurse practitioner movement and provided the professional organizations with the political capital to gain a foothold in new health care initiatives.

This work is supported in part by the RWJ Foundation Investigator Award in Health Policy.

## **The Influences of Euphemia Jane Taylor’s Perspectives of Holistic Nursing on the Expansion of Nurses’ Knowledge and Skills**

**Janice Cooke Feigenbaum, RN, PhD**

Clinical Professor of Nursing

University at Buffalo School of Nursing

Buffalo, New York

jcf6@buffalo.edu

Born and raised in Hamilton, Ontario, and usually known as Effie, Euphemia Jane Taylor (April 18, 1874—May 20, 1970) served as the Dean of Nursing of the School of Nursing at Yale University from 1935-1944. With a background of education in literature, drama, voice and piano at the Wesleyan Ladies College, (Hamilton), Taylor received her diploma of nursing from the Johns Hopkins Hospital Training School of Nursing in 1907. She then earned a Bachelor of Science degree in the program of nursing at Teachers College, Columbia University. Before beginning her tenure at Yale, Taylor organized and directed the nursing service unit of the Henry Phipps Psychiatric Clinic at Johns Hopkins and served briefly as Director of the Army School of Nursing at Camp Meade. With her very wide background in the liberal arts, nursing, and psychology, Taylor promoted the concept of “Total Patient Care.” She emphasized that students should be taught to appreciate that the “patient . . . [is] an integrated organism, a human being with a personality in an environment preparing to go back into the community to live a normal life” (Taylor, 1925, p. 13).

An ardent feminist, Taylor also worked diligently in state, national, and international nursing organizations to advance womens’ and nurses’ rights. She especially aimed to overcome the problems of “responsibility without representation,” “equal work with unequal pay,” and the “end of hospital etiquette,” which she believed were hindering nurses from utilizing their full scope of knowledge and skills (Taylor, 1929, p. 980).

The findings of this historical research uncovered the breadth of Taylor’s contributions to nursing and identified the factors that limited her ideas from becoming totally accepted within the nursing and medical communities. Appreciating her perspectives, however, provides a framework for contemporary nurses to consider when envisioning the future of nursing.

## **Insulin is “unspeakably wonderful”: Nursing Care of Children with Diabetes, 1920-1930**

**Deborah Gleason-Morgan, RN, MSN, CPNP**

Ph.D. Student, The University of Virginia, School of Nursing  
Charlottesville, VA 22903

Tel: 804-938-8630 Fax: 804-755-4929

dlg7b@virginia.edu

**General Thesis:** At the turn of the century, little was truly known about diabetes. Some thought that obesity caused diabetes. Others felt that it was a chronic disease that could only be treated with diet. Starvation diets, in combination with activity, rest and nutritional fasts were used and often credited for the prolongation of life. However, life was short for most people with diabetes, particularly children. Children were often diagnosed with diabetes and died within weeks or months. Those who religiously followed their starvation diets often lived longer. Still, growing to the age of adulthood was unlikely for children with diabetes, even if they followed all of the rules. In 1922 when insulin was discovered, everything changed. Nurses worked closely with families of children with diabetes, both before and after insulin was discovered. They were often solely in charge of managing the diets, and other activities required to care for these children. In this paper I argue that the discovery and use of insulin in the 1920's changed the face of nursing care in children with diabetes, and that the privileged few who received insulin in the early days of the discovery, often lived a long and “almost” normal life. Issues of class, race and privilege are discussed.

**Sources:** Primary sources included the Elizabeth Hughes, and F.G. Banting Papers of the Thomas Fisher Rare Book Library, University of Toronto; medical, nursing and dietary books from the early twentieth century, as well as medical and nursing journal articles of the era. Secondary sources included *The Discovery of Insulin*, by Michael Bliss, and *Bittersweet*, by Chris Feudtner.

**Findings/Conclusions:** How nurses cared for children with diabetes is discussed both before and after the discovery of insulin. Additionally, a case is presented, using a child's letters to her mother while she was sequestered away from her family during the heat of the summer, and the cold of the winter, to protect her health. These letters detail her everyday experiences of life with diabetes, both before and after the discovery of insulin. Also discussed is the private diabetes nurse that lived with this child, in her home. For some privileged white, upper class children like Elizabeth Hughes, home was Bermuda in the winter and the Adirondacks in summer. She, like others of her class, survived because they had the “privilege” of insulin.

## **Branches of the Same Profession?: Nomenclature in Context in Nineteenth and Early Twentieth Century Australian Midwifery and Nursing**

**Madonna Grehan, PhD Candidate**

The University of Melbourne, Australia  
mgrehan@unimelb.edu.au

In 1915 two particular Bills were introduced to parliament in the Australian state of Victoria: one Bill provided for the regulation of midwifery, the other Bill provided for the regulation of nursing. Debate over the two Bills produced confusion and argument in the legislature, as members of parliament (MPs) vigorously disputed whether midwifery and nursing were ‘branches of the same profession’.

This paper discusses how differing interpretations of nursing and midwifery work arose, compassing the unregulated arena of health care in an era before statutory regulation attempted to define the practice of nursing and midwifery. The research interrogates a range of primary sources, including Australian and international publications and archival records, examining the nomenclature applied to nurses, midwives, and their work, throughout the nineteenth and early twentieth centuries. Examination of these terms within their original context of time and place builds a picture of how the midwife, the nurse, and their near relatives: the sick nurse, ladies’ monthly nurse, obstetrical nurse, midwifery nurse, and the maternity nurse, were portrayed and understood as attendants to childbearing women.

The research tells us that boundaries of practice and in nineteenth and early twentieth century Australian midwifery and nursing were fluid. Similarly, the titles used to describe midwives, nurses, and their work, varied and were applied interchangeably. The result was ambiguity between midwifery and nursing, ambiguity between midwives and nurses, and ongoing confusion when their statutory regulation was pursued in the early twentieth century. This is in contrast to interpretations of midwifery history<sup>1</sup> that portray midwifery and nursing as separate and distinct in this period.

---

<sup>1</sup> Fahy (2007); Australian College of Midwives, Victorian Branch (1999); Summers (1995).

## Using Alternative Media to Disseminate Historical Research: A Documentary Case Study

**Sonya Grypma, RN, PhD**

Associate Professor  
Trinity Western University  
Department of Nursing  
7600 Glover Road  
Langley, BC CANADA  
V2Y 1Y1  
Sonya.Grypma@twu.ca

### *Part I: Walls Fall Down: Canadian Missionary Kids Return to China*

Filmed on location in remote regions of northern China, this 22 minute documentary captures the dramatic return of four women to their childhood homes sixty years after they and their parents were expelled from China. Barred from China since the Communist takeover, their parents did not live to see whether the medical work they established in the late 1800s survived Mao Zedong's purging of all things foreign. Based on six years of research, this documentary weaves together rare historic photos with stunning video images to trace a story of serendipity, discovery and reconciliation triggered by a chance meeting between the narrator and the president of a former Canadian mission hospital poised to celebrate its 110<sup>th</sup> anniversary.

### *Part II: Behind the Scenes: Using Film to Disseminate Historical Research*

Historians of nursing generally rely on conventional methods of dissemination for their research – that is, oral presentations at academic conferences and publications in scholarly journals or with a university press. Geared towards other historians and scholars, traditional dissemination methods offer opportunity for intellectual engagement and debate, as well as a platform to showcase expertise in particular subject areas. When relying on textual data, historians reflexively produce textual outcomes. With contemporary advances in technology, particularly digitalization, researchers have unprecedented access to original sources and unprecedented opportunities to work creatively with new forms of data, including images and sounds. In this presentation I draw on my experience as co-producer of the video-documentary *Walls Fall Down* as a springboard for discussion regarding the challenges, pitfalls and opportunities presented by involvement in a non-traditional historical research project – including cost, funding sources, data analysis, historiographic integrity and the development of a storyline, visual and music considerations, copyright, consent process, participant concerns, cross-cultural and travel challenges, and the response of academic and non-academic audiences.

## **Russian Romances: Emotionalism and Spirituality in the Writings of ‘Eastern Front’ Nurses, 1914-1918**

**Christine E. Hallett**

The School of Nursing, Midwifery and Social Work

University Place

The University of Manchester

Oxford Road

Manchester, M13 9PL

UK

Tel: 0044161 275 2000

Christine.Hallett@manchester.ac.uk

The nursing work of the First World War is usually associated with the ‘trench warfare’ of the Western Front. Nurses were based within fairly permanent casualty clearing stations and field hospitals, and patients were moved ‘down the line’ to base hospitals, and then to convalescent hospitals ‘at home’. Those nurses and volunteers who worked on the Eastern Front and offered their services to the ‘letuchka’ or ‘flying columns’ of the Russian medical services had a very different experience. They worked with highly mobile units, following a rapidly-moving ‘front line’. The paper considers the writings of three British (one Anglo-Russian) nurses who worked alongside Russian nursing sisterhoods in three different flying columns. The diaries of Violetta Thurstan (*Field Hospital and Flying Column*, 1915), Florence Farmborough (*With the Armies of the Tsar*, 1974 edtn.) and Mary Britnieva (*One Woman’s Story*, 1934) stand as an important corpus of nursing writings. All are written in a highly romantic style, taking up similar themes around their work on the Eastern Front as a heroic journey through a dreamlike landscape. Each nurse offers a portrayal of the Russian character as fine and noble. The most important themes of these works are those that deal with the ‘romance’ of nursing itself, in which nursing work is portrayed as both a character-testing and a highly spiritual pursuit.



