

Onsite Program



32nd Annual AAHN Nursing & Health Care History Conference

September 17–20, 2015

Alexander Hotel

Dublin, Ireland

AAHN
*American Association for the
History of Nursing*

Co-Sponsored by





Jean C. Whelan,
AAHN President

Dear Conference Participants,

I am thrilled to welcome you to the American Association for the History of Nursing's 32nd Annual Nursing and Health Care History Conference, co-sponsored with the University College Dublin. Several years ago in recognition of its status as an international association, the AAHN made a commitment to periodically hold one of its conferences outside of the US as one of the best ways to promote inclusion and convenience for all members. This year's conference is the result of that decision and I can attest to the wisdom of opening up our annual meeting beyond the US borders. This year's conference has received extensive interest from historians from around the world and promises to provide cutting edge historical research covering diverse topics of interest to the international nursing and health care community.

Our 2015 Eleanor Krohn Herrmann Keynote speaker is Dr. Dorrie Fontaine, Dean of the University Of Virginia School Of Nursing and former trauma nurse and fervent supporter of collaborative team based care. Dr. Fontaine's talk is entitled *Compassionate Care Through the Centuries: Highlights in Nursing History*. We are also delighted to welcome Dr. Christine Hallett, Director of the UK Centre for the History of Nursing and Midwifery and Chair of the UK Association for the History of Nursing who is presenting a special plenary session, *Neutrality, Engagement and Humanitarian Response: US Nurses and the First World War*. As always, the conference includes the awards ceremony, Friday evening reception, paper and poster sessions, and of course the live auction—at which we look forward to all participants bidding in a very generous manner for a wonderful array of items collected.

All conferences require a tremendous amount of work and this conference is no exception. Many thanks go to the Local Arrangements Committee, Chair Gerard Fealy, members Susan Grant, Tracy Donohoe, Suzanne Kealy and AAHN Program Chair John Kirchgessner. Thanks also go to the Abstract Review Committee, Chair Jeannine Uribe, members Arlene Keeling, April Mathias and Ann Marie Walsh Brennan for its prodigious work in reviewing the record number of abstracts received this year. I also thank members of our management company, Executive Director, Dave Stumph, Account Manager, Andrew Van Wasshnova, and Meetings Manager, Darrell McCook, who arranged so much of the detail and events of the conference.

Finally, we thank the University College Dublin School of Nursing, Midwifery and Health Systems and its Dean and Head of School, Martin McNamara, for welcoming us to this beautiful country and hosting the Association's 32nd Annual Conference.

Now, let's go on to the Conference!

Best

Jean C. Whelan, President, AAHN

Céad míle fáilte roimh go léir!



Martin S. McNamara,
Dean and Head
of UCD School of
Nursing, Midwifery
and Health Systems

Dear Conference Delegates,

On behalf of the UCD School of Nursing, Midwifery and Health Systems, welcome to Dublin and to Ireland!

We are honoured to host the 32nd Annual Nursing and Health Care History Conference sponsored by the American Association for the History of Nursing, and co-sponsored by our school. AAHN conferences have an enviable track record of showcasing cutting-edge scholarship and providing extensive networking opportunities in a convivial and collegial environment. In the land of a hundred thousand welcomes, we are delighted to continue with this tradition. Céad míle fáilte roimh go léir!

The mission of the UCD School of Nursing, Midwifery and Health Systems is to prepare nurses, midwives and other professionals to promote and protect health, wellbeing and dignity across the lifespan through skilled, ethical and careful practice based on best evidence and prudent judgement, and to develop and disseminate disciplinary knowledge through research and scholarship. The School has a long and proud tradition of providing high quality clinical and academic programmes for nurses and midwives. It is now a dynamic, interdisciplinary School unique internationally in having a cutting-edge health systems programme of research and education and nationally in the scale of its global engagement, its extensive network of health service partnerships and the number of faculty holding joint appointments. The focus of the School's research is on the development of the nursing and midwifery resource, social gerontology, mental health, women's and children's health, cancer care, palliative care and health systems. The School has also developed a major programme of research into elder mistreatment and, of course, runs a programme of research in nursing and health care history. You will have the opportunity to learn of the work of our most recent PhD graduate, Mark Loughrey, during the conference.

I want to extend a special welcome to the Eleanor Krohn Herrmann keynote speaker, Dr Dorrie K. Fontaine of the University of Virginia and, from a little closer to home, our plenary presenter, Prof. Christine Hallett of the University of Manchester. Both are exceptional scholars and it is a privilege to host them. I commend the Programme and Local Arrangements Committee for their work in putting together such a rich, varied and high-quality conference programme.

Finally, I invite you to take advantage of the social and cultural events that have been arranged for you and, if you can, to avail of all that our great capital city and country have to offer.

Sincerely,

Martin S. McNamara
Dean and Head of the UCD School of Nursing, Midwifery and Health Systems



2015 AAHN Research Award and Grant Recipients



Teresa E. Christy Award

Heather Janell Furnas, PhD

Nurses as Neighbors: Community Health and the Origins of School Nursing

This award is given to encourage new nursing history investigators, and to recognize excellence of historical research and writing done while the researcher was in a student status.

Lavinia L. Dock Award

Tommy Dickinson, PhD, MSc, BSC (Hons), Adv DipHE, RN

“Curing Queers”: Mental Health Nurses and their Patients, 1935-1974

This award is given to recognize outstanding research and writing produced by an experienced scholar in nursing history who submits a book.

Mary Adelaide Nutting Award

Dominique Tobbell, PhD

“Coming to Grips with the Nursing Question”: The Politics of Nursing Education Reform in 1960s America

This award is given to recognize outstanding research and writing produced by an experienced scholar in nursing history who submits, most often, a post-doctoral research manuscript or article.

Mary M. Roberts Award

Jane Brooks, PhD, RN and Christine Hallett, PhD
100 Years of Wartime Nursing Practices 1854-1953

This award is given to recognize outstanding original research and writing in an editorial book of nursing history.

H-15 Grant

Kylie Smith, PhD - University of Wollongong
Mary Starke Harper and the Role of the Nurse in Minority Mental Health: 1952 to 1995

This grant is awarded to faculty members or independent researchers for proposals outlining a historical research study.

H-31 Grant

Vicki Fama Daniel - University of Wisconsin Madison

“A Legion in Themselves”: Nurses at the Triangle Fire Morgue

Erin Spinney - University of Saskatchewan
“[I]ndispensably Necessary”: Military and Naval Nursing in the British Empire 1763-1820

This grant is designed to encourage and support graduate training and historical research at the Masters and Doctoral levels.

AAHN Board of Directors, 2014-2015

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2015 Program Committee

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Gerard Fealy – LAC Chair

Susan Grant

Tracy Donohoe

Suzanne Kealy

Thursday, September 17

10:00am – 3:00pm	Conference Registration	Main Lobby
1:00pm – 3:30pm	Preconference Workshop: Working with Web-based Collections and Filmic Sources	Aston 1
2:00pm – 4:30pm	University College Dublin Campus Tour	Lobby

Follow the 32nd AAHN Conference on Facebook and Twitter

Use AAHN's Twitter hashtag, #AAHNDublin2015, to tell us what you're thinking! Discuss hot topics with colleagues, keep up to date on conference events, post photos and videos, and connect with like-minded attendees.

Friday, September 18

8:00am – 6:00pm	Conference Registration	Main Lobby
9:00am – 12:00pm	AAHN Board of Directors Meeting	Board Suite (Davenport Hotel)
9:00am – 12:00pm	Dublin Castle Tour	Lobby
1:00pm – 1:30pm	Welcome Remarks <i>Jean Whelan, PhD, RN, AAHN President, University of Pennsylvania</i> <i>Gerard Fealy, RGN, PhD, Chair, Local Arrangements Committee, University College Dublin</i>	Aston 1 & 2
1:30pm – 2:30pm	Eleanor Krohn Herrmann Keynote Address Compassionate Care Through the Centuries: Highlights in Nursing History <i>Dr. Dorrie Fontaine</i>	Aston 1 & 2
2:30pm – 3:00pm	Awards Presentation	Aston 1 & 2
3:00pm – 3:30pm	Break	
3:30pm – 5:00pm	Concurrent Session I A. Childbirth and Newborns	Ascot
	<ol style="list-style-type: none"> 'Seven Miles By Road'...Nurses and Childbirth in Rural Ireland, 1890-1930 – Cara Delay Hatching Weakling Babies: A History of Neonatal Care in the United States – Stephanie Prescott 	
	B. Psychiatric Nursing Worldwide	Annesley
	<ol style="list-style-type: none"> Who Wants to Know? Mental Deficiency Nurses Oral History, Alberta Canada, 1945-1970 – Geertje Boschma Living and Working on the Fringe: The Hidden History of Homosexual Life Among Nurses in British Psychiatric Hospitals in the mid-Twentieth Century – Tommy Dickinson Adele Suyder Poston Sanford (1884-1979): "First Lady" of Psychiatric Nursing and World War I Heroine – Carolyn Castelli 	
	C. Nurses' Response to War	Gandon North (Davenport Hotel)
	<ol style="list-style-type: none"> Beyond Fiction and Myths: Revisiting the Question of Nurses and Nursing in the International Brigades of the Spanish Civil War – Sioban Nelson, Gloria Gallego Nursing the Community Under Deportation, Northern Norway 1944 – Ingunn Elstad 'This Anxiety Riddled Age': The Development of American Mental Health Nursing in the Cold War – Kylie Smith 	



D. Panel:

Aston 4

“Practical turn” in Writing the History of Nursing

1. Susan Grant
Research on the History of Soviet Nursing
2. Susanne Kreutzer
Doing Deaconess Nurses in Germany and the United States, 1900-1960
3. Karen Nolte
“Doing Nurse” – Moving in on the Doctor’s Area of Competence: Deaconesses from Kaiserswerth during the First Half of the 19th Century
4. Ann Marie Rafferty
Uncovering the Practice of Nursing through the History of Infection Control

E. Nursing History Potpourri

Aston 3

1. **The Role of the National Student Nurses’ Association in Addressing Social and Political Issues that Contributed to Student Unrest from 1960-1975** – Diane Mancino
2. **The Baby San: “Mother Nature’s Cradle for the Care of Babies”** – Adrian Melissinos
3. **Ellen N. La Motte and the Anti-Opium Crusade** – Lea Williams

5:00pm – 7:00pm **Welcome Reception – Hosted by University College Dublin**

Aston 1 & 2

Saturday, September 19

7:30am – 7:00pm **Conference Registration**

Main Lobby

7:30am – 8:30am **Breakfast & AAHN Business Meeting**

Aston 1 & 2

8:30am – 9:30am **Plenary Session**
Neutrality, Engagement and Humanitarian Response: U.S. Nurses and the First World War
Dr. Christine Hallett

Aston 1 & 2

9:30am – 10:00am **Break & Poster Viewing**

10:00am – 11:30am **Concurrent Session II**

A. Specialty Practice

Annesley

1. **“Rumblings of the Giant” Nurses and Cancer Chemotherapy, 1955-1975** – Katherine Adelstein
2. **“Teaching is Cheaper Than Nursing”: Elliott P. Joslins Influence on Diabetes Nursing, 1916-1935** – Deborah Gleason
3. **The Child Health Demonstration of Mansfield and Richland County, Ohio, 1921-1925: Extending Public Health Nursing Interventions for Families, Schools, and Populations** – Mary Gibson, Author: Janna Dieckmann

B. Pioneer Nursing Leaders

Aston 3

1. **The Fate of Isabella Lewers: Government Decision Making in Colonial Queensland** – Julie Bradshaw
2. **Florence Nightingale: Evidence-Based Midwifery** – Kathleen Walker
3. **Mary Breckinridge and the Highlands and Islands Medical Service: Influences on the Development of Frontier Nursing Service** – Elissa Miller

C. World War I: The War to End All Wars

Ascot

1. **‘Not Like Ordinary Times’: Aspects of Australian Nurses’ Experiences During the Great War** – Jaclyn Hopkins
2. **“For the Boys”; Memories of War. Exploring the Content and Meaning of Scrapbooks Compiled by Women Serving in the Voluntary Aid Detachment** – Pauline Brand



D. Nurses' Work, Nurses' Service

Aston 4

1. **First to Care: Sisters of Charity Nurses in Civil War, Louisville, Kentucky** – Sara Bolten, Mary Ann Thompson
2. **Reverse Mission: Catholic Sister Nurses, Transnationalism, and Political Protest, 1948-1978** – Barbra Mann Wall
3. **"Nurses Should Provide Their Services for Free," thought Alfred Nobel** – Gunnel Svedberg

E. Rural Nursing

Gandon South (Davenport Hotel)

1. **Practicing Primary Health Care in Rural America: The Red Hook Nursing Experience, 1915-1917** – Sandra Lewenson
2. **"There's No One Else to Do It": Providing Care in Far West Texas, 1946-1962** – Melissa Sherrod
3. **"Orange Crates and Old Quilts": Nurses, Migrant Workers and the Great Depression** – Arlene Keeling

11:30am – 1:00pm Conference Luncheon

Aston 1 & 2

Lunch Discussion Group: Historical Nursing Research
Shannon Perry, RN, PhD, FAAN

Doctoral Student Luncheon

Hotel Restaurant

New Members Luncheon

Hotel Restaurant

Nursing History Centers Luncheon

Board Suite (Davenport Hotel)

1:00pm – 2:30pm Concurrent Session III

A. Panel:

Gandon South (Davenport Hotel)

"History by Stealth": Integrating Nursing History in Education, Practice, and Research

1. Arlene Keeling
2. Sandra Lewenson
3. Annemarie McAllister
4. Kylie Smith
5. Barbra Mann Wall

B. Transcultural Nursing During World War II

Annesley

1. **Nursing Leaders and Leadership at Heart Mountain War Relocation Center, 1942-1945** – Rebecca Coffin
2. **"Possibly I Could be of Some Use to Others": Allied Nursing Work Under Occupation in South East Asia in the Second World War** – Jane Brooks

C. Disaster Nursing

Ascot

1. **Mary Ambler and the Great Train Crash of 1856** – Elizabeth Reedy
2. **Grace Under Fire: The Nurses of Pearl Harbor, 1941** – Gwyneth Milbrath
3. **Britain's Fight Against the Cruel Sea, Disaster Nursing and the East Coast Floods of 1953** – Claire Chatterton, Pauline Brand

D. Cultural Influence on Nursing Education

Aston 3

1. **'Nursing is an Art Based Upon Science': Frances Gillam Holden and the Idea of "Trained Nursing" in Nineteenth Century Australia** – Suzi Russell
2. **The Rise of the "Flapper Nurse": The Impact of Cultural Trends on Chicago Nurses Training Schools, 1920-1929** – Karen Egenes
3. **"The Opportunity of Mutual Fellowship": Alumnae of the International Nursing Courses, 1926-1976** – Jonathan Hagood



E. Toward Professionalization

Aston 4

1. **Nurses in Motion: Mobility and Career Development of Late 19th and Early 20th Century British Nurses** – Sue Hawkins
2. **Matrons in Transition** – Carol Helmstadter
3. **Oral History from the First Modern Nurse Ethicists** – Teresa Savage

2:30pm – 3:00pm Break & Poster Viewing

3:00pm – 4:30pm Concurrent Session IV

A. Military Nurses Across Continents

Annesley

1. **'The Best Sick Nurses in the World': Race and British West Indian Military and Naval Nursing C. 1780-1830** – Erin Spinney
2. **The Impact of Boer War Nurse Veterans on British Military Nursing in WWI** – Keiron Spires
3. **War Nurses in Catalonia. Training, Career Pathways, Care and Repression** – Anna Ramio

B. Healthy Mothers, Healthy Babies: Midwifery in the Early 20th Century

Ascot

1. **Not Domestic Servants: Aboriginal Australian Women as Trained Nurses and Midwives 1900- 1949** – Odette Best
2. **The Police v. the Midwives: Enforcing Provisions of the 1915 Midwives Act in Victoria, Australia, 1921-1928** – Madonna Grehan
3. **"Babies Aren't Rationed": Nurse-Midwifery on the Home Front in Kentucky's Frontier Nursing Service, 1939-1945** – Anne Cockerham

C. Panel:

Gandon South (Davenport Hotel)

Commemorating the First World War's Nurses – Centenary Reflections

1. Clare F. Ashton
2. Christine Hallett

D. Gender and Professional Empowerment

Aston 4

1. **Negotiating for Nursing Independence; The Stories of Two Nurses Navigating the Power Dynamics of Colonial Health Care** – Winifred Connerton
2. **'A Society for the Prevention of Cruelty to Nurses': The Establishment of the Irish Nurses' Union** – Mark Loughrey
3. **Who's on First? Is It Enough That She Is A Woman? Analysis of an Early Twentieth-Century Gender-Natured Debate on The First Nurse Training School in America** – April Matthias

E. Plagues and Trail Hazards: Nursing Before Antibiotics

Aston 3

1. **The Nursing Care Provided to Plague-Infected Patients in the General Hospital of Madrid (Spain) in the 17th Century** – Manuel Jesús García Martínez
2. **The Nursing Care Provided to Patients With Syphilis in the Hospital of the Espiritu Santo (Holy Spirit) in Seville (Spain) Around the Year 1600. Books and Documents** – Antonio Claret García Martínez

4:30pm – 5:30pm Poster Session

Prefunction Space

6:00pm – 7:00pm Reception

Gandon Suite North (Davenport Hotel)

7:00pm – 9:30pm Banquet and Live Auction

Gandon Suite North (Davenport Hotel)

This activity has been submitted to the Alabama State Nurses Association for approval to award contact hours. Alabama State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

10:00am – 3:00pm	Conference Registration	Main Lobby
1:00pm – 3:30pm	Preconference Workshop: Working with Web-based Collections and Filmic Sources	Aston 1
2:00pm – 4:30pm	University College Dublin Campus Tour	Lobby



FRIDAY, SEPTEMBER 18

8:00am – 6:00pm	Conference Registration	Main Lobby
9:00am – 12:00pm	AAHN Board of Directors Meeting	Board Suite (Davenport Hotel)
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1:00pm – 1:30pm	Welcome Remarks	Aston 1 & 2
1:30pm – 2:30pm	Eleanor Krohn Herrmann Keynote Address: Dr. Dorrie Fontaine	Aston 1 & 2
2:30pm – 3:00pm	Awards Presentation	Aston 1 & 2
3:00pm – 3:30pm	Break	
3:30pm – 5:00pm	Concurrent Session I	

A. Childbirth and Newborns Ascot

1. 'Seven Miles By Road'...Nurses and Childbirth in Rural Ireland, 1890-1930

Cara Delay, Associate Professor, History Department, College of Charleston

Overview of Study: Significant shifts in the experiences of Irish women who gave birth at home came with the turn of the twentieth century and its emphasis on institutional centralization. Jubilee nurses arrived in Ireland toward the end of the nineteenth century, and in 1903, Lady Dudley's nursing scheme was implemented in rural areas of the west. In 1918 across Britain, the Midwife's Act "made it illegal for a child to be born without the assistance of a qualified medical practitioner." Although midwives replaced remaining handywomen or wise women across the island, the process was gradual and sometimes contested. The secretary of *An Bord Altranais*, the Irish Nursing Board, wrote a letter in 1921 complaining about an "inexperienced and unskilled woman" who had assisted

her daughter in labor. When the daughter acquired puerperal fever, *An Bord Altranais* took notice, attempting to overturn the prevalence of unskilled handywomen. "This woman," wrote the secretary, referring to the handywoman, "does not do maternity work nor has she any experience in same." He also mentioned "certain other women in Lusburn who have not enrolled as Midwives but who act as such and inquired as to the powers of the County Council in these cases." Similarly, nurses working in the west of Ireland in the early twentieth century described conflicts with local women, who often resisted professional medical care or were resistant to giving up their own customs. One nurse described a maternity case in which, after walking for miles, in the dark, through sleet and snow, she was hardly welcomed. "When I got to the house," she later wrote, "there was great indignation on the part of the old handy woman, who

informed me the patient never had a nurse or doctor for six of a family.” Other nurses across Ireland clashed with their patients over what the nurses perceived as a lack of cleanliness in rural homes as well as some women’s determination to give birth on the floor rather than the bed.

Rationale and Significance: These examples reveal the tensions and conflicts that evolved on the local level within the larger context of nursing reform in modern Ireland. As the British and later Irish states attempted to organize health care and professionalize nurses and midwives, they often met with resistance on the part of rural women. This struggle between informal, local female health networks and an increasingly centralizing state which was becoming more attentive to motherhood manifested itself in various ways across early twentieth-century Britain and Ireland. This paper explores these tensions and struggles, asking how they affected maternity care and women’s experiences of childbirth in late nineteenth- and early twentieth-century Ireland.

Findings and Conclusions: This study argues that despite attempts to professionalize maternity care, an examination of memoirs and oral histories testifies that childbirth remained female-centric and therefore functioned outside of official structures of power in isolated areas. In addition, the move to professional nursing and midwifery was gradual and sporadic, complicated by the needs and wants of ordinary women.

Sources and Methodology: The sources for this study include the annual reports of Lady Dudley’s Nursing Scheme; nursing journals and publications such as the *Irish Nurses Union Gazette*; diaries, memoirs, and autobiographies; correspondence and other materials from the *An Bord Altranais* (Irish Nursing and Midwifery) archive, University College Dublin; and oral traditions housed at the National Folklore Collection, Dublin. The methodology includes close reading of these sources and use of feminist theory/coding in women’s folk cultures to interpret these sources.

B. Psychiatric Nursing Worldwide

1. Who Wants to Know? Mental Deficiency Nurses Oral History, Alberta Canada, 1945-1970

Geertje Boschma, PhD, RN, Professor, School of Nursing, University of British Columbia

Purpose: The purpose of this paper is to contribute to the history of mental deficiency nursing, a distinct field of nursing that developed within large institutions for the care of people with developmental disability during the 20th century. I examine this history through the lens of mental deficiency nurses’ experiences shared in an oral history interview. Their stories provide a unique perspective on a field of work that grew increasingly controversial during the latter half of the 20th century when public debate arose over the institutionalization of people with developmental disability. Moreover, the institution’s entanglement within an active eugenics policy and practice maintained in the province of Alberta until 1972 added to the

2. Hatching Weakling Babies: A History of Neonatal Care in the United States

Stephanie Prescott, MSN, NNP, PhD Student, University of Virginia

Purpose: The purpose of this paper is to describe and analyze the role that nurses played in the development of neonatal care in the United States in the early 20th century. It considers that role within the setting of advances in medical technology, and within the social, political and ethical climate of the times.