## **Shifting Boundaries: Religion, Medicine and Nursing In Mid-Nineteenth Century England**

**Carol Helmstadter**

34 Chestnut Park Road

Toronto ON M4W 1W6

Phone: 416-921-3672 Fax: 416-921-4907

carol.helmstadter@rogers.com

The women who nursed during the Crimean War present a picture of nursing in the process of evolving into one of the many new Victorian professions. The approximately 215 women for whom we have records illustrate the sharply stratified class structure and religious divisions in English society. They also represent every level of the working and middle classes and almost every religious denomination. While there were only two minor aristocrats among them two ladies who helped to recruit and supply the nurses came from the highest level of the nobility. The Crimean War nurses also demonstrate every level of nursing knowledge and expertise as well as all the failings of nurses in the 1850's.

Little, apart from some discussions of the gamps, has been written about nursing before the establishment of the Nightingale School in 1860, and apart from Sue Goldie and Nergaard and Vicinus whose interests are primarily in Nightingale, only Anne Summers has written, and that briefly, about the Crimean War nurses. These authors have not attempted to place the nurses within the context of an age of administrative reform, religious controversy, the reformation of manners, and the redefinition of hospital medical practice.

Primary sources are found in the over 16,000 documents in the *Collected Works of Florence Nightingale* project, the archives of Lambeth Palace, fifteen teaching hospitals and two convents. I analyze this diverse group of women against the background of the shift from a religious understanding of health and disease to the new scientific medical approach. I conclude that nursing had emerged as a serious body of knowledge by mid-century although it had, and would continue to have, difficulties convincing the public that nurses were more than maids of all work.

## **Politics, Gender and Regionalism in the Establishment of Psychiatric Nursing in Manitoba**

**Beverley Hicks, PhD candidate, University of Manitoba**

137 Victoria Avenue

Brandon, MB

R7A 0Z2

Phone (204) 726 5978

hicks@mts.net

This paper is part of a larger PhD study into the evolution education and professionalization of psychiatric nursing in Manitoba between 1955-1980. The evolution of two kinds of psychiatric nursing in Canada, a specialty of general nursing in the east and a distinct profession in the west, has been examined in detail by Veryl Tipliski who concluded that Manitoba in the mid 1950s could have “tilted to the east or the west”. Manitoba was the last of the four western provinces to achieve legal status for psychiatric nurses. This paper is an examination of the socio-political, regional and gender factors which tilted Manitoba to the west.

Through an examination of documents, and oral interviews with key informants three sets of factors emerged which influenced the adoption of the western model of psychiatric nursing. First was the apparent indifference of the general nursing body to the mental hospitals, despite the fact there was a successful combined general and mental nurses training programme at Brandon Mental Hospital. The second set of factors was the support of the medical superintendents who encouraged the establishment of a professional group to care for patients in the two provincial mental hospitals and the school for retardates. The superintendents maintained control of the profession however through the manipulation of the legislation. Finally there was support from the three western provincial associations who had formed a national body of psychiatric nurses. That the leadership of these western groups was largely male probably appealed to the male attendants of Manitoba who seemed more concerned with gaining a professional association than the female unlicensed mental nurses. A Foucauldian genealogical analysis highlights the contingent and politicized nature of psychiatric nursing in Manitoba.

## **Naming Power: Nursing Diagnosis Classification and the Issues of Language and Professional Boundaries during the Late 20<sup>th</sup> Century**

**Jennifer Lynn Hobbs RN, PhD (c)**

Doctoral Candidate

Barbara Bates Center for the Study of the History of Nursing

University of Pennsylvania School of Nursing

VA Pre-Doctoral Nurse Fellow

VA San Diego Healthcare System

Jennifer.Hobbs@va.gov

This study explores the historical development of clinical information systems (CIS) in healthcare during the late 20<sup>th</sup> century. CIS are defined broadly here as a contextually bound technological system of tools, skills, and knowledge needed to provide patient care. Through the lens of this critical technology, the historical development of nursing information practices associated with patient care was analyzed. Information practices are the compilation of standards, protocols, and patient data forms; as well as other related practices like systematized interventions for specific diseases, hourly collection of vital signs, assessment data, classification schemes, or other means of configuring patient data. Nursing information practices created and applied to patient care during the time period of interest served as the specific vehicle to illustrate the highly political nature of health-related information technology.

The case offered here examined the North American Nursing Diagnosis Association (NANDA), one of the first organized groups to create a formal classification for use in nursing practice in the United States. Almost immediately tensions arose over the use of the word diagnosis; it represented a claim to specialized knowledge and skill, claims that generated resistance both within and outside of nursing. Individuals working to develop the classification struggled to describe nursing practice, for embedded in the language used by the members were highly gendered assumptions about ownership of not only specific knowledge, but privileges surrounding application and use of clinical language. While many nurses were expected to apply diagnostic reasoning to how they thought about patient problems, affixing a diagnostic label was a point of contention and represented a significant cultural lag. Ultimately, this classification was representative of a distinct cognitive style and reinforced existing divisions of labor and power.

## **Who Decides Nursing Professionality?: The Growth of Governmentality in Nursing Professionalism Since the 1950s**

**Mayumi Kako, RN, PhD student**

Flinders University  
School of Nursing & Midwifery  
GPO Box 2100, Adelaide  
South Australia 5001  
Mayumi.kako@flinders.edu.au

This study explored nursing professionalisation in Australia particularly in South Australia by using a discourse analytic approach to explore historical texts. I analysed professionalisation discourses with a view to understanding what internal and external influences constitute nursing professionals from the 1950s to 2007. I considered socio-economic and political influences as external elements, and the processes of role definition, calls for autonomy, professional attitude and nursing knowledge development as influential elements internally which strengthen nursing profession.

In this paper, I will explore the discourses of nursing professionalism as these are represented in the texts that debated the role of nurse and who governed the definition of that role of nurses. I will discuss how these relationships changed historically and what made this change. For example, nursing training was in the hospital setting in the 1950s. The role of nurse was described and defined by others rather than nurses defining themselves. The professionalism was also assessed within the hospital setting. Although tertiary education for nurses was argued for from the 1950s, it took another 40 years to complete the transition of the tertiary education system in Australia. Discourses on the role of nurse reached its peak discussion in the late 1980s with this transition. Nursing curricula also reflected these discourses of nursing professionalisation. I will discuss some examples of the texts mirroring these discourses.

The professionalism parameter is now set as competency standards to be assessed by nurse educators and nurses. The relationship between the body that educates nurses and the health care system is believed to be a collaborative and inclusive relationship, however this relationship is easily influenced by political factors.

## **The Midwives Ordinance (Palestine, 1929): Historical Perspectives and Current Lessons**

**Eyal Katvan, PhD, LLM, PhD Candidate, Program in Science, Technology & Society, Bar-Ilan University, Israel**

Faculty of Law

Bar-Ilan University, Israel

katvan@biu.013.net.il

**Nira Bartal, PhD**

School of Nursing

Hadassah-Hebrew University

Jerusalem, Israel

Until 1929, midwifery in Palestine was relatively open to anyone and only partially regulated by the 1918 Public Health Ordinance, legislated shortly after the beginning of British rule. The proposed presentation describes the factors that guided the shaping of midwifery and suggests possible sources of inspiration for the British legislator in crafting the Midwives Ordinance in 1929, including American (via Hadassah Organization's health agents), local (Palestinian), or British. The Midwives Ordinance reflects the adjustment of midwifery to changes in the developing society that evolved under the British Mandate. The Ordinance shows how the modern midwife's role contracted relative to the traditional one, in the context of social processes in other countries, east and west. This historical research project is based on interviews, archive documents and research literature. It analyzes the British interests in regulating midwifery, including the rationale of preserving public health and reducing infant mortality, against a background of political power struggles as well as cultural, social and professional diversity in Palestine.