Rationale and Significance: An understanding of the challenges faced by the pioneers of neonatal care leads to greater understanding of the complex issues that neonatal practitioners face today. This paper highlights the ethical dilemmas, scarcity of resources, and technological challenges these nurses faced in the past, some of which persist today in neonatal nurseries.

Methodology: Traditional historical methods with a social history framework were used for data collection and analysis. Primary sources included textbooks and addresses by Thomas Rotch, Abraham Jacobi, and Julius Hess, medical and nursing journals of the early 20th century; records from the Children’s Bureau, historical newspaper accounts, and records from the US Department of Health, Education and Welfare. Secondary sources included medical, nursing, and public health journal review articles, and NIH publications.

Findings and Conclusions: Changing demographics, developments in medical technology, changing social values, and the evolving medical system of the early 20th century combined to influence the role that nurses played in neonatal care. Working first in baby shows in the setting of a World’s Fair, and later in neonatal units designed specifically for premature infants, nurses struggled with ethical dilemmas and societal reactions as they sought to care for these tiny citizens. Combining discipline, scientific knowledge and compassionate care, these early nurses served as pioneers for what has become a major nursing specialty.

Annesley

controversy. The stories provide insight in the perceptions and emotions of mental deficiency nurses, experienced and remembered some 60 years later in an interview. I examine how the nurses took up this work and how their professional identity was depicted and changed, especially as public debate arose from the 1970s onwards.

Rationale and Significance: Mental deficiency nursing evolved as a distinct, yet little known field of nursing in several countries during the 20th century. In Canada it became a separate area of nursing in only one of its provinces, Alberta, and it was tied to a large institution, called the Provincial Training School for the care of developmentally disabled children and, eventually, also adults. The stories provide a unique micro-historical lens to explore larger social and cultural tensions over disability, and so over mental deficiency nurses’ work.

Methodology and Primary/Secondary Sources: Using oral history and narrative analysis, I analyze interviews with mental

deficiency nurses who practiced in Alberta, Canada between 1945 and 1965 as well as written documentation. The concepts of place and identity form central categories of analysis. Oral histories, archival and other published documents were collected as part of a larger study of the development of mental health services in Alberta, of which this case study of mental deficiency nursing forms part. Secondary sources on mental health history are included as well, placing the study in an international context.

Findings and Conclusions: The public controversy over institutional care and eugenic sterilization practices in the late 20th century made it difficult for mental deficiency nurses' to share their perceptions and memories of the nursing work they had engaged with during the 1940s and 1950s, most often for short periods of time and for economic reasons. With deep emotional engagement, these interviewees felt compelled to emphasize how their initial struggle to accept the context of their work gradually transformed into a work attitude characterized by competency and dedication, even if it was with little say over their practice. Thus they expressed, I argue, how a caring ideology reflective of the accepted professional nursing ideology helped them to reconcile at a personal level the larger social ambivalence about the care of people deemed dependent and hence being stigmatized.

2. Living and Working on the Fringe: The Hidden History of Homosexual Life Among Nurses in British Psychiatric Hospitals in the mid-Twentieth Century

Tommy Dickinson, PhD, MSc, BSc, Adv DipHE, FHEA, RN, Lecturer in Nursing, School of Nursing, Midwifery and Social Work, The University of Manchester

Purpose of Study, Rationale and Significance: By virtue of their position on the fringes of "respectable society", psychiatric hospitals appeared to represent a space where variation not only among the patients, but also among the workforce could be accepted. For some staff, their difference was their "counter-cultural" lifestyle or a problem with substance misuse. However, for others it was their sexual orientation. Nevertheless, male homosexuality was illegal in England and Wales from 1533 until 1967; and it was also considered an antisocial "sexual deviation" that could be "cured" until 1990. Nurses administered painful and distressing "treatments" to cure these individuals.

Methodology and Major Primary/Secondary Sources:

This paper is based on a nationwide UK study, which used oral history interviews, archival and news media sources to examine the plight of men who were institutionalized in UK psychiatric hospitals to receive "treatment" for homosexuality, and the perceptions and actions of the men and women who nursed them, 1935-1974. Seventeen former psychiatric nurses volunteered to participate; there were eight men and nine women. All were aged between 63 and 98.

Findings: Interestingly, some of the nurses in this study identified themselves as homosexual men and it appears that they were generally accepted by their heterosexual colleagues. There is a dearth of literature, however, which discusses the

sub-culture of homosexual male nurses in psychiatric hospitals. In this paper I argue that there appears to have been an overt homosexual male sub-culture in some psychiatric hospitals in the UK. These men appeared to find a lively atmosphere, a culture and an accepting community to belong to.

Conclusions: This paper enhances our understanding of sexuality in relation to nursing as a profession, by offering a fresh interpretation of the draw of psychiatric nursing to homosexual men; and offers some intriguing insights into the hitherto hidden gay lives of these nurses and the inevitable tension between their own identities and desires and the treatments they administered to others.

3. Adele Suyder Poston Sanford (1884-1979): "First Lady" of Psychiatric Nursing and World War I Heroine

Carolyn Castelli, MSN, RN, PMHCNS-BC, New York-Presbyterian Hospital, Westchester Division

Purpose of the Study: This paper explores the life and distinguished career of Adele S. Poston Sanford, RN. Her humane and holistic nursing approach for those with mental illness in the first half of the 20th century provided a foundation for the recovery movement. Her World War I service with shell-shocked soldiers was notable.

Rationale and Significance: Poston's life-story is an early twentieth century case study of how one woman can significantly impact nursing education, practice, and mental health recovery. Poston was an effective nurse-leader before women secured the right to vote and before a subsequent generation of psychiatric nurses, such as Hildegard Peplau, transformed the specialty. Family circumstances, reading *A Mind that Found Itself*, early work at Illinois State Asylums, and the values of social reformers at Chicago's Hull House guided Poston's view of nursing. Starting in 1912 she led nursing at Bloomingdale Hospital in White Plains, New York. This hospital was, and is, the psychiatric division for New York-Presbyterian Hospital, the 2nd oldest hospital in the USA. During this period Ms. Poston was assigned as Chief Nurse at a novel 300-bed US Army psychiatric hospital near the front lines in World War I. For her WWI service, she was one of 23 nurses given the Distinguished Service Medal by the US Army. She published articles in the *American Journal of Nursing*, collaborated with other nurse leaders and MDs, including Thomas Salmon, a prominent psychiatrist in WWI. She founded the first Psychiatric Nurses Bureau in New York City, later named the Adele Poston Agency, and conducted entrepreneurial and innovative psychiatric treatment approaches during her more than 70-year career. Despite her prominence and accomplishments, this is the first scholarly study of her life and career.

Methods and Sources: This study uses a historical case study approach as a template to examine the life and nursing career of Adele Suyder Poston Sanford. Particular emphasis is placed on her view of "mental nursing" as well as her World War I service in France. Primary sources include annual reports of Bloomingdale Hospital at the New York-Hospital/Weill-Cornell Medical Center, personal papers of Thomas Salmon, MD at The

Oskar Diethelm Library at Weill Cornell Medical College, and materials that include personal and professional information about Poston. Findings were analyzed in the context of appropriate secondary sources on the history of psychiatric nursing.

Findings and Conclusions: While Hildegard Peplau is considered the “mother” of psychiatric nursing in the USA, evidence points to Adele Poston as the “First Lady.” Among

many “firsts” she was the FIRST nurse to lead a USA psychiatric hospital in a war. She believed in de-stigmatizing mental illness by focusing on the shared human condition. Her approach foreshadowed holistic and cognitive behavioral therapy. She was an early adopter of the mental health recovery model now endorsed by both mental health consumers and professionals. Her lived experience and psychiatric nursing career provide inspiration for evidence-based treatments and the mental health recovery movement today.

C. Nurses' Response to War

Gandon North (Davenport Hotel)

1. Beyond Fiction and Myths: Revisiting the Question of Nurses and Nursing in the International Brigades of the Spanish Civil War

Sioban Nelson, PhD, RN, FAAN, FCAHS, Faculty of Nursing, University of Toronto

Gloria Gallego, PhD, RN, University of the Balearic Islands, Spain; University of Toronto

Purpose Of The Study, Rational And Significance: This paper presents preliminary findings of a larger study that reexamines the hundreds of women from approximately 30 countries who came to Spain during the war as nursing volunteers, joining the 30-40,000 strong International Brigades.

Description Of Methodology, Major Primary And Secondary Sources: The approach of the study has been two-pronged. First, the extensive historical, biographical and journalistic writing on the war has been reviewed to gather descriptions and analyses of nursing during the war, including references to International Brigade nurses as well as their Spanish nursing and medical colleagues; second, primary archival research has been undertaken in various archives in Spain, the Marx Memorial Library in London, and on the collection of the Abraham Lincoln Brigade Archives (ALBA) at NYU Tamiment Library, which houses material on American nurses and doctors.

Findings: This paper will focus on the literature published on the war, and examine a number of recurring observations in that literature which we argue can be attributed to limited sourcing of material on nursing. We also highlight the over-representation of Anglophone nurses' perspectives (British-American), whose popular memoirs and high profiles created an impression of Spain during the war that does not adequately represent the nurses or the nursing that took place in Spain on the Republican side of the conflict. We argue these works ignore other evidence that points to the way in which the Spanish Civil War, with its commitment to anti-fascist values, created the conditions for revolutionary new practices and new forms of professional relations between nurses and doctors.

Conclusions: Our key argument is that the role of nursing in Spain during this conflict has been under-represented and misrepresented in histories of the war. The hundreds of international nurses we have logged in our study represent pro-democratic, Jewish, union, and communist constituencies, as well as the apolitical adventurers who dominated the post war biographical literature and subsequently influenced popular and

scholarly views of nursing in the war. We argue the negative images of Spain and Spanish health care derive from a few notable sources and distort the innovative and modern forms of practice that flourished in Spain, in the lead up to WWII with its revolutionary impact on women in the workforce.

2. Nursing the Community Under Deportation, Northern Norway 1944

Ingunn Elstad, RN, Mag. Art. Professor in Nursing, Faculty of Health Sciences, University of Tromsø- Arctic University of Norway

Purpose of Study: In autumn 1944, the German army withdrew from the Murmansk front through occupied Northern Norway. The tactics of the scorched earth was carried out in a great part of the region, and the population deported, including the sick and old. The need for nursing en route was acute, and a sharp conflict between patriotism and universal humanitarianism arose among Norwegian nurses. The purpose of the study is to explore the nursing of the deported during transport and transit in the autumn 1944, and to analyze the conflict in terms of nursing responsibility during this time. The study is part of the cross-national project “Living the War” which studies nursing, health conditions and daily life in North-Western Europe during WWII.

Rationale and Significance: No systematic studies has been made of reception, nursing and medical care during the deportation. The history of civilian nursing in wartime is important in itself, may provide insights into wartime civil society. The study also provides a case for ethical discussion.

Description of Methodology: Historical analysis from studies of archives and press material. Discussion of ethical theory.

Major sources: Primary sources: Public national and regional archives in Norway, illegal and censored Norwegian press, private archives, letters, diaries, reminiscences. **Secondary sources:** Studies in the “Living the War” project. Historical studies of WWII in Norway.

Findings and Conclusions: The transports and transit receptions were presented as a Nazi enterprise both in the censored and the illegal press, but were for a great part organized by anti-Nazi volunteers and voluntary associations. The Red Cross as a nursing organization became particularly important. All parts relied on nurse volunteers to protect and support the sick and vulnerable, and prevent epidemics. The shortage of nurses became acute.

Many nurses were deported with the local people and institutions. They did their best to look after the sick and vulnerable during exposure and at times dangerous hygienic conditions. Nurses cooperated with doctors in running transit stations, with triage and de-lousing, bathing, and clothing of the deported. Nurses were in charge of sick transports, and ran temporary wards for sick, exhausted and epidemic ill among the deportees.

Cooperation with Nazi authorities was unavoidable, although Nazi dominance varied between the transit towns. Nurses working under Nazi authority might be regarded as Nazis. Some nurses in the largest hospitals of Oslo were ordered to go north and work with the deported, but took cover and fled to Sweden. This conflict between patriotic and humanitarian duties may shed light on the structure of nursing responsibility during this time.

3. 'This Anxiety Riddled Age': The Development of American Mental Health Nursing in the Cold War

Kylie Smith, PhD, BA, Lecturer, School of Nursing, University of Wollongong

Purpose: This paper explores the development of mental health nursing in the US from 1945 to 1980 and explores how American nurses negotiated competing ideas about mental health in 'this anxiety riddled age'. The purpose is to understand how nurses have articulated approaches to issues such as anxiety and trauma, and how this was affected by broader social contexts such as the Cold War.

Rationale and Significance: A great deal has been written about the history of psychiatry and psychology and the impact of historical forces post WWII on contemporary practice and policy. However, nurses do not usually feature in this history.

This is despite the fact that mental health nursing developed as a distinct discipline through a large injection of Federal funds and an overt program aimed at developing mental health professionals, directed by consecutive Presidents. This was a period marked by significant debates between psychiatry and psychology, as psychotherapy and biomedicine fought for therapeutic and scientific space and legitimacy against the backdrop of the fear, hysteria and anxiety of the Cold War.

Method and Sources: The principle primary sources for this history of psychiatric nursing are the professional papers of Hildegard Peplau, Dorothy Mereness, Ildaura Murillo-Rohde, Mary Starke-Harper and Claire Fagin, as well as their published works. Other primary sources include published work of other mental health nurses and policy makers during this time period, drawing on articles published in journals such *Nursing Outlook*, the *American Journal of Nursing*, *Perspectives in Psychiatric Care*, and *Mental Hygiene*. Secondary sources include extensive histories of psychiatry and psychology in this period and existing mental health nursing histories by D'Antonio et al., and Boschma.

Findings and Conclusion: There are several themes common to psychiatric nurses from this time period. These include 'definitions of mental illness'; 'the role of the nurse' and 'the social context of anxiety and trauma'. These sources also reveal the ways in which nurses negotiated complex ideas about class, gender and race as they sought to develop a distinctive mental health nursing practice in the context of post-war political and social unrest. Current debates about definitions of mental illness and the efficacy of treatments for conditions such as anxiety and PTSD, reflect debates and concerns being discussed by nurses more than fifty years ago. This demonstrates the importance of understanding the historical basis for current approaches to policy and practice in the field of mental health.

D. Panel: "Practical turn" in Writing the History of Nursing

Aston 4

1. *Dr. Susan Grant, University College Dublin and University of Toronto*
Research on the History of Soviet Nursing
2. *Dr. Susanne Kreutzer, University of Applied Sciences in Münster, Germany*
Doing Deaconess Nurses in Germany and the United States, 1900-1960
3. *Dr. Karen Nolte, University of Würzburg, Germany*
"Doing Nurse" – Moving in on the Doctor's Area of Competence: Deaconesses from Kaiserswerth during the First Half of the 19th Century
4. *Dr. Ann Marie Rafferty, Centre for the Humanities and Health, King's College London*
Uncovering the Practice of Nursing through the History of Infection Control

This panel explores how praxeological approaches, i.e. methods rooted in the theory of practice, can be utilised in the research on the history of nursing. If we follow the theoretical assumption that subjects are only created by actions, it is possible to re-consider and potentially re-interpret acting subjects within the history of nursing. Simply put, according to this theory historical agents in nursing care do not simply "invent" or develop practices but only become the subjects in the history of nursing, e.g. as professionally working nurses, through their specific practices. Nursing practices can thus be analysed within the more complex context of subjectivisation, and new insights on the social meaning can be gained from precisely these practices. In this context our understanding will also be guided by the question of how materiality, practice and processes of subjectivisation are contiguous.

E. Nursing History Potpourri

Aston 3

1. The Role of the National Student Nurses' Association in Addressing Social and Political Issues that Contributed to Student Unrest from 1960-1975

Diane Mancino, EdD, RN, CAE, FAAN, Executive Director, National Student Nurses' Association, Inc.

Purpose of Study: The purpose of this study is to provide a perspective on the activities of organized nursing students during the period of student unrest in the 1960s and early 1970s. With roots in the civil rights and free speech movements, campus unrest gave students a new sense of power and inspired an activism that spread to other areas of concern.

Historically, nursing students were more restricted than other students and had fewer rights and greater responsibilities. Nursing students seized the sixties and seventies to advance social as well as student causes. The National Student Nurses' Association (NSNA) formed a framework through which nursing students could exercise freedom of speech, advocate for their rights, and take collective, responsible action on vital social and political issues.

Rationale and Significance: Student unrest in the sixties served as a catalyst for all students to question the limitations placed on them in their educational settings. Nursing students were no exception. They, too, took advantage of the social and political climate of the sixties to challenge traditional mores and rewrite archaic rules. NSNA was a primary vehicle for these changes.

Methodology: A socio-political framework was used to examine the impact of student rights, civil rights, and freedom of expression on nursing students from 1960-1975.

Identification of Major Primary and Secondary Sources

Primary sources include: minutes from NSNA Annual Meetings, board of directors meetings and committee meetings; proceedings from NSNA Annual House of Delegates; selected state student nurses' association minutes; minutes and proceedings from the American Nurses Association Annual Meetings; NSNA bylaws and policies; documents related to the development of the Student Bill of Rights and Responsibilities; Annual Reports and correspondence. Secondary sources: news reports; government reports; congressional proceedings.

Findings and Conclusions: Veiled in "politically correct" rhetoric, freedom of speech continues to stir up debate in academic quarters. Many of the professors teaching in universities today were students in the sixties. Many nursing leaders of today were NSNA members in the sixties and seventies. The nursing student who resurrected the Bill of Rights in 1974 and introduced it to the NSNA House of Delegates, served as the President of the American Nurses' Association.

2. The Baby San: "Mother Nature's Cradle for the Care of Babies"

Adrian Melissinos, PhD, RN

Purpose: The desert southwest of the United States experiences temperatures of 100 degrees Fahrenheit and higher during the summer months. Prior to the advent of air conditioning and refrigeration, milk could oftentimes not be suitably stored. Young children could become dehydrated, either from the heat or from gastrointestinal illnesses. Severe illness and even death could follow. A baby sanitarium (the "Baby San") was built in the mountains of Cloudcroft, New Mexico, approximately two hours from El Paso, Texas. Temperatures in the mountains registered 20-40 degrees cooler than in the desert, allowing for respite from the heat. This study examines the roles and functions of the nurses who cared for the ill children at the Baby San.

Rationale and Significance: Opening in June, 1911, the Baby San was staffed by nurses who were engaged in creative and pioneering work in the care of infants and young children. A comprehensive study of the nurses, their roles and functions and the impact of their efforts is not documented in nursing history.

Methodology: Historical methodology was used to examine and interpret primary and secondary sources. Primary sources included artifacts, photographs, maps and logbook for the Baby San that are housed at the Sacramento Mountains Historical Museum in Cloudcroft, New Mexico. Additional primary sources from Special Collections, The University of Texas at El Paso were also evaluated. El Paso newspapers were accessed through the Library of Congress.

Findings and Conclusions: The nurses who worked at the Cloudcroft Baby Sanitarium provided effective nursing interventions for the infants and young children in their care. The facility operated for over two decades in the summer months and treated hundreds of pediatric patients. Nursing supervision was consistent over many years in a facility that creatively confronted and responded to a public health need in the community through a coalition of medicine, nursing and public support. The work of the nurses at the Baby San provides a framework of reference for the nurse of today when confronted with meeting the needs of a vulnerable population.

3. Ellen N. La Motte and the Anti-Opium Crusade

Lea Williams, PhD, Associate Professor of English, Norwich University

Purpose: The purpose of this study is to examine the writings of Ellen Newbold La Motte about the opium trade in order to analyze how she used her public health nursing experience to launch a crusade against it. During a trip to parts of Asia in 1916-1917, she witnessed the impact of opium consumption

and became preoccupied with using her writings to expose the corruption of the opium trade and its public health implications. Over the next several decades she wrote dozens of articles and three books related to her observations and analyses of opium production and consumption, using her writing to advocate for the abolishment of the opium trade.

Rationale/Significance: La Motte's work as an anti-tuberculosis crusader has received some scholarly attention, yet little is known about La Motte's later career. La Motte used the reputation she had built as a crusader for the public health when she was a tuberculosis nurse in Baltimore from 1905-1913 to launch a decades-long campaign against the opium trade, using her previous experience with public health threats to mobilize public sentiment against the opium trade. La Motte's efforts received international recognition when she received two awards for her efforts in the anti-opium campaign: the Order for Merit from the Japanese Red Cross Society (1918) and the Lin Tse Hsu Memorial Medal from China (1930). This study will shed light on La Motte's important work on behalf of the anti-opium campaign and explore how nurses used their nursing knowledge and experiences to enter into international debates about public health issues.

Methodology: This study analyzes La Motte's books and articles about the opium trade and draws on secondary sources about the opium trade to contextualize La Motte's writings.

Sources: Primary sources for this study include La Motte's books, *Peking Dust* (1919), *The Opium Monopoly* (1920), and *The Ethics of Opium* (1924) as well as dozens of articles she wrote for magazines such as *The Nation* and *The Atlantic Monthly*. Secondary sources such as Hans Derks' *History of the Opium Problem: The Assault on the East, ca. 1600-1950* (2012), Carl A. Trocki's *Opium, Empire, and the Global Political Economy: A Study of the Asian Opium Trade, 1750-1950*, and Yongming Zhou's *Anti-Drug Crusades in Twentieth-Century China: Nationalism, History, and State Building* are important resources for understanding the histories of the opium trade and the anti-opium campaign.

Findings/Conclusion: This study will demonstrate that La Motte drew on her previous experiences and expertise as a public health nurse and reformer to mount a vigorous campaign against the opium trade. It will also demonstrate the myriad ways professional nurses in the 1920s-1930s participated in and shaped international conversations about public health issues.

5:00pm – 7:00pm Welcome Reception – Hosted by University College Dublin

Aston 1 & 2



7:30am – 7:00pm	Conference Registration	Main Lobby
7:30am – 8:30am	Breakfast & AAHN Business Meeting	Aston 1 & 2
8:30am – 9:30am	Plenary Session: Dr. Christine Hallett	Aston 1 & 2
9:30am – 10:00am	Break & Poster Viewing	
10:00am – 11:30am	Concurrent Session II	

A. Specialty Practice Annesley

1. “Rumblings of the Giant” Nurses and Cancer Chemotherapy, 1955-1975

Katherine Adelstein, RN, MSN, ANP-BC, PhD Student, University of Virginia

Purpose: The purpose of this paper is to describe and analyze the work of the cancer nurse at the emergence of chemotherapy in the late 1950s, highlighting the changes to nursing practice brought about by the use of chemotherapy and the introduction of the concept of cure in oncology. The role of the nurse is analyzed within its social, medical and professional context. The contributions of nurses to the specialized care of cancer patients receiving chemotherapy and the forward momentum of professional cancer nursing are also discussed.