Among the topics that are discussed are the effect of regulation on midwifery, the ways in which the Ordinance reflects distrust of folk midwives (*dayah*); the wording of the Ordinance, typified by blurred boundaries that sometimes brought on tensions between the powers of doctors, nurses, and pharmacists; the midwife's status as a professional woman whom the Ordinance transformed into a kind of overseer of women's body (that of the birthing mother) in the service of the British authorities or her own people; and the process of cementing the "female" and the roots of the inferior status of midwifery compared with other medical occupations.

## **Crossing Borders: The Influenza Pandemic of 1918 and the American Nursing Response**

**Arlene W. Keeling, RN, PhD**

The Centennial Distinguished Professor of Nursing;  
President, AAHN; and Director, The Center for Nursing Historical Inquiry,  
The University of Virginia, McLeod Hall, Charlottesville, VA 22903  
Tel: 434-924-5906  
awk2z@virginia.edu

**Background/Significance:** Today the world is facing the threat of pandemic influenza in which two to seven million people could die. Consequently, there is renewed interest in lessons learned from the influenza pandemic that crossed international borders and spread rapidly around the world in the autumn of 1918. In this paper I argue that in the United States physicians and nurses cooperated with the American Red Cross and the USPHS to respond to the crisis, providing care to thousands of patients in cities throughout the country. They did so with minimal federal support, relying on local community agencies to establish makeshift hospitals, provide soup kitchens, and make thousands of gauze masks. In the ghettos of major cities, the poor were particularly affected, and District Nurses visited thousands of immigrant patients in their homes.

**Methods:** A social history framework was used in this investigation. Primary sources included documents from the American Red Cross collection, the National Archives Records Administration, Maryland; the Lillian Wald papers at the archival division of the New York Public Library; the Visiting Nurse Association at the Center for the Study of the History of Nursing; the Visiting Nurse Association papers at the Chicago History Museum; the University of Washington special collections, and medical and nursing journal articles of the era. Secondary sources were also used.

**Findings/Conclusions:** The confluence of several factors, including the Great War, the American Red Cross bureaucracy, Congressional appropriations, USPHS efforts, and the efforts of local community leaders shaped the medical and nursing response to pandemic influenza when it devastated the United States in 1918. Immediate and effective cooperation among community leaders, civilians, local physicians and nurses was key to mounting an emergency response to the epidemic—particularly given the shortage of nurses because of war.

Funded: Center for Nursing Research, University of Virginia

## **They Didn't Toe the Line: Ottawa Public Health Nurses, Social Justice and Family Planning, 1967-1972**

**Maureen Kennedy RN, BScN, IBCLC, MScN**

University of Ottawa AMS Nursing History Research Unit Practicum participant 2007  
(613) 826-2542

Maureenkenedy@sympatico.ca

Social justice is a nursing issue. It is understood here as advocacy and actions to help eliminate inequitable distribution of power, resources and individual access to healthcare resources. The Canadian Nurses' Association (CNA) only officially recognized social justice as an organizational priority in 2002. Yet it has been an unstated component of public health nursing for a much longer time. For example, although provision of contraceptive devices or information was illegal in Canada before 1969, some public health nurses (PHNs) used various means to circumvent the law and the health care system to provide necessary contraception information to their clients. A social justice ideology guided them in providing care for their clients who were unable to access services otherwise.

This paper will address several Ottawa PHNs who worked with women needing contraceptive information in the late 1960s and early 1970s. Even when contraception information and services were legalized in 1970, they continued to advocate for their clients' contraceptive needs. For example, there was resistance from the Ottawa Board of Health, some adolescents' parents, and some local businesses that objected to certain services provided by the Family Planning Clinic. In addition, schools, particularly Roman Catholic ones, presented a challenge to PHNs providing contraception information.

Primary sources for this research include annual reports of the City of Ottawa Department of Health, journal articles from the *Canadian Journal of Public Health* published during this period, and oral histories of four public health nurses who worked for the Ottawa public health department at the time. Findings show how some nurses, motivated by social justice, (and sometimes in spite of personal philosophical stances on therapeutic abortion) found ways to provide contraceptive information to clients. They did so while working within a power structure of federal legislation, the Medical Officer of Health, municipal politicians and school principals. In order to do so, PHNs had to educate themselves about contraception, therapeutic abortion, and other aspects of family planning available at the time.

## **Parish Nursing in West-Germany. On the Social Practice of Christian “Charity Service” after 1945**

**Dr. Susanne Kreutzer**

Institute of Sociology  
Leibniz University of Hanover  
Solmsstr. 12  
10961 Berlin  
Germany  
Susanne.Kreutzer@laohu.de

In West-Germany parish nursing proved to be an area in which the traditional concept of Christian “charity service” remained alive for a comparably long time. The parish nurses were responsible both for the sick, old, lonesome and needy people. Their scope of activities ranged from nursing, cooking, cleaning, and caring for the elderly to doing the children’s service.

The paper explores the social practice of Christian parish nursing considering a West-German deaconess motherhouse, the Henriettenstiftung, as an example. It analyses the factors promoting job satisfaction in the field of parish work and focuses on three dimensions of care work: caring for other people, caring for oneself and receiving care. How did the deaconesses balance these three dimensions of caring while living in the environment of a motherhouse that put most stress on the care for other people? The paper doesn’t analyse the three aspects of caring separately but in their everyday-life interaction. In doing so the paper argues that the modern notion of self-sacrifice is not appropriate to describe the self-understanding and living situation of Christian parish nurses.

First, the paper characterises the two different types of parish nursing in rural areas and in the cities. Subsequently, it takes a closer look at the work of the deaconesses and describes their different tasks. Using the terminal care as an example a key situation in nursing will be analysed. Finally, the paper shows how the transformation of the West-German society in the 1960s affected the field of parish work.

The considerations are, on one hand, based on interviews with parish nurses. On the other hand, the personnel files of the parish deaconesses as well as the records of the parishes are taken into account. Through these sources everyday life and self-perception of the sisters as well as their social network can be followed very closely.



## **Formation of Nursing Identity – An Intercultural or a National Construction?**

**Susanne Malchau, PhD, Associate Professor**

Institute of Public Health

Department of Nursing Science

University of Aarhus,

Hoegh-Guldbergs Gade 6A

DK-8000 Aarhus C

Denmark

Phone (+45) 89 42 48 52 / Private (+45) 33 26 26 07

Cell phone (+45) 24 27 21 24

sm@sygeplejevid.au.dk

In 1899 the Danish Nurses Organization (DNO) were founded and from day one the organization laid huge effort and struggle into making nursing an independent professional discipline. In 1933 the DNO succeed into obtaining state authorisation for the profession. In the process of professionalization the importance of constructing nursing identity became evident - and a mean in this process became including nursing history in the curriculum planning.

The intention of the paper is to elaborate on nursing history as a mean in the formation of nursing identity in Denmark in the period 1928 and up to present time. The assumption is that intercultural exchanges have had a great impact in the formation of nursing identity in Denmark. This course was highly promoted by the authors of the Danish textbooks in nursing history.

In total there have been published three textbooks in nursing history in Denmark written by three prominent nurses. The first editions of the textbooks were published 1928, 1941 and 1978. The authors were all leading figures in Danish nursing and they were furthermore all together highly inspired by the Anglo-American nursing. They all went abroad to do advanced studies in nursing: Cornelia Pedersen (1879-1955) were studying in Leek, England 1910-15, Ellen Broe (1900-1994) studied at the Presbyterian Hospital NY 1930 and at Teachers College NY in 1936-37 and Inger Gøtzsche (1912-2001) studied at the University of Toronto, Canada 1950-51.

It will be argued that the Danish authors of nursing history followed the line of the first textbook in nursing history written by Nutting and Dock 1907. It will furthermore be argued that nursing history in Denmark followed the Anglo-American discourses in the construction of nursing identity. Finally it will be argued that the formation of nursing identity became an important mean into getting nursing a recognized profession within the political system, the health care system and in society in general.

## **Southern Blacks Giving Nursing Care in Virginia During the American Civil War, 1861-1865**

**Barbara Maling, RN, MA, MSN, ACNP, Doctoral Student**

The University of Virginia in Charlottesville VA, USA

1514 Westwood Road

Charlottesville VA 22903

United States of America

434-296-3515

blm7y@virginia.edu

**Purpose:** The purpose of this paper is to discuss and analyze writings and experiences of Southern blacks giving nursing care in Virginia during the American Civil War. Issues of race, class, gender, the status of medicine and nursing, and the need for African-Americans to give nursing care are considered within the context of the war.

**Methods:** Primary sources include but are not limited to letters, diaries, and hospital rosters from: The National Archives in Washington DC, USA; Alderman Library at the University of Virginia in Charlottesville VA, USA; and Howard-Tilton Memorial Library at Tulane University in New Orleans LA, USA. Secondary resources are also used.