Rationale and Significance: Until the 1950s cancer was largely incurable and treatable only with surgery or radiation therapy. The introduction of chemotherapy in the late 1950s changed the landscape of oncology by introducing the possibility of cure as well as many new challenges in caring for patients with vulnerable immune systems.

Methods: The research is based in traditional historical methods with a social history framework. Primary data sources include nursing and medical journals from the 1950s – 1960s, and published first person accounts written by cancer nurses. The Virginia Dericks Collection, housed in the Eleanor Crowder Bjoring Center for Nursing Historical Inquiry at the University of Virginia School of Nursing, provided a rich source of materials specific to cancer nursing. Additional data sources included secondary material published on the history of oncology nursing, the history of the Oncology Nursing Society, and the history of chemotherapy and cancer studies.

Findings: At mid-20th century, with the new possibility of cure and new treatments being discovered at a rapid pace, the focus of nursing care for patients with cancer changed. The nursing role expanded beyond its previously task-oriented focus and included participation in team-based care with nurses often functioning as the lynchpin of care. Nurses became responsible for monitoring patients receiving high doses of toxic drugs with unknown side effects and they responded by advocating for specialized chemotherapy wards and standardized protocols for the care of patients receiving chemotherapy. Nurses met new communication challenges with well-informed patients, taking on the responsibility of providing emotional and psychological support to vulnerable patients who were fully aware of their diagnoses and grueling treatment plans.

Conclusion: Nurses responded to the rapid changes in oncology practice by organizing themselves into a specialty

and collaborating with their physician colleagues to find best practices for cancer care. While nurses felt intellectually challenged by the new learning and responsibilities that came with technology, many still found the most meaning in their work from the relationships they were able to forge with their patients.

2. “Teaching is Cheaper Than Nursing”: Elliott P. Joslin’s Influence on Diabetes Nursing, 1916-1935

Deborah Gleason, PhD, RN, CPNP, Assistant Professor, James Madison University; Center Associate, The University of Virginia, ECP Center for Nursing Historical Inquiry

Purpose: The purpose of this research is to describe the early development of the specialty of diabetes nursing, leading to today’s “diabetes nurse educator” role.

Rationale and Significance: Diabetes nursing is now a specialty with interest dating to about one hundred years ago. In the early 1900s, diabetes nursing was largely influenced by Elliott P. Joslin, an “accidental” diabetes doctor, from Boston, who became interested in diabetes upon meeting a young Irish girl stricken with the disease. He authored many books in his career. The first, *The Treatment of Diabetes Mellitus* (1916), included instructions specifically for nurses caring for people with diabetes. In 1918 he wrote the first of his many diabetes manuals widely distributed to both patients and health care providers (HCP), entitled *A Diabetic Manual for the Mutual Use of Doctor and Patient*. It became the “bible” for early diabetes care. Within many of these volumes are comments and sections specific to the work of nurses in diabetes care. I argue that Joslin’s influence on diabetes nursing set the stage for what is now commonly known as the diabetes nurse educator role.

Methodology and Sources: The methods of social history were utilized for this study. **Primary sources** included multiple volumes (across many years) of the Joslin diabetes manual, as well as other books written by Joslin; The Elizabeth Evans Hughes papers from the University of Toronto archives; and The Frances Cabot Putnam memoir. **Secondary sources** included Donald M. Barnett’s book *Elliott P. Joslin, MD: A Centennial Portrait*; a personal interview with Dr. Donald Barnett (a Joslin colleague), articles, books and dissertations.

Findings and Conclusions: Diabetes nursing and education was influenced by the work of Dr. Elliott P. Joslin. Joslin’s early inclusion of nurses in his writings spoke to the importance of their work. Joslin fostered diabetes nursing and encouraged autonomy in the care of patients before it was appropriate

for nurses to practice autonomously. Teaching and training of patients with diabetes, largely done by nurses, attempted to ensure that patients could provide their own self-care and decrease hospitalizations, thus decreasing the cost of care. This premise has endured to present day diabetes care.

3. The Child Health Demonstration of Mansfield and Richland County, Ohio, 1921-1925: Extending Public Health Nursing Interventions for Families, Schools, and Populations

Janna Dieckmann, PhD, RN, Clinical Associate Professor, School of Nursing, University of North Carolina at Chapel Hill

Purpose of the Study: To contextualize, interpret, and evaluate the organization and outcomes of child health interventions directed toward families, school children, and city/county populations (both African American and white, both rural and urban, and across all economic levels) by public health nurses—as part of the Child Health Demonstration of Mansfield and Richland County, Ohio, 1921-1925.

Rationale & Significance: National concerns about child health grew during the first World War when American draftees were deferred due to poor health and disabilities that could have been prevented or addressed during their younger years. Following armistice, national child health advocates, including public health nurses, sought to build on national concerns about this problem. Advocates designed and tested emerging approaches to achieve improved child health through creative health

promotion practices, and identification and prompt remediation of child health problems.

Description of the Methodology: Historical methodology is used to analyze archived records, documents, publications from the Demonstration and its major sponsoring organizations, the American Child Health Association and the American Red Cross. The 150 surviving photographs from the Demonstration provide additional rich evidence.

Major primary sources include: American Child Health Association Records (including other related child health organizations), 1918-1942, at the Herbert Hoover Presidential Library, West Branch, Iowa; Sally Lucas Jean Papers, 1914-1966, the Southern Historical Collection, UNC-Chapel Hill; and an extensive series of images from the Demonstration. **Major secondary sources** include: Published materials and reports from all sponsoring and participating organizations for this Demonstration, including the American Red Cross; journal articles; local newspaper and medical journal articles; and, as comparison, reports and analyses of the four additional 1920s child health demonstrations sponsored by the Commonwealth Fund, in Georgia, North Dakota, Oregon, and Tennessee.

Findings and Conclusions: During the Demonstration, health promotion and disease prevention outcomes improved across the county's rural and urban areas through expansion of home-visiting, prenatal, and clinic services by public health nurses. Creative interventions by school nurses and summer camp nurses newly reached across all populations. Local political leadership provided expanded funding for all health services. But local physicians retrenched into a sickness care model that substantially contested expansion of a health orientation for all.

B. Pioneer Nursing Leaders

Aston 3

1. The Fate of Isabella Lewers: Government Decision Making in Colonial Queensland

Julie Bradshaw, RN, PhD Candidate, School of Nursing and Midwifery, CQ University

Purpose: A study was undertaken to examine government decision making in colonial Queensland 1865-1869 in relation to the Woogaroo Lunatic Asylum and the impact of this decision making upon staff and inmates. The case study of patient, Isabella Lewers, illustrates this impact, how gendered and colonial expectations influenced government decision-making and ultimately how it impacted patients and staff.

Rationale and Significance: There are few available studies exploring the so called 'lunatic asylum' care in colonial Queensland. Woogaroo, an aboriginal word that means 'a water hole' was the name of the Victorian mental institution established in 1865 on the half way between Queensland's two biggest cities, Brisbane and Ipswich and accessible only by river. Over the years the asylum's name and function has changed many times and today is known as 'The Park'.

This case study of Isabella Lewers evokes a sense of what a female inmate's life was like at this time in a lunatic asylum. This study, in exploring the interrelationship between Government, expectations of colonial Queensland society, and staff and

inmates, provides an understanding of the impact of external forces upon asylum life. The study is significant in that it employs a moral lens to examine the motivation behind government decisions and the inter-relationship between these decisions, the colonial community and Woogaroo Lunatic Asylum.

Methodology: This study employed a historical method. Primary sources were analysed in the context of 19th century asylum care, colonial Queensland and colonial and Victorian moral expectations. **Major primary sources** included: archival government documents, in particular letters to and from the Colonial Secretary 1864-1869; Votes and Proceedings of the Queensland Government 1864-1869 and Queensland newspapers 1864-1869. This data was analysed in the context of 19th century asylum care, colonial Queensland and colonial and Victorian moral expectations.

Findings and Conclusions: Participants will learn about the life of Isabella Lewers, a young Irish immigrant who found herself institutionalized for life in a lunatic asylum in colonial Queensland. The presentation will offer insights into what life was like for patients and staff and offer an interpretation of the impact of understandings and decision making surrounding mental illness, and the treatment of people, in particular women at this time. The paper suggests that the intent of government decision-making was based upon the need to convince the

colonial community of their capacity to act as moral agents and prevent harm. Yet, because of this type of decision-making, others were to suffer significantly.

2. Florence Nightingale: Evidence-Based Midwifery

Kathleen Walker, PhD, FNP, CMN, Retired Research Fellow, Royal College of Physicians, London

Purpose: This is a proposed re-introduction of a little known book by Florence Nightingale with relevant introduction and appendices. *Notes on Lying-In Institutions* records the history of the first secular midwifery training program in the United Kingdom and provides the nursing and midwifery professions with a model of evidence based practice and nursing leadership for the 21st century.

Rationale: Written in the style of *Notes on Nursing*, Florence Nightingales' *Notes on Lying-In Institutions* recorded the details of the organization and management of hospital lying-in wards and the academic and clinical content of training programs for nurse midwives. This small volume addresses with great clarity the professional and gender issues of the time, and describes a pivotal event in the history of nurse midwifery, epidemiology and statistics, nursing research and evidence based medicine. Nurse educators will be interested in its content relative to training programs and also its applicability for future nursing leaders. The book had only one publication of 69 copies in 1871 but still has much relevance to contemporary midwifery and nursing students, practitioners and administrators.

Methodology/Sources: Historical methodology was used to examine both primary and secondary sources. The primary source is *Notes on Lying-In Hospitals*. This author holds an original copy of the 1871 publication. Further letters of Ms. Nightingale were consulted to provide historical background using resources at the Wellcome Trust, London and in the *Collected Works of Florence Nightingale* (McDonald, Lynn, Ed. *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*. Waterloo, Ontario, Canada: Wilfrid Laurier University Press 2005). Secondary sources included relevant biographical works.

Findings: Introductory *Notes on Lying-In Institutions* recounts the establishment of a midwifery-led hospital ward and training school at King's College, London. 'The King's College Experiment' ostensibly failed. A rising maternal mortality rate precipitated its closure. Florence had the courage to heed the medical evidence and to accept that women were dying in greater numbers when they came into hospital to deliver than when they had their babies at home or even in the workhouses. She postulated that 'contagion' occurred due to the presence of medical students, fresh from the autopsy and operating theatres, entering the lying-in wards. As her efforts to exclude the students were unsuccessful, Florence felt that she had no option but to close the school. 'If we are to have a training school at all, we must, before all things, make it as safe for lying-in women to enter it as to be delivered at home...' (*Introductory Notes on Lying-in Institutions*, p71). Despite its closure, Florence Nightingale's Midwifery Training Program eventually became the model for a UK government training program.

Conclusions: Florence's use of evidence based medicine to underpin hospital reform and to form the basis for practice was ground breaking in her day and the termination of the 'Kings College Experiment' demonstrated her commitment to the evidence and also to the women who would deliver their babies at King's. This 'hidden gem' should be of interest to a wide range of health care professionals for its historical value and modern applicability.

3. Mary Breckinridge and the Highlands and Islands Medical Service: Influences on the Development of Frontier Nursing Service

Elissa Miller, RN, FNP-BC, PhD, Retired, Faculty Arkansas State University College of Nursing and Health Professions

Mary Breckinridge moved to Eastern Kentucky in 1925 with the goal of establishing a service which she hoped would revolutionize the way mothers and babies were cared for in the United States. Her vision of a formal public health program that would use nurses with special training in midwifery flowed from several sources, including the tragic loss of her own children, her experiences as a volunteer in post-World War I Europe with the Committee for Devastated France (CARD) and her study of the Highlands and Islands Medical Service (HIMS) of Scotland.

In 1924, after completing a postgraduate certificate as a nurse midwife at the British Hospital for Mothers and Babies, Breckinridge undertook a tour of the United Kingdom to study first hand various programs that offered public health services to mothers and babies. She was greatly impressed by the decentralized structure of HIMS, as well as the cooperative relationships established between physicians and nurses within the service. The rugged rural geography served by HIMS closely resembled the mountainous terrain of Leslie County, Kentucky where Breckinridge intended to establish her own nurse-midwifery program. Breckinridge also believed that the population served by the Highland service were so culturally and ethnically similar to the Kentucky mountain people, that the Scottish model had the highest chance of success in rural Kentucky. Breckinridge went on to develop a close personal relationship with HIMS director Sir Leslie MacKenzie and adapted the HIMS organizational structure and policies as a model for Frontier Nursing Service.

This paper traces Breckinridge's journey through the highlands and details the influences of the Scottish medical service on the development and operation of Frontier Nursing Service. It also analyzes Breckinridge's beliefs and attitudes about the "Anglo-Saxon stock" of Appalachia, its relationship to British antecedents, and her commitment to preserving its purity, which she believed to be important to the preservation of American society.

Sources: Both primary and secondary sources were used in the preparation of this paper. **Primary sources** for this paper include Breckinridge's personal letters, papers, Highland travel journal, and FNS records as well as reports and documents from the HIMS.

C. World War I: The War to End All Wars

Ascot

1. 'Not Like Ordinary Times': Aspects of Australian Nurses' Experiences During the Great War

Jaclyn Hopkins, BA (Hons)

Purpose: The relationships formed between Australian military nurses and soldiers during the Great War played significant roles in these men and women's lives. Through these relationships, the nurses were able to provide comfort and support to the soldiers, often acting as temporary replacements for the absent family. This paper explores the way in which these relationships operated and the purpose they served through an examination of the various roles the nurses filled within the 'surrogate family' framework. The notion of these roles working within a larger, unofficial network of support is used as a way of exploring the complexities of the more private aspects to the nurses' lives, as well as the role of familial bonds, surrogate or otherwise, in coping with the traumatic experience of war.

Rationale and Significance: The experiences of Australian nurses in the Great War have been recognised in recent years, with the exploration of the emotional impact of nursing signalling a new focus upon the more personal and emotional sides of nursing and the nurses' experiences. However, the purpose and complexities of the Australian nurses' relationships with both the soldiers they treated and those they encountered socially remains under-explored. Studies that have engaged with this material have typically done so as part of a broader consideration of the nurses' experiences of the war, and often with a focus upon the significance of sexual attraction in these interactions. As such, a more concentrated and nuanced approach that explores the varying nature of surrogate wartime families is warranted.

Method and Sources: The major primary sources used to explore the various surrogate family roles filled by the nurses include Elsie Grant's letters, the autograph books kept by Mary Inger and Sister Bertish, and Evelyn Davies and Agnes Jones' letters. Anne Donnell and Olive Haynes' published letters also feature significantly. The relevant secondary literature includes Jay Winter's work on 'fictive kinship' and Bruce Scates' 'adoptive kin', which provided the framework through which 'surrogate families' was developed. Other secondary sources include Christine Hallett's work regarding trauma and nursing, Michael Roper's on emotional survival in wartime, and Kirsty Harris, Janet Butler and Katie Holmes' various works on Australian army nurses in World War One.

Findings and Conclusions: The role of family and surrogate family formed an important part of the experiences of the nurses studied. These relationships were multi-faceted, and the primary sources show the nurses frequently moved between the surrogate family roles, often filling more than one at the same time. The roles were fluid, and changed according to each situation and person. Despite being transitory and fleeting, the

surrogate family bonds formed offered the nurses and soldiers the same comfort and support found in their families back home. The examination of these relationships provide a more complete picture of these nurses' personal lives, as well as of their varying experiences of the war and the care they provided.

2. "For the Boys"; Memories of War. Exploring the Content and Meaning of Scrapbooks Compiled by Women Serving in the Voluntary Aid Detachment

Pauline Brand, Staff Tutor/Senior Lecturer, Faculty of Health and Social Care, The Open University in the East of England

Purpose: The centenary of the start of the Great War in 1914 has seen a resurgence of interest in the lives of the men and women involved in this global human tragedy.

One area which has attracted particular interest is the work of the Voluntary Aid Detachment (VAD). This organization was established in 1909 by Katherine Furse. By the summer of 1914 there were over 50,000 women engaged in this work in a range of settings. In 1915 those over the age of 23 were eligible to go to the front line.

By interrogating a range of scrapbooks produced by women working as VADs during the Great War of 1914-1918, this study aims to provide a deeper insight into the work and everyday experiences of the VADs who worked alongside qualified nurses.

Rationale and Significance: The production of scrapbooks was a common occurrence amongst VADs on both the home front and overseas. Although they are of general interest and have been featured in a wide range of exhibitions to commemorate the war, they also have a contribution to make to a wider understanding of the day-to-day life and relationships experienced by the VADs and their charges. Thus the scrapbooks and albums provide a useful primary source for the historical researcher.

Methodology/Sources: This study has utilized **primary** archival sources in the form of scrapbooks and albums located in county record offices. A thematic analysis of their content has been supplemented with material from contemporary journals, newspapers, oral histories and additional **secondary** sources.

Findings and Conclusions: Among the themes which emerged during the course of the analysis were the privatizations of war, comedy, love, past life, gendered expectations VAD work, and artistry. These themes add a rich and fascinating insight into the cultural norms of the period, and an in depth appreciation of the work of the VADs and relationships between, and response from, their patients

To conclude, this paper offers an additional perspective into the everyday life and experiences of the women who volunteered as VADs working alongside qualified nurses.

D. Nurses' Work, Nurses' Service

Aston 4

1. First to Care: Sisters of Charity Nurses in Civil War Louisville, Kentucky

*Sara Bolten, MSN, RN, CNE, McKendree University;
Mary Ann Thompson, DrPH, RN*

Purpose: The purpose of this study is to investigate the role of the Sisters of Charity of Nazareth in providing nursing care to the thousands of sick and wounded soldiers brought to Louisville, Kentucky in the early days of the U.S. Civil War (1861-1863), a time when the city was unprepared and ill equipped to handle the influx of soldiers, and anti-Catholic sentiment was rampant.

Rationale and Significance: Early in the U.S. Civil War, large numbers of sick and wounded soldiers, from both armies, were sent to Louisville, Kentucky. The city was a rail and river transportation hub in a neutral/border state. Unfortunately, the city was not prepared for the thousands of wounded who began to arrive in 1861. Prior to the establishment of the United States Sanitary Commission (USSC) western headquarters in Louisville (1863), very little was written about the provision of nursing care to the wounded, and the facilities where that care was provided. Shortly after the wounded began arriving Sisters of Charity (SCN) were sent from Nazareth, Kentucky to Louisville to serve in the makeshift military hospitals. While there were no formal nurse training programs in Kentucky, the SCN had a long history of caring for the sick, but many questions remain: Who were these women? What was their training for nursing duties? Why were their services requested by the military establishment at a time and place where anti-Catholic sentiment was high? Where did they provide care for the wounded soldiers? Why did they leave the Louisville hospitals by 1863 (1½ years before the war ended)?

Method and Sources: Traditional historical research methods were utilized. **Primary sources** included Archives of the Sisters of Charity of Nazareth, Bishop Spalding's diary, service records of nuns, transcript of personal recollections and correspondence of nuns, USSC reports 1862-1865, local newspapers 1861-1865, diaries and personal correspondence of wounded soldiers 1861-1864. **Secondary sources** included Work Progress Administration transcriptions of Louisville hospital documents.

Findings and Conclusions: Twenty three SCN were assigned to 3 different Louisville hospitals (two converted factories and a former tobacco warehouse). The majority of these women were young, Irish immigrants, who served the order as teachers. They received instruction in basic nursing care skills prior to being sent to Louisville. The sisters had a reputation for providing care during local epidemics (cholera and yellow fever), and a long history of service to the sick and injured, dating back to the French Revolution. In spite of public bias against the "Romish Sisters" surgeons in the hospitals consistently voiced a preference for the nuns over civilian or USSC "women nurses". In Louisville, the sisters rapidly cleaned and organized the chaotic makeshift hospitals, provided prompt treatment for new patients as they arrived via riverboat or rail, improved diet and provided spiritual support. All SCN were

recalled from Louisville hospitals by July, 1863. Definitive reasons for their departure remain unclear. Various hypotheses regarding their recall will be discussed. Whatever the exact reasons for their departure, the SCN filled a vital role as some of the first and most efficient nurses in the early days of the U.S. Civil War in Louisville.

2. Reverse Mission: Catholic Sister Nurses, Transnationalism, and Political Protest, 1948-1978

*Barbra Mann Wall, PhD, RN, FAAN, Associate Professor
and Associate Director, Barbara Bates Center for
the Study of the History of Nursing, University of
Pennsylvania School of Nursing*

Purpose: This paper addresses an important but largely neglected aspect of nursing after World War II: its transnational character involving the mobilization of religious women, ideas, and practices across national borders and continents. It focuses on how they used their medical and nursing work in sub-Saharan Africa as a means of a "reverse mission" that criticized their home societies in order to change political and social policy.

Rationale and Significance: Following World War II, national identities and international alliances shifted rapidly, and many colonized nations found courage and opportunity to move toward independence. As colonialism ended in sub-Saharan Africa, indigenous populations struggled to re-align their countries and begin the arduous process of self-rule. Catholic women's religious congregations now saw themselves playing a supportive role in this transition process by expanding their medical missions. As transnational elements in the Church, these women formed networks and connections that transcended national, religious, gendered, and political boundaries. The countries in which they worked often were affected by U.S. foreign policy. This study will show how one group of Catholic sisters, the Maryknolls from New York who were nurses, midwives, and physicians, participated in political activities in Tanzania and eventually expanded their advocacy to the U.S. in order to change their own governments' programs.

Methodology: Using historical analysis from letters, newsletters, newspapers, and government records in archives in both the U.S. and Africa, the paper involves examination of sisters' work in hospitals, dispensaries, clinics, and community villages in Tanzania in an era of far-reaching social change. Secondary sources in African history, history of women, and mission history supplement the work.

Findings: The Maryknoll Sisters arrived in Tanzania in 1948 to open a dispensary as a means of healing and conversion of indigenous populations. By 1970, however, they were involved in political alliances in Tanzania that involved new theologies of liberation. The Maryknoll Sisters began moving into community villages as part of Julius Nyerere's socialistic policies, and they soon increased their political roles by informing American citizens back home about the catastrophic results of American foreign policy in Africa and elsewhere.