### **Findings:**

Large numbers of free and enslaved blacks gave nursing care in Virginia during the American Civil War. Their care was given in military hospitals as well as in Southern homes. In most cases, the boundaries of nursing duties are not clearly defined. Many blacks did a combination of jobs including nursing. Blacks faced perils from war injuries, contagious disease, and abuse from those for whom they worked.

### **Discussion:**

Despite the fact that numerous African-Americans nursed during the war, little scholarly research exists on them. Race, class gender issues in the Antebellum South defined the involvement of blacks. Class distinguished power, education and refinement. Gender distinguished patriarch from subordinate, and race marked the difference between free and bound. Thus, the attributes of class, gender, and race not only shaped identities but also dictated life choices.

A unique intersection of events during the Civil War shaped nursing experiences for blacks. Because African Americans were an oppressed people and nursing was largely considered menial work, large numbers of blacks could give care without impunity. Nonetheless, they became a large and significant part of the Confederate medical response.

## **Blurring the Boundaries**

### **Susan McGann**

Royal College of Nursing Archives  
42 South Oswald Road  
Edinburgh  
EH9 2HH  
Scotland  
UK  
Susan.McGann@rcn.org.uk

This paper will consider the ideological boundary between nurses' trade unions and their professional associations in Britain. This boundary represented significant cultural differences within nursing. On one side the (Royal) College of Nursing represented the professional aspirations of nurses, identified with the teaching hospitals, its membership was entirely female, middle class or seeking to be middle class, and accepted the vocational image of nursing. On the other side, the trade unions which identified with nurses had their origins in the mental asylums, their culture was working class, and their membership predominantly male.

By the 1960s these two traditions were out of date. The Royal College of Nursing (RCN) widened its membership to include men and all nurses, not just the SRNs. While the Confederation of Health Service Employees (COHSE), the largest trade union of nurses, changed its image to attract more SRNs. These two organisations dominated nursing labour relations at the end of the twentieth century. From the media coverage there appeared to be open warfare between them, but a closer look reveals that they had become two sides of the same coin. The RCN had become a professional association with trade union activities and COHSE had become a trade union with professional activities.

As the political and economic pressures on nurses in the UK intensified at the end of the twentieth century many called for the need for the nursing profession to unite. But it could be argued, that between the RCN and COHSE nurses had the best of both worlds. The government had to negotiate with the RCN as a professional association with a quarter of a million members who rejected the strike option, while behind them stood COHSE with 130,000 nurse members who were prepared to strike.

## **“Building for the Canada of tomorrow:” Public Health Nursing in Manitoba, 1916 - 1920**

**Marion McKay**

Faculty of Nursing

University of Manitoba

Winnipeg, MB

R3T 2N2

(204) 474-6687

Marion\_McKay@umanitoba.ca

In September 1915, the Liberal party, led by Tobias Crawford Norris, won a landslide election victory over Manitoba's disgraced Conservatives. Between its first legislative session (1916) and the 1920 election, the Norris government introduced an unprecedented range of political reforms, including women's suffrage; prohibition; minimum wage legislation; workman's compensation; compulsory unilingual public school education; mothers' allowance, a dower act; a civil service commission; and public health reforms. However, in the process, the Norris government earned the antipathy of immigrant and francophone communities, generated mounting criticism of its fiscal record, and lost many supporters to non-partisan political movements. Despite its significant impact on Manitoba's social and political landscape, the Norris government has received little attention from historians.

This paper focuses on Manitoba's leading social institutions during that era; the public school, the public health system, and the Manitoba Agricultural College. It will argue that the Norris government's reform of the Public Health Act (1916) and the deployment of full-time public health nurses in rural Manitoba were part of a larger project to position Manitoba as a full partner in a mature nation grounded in British traditions and forged in the fires of the First Great War. This goal could only be achieved by the Canadianization of non-English speaking immigrants and their children, the effective performance of citizenship roles by Anglo-Canadian women, and the creation of strong rural agricultural communities. The school teacher, the agricultural representative and the public health nurse were central figures in the formation of Manitoba's "new" citizens. To participate in the achievement of this social agenda, public health nurses exploited the material and ideological spaces already created by the province's education and agricultural sectors and consciously shaped their roles to complement and augment the work of teachers and agricultural representatives.

## **Mountain Midwives: British Nurse Midwives at Frontier Nursing Service, 1925-1940**

**Elissa Miller, CNM, FNP, PhD**

Searcy Clinic for Women

Searcy, AR 72143

USA

501 279 7979

501 305 3535 (fax)

miller.elissa@gmail.com

In 1925, Mary Breckenridge introduced the British concept of the nurse-midwife to the United States. Her establishment of the Frontier Nursing Service (FNS) profoundly impacted the health and welfare of women and children in Leslie County, Kentucky and surrounding areas. Inspired by British nurse-midwives whom she had observed during her work with the American Committee for Devastated France after World War I, Breckenridge determined that the key to improving maternal-child welfare in the poorest areas of the United States was the provision of prenatal and intrapartum care by nurses with post-graduate education in midwifery.

Although Breckenridge did hire American nurses who were willing to travel to Britain for midwifery training, she favored the use of British nurse-midwives at FNS because their use required less investment in both time and money. She thought that British midwives would easily adapt to the Appalachian mountain people who were, as she described in her recruiting advertisements “of old American colonial stock.” Breckenridge also believed that the mountain residents would readily accept the British nurses, since they were “descendants of the nurses’ ancestors,” and shared a similar heritage and culture.

The reality was not always so easy. This paper focuses on the cultural dissonance and harmony experienced by the British midwives at FNS between 1925 and 1940. It explores the motivations of the midwives for coming to FNS, their reactions to the setting, the work and community. It also investigates the response of the native citizens to the influx of foreign-born professionals to the remote and isolated region. The cultural exchange was significant on both sides.

Sources include FNS organizational files, oral histories, letters, birth records and photographs which provide a rich picture of cultural assimilation and transformation of both the British midwives and those they served.

## Care for Body and Soul – Nursing in Poor Districts in 19th Century Germany

**Dr. Karen Nolte**

Institut für Geschichte der Medizin  
Oberer Neubergweg 10 a  
97074 Würzburg  
karen.nolte@mail.uni-wuerzburg.de

In the year 1836, the Protestant pastor Theodor Fliedner (1800-1864) – inspired by the neo-pietistic awakening movement – established the first German deaconess motherhouse at Kaiserswerth near Duesseldorf. His aim was to systematically training daughters from middle-class families in nursing care. Fliedner not only reacted in a practical manner concerning the pressing “social question” (“Soziale Frage”) at the beginning of the 19th century, but also saw in the care for the poor and sick the possibility to contribute to the re-Christianization of society. Nearly at the same time, Amalie Sieveking (1794-1859), a senator’s daughter, founded the first “female association for the care of the poor and the sick” (Weiblicher Verein für Armen und Krankenpflege) in Hamburg. Sieveking’s concept spread quickly in many north German towns: Upper-class ladies visited sick and poor people at their homes, determined their financial distress and tried to relieve it, while at the same time regarding it their task to convert them to Christian faith.

On the one hand, I would like to analyze how district deaconesses and middle-class women visiting sick people described and reflected their work. On the other hand, the patients as social actors with their own motivation and scope of action are to be examined as well. This way, further views on the interactions between caregivers and patients can be added to the “social discipline theory” prevailing in research on the history of care for the poor in the 19<sup>th</sup> century. Beyond the reconstruction of everyday practice in physical care, “spiritual nursing care” and the sick people’s reaction to it will be looked at, thus reconstructing a field of religious practice in the 19<sup>th</sup> century.

The center of attention is the group of the incurably ill and dying people, who posed a special challenge for the district deaconesses and the volunteering Christian caregivers from the women’s associations.

## **Networks of Identity in Nursing History**

### **Maria Itayra Padilha, Professor**

Nursing Department and Nursing Program  
Federal University of Santa Catarina - Brazil  
José Dutra, 70/102. Trindade.  
Florianópolis-SC, Brazil. CEP: 88036-205.  
T: (0055) 4832335979  
padilha@nfr.ufsc.br

### **Sioban Nelson, Dean and Professor**

Lawrence S. Bloomberg Faculty of Nursing  
University of Toronto  
155 College Street, Suite 130  
Toronto, ON M5T 1P8  
T: (416) 978-2862  
F: (416) 946-5798  
sioban.nelson@utoronto.ca

This paper reviews the historiographical elements of professional identity of nursing. It undertakes a review of articles related to the history of nursing from the last 25 years and focuses on what historians denote as the 'history of the present'. It is argued that professional identity interacts with elements of power, gender, politics, philosophy, and history, for its construction occurs within society and its value is tied to the importance it assumes in that society. In this light, it is argued that biographies could help to illuminate those elements of identity formation of interest to nursing scholarship and further the development of the profession; they could also bring the discussions of the past and present into the teaching-learning process for nursing students, linking them to contemporary perspectives for the profession. The collective identity of the profession is elucidated through reference to its construction of nursing history. This history is linked to the history of women and gender relationships in professional care, and educational, organizational, and class practice, and also through the biographies that have contributed to this identity with their personal experiences. In order to explore these issues, this paper discusses the professional identity of nursing as discerned in the biographies of great women who have contributed to the development of nursing as a profession, and examines how their legacy has generated particular professional identities over time. The authority and significance of these identities will also be discussed.

## **“Mother Nature’s Medicine: Herbs Used in Childbirth in Early America”**

**Megan Privett, graduate student**

UNC Greensboro

Alliance for Historic Hillsborough, Program Coordinator

P.O. Box 227

Saxapahaw, NC 27340

meganlemaster@gmail.com

megan@historichillsborough.org

Gathering, processing, and preparing herbs for medicinal purposes was a continual pattern of activity for midwife Martha Ballard and other medical women during the seventeenth through the nineteenth centuries. This paper analyzes and identifies herbs used in childbirth by midwives and medical women during colonial America and the significance of this type of treatment to the lives of early Americans. Midwives like Martha frequently learned from experience and the only literature they might have accessed included midwifery and medical manuals, household advice books, and herbals written by Englishmen such as John Gerard and Nicholas Culpeper. Through decoctions, cordials, distilled waters, and tinctures all made with herbs, midwives treated pregnant women, easing their labor pains and promoting a safe delivery. The centrality of herbs to the practice of midwifery cannot be emphasized enough as midwives and other medical women gained a special status within the community as healers and pharmacists.

The ability to diagnose and prescribe treatments through herbs served as a powerful instrument to women in a time when women had few areas of agency in their lives. One of these areas of control, produced by the ability to concoct birth control agents and abortifacients through herbs, granted women special power in order to control future family size. However, with the onset of the professionalization of medicine, the popularity of “educated” physicians grew and far outreached “ignorant” midwives. Thus, this precious herbal knowledge gradually disintegrated, leaving only a few skilled midwives who practiced amongst the rabble to possess its secrets. As physicians encouraged the use of apothecaries and individuals increasingly lacked the knowledge of cultivating and preparing their own herbal medicines over the nineteenth century, the chance for working class families to self-medicate and retain their own system of health-care grew faint.



## **‘The same old difficulty’ - Recruiting and Retaining Nurses to Work in Sheffield, England’s, General Hospitals, 1948-1974<sup>2</sup>**

“Thirdly, and most importantly, there is the nursing problem...the barrel has been scraped pretty clean...it is unlikely that nursing recruitment will rise to any substantial degree on account of the increased employment of women in industry.”<sup>3</sup>

### **Judy Redman**

Nursing Lecturer  
Sheffield Hallam University  
Faculty of Health and Wellbeing  
33 Collegiate Crescent  
Sheffield S10 2PB  
UK  
+44 (0)114 225 2522  
j.h.redman@sheffield.ac.uk

During the early years of Britain’s National Health Service (NHS), which commenced in July 1948, the post-war British Labour Government was simultaneously rebuilding the country’s economy, supporting its allies in the developing Cold War, and expanding social welfare provision - particularly in housing, employment, education, personal income and health. Concurrent requirements for resources to meet this broad range of policy objectives impacted upon the recruitment and working conditions of English nurses. Sheffield was a centre of the UK steel industry, which demanded large numbers of workers, women and men, to meet the demand for steel products as part of post-war economic reconstruction.

This paper examines the changing size and structure of the nursing workforce in Sheffield, and analyses factors that influenced the availability of nurses from 1948-1974. Recurrent difficulties in recruiting and retaining nurses prompted Sheffield Region’s health service planners to curtail their ambitions, and restricted the extant service. The paper considers the responses of senior nurses and their non-nursing colleagues in medicine and administration to actual and perceived nurse shortages.

This paper draws on research undertaken in hospital and health service records held in Sheffield Archives and Local Studies Library. Secondary sources include local (Sheffield) and national (English) newspaper accounts of the inception of the NHS and contemporary nursing issues, as well as general political, NHS and nursing histories.

---

<sup>2</sup> Report of Annual General Meeting and Conference of the Association of Hospital Management Committees Combined with Group Secretaries’ Conference, 6 Sept 1955.

<sup>3</sup> Sheffield RHB (1955) *Planning Proposals*

## **National Need and State Translation: Comparing Nurse Practitioner Practice Act Authority Legislation – 1970 to 2007**

**Deborah A. Sampson, PhD, ARNP**

Assistant Professor  
The University of Michigan  
School of Nursing  
40 N Ingalls Rd #3175  
Ann Arbor, MI 48109  
USA  
sampsond@umich.edu

The purpose of this paper is to discuss the progression of nurse practitioner legislative practice acts in defining nurse practitioner practice in three states; New Hampshire, Texas, and Michigan. The nurse practitioner movement originated in the United States in the 1960s when a national health policy agenda supported new roles for registered nurses to both alleviate the primary care physician shortage and to respond to increasing demands for high quality and less costly primary care practitioners. Over almost four decades, each state statutory regulations designating advanced nurse practice. In the United States, as elsewhere, legislation sanctioning how nurse practitioners can use knowledge and skills to meet patient needs varies considerably among states, particularly in relation to prescribing without direct physician oversight. In the United States legislation was individually crafted and varied dramatically state to state and altered how nurse practitioners could meet patient needs. The national agenda was a broad idea that ignored state level political idiosyncrasy. Differences in state-specific factors such as the structure of state government, stakeholder interests and other factors influence the translation of the idealized national agenda at the local state level.

I explore regional power structures, nurses' negotiation of their own work laws, inconsistent state-sanctioned definitions of nursing and medical boundaries, and the effect of practice act legislation on nurses' ability to provide patient care. This comparative analysis illuminates the complex social and economic factors affecting nurses' legal rights over their professional practice without supervision from another profession, particularly medicine. An historical analysis of nurse practitioner legislative negotiations informs the current debate about medical and nursing professional boundaries, who controls nurse practitioner practices, and who owns the right to apply knowledge to patient care. This is a story of power negotiations, within the cultural imperatives in particular places, and state-level translation of a national agenda.

## **Nursing, Professionalization and Modernity: The Development of Nursing and the 1893 Columbian Exhibition**

**Louise C. Selanders, EdD. RN, FAAN**

Professor, College of Nursing

Life Sciences Building

Michigan State University

East Lansing, Michigan 48824

(517) 355-3804 FAX (517) 353-0553

selander@msu.edu

In 1893, Chicago became host to the World's Fair known as the Columbian Exhibition. The fair celebrated 400 years of American progress, proclaiming cultural parity with Europe and asserting prominence as the world's cultural, commercial and technological leader. Women, as never before, demanded recognition for their accomplishments. In conjunction with the Exhibition, the International Congress of Charities, Correction and Philanthropy was held. In the 'Hospitals, Dispensaries and Nursing' section, thirty-one papers from prominent international nursing leaders were read. These presentations brought extraordinary clarity of vision and dynamic energy to nursing as a developing profession.

The purpose of this research was to analyze, through thematic content analysis, the nursing papers presented at the 1893 Congress and to determine their impact on the developing nursing profession. This research is part of a larger project which is examining cultural gender expectations and its relationship to the development of nursing during the 19<sup>th</sup> century.

The thematic analysis demonstrates that the papers read in Section III of the International Congress of Charities, Correction and Philanthropy had a profound effect on the development of nursing as a profession. The formidable group of women present at this meeting outlined the preferred future of nursing education, research and practice. The outcomes were tangible, ideological and conceptual. Nursing as a provider of health – not illness - care was emphasized. The tension of nursing's status and women's status moved in parallel. This critical meeting served to move nursing toward professional status driven by the perception of nursing's value, uniqueness and autonomy. Ultimately, nursing was affirmed as a social construct as was the place of women in a modern society.

## **An Examination of the Origins of the Bifurcation of Nursing Education in Canada Between Colleges and Universities**

**Michael L. Skolnik, Professor Emeritus**

Higher Education Program

University of Toronto

mskolnik@oise.utoronto.ca

In the early Nineteen Seventies across Canada a movement to transfer hospital schools of nursing to community colleges began. The conventional explanation for the transfer was the ascendance of the view that the service-oriented pattern of nursing education should give way to a more education-centered approach; though it was also the case that many hospitals were finding these programs too expensive to run, and hospital insurance commissions were questioning why hospitals should be in the business of education. At the time of this transfer, several nursing education programs had already been operating, some for quite a long time, in another type of postsecondary education institution, the university. Further, it was not long after the transfer of programs from hospitals to colleges started that the idea that the baccalaureate should be required for entry into the profession began to be voiced within the nursing community. It is noteworthy also that during the same period in some provinces schools that trained elementary teachers were transferred from Ministries of Education to universities, not to colleges. Thus, when looking at the history of nursing education a question that merits some attention – and has not been addressed much if at all in the literature on nursing education history - is why were the hospital programs all transferred to colleges rather than to universities? Exploration of this question can tell us much about the kinds of borders and boundaries that existed within and around the nursing field during this formative period of nursing education.