Conclusions: Sisters' participation in political issues increased over the last half of the 20th century, and through a "reverse mission," they worked to change not African societies but American policies that they considered unjust. I argue that this was a direct result of the transnational nature of their religious organizations. They used their US citizenship to advance interests of their religious communities in other parts of the world. As they saw their own governments denigrate the dignity of the individual in Africa, sisters became more critical. Today, income inequality across the globe that undermines human dignity is increasingly a focus; and even as they expand their work to include socioeconomic issues, sisters also continue their political involvement.

3. "Nurses Should Provide Their Services for Free," thought Alfred Nobel

Gunnel Svedberg, RN, PhD, former lecturer at The Karolinska Institute

In 1896, the pension fund for Swedish nurses turned to the inventor Alfred Nobel for financial aid. He answered: *Dear Madam, I do not like to cut back on my charity budget, but in recent times I have suffered major losses and find myself forced to do so. This notwithstanding, I am not entirely certain that I would wish to contribute to your pension fund for nurses. It is my experience that the ladies who tend the sick without payment are incomparably better at it than hired staff. Nurses and priests or priestesses should provide their services for free. This would*

make their office an honorary duty that they would discharge with greater dignity. The nobility of women would be in a parlous state if enough nurses were not to be found among those who did not require pecuniary reward. With the utmost respect, A. Nobel.

The purpose of this study was to increase our knowledge of the context of this letter and to discuss the issues to which it refers, drawing on Nobel's own writings, biographies of Nobel, the attitudes to financial remuneration expressed in the ethos and strategies for professionalization current among nurses of his time, and on feminist literature and gender practice at the end of the nineteenth century. Although the letter was written during the last years of Nobel's life, he was intellectually undiminished and enjoyed expressing himself with *éclat* as much as he had when younger, and the present study suggests that he meant what he said. Nobel's library contains feminist literature, and Nobel himself discussed relations between the sexes in his own written works, did not restrict Nobel prizes to men, and had a positive attitude towards women's liberation through the particular idealized, essentialist feminism of his day. The sources do not reveal what experience of 'ladies who tend the sick' Nobel is referring to, but he appears to have some knowledge of nurses' attitudes towards their own socioeconomic status and professional aspirations. Some of Nobel's close relationships with women gave rise to painful experiences and probably influenced his attitude towards women as caregivers. The study concludes that several circumstances inform the tone of the letter, but that he was probably expressing views that were current even among nurses of his day – that caregivers should not discuss their own economic conditions.

E. Rural Nursing

1. Practicing Primary Health Care in Rural America: The Red Hook Nursing Experience, 1915-1917

Sandra Lewenson, EdD, RN, FAAN, Professor, Pace University, College of Health Professions, Liendhard School of Nursing

Purpose: Long before the World Health Organization defined primary health care in the 1978 *Declaration of Alma Ata*, nursing in the United States believed in and acted on many of the same principles that we find in that document. The ideals of "health for all" and "social justice" that permeate the definition of primary health care can be seen in the historical roots of public health nursing. Early 20th century nursing pioneers recognized the need to provide access to health care to all populations and developed collaborative relationships to accomplish this goal. The American Red Cross Town and Country, an early public health nursing initiative that began in 1912, supported rural communities develop nursing services in their towns and villages. This study explores how the Red Hook community, a town in rural Dutchess County, New York, applied to the Town and Country for support in establishing a visiting nurse association between 1915-1917.

Rationale and Significance: Access to health care, especially in rural communities, remain a concern today for those providing primary health care services. The implementation of the Affordable Care Act, reflecting a broader primary health care

Gandon North (Davenport Hotel)

perspective, affords nursing opportunity to assume leadership roles in meeting the needs of diverse populations. This research uses the Red Hook Nursing Association as an exemplar to explore nursing's historical response to access to care, the provision of population based care, and the collaborative nature of that care.

Description of Methodology: Primary source materials include the records of the Red Hook Nursing Association located in the Ardriance Memorial Library, Poughkeepsie, New York. These records contain letters from Fannie F. Clement (Director of the Town and Country) to Mary G. Lewis (community leader from the town of Red Hook) that chart the progression through the application process. In addition, other primary source materials include the records reflecting the Town and Country found at the Rockefeller Foundation in Pocantico, New York, the Lillian Wald Papers of the New York City Library, and Pocket Knowledge, Teachers College, Columbia University. Secondary source materials include histories of the American Red Cross, public health nursing, and nursing education.

Findings: From 1915 to 1917, the town of Red Hook joined together to form the Red Hook Nursing Association in order to affiliate with the American Red Cross Town and Country. Monthly town meetings and frequent correspondence with Fannie F. Clement, the Director of the Town and Country helped the town plan for and implement this new association.

Community leaders collaborated in order to link their community with this national program offering nursing support in small towns and rural communities.

Conclusions: This study shows what nurses and nursing leaders in the past saw as vital to the provision of care and how communities learned to value that care. Understanding the history of Red Hook and the Town and Country can provide us today with important lessons as communities collaborate with others to provide rural communities better access to health care.

2. “There’s No One Else to Do It”: Providing Care in Far West Texas, 1946-1962

Melissa Sherrod, PhD, RN, NE-BC, Texas Christian University, Harris College of Nursing and Health Sciences

Purpose: This paper discusses the work of two professionals who practiced in a small town in far West Texas from 1946-1962. Both were Catholic, from northern states, had been educated in Catholic universities, and arrived, penniless, in a small segregated oil boomtown with deep Protestant roots. Working with few resources, the couple brought health care based on a deep sense of social justice to a remote underserved population of ranchers, town folk, itinerant oil field workers, ranch hands, and Mexican laborers.

Rationale and Significance: The delivery of quality health care does not exist in a vacuum. Social, political and economic policies exert a disproportionate degree of influence on those living in rural areas. Preserving, describing and analyzing the work of nurses and doctors working in underserved areas in the past can provide much needed wisdom that can frame the debate as we currently address the issue of health disparities especially for those living in rural areas.

Method: Traditional historical methods with a social history framework were used. The major source of data was obtained from transcriptions of oral histories. Archival documents were obtained from The Iraan News, The Pecos County Historical Association and the Texas State Historical Association.

Findings: In the mid-1940s, Alan and Julia Sherrod moved from St. Louis to far West Texas to care for hundreds of underserved rural residents west of the Pecos River. The sole health care providers for hundreds of miles, the Sherrod’s created a public health system to care for all regardless of race, economic status or religious preference. During their years in West Texas, they provided health care and education on ranches, in the middle of the oil fields and in their tiny office in town. Life in the region was strictly segregated. The Sherrod’s, while white, were the only Catholic family in town. They attended church with Mexican laborers in a converted chicken coop 30 miles away. They were accepted by Protestant town leaders because of their valuable knowledge and skill and because Dr. Sherrod’s uncle was the superintendent of Marathon Oil, the major employer in the region. This connection gave them the opportunity to socialize with Protestant church leaders, bankers, oilmen and ranchers. Social acceptance allowed them to organize the considerable financial resources in the area for the purpose of eradicating communicable disease, decreasing child malnutrition, and improving the health of all.

Conclusions: By providing care through the lens of social justice, programs were created, a hospital was built and hundreds of uninsured rural residents received vaccines and other needed health care services. Solutions in the past such as galvanizing local support for a cause may be relevant as we consider how to address health disparities and approach pockets of resistance with regard to vaccination of children, cancer screening or other public health issues.

3. “Orange Crates and Old Quilts”: Nurses, Migrant Workers and the Great Depression

Arlene Keeling, PhD, RN, FAAN, The University of Virginia School of Nursing

Purpose: The purpose of this paper is to describe and analyze the role of public health nurses working in migrant camps during the Great Depression in the United States in the 1930s. The nurses’ role is considered within the economic, social, political, medical and nursing context of the period. Emphasis is on the nurses’ work in California and Texas and how that work was shaped by the increasing attention to the meaning of citizenship, the importance of protecting the public’s health, and the need for government intervention in the healthcare arena.

Rationale and Significance: Today, five million undocumented migrant and seasonal farm workers work across the USA, yet often lack access to health care. The issues are not new, and have historical antecedents in the federal programs of the Great Depression. From 1937-1942, the Farm Security Administration (FSA) increased the U.S. federal government’s involvement in migrant’s health care, initiating medical care cooperatives and a migrant health program. Public Health Nurses played an important role, staffing migrant camp clinics and carrying out much of routine care, including health education.

Methods: Traditional historical methods (social history framework) were used in the conduct of this research. Primary sources included the papers of the Farm Security Association; the Agricultural Workers Health Association (AWHA) in the Bancroft Library, the Library of Congress FSA collection, RG 95 in NARA, San Bruno; the Texas State Historical Association, and the Sanora Babb papers in the Harry Ransom Center at the University of Texas, Austin.

Findings: Using whatever was on hand, including orange crates and old quilts, public health nurses working with migrant families in the Great Depression made home visits to makeshift shacks, teaching health promotion, disease prevention, nutrition and hygiene. Infant, child, and pre and post-natal care comprised much of their work. Blurring professional boundaries, the nurses provided access to care for the poverty stricken Americans. Yet sometimes the migrants refused to accept that care, fearful of government “handouts” and “communism.”

Conclusion: This paper argues that the economic plight of migrant workers and the establishment of the FSA shaped the role nurses played in the government migrant camps in Texas and California. Nurses, essential players in the government programs, shaped conversations about the meaning of citizenship and the right to healthcare services.

11:30am – 1:00pm	Conference Luncheon	<i>Aston 1 & 2</i>
	Doctoral Student Luncheon	<i>Restaurant</i>
	New Members Luncheon	<i>Restaurant</i>
	Nursing History Centers Luncheon	<i>Board Suite (Davenport Hotel)</i>

1:00pm – 2:30pm Concurrent Session III

A. Panel: “History by Stealth”: Integrating Nursing History in Education, Practice, and Research

Gandon North (Davenport Hotel)

1. *Arlene Keeling, PhD, RN, FAAN, Centennial Distinguished Professor of Nursing & Director, The Eleanor Crowder Bjoring Center for Historical Inquiry, University of Virginia*
2. *Sandra Lewenson, EdD, RN, FAAN, Professor, Pace University*
3. *Annemarie McAllister, EdD, RN, Dean, Cochran School of Nursing*
4. *Kylie Smith, PhD, Lecturer, University of Wollongong*
5. *Barbra Mann Wall, PhD, RN, FAAN, Associate Professor & Associate Director, Barbara Bates Center for the Study of the History of Nursing, University of Pennsylvania*

Purpose: This panel explores the relevance of integrating nursing history in education, practice, and research. Panelists will discuss strategies and methods that facilitate the integration of nursing history across all levels of nursing curriculum, as well as how access to historical evidence supports critical thinking and reflective practice.

Rationale and Significance: In crowded competency based curriculums, it can be difficult to include history of nursing into curricular design at any of the educational levels, despite recognition of its importance and value. Clinical reasoning does not just rely on task-based knowledge, but on being able to understand a patient in the whole context of their illness, life, and society. Critical approaches to nursing practice, policy and complex health care environments are not possible without an appreciation of the historical forces that have made nursing the profession it is today. Appreciating the history of the profession will support educators as they prepare nurses who are critical

thinkers, decision-makers, and nursing leaders. More broadly, recognizing the value of the social and global context of politics and policy in the care of populations’ further supports the need to understand nursing’s historical background and its use in our educational process.

Methodology: Panelists will address: (1) being a historian in a school of nursing and how to choose moments in the undergraduate program using curriculum development techniques; (2) developing curricular objectives and assignments related to nursing history in a masters and Doctor of Nursing Practice core curriculum; (3) teaching an online course for RN-BS and accelerated programs; (4) requiring a nursing history course in the PhD program in nursing with an outcome of a publishable paper based on primary sources; and (5) how nursing history centers support the integration of history into education, practice, and research.

Findings and Conclusions: This panel will demonstrate techniques for integrating historical material and concepts into curricular design. Panelists will show how to use nursing history exemplars related to specific issues in the profession such as the use of technology, shifts in policy, practice innovations, ethical issues, reflective practice, and leadership challenges. They will situate these developments in their broad global context. These strategies and techniques can be used to support courses that socialize students into the profession, develop leadership and critical thinking skills, and use historical evidence to support practice. Attendees at this session will gain further insight into how nursing history can highlight the importance of context in analyzing issues today. Particular attention will be focused on contextual issues related to gender, race, class, and ethnicity.

B. Transcultural Nursing During World War II

Annesley

1. Nursing Leaders and Leadership at Heart Mountain War Relocation Center, 1942-1945

Rebecca Coffin, PhD(c), RN, University of Virginia School of Nursing

Purpose: The purpose of this paper is to describe and analyze nursing leadership at Heart Mountain, Wyoming, one of ten Japanese American War Relocation Centers (WRC) established in the western United States during World War II. As a policy, the War Relocation Authority employed only white personnel in positions of authority throughout its camps. Race and gender

are among the factors examined to determine their impact on the ability of nurses to provide effective leadership at Heart Mountain hospital.

Rationale and Significance: The nursing and medical care provided in the camps depended on the collaboration between the white leadership team and the professional and non-professional staff, most of whom were Japanese American. The usual boundaries between men and women, physicians and nurses, were disrupted when race held higher status than gender or profession in the hospital hierarchy.

Methodology/Sources: Traditional historical methods with a social history framework were used. Primary sources were obtained from the records of the War Relocation Authority located in the National Archives in Washington, DC; Denshō Archives, a digital repository, including photographs, reports, minutes, newspaper articles, and oral histories; transcripts of oral histories located in the Susan McKay papers in the American Heritage Center at the University of Wyoming in Laramie, WY; and minutes from Heart Mountain community council meetings located at the Heart Mountain Interpretive Center in Heart Mountain, WY. Secondary sources included relevant books and journal articles.

Findings: Nurses were in chronically short supply, as thousands were needed to support the U.S. service members at home and abroad in World War II. The forced removal and incarceration of the west coast Japanese Americans was unjust and disrupted the lives of over 100,000 loyal Japanese Americans. Most of the hospital non-professional staff, such as laundry workers, janitors, office staff, and orderlies, had never worked in the strict and disciplined hospital environment. Many of the Japanese American physicians had successful practices prior to the incarceration, and were justifiably resentful of the loss of their homes and practices as a result of the incarceration.

Conclusions. The hospital never recovered from the lack of key nursing leadership in the early days of hospital development. Several nurses were recruited into a position of leadership for which they were woefully unprepared and/or unsupported to provide effective leadership. The tension between the Japanese American male physicians and the white, female nursing supervisors was a source of conflict that produced two hospital walk-outs and disrupted the provision of care to the incarcerated Japanese American population. A lack of individual and organizational cultural sensitivity contributed to the dysfunctional work environment.

2. “Possibly I Could be of Some Use to Others”: Allied Nursing Work Under Occupation in South East Asia in the Second World War

Jane Brooks, PhD, RN, University of Manchester

Purpose: This paper will explore the ways in which the Allied nurses managed their nursing work following the attacks of the Japanese in December 1941 until the nurses’ liberation in September 1945. It will illuminate the strength they received from their professional work and cohesion as a group of women and how this strength enabled them to maintain a sense of personhood, from the initial attempts to escape through into the various internment camps.

Rationale and Significance: There are a number of histories written about Allied nurses under Japanese occupation, most especially North American and Australian nurses. However, most of these histories, with some notable exceptions consider the dramatic events and atrocities rather than the day to day professional work of the women. This paper will therefore offer

a novel focus on this theatre of war, exploring the therapeutic nursing skills that the nurses used to support their fellow inmates, which in turn enabled them to maintain their sense of personhood. As a group of independent, professional women, the nurses were unlike the majority of female internees whom had been the wives and daughters of the white colonial masters and therefore lived with a sense of dependence. The nurses’ power as a group is significant to the narrative and I will argue enabled them to have the confidence in their professional nursing abilities to work beyond the competencies that they had learnt and previously functioned within, in traditional hospital work.

Methodology: This paper will consider the work of the nurses under occupation and in the internment camps through the lens of their role of nurses as therapeutic agents who created a level of safety and security for the other women. These ideas will be examined using a variety of primary and secondary sources that expose the day to day work of nurses in these extreme, but enduring environments.

Primary and Secondary Sources: The key secondary sources for this paper include Cynthia Toman’s monograph on the Canadian nurses of the Second World War, Mary Sarnecky’s work on US military nurses and more recently, Christina Twomey’s and Angharad Fletcher’s critical discussions of women and nurses in captivity. There are also a number of celebratory texts that will form the background to the paper and provide a rationale for a more nuanced consideration of the work of the nurses under occupation. The primary sources for this study are a combination of oral history testimony and nurse writings of the period. The archives of Dame Katharine Jones, the Matron-in-Chief of the Queen Alexandra’s Imperial Military Nursing Service at the Army Medical Services Museum and the oral history recordings and private papers of interned nurses at the Imperial War Museum form a significant contribution to the primary source material. There are also a number of articles written to the nursing press during and just after the end of hostilities which further illuminate the lives and work of the nurses. What is particularly fascinating about these writings is the difference in the attitude towards the Japanese from those who were interned and those who spoke from the Home front, the latter of whom were far more hostile than those who lived in captivity. Part of my examination of the primary sources will be a discussion of these disparities and the possible reasons for them.

Findings and Conclusions: Much of the history written of nurses in war examines the use of self in crisis situations when equipment and technologies are limited. The nurses discussed in this paper, were not in a crisis but a four year period of imprisonment during which time their nursing equipment was virtually nil. They therefore continuously only had themselves to offer in their nursing work. Nevertheless, the sources suggest that the nurses were able to provide care and comfort to the living and support their fellow women inmates as they died and whilst gaining personal strength through the work to survive their internment.

C. Disaster Nursing*Ascot***1. Mary Ambler and the Great Train Crash of 1856**

Elizabeth Reedy, PhD, RN, Pennsylvania State University, College of Nursing

Purpose of Study: In the early morning of 17 July 1856 an overloaded 'excursion' train headed out of Philadelphia for a summer picnic in the then rural area of Ft. Washington, PA. Many of those on board were members of St. Michael's Roman Catholic Parish in a heavily Irish immigrant area of the city. Children and adolescents from the church Sunday school accompanied their pastor, Father Daniel Sheridan, and some parents on this long awaited escape from the heat, humidity, and crowded living arrangements surrounding the church. A few miles from their destination, at a double curve in the railroad, they crashed head-on with another train on the single track line. Many were killed instantly, others in the subsequent fire. For the many injured survivors, help came from people in the area. One woman, Mary Ambler, stood out as she organized the helpers, cared for the injured and dying, and opened her own home as a hospital for those too seriously injured to return to the city. The railroad subsequently changed the name of the train station near her home to Ambler and twenty years later, when a town was incorporated at that place officials named it Ambler, Pennsylvania. This study will describe the events leading up to the disaster including issues of class, culture, gender and greed and Mrs. Ambler's role in caring for the victims regardless of these issues.

Rationale and Significance: Nurses are often called on in emergency situations to not only care for victims, but for their ability to quickly assess a situation and make plans accordingly. Mary Ambler was not a trained nurse (there were none in the U.S. at the time), but she was known in the community for her generosity and willingness to help others in times of illness. She responded quickly to the crash site and organized the relief efforts, probably saving lives as she worked. In effect, she triaged the situation as any nurse is taught to do today. Her efforts are remembered by many in the immediate Ambler area, but are not widely known.

Methodology and Sources: Social history was used. Sources include newspaper articles from the day of the crash and after, including Philadelphia and New York papers, records available from local historical societies, Montgomery County Pennsylvania Libraries, and St. Michael's Church, Philadelphia.

Findings and Conclusion: Mary Ambler's willingness and ability to provide nursing care in a disaster situation without official preparation speaks volumes about her character. Her efforts to assist strangers at a time when immigrants and 'others' were routinely considered suspect and even dangerous resonates with efforts provided by nurses, physicians and others who do the same today in relief organizations around the world. Although she did not seek honors or recognition

local authorities honored her memory by naming the town for her. By doing so they ensured that future generations, at least in that area, would learn of her dedication to the concepts of community and good will for all.

2. Grace Under Fire: The Nurses of Pearl Harbor, 1941

Gwyneth Milbrath, RN, MSN, MPH, Doctoral Student, University of Virginia School of Nursing

Purpose: Much has been written about the military events of December 7, 1941; however, little has been documented about the nurses' work and experience in Pearl Harbor, Hawaii. This presentation will describe the role and experience of three Army nurses that were caring for patients at Hickam, Tripler, and Schofield Hospitals on December 7, 1941.

Rationale and Significance: During the Japanese attack on Pearl Harbor, Over 2,400 American soldiers sacrificed their lives for their country, and thousands of others were severely wounded. The aerial assault on Pearl Harbor was the first time in U.S. history that Army nurses had been on the front line of battle. Nurses quickly triaged and stabilized those who could be saved, and provided compassion and comfort to those who were dying, in an environment where the nurses were unsure of their own survival.

Methodology: Traditional historical methods and a social history framework were used in this investigation. **Primary sources** included oral histories from the U.S. Army Medical Department Center of History and Heritage, the Hawaii Aviation History, and the Hickam Air Force Chronology. **Secondary sources** included published books, newspaper articles, military websites, and history texts were also used.

Findings: Due to the limited bed capacity, Hickam Field Hospital converted to an evacuation hospital. Nurses, physicians, and medical corpsman triaged, stabilized, and transported those likely to survive, while piling the dead behind the building. The emergency room at Tripler Hospital was quickly flooded with patients from the battlefield, but the staff was able to sort patients appropriately to the wards, to the operating room, or provide comfort care as they died. At Schofield Hospital, collaboration between tireless doctors, nurses, and CRNAs was key to providing life-saving operations for those requiring immediate surgery.

Conclusions: The intersection of duty, resilience, and compassion shaped the nurses' work at all three facilities, and their story is a testament to their dedication to others. The nurses serving in the Army hospitals at Pearl Harbor played a significant role in the opening hours of the Japanese attack in 1941. Through triage, collaboration, stabilization, compassion, and dedication, they saved hundreds of lives.

3. 'Britain's Fight Against the Cruel Sea': Disaster Nursing and the East Coast Floods of 1953

Claire Chatterton, RGN, RMN, PhD, Staff Tutor, The Open University in the North West; Pauline Brand, RGN, RM, RHV, PhD, Senior Lecturer, The Open University in the East of England

Pauline Brand, RGN, RM, RHV, PhD, Senior Lecturer, The Open University in the East of England

Purpose: This study aims to explore the health care impact of what has been described as 'Britain's worst peacetime disaster', the East Coast floods of 1953, and the response of nursing and health services to this disaster.

Rationale and Significance: On the 31st January and 1st February 1953 a combination of high spring tides, storm surge, winds and very large waves resulted in sea defences