Through an analysis of historical documents pertaining both to nursing education and the role of colleges and the relationship between colleges and universities, this paper will identify the key factors and ideas that were responsible for the government decisions to transfer hospital nursing programs to the colleges. Particular attention will be given to ideas about intellectual, economic, and workplace stratification which were central both to the concentration of nursing programs in the colleges and to the training role that colleges began to take on in this period. For example, the division of roles within nursing mirrored the distinction between engineers, who were educated in the universities, and engineering technicians, who were trained in the colleges. As will be elaborated in this paper, ideas about educational and professional stratification in both nursing and engineering, in turn, reflected deep seated ideas about variation and limits in human potential.

The central question that is the focal point of this paper is not only of historical interest, but has implications for dealing with present day issues in the organization of nursing education. The paper will conclude with a discussion of the influence that the 1970s decisions about the organization of nursing education, and the ideology that supported those decisions has had on the current organization and practice of nursing education.

## **‘Gradual spiritual formation’ – Postcolonial Mental Handicap Nursing in Ireland**

**John F. Sweeney, Senior Lecturer, External Doctoral Candidate, Institute of Health & Social Care Research, University of Salford, UK**

Catherine Mc Auley School of Nursing & Midwifery

University College Cork, Ireland

Telephone: 00353-214901467

j.sweeney@ucc.ie

Ireland was Britain’s first colony and nursing emerged against its struggle for self-determination. Ireland inherited a legacy of diffuse institutional care based on a workhouse and asylum model introduced in 1838 that was feared because of its association with the harsh deterrent conditions of Irish Poor law. Inadequate government responses to famine, land clearances and forced migration halved the population between 1845 and 1900.

Repeal of anti-Catholic penal laws in 1829 led to an influx of religious orders providing a social bulwark for the poor, sick and mentally infirm. The encyclical *Rerum Novarum* (1891) provided an ethical obligation on the Church to intervene in social issues and underpinned direct care provision for children with an intellectual disability by the Irish Daughters of Charity. After the War of Independence and civil war, punitive financial annuities to Britain and lack of an industrial infrastructure required the religious orders and asylums to care for the intellectually disabled.

The Health and Nursing Councils opposed a mental deficiency colony solution promulgated by a weak psychiatric establishment distrusted because of its colonial links. Irish Government policy to move growing numbers from County Homes funded specialist residential schools developed by Catholic religious orders. Staffing needs during the nineteen-forties led one order to request the Royal Medico-Psychological Association (RMPA) to train its psychiatric nurses for the mental deficiency register. The General Nursing Council for Ireland (GNCI) had closed its mental deficiency register in 1923 and opposed medical involvement in nursing education, whereby nurses registered with the English General Nursing Council (GNC). Encouraged by the Department of Health, a new nursing regulatory body introduced mental handicap nurse training in 1959. Though a Commission of Inquiry in 1965 endorsed the new workforce, divergent psychiatric and religious discourses on the nature of mental handicap led to enduring tensions as to the role of this practitioner underpinning a tenuous position within nursing.

## ***Medical Pedagogy as a Scientific Basis for Nursing in the German Democratic Republic: How Was It Developed, and How Was It Influenced by the State?***

**Andrea Thiekötter, PhD, Dipl.-Gesundheitswirtin (FH), RN**

Assistent Lecturer for Science of Nursing

Carinthia University of Applied Sciences

Hauptplatz 12

A – 9560 Feldkirchen /Kärnten

AUSTRIA

a.thiekoetter@fh-kaernten.at

athiekoetter@yahoo.com

In relation to the academic education of nursing in the German Democratic Republic (GDR) (1949-1990), two different study programs were implemented: The first study program was called *Medical Pedagogy* and was offered since 1963 for nurses' teachers. The second study program was called *Diploma Nursing* and was offered since 1982 for nursing manager's especially.

Within these study programs, ca. 1700 diploma theses and ca. 35 doctoral theses were produced from 1967/68 until 1990 that focused different themes in the field of nursing and medical pedagogy in the health care system of the GDR. However, *medical pedagogy* as a scientific basis for nursing in the GDR was established earlier by implementing these study programs compared to nursing as a scientific discipline in (West) Germany. Thereof, the main questions are: What is behind *medical pedagogy*? Which research fields in nursing did the diploma and doctoral theses focus? Which topics of everyday nursing in practice, teaching and management did they deal with? How did the science medical pedagogy develop? And how was its development influenced by the political ideology, the socialism, of the state of the GDR?

This presentation is based on the results of my research analyzing the diploma and doctoral theses in the field of medical pedagogy in the GDR: I will give a short overview about e. g. the topics, contents, research questions, applied methods, and results of the diploma and doctoral theses written by the nursing students (1967-1990). With it, I will show how medical pedagogy as a scientific basis did emerge, and how its development was influenced by the state of the GDR. I will discuss how medical pedagogy could be evaluated critically as a scientific basis for nursing and its targets. The results contribute to a critical understanding of nursing (education) within the political context of the GDR.

## **Parting at the Crossroads: The Emergence of Education for Psychiatric Nursing in Three Canadian Provinces, 1909-1955**

**Veryl Margaret Tipliski, RN, PhD, CPMHNC**

Instructor, Nursing Dept. Langara College,

303-1125 Gilford St

Vancouver, BC V6G 2P7

604 684 8678

tipliski@telus.net

Early in the 20<sup>th</sup> century, nursing emerged as an essential part of psychiatry's attempt to provide scientific care for insanity. In the mid-1950s in Canada, psychiatric nursing split regionally at the Ontario-Manitoba provincial border into two models, one as a specialty within general or registered nursing, the other as a distinct occupation known as registered psychiatric nursing (RPN). This study began with a perplexing question: How did Canadian psychiatric nursing develop into two entirely different models? In most other western countries, the psychiatric nursing discipline developed as either a nursing specialty or a distinct profession, without a geographical break. In this paper I will attempt to answer the question by describing the early development of training for mental hospital nursing in the three neighbouring provinces of Ontario, Manitoba and Saskatchewan over the 50 years leading to the split.

An interplay of regional, social, political and economic factors emerged which shaped the development of psychiatric nursing and influenced the evolution of the two models. Additionally, there were forces within nursing itself, including the continuing role of nurses' resistance to the authority expressed by those within the medical profession. The development of psychiatric nursing is best understood by focusing on the point where psychiatry's authority intersected with the gendered limitations of nursing's leaders. This is a story about a tug-of-war between the leaders of Canadian nursing and psychiatrists for the control of education for mental hospital nursing. I will argue that the key players' success or failure in this quest for control resulted in the development of two very different models of Canadian psychiatric nursing.

## **The Instability of Boundaries and Practice: Kay Christie, Military Nurse and Prisoner of War, 1941-1943**

**Cynthia Toman, RN, PhD**

School of Nursing, Faculty of Health Sciences

University of Ottawa

451 Smyth Road

Ottawa, Ontario K1H 8M5

(613) 562-5800, ext. 8429

ctoman@uottawa.ca

Canadian military nurses have always been fully-integrated members of the armed forces, from the beginning of formally-organized nursing services within the Canadian militia (1904). Like other nurses who cared for wounded and ill soldiers since the mid-19<sup>th</sup> century, they went to war under the protection of various Geneva Convention agreements that considered medical personnel to be “non-combatants.” They did not expect to become prisoners of war. But on 26 December 1941, Lt./NS Kay Christie and May Waters became the only two Canadian military nurses taken as prisoners of war -- held under the Japanese army at Hong Kong for the next twenty-one months.

The purpose of this paper is to explore the instability of colonial, imperial and political boundaries in relation to military nursing practice based on the experiences of Kay Christie during this period. The primary sources for this research include four oral histories conducted with Christie prior to her death in 1993, three published articles that she wrote between 1943 and 1979, news clippings, artifacts and photographs. I am interested in how intersecting identities as a colonial nurse assigned to a British military hospital unit and as a female officer within a very hostile wartime environment operated to de-stabilize previous understandings of both civilian and military nursing practice. In this context of hardship, privation, and blurred distinctions based on gender, nationality, and professional status, Christie developed a range of personal and professional survival strategies – re-examining the meanings of practice and military conflict itself.



## **Helen Howitt: A Canadian Seed in Latin American Nursing**

**Ana-Luisa Velandia-Mora, R.N., B.S., M.A., PhD**

Professor Emeritus, National University of Colombia

anlvelandiamo@unal.edu.co

The purpose of this paper is to make the presence of Helen Howitt visible in Latin American nursing. At the same time, the aim is to analyze both the political influence of the Interamerican Public Health Cooperative Service on nursing in the region and the presence of religious organizations, mostly North American, in several of the countries of the region.

Helen Howitt was a Canadian nurse, a graduate from the University of Alberta. In 1942 she was sent to Colombia by the Pan-American Health Organization as a consultant to the Ministry of Labor, Health and Social Foresight.

She went on to participate in the project of opening and organizing the National School for Graduate Nurses, and became its first director. One of the faculty members was Rosa Saenz, who had studied in the St. Thomas Hospital School of Nursing in the Panama Canal, founded by the United States.

Helen Howitt had been director of the School of Nursing of St. Thomas Hospital in the Panama Canal Zone from 1933 to 1938, before becoming founder and first director of the National School for Graduate Nurses in Colombia from 1943 to 1951; later she held the same position in the National Nursing School of Bolivia from 1953 to 1959, when she was invited to fill a similar position in Venezuela. In each of these countries, she was first a consultant to the Ministry of Health, under agreements with the Interamerican Public Health Cooperative Service.

According to Rosa Saenz, the Rockefeller Foundation offered scholarships to students from all the Latin American countries. Students from Central America, Venezuela, Colombia and even from Ecuador and Argentina attended the St. Thomas Hospital School of Nursing. The Rockefeller Foundation wanted to unify nursing in all of Latin America. The Foundation arrived first in Venezuela and graduates from Panama became leaders in all of Latin America, where they tried to establish nursing schools.

***'You need a greater degree of imagination' Charlotte Seymour Yapp (1915):  
Progressive Clinical Nursing and Empathetic Childcare in Northern England During  
the Early Years of the Twentieth Century.***

**Lesley Wade**

The School of Nursing, Midwifery and Social Work  
University of Manchester U.K.  
Oxford Road  
Manchester  
M13 9PL  
U.K.  
Lwade@man.ac.uk

*'...She can see by the every look in your eye that she is condemned'* these were the words used by a radical nurse leader from the north of England to guide the imagery of infant health visitors undertaking visits to working women in the textile towns of Lancashire during the 1914-18 war Yapp (1915). The sensitive teaching of body language, eye contact and recognition of labelling is not a topic commonly found in other contemporary nursing or children's textbooks of the period. Here we can see the actual process of infant health protection, sensitive and eminently practical emphasising child development theories in conjunction with the emotional needs of both mother child and family. Data regarding national and regional infant mortality rates are neatly juxtaposed against the advice given to working mothers as to the cost of keeping milk hygienic. The technicalities of surgery the effects of malnutrition the teaching of child specific anatomy is written not only in expert prose but on occasions the vernacular is used to facilitate accessibility. *'Not in the north'* was the maxim the redoubtable Charlotte Seymour Yapp publisher of numerous clinical text books, esteemed editor of the nursing section of the Poor Law Journal used to challenge the perceptions and knowledge base of an early twentieth century London centric nursing elite. Embedded within a culture of industrialisation, radicalism and female suffrage this matron of the provincial infirmary of Ashton-Under-Lyne in Lancashire articulated the art and craft of nursing through a skilful use of narrative and imagination. Technically competent within psychomotor, cognitive and affective domains of nursing care her published lecture notes, texts and personal correspondence suffused with skill demonstrates a profound and creative use of educational theory. However, it is in the practice of every day nursing to the overwhelming proletariat population of industrial Britain that emphasises Seymour Yapp's insight, sensitivity and knowledge base. Encompassing community and hospital care the student nurse is asked to question and challenge routines and rituals, reflecting on practice to enhance problem solving. Never to let patients be *'just a diagnosis or case'* the progressive clinical nurse of 1915 receiving instruction from Seymour Yapp required a *'greater degree of imagination'* to enhance empathy. This paper will explore the politics, philosophy and distinct clinical teaching style of this provincial working class nurse leader. In so doing it will question the accepted view of a unified British diasporas.

*Reference*

Yapp - Seymour C. Children's Nursing (1915) Poor Law Publications, Limited. London

## **Religious Roots of Nursing: Belief, Practice, and Representation in a Religious Male Nursing Order, 1866-1966**

**Barbra Mann Wall, PhD**

University of Pennsylvania School of Nursing  
500 Admirals Way #421  
Philadelphia, PA 19146  
215-545-1993  
wallbm@nursing.upenn.edu

This paper explores nursing's religious roots by examining the role of the Alexian Brothers in Chicago, Illinois. It analyzes religious belief, practice, and representation, and the extent to which gender played a significant role in this discourse. How does men's history in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries square with narratives historians habitually use to frame nursing history? The study challenges the dominance of the "female" in most gender analyses of nursing.

Men have worked as nurses as far back as the fourth century and particularly predominated in medieval nursing. The Alexian Brothers organized to care for victims of the Black Plague in the 14<sup>th</sup> century in Germany and Belgium. It was not until the 17<sup>th</sup> century when St. Vincent de Paul challenged this model that religious women became more prevalent. After the Reformation, secular nurses replaced religious women in Protestant countries such as England.

Historical methodology is used to evaluate and interpret data within the broader framework of historiographical literature on gender, religion, and nursing. Primary sources include House Council minutes, patient registers, administration records, house diaries, Community Chapter minutes, policy and procedure manuals, news releases, medical staff records, and photographs.

The paper is set against the evolving German-American and Catholic communities in Chicago, as well as the advancement of modern nursing. Central to the argument is the way the Alexian Brothers responded to special needs of men. Also included are tensions that arose as the Brothers updated their ideals of religious service and, sometimes painfully, claimed a new identity based on professional and technological expertise over the course of the 20<sup>th</sup> century. The paper shows that religion and gender held both real and symbolic influences on the brothers' nursing. At the same time, it will be argued that the pursuit and representation of sanctity belies the binary categorization of gender into male and female.

## **‘Nursing knows no boundary’: District Nursing in Ireland in the Context of Political Partition 1890-1930**

**Dr. Ann Wickham**

Oscail

Dublin City University

Glasnevin

Dublin 9

Ireland.

Ann.Wickham@dcu.ie

District nursing in Ireland was established and managed on a philanthropic basis. In an Irish context this also meant that it was initially established on a denominational basis. The creation of Queen Victoria’s Jubilee Institute for Nurses in 1890 brought denominational efforts into a single system but did little to mitigate the continuing financial problems that dictated the extent and type of provision of district nursing could be provided to the sick poor over the whole of the island of Ireland. The system remained one greatly reliant on local initiatives and fundraising for activities and for the provision of nurses in any community

This paper explores the manner in which the subsequent political conflicts in Ireland shaped policy decisions about the provision and organisation of district nursing in the island. The island was a political unity until the Easter Rising, followed by the War of Independence, led to the partition of Ireland when 26 of Ireland’s 32 counties were separated from the United Kingdom under the Anglo-Irish treaty signed by British and Irish Republic representatives in London on December 6, 1921, followed by the creation of the Irish Free State in December 1922. This political partition of the island led to deep divisions, the effects of which are still being felt, and many extant organisations proceeded to split and reorganise on a North South basis. Using archival material as well as contemporary reports the paper examines the impact that these political changes had on the Queen’s Institute and explores the manner in which name, constitutional and practical changes followed from the impact of partition. The paper reflects on the manner in which debates over the possible separation of the institute into separate Northern and Southern organisations were conducted and analyses the manner in which the organisation managed to maintain unity in the face of political tensions and looks at the compromises and reorganisation needed to achieve this.

## **Nursing and the Issue of “party” in the Church of England: The Case of the Lichfield Diocesan Nursing Association**

### **Stuart Wildman**

Doctoral student in the Centre for the History of Medicine and Lecturer in the School of Health Sciences  
University of Birmingham  
Birmingham  
United Kingdom  
B15 2TT  
Tel 0121 4142667  
Fax 0121 4143158  
s.wildman@bham.ac.uk

In recent years there has been increased interest in the role of religion in the reform of nursing during the mid-nineteenth-century. Much effort has gone into examining the role of religious “sisterhoods” in the creation of nursing systems within the London hospitals and to the disputes between the nurses, hospital governors and the medical staff. However, less is known about how “party” disputes between evangelicals and the tractarians or followers of the “Oxford Movement” affected nursing.

In 1864 a proposal to create a nursing association for the Diocese of Lichfield was put forward by members of the clergy. A public dispute concerning the “ecclesiastical” nature of the organisation, played out in the press, followed. Leading evangelicals such as William Ogle, physician to the Derbyshire Infirmary and Frances Wright, a wealthy industrialist campaigned against the idea of nurses belonging to a “sisterhood” under what they saw as a “tractarian” organisation.

In 1865 two organisations were created, one based in Derby known as the Derby and Derbyshire Nursing and Sanitary Association and the other the Lichfield Diocesan Nursing Association. The organisation in Derby was successful and continued well into the twentieth-century. It was claimed by the organisers that it was described as the “best in the Kingdom” in 1876. In contrast the Lichfield association struggled from the beginning and went out of business in 1872 from lack of financial support and a central nursing home.

This paper examines the nature and origins of the dispute within the diocese, which can be traced back to the 1850s when a theological college was set up. Unsuccessful attempts to draw Florence Nightingale into the dispute will be discussed. It will also address the consequences for nursing and its organisation, in terms of training, management and the employment of lady superintendents. The relative success of the two organisations will be evaluated.

## **Anna Fraentzel Celli – Italian Nursing in the Early 1900s: An Extraordinary Woman’s Struggle Against Malaria and Illiteracy**

### **Juergen Wildner**

c/o Museum of Nursing History, Istituti Ortopedici Rizzoli, Bologna  
42100 Reggio Emilia, Italy  
Tel./Fax 0039 0522 292795  
jurgen.wildner@asmn.re.it  
wildner@comune.re.it

The life of Anna Fraentzel Celli from her arrival in Italy in 1898 to her death in 1958 provides an accurate reflection of the development of professional nursing in her host country. She became a member of the socialist feminist association “Unione femminile nazionale” as soon as she started work in Italy. She was a frequent contributor to the association’s journal with a large number of articles concerned with living and working conditions of the poor, concentrating in particular on women and children and the health system. She was the first to carry out an examination of the nursing situation in Italy.

She founded one of the first nursing schools in Italy and sought to attract single women without family commitments of higher social status to the nursing profession. She was critical of the incompetence of the religious nurses who still formed the majority of nurses at that time and sought to promote a higher quality nursing training. Anna always maintained her international perspective though and suffered personally from the problematic relations between Germany and Italy and the persecution of the Jews.

Anna Fraentzel was born into a bourgeois family in Berlin in 1878, her maternal grandfather, Ludwig Traube, was Jewish and both he and her father, Oscar, were very well known physicians of their time. When working as a nurse in Hamburg in 1896 Anna met Professor Angelo Celli. He was a middle-aged, respected scientist. She moved to Rome just before her marriage, joining a group of brilliant physicians and researchers at the hospital. They had long been studying the mode of transmission of the malaria infection and in 1898 they had identified the mosquito *Anopheles* as the vector of the malaria parasite. She got enthusiastically involved both in the scientific work and in the anti-malaria campaign promoted by Celli in the countryside around Rome. It was here that she worked with the agricultural poor, helping to organise health and education systems for them. She was keenly aware of the cultural and social differences in everyday nursing that separated her from her “patients” throughout her life, describing them in her memoirs published in the 1940s in Italy and Germany.

Anna Celli’s strong personality, her active involvement in social problems, her passionate dedication to her work and her particular form of feminism all found expression in her commitment to the struggle against malaria and illiteracy in the Roman countryside and in the Pontine marshes at the beginning of the twentieth century. She must be credited as being a major force in the creation and functioning of the Country Schools, as well as in the organization of the experimental anti-malarial health clinics. After her husband’s death in 1914 she continued as a promoter of the anti-malarial campaign, co-operating with the Red Cross and other institutions. She also edited Angelo Celli’s scientific and historical papers. She was a prolific writer and lecturer on these issues and gained widespread recognition for her work both in Italy and in Germany.

## **Rescuers in Need: East Asian Nurses in West German Hospitals in the 1960's**

**Dr. Ulrike Winkler**

Seehofstraße 48

14167 Berlin

0049.30.81099370

aragon@emailone.de

The labor shortage in West German hospitals had drastically increased since the beginning of the 1960's, caused partly by unattractive working conditions and low salaries, but also in large part because of the closure of the inner-German border in 1961. With the help of foreign nurses, the nursing shortage in the Federal Republic of Germany was supposed to be addressed. It was therefore that especially young, well-qualified women from the Republic of South Korea were recruited and brought to Germany for several years by state and also denominational hospitals. The German Evangelical Hospital Association and the Welfare Services of the Protestant Church in Germany were culpable for the recruitment of the nurses, which however also found a questionable partner in the Diaconic Association of Korea.

Work contracts were drawn up at the expense of the foreign nurses. Living and working conditions were characterized by restrictive rules regarding residence permits, visits home, employment below qualification levels, underpayment, and a general lack of understanding in Germany of their cultural norms. The nurses also suffered discrimination from the German nurses and doctors.

A research trip through Southeast Asia, which was initiated by the German Nursing Association in 1967, finally unmasked the enlistment of the nurses as a "modern slave trade". Comparisons were drawn to the way that foreign forced laborers were brought into German hospitals during the Second World War. The involved countries and the Federal Republic felt the need to intervene. Little by little, recruiting bans as well as the planned and eventually successful solicitation for the career path of nursing within Germany brought about the end of East Asian nurses in German hospitals.

---

Ulrike Winkler, born in 1966, is a free-lance Political Science writer. She has written numerous research papers on topics of Evangelical Home Upbringing of Physically Handicapped Children in the 1950's through 1970's, Forced Labour in the Protestant Church and Welfare Services of the Protestant Church, and Psychiatric Murders in Belarus from 1941-1944.

## **Professional Folktales: Nurses' Accounts of Rural and Remote 'backblocks' Practice in New Zealand, 1910-1920**

**Dr. Pamela J Wood, Associate Professor**

Graduate School of Nursing, Midwifery & Health

Victoria University of Wellington

P O Box 600

Wellington

New Zealand

pamela.wood@vuw.ac.nz

In 1909 the New Zealand government established a nursing service for European (mostly British) settlers opening up the remote rural 'backblocks'. A similar scheme for the rural indigenous Maori population began in 1911. These services enabled the nursing profession to reach beyond the familiar boundaries of hospital nursing and explore new fields of practice. Nurses in the Backblocks Nursing Service were attracted to the chance for independent practice far from the restrictions and hierarchy of hospitals. Based in small isolated rural townships, they travelled over difficult rugged terrain to settlers' tents, bush huts and lighthouses to care for the sick and attend women during childbirth. Working with few resources in harsh conditions and with little professional support, they demonstrated the ingenuity, adaptability and resilience the work demanded and dealt with the political problems created by medical colleagues who at times objected to their presence.

Nurses wrote accounts of their experiences, in letters to the chief nurse, conference papers or articles that were published in the country's only nursing journal, *Kai Tiaki*. The primary intention of these accounts was to explain to hospital colleagues the unique nature of the work they undertook where the boundaries of both practice and physical environment were starkly different from hospital nursing. These practice stories from different areas of the country show striking similarity not only in the nature of the work they describe but also in the way the accounts are written. This paper describes the content and structure of these accounts, suggesting they constitute professional folktales. It explores the purpose of these folktales in writing-into-being the place of practice outside familiar professional boundaries, establishing it within the professional traditions nurses created through practice stories.



## **Border Crossings: The Immigration and Licensing of Foreign-Trained Nurses & Doctors, c. 1967-75**

### **Dr. David Wright**

Hannah Chair in the History of Medicine and Associate Dean, Faculty of Humanities,  
McMaster University  
dwright@mcmaster.ca

### **Dr. Sasha Mullally**

Hannah Post-doctoral Research Fellow  
Gorsebrook Research Institute  
Saint Mary's University, Halifax  
sasha.mullally@smu.ca

In the decades following the end of the Second World War, Canada, like most industrialised countries, witnessed an unprecedented economic and demographic boom. Unfortunately, the population explosion was not accompanied by a concomitant expansion in the supply of nurses and doctors needed to support an expanding, and ultimately, universal health care system. Thus, by the 1960s, many regions in Canada were suffering from a severe nursing and doctor shortage. Subsequently, thousands of nurses and doctors, mostly from Ireland, India, Britain, and the Caribbean, migrated to Canada, and particularly to the most remote and under-serviced areas of the country. By 1975, some regions of the country were staffed predominantly by foreign-born and foreign-trained health care professionals.

This paper explores this fascinating chapter in the history of Canadian nursing and medicine. In particular, three inter-related topics will be examined. First, the paper will summarize the changing immigration regulations at the national level, beginning with the 1967 Immigration Appeals Board Act, which introduced the 'points system' to immigration regulations. This relatively obscure piece of legislation made it virtually guaranteed that Commonwealth health care practitioners would be able to gain landed immigrant status in Canada. Second, the paper will provide an overview of the influx of foreign-trained nurses and doctors to Canada. It will outline the clustering of immigration to 'have not provinces' and to rural and/or remote regions of the country. Third, it will examine the emergence of an ethical debate over the 'brain drain' of health care professionals from the 'developing' to the 'developed' world. In an era before the AIDS pandemic and widespread emigration of Southern African doctors brought into sharp focus the inequalities of global health and health care, there was relatively little discussion of the ethical implications of trans-national nurse and physician migration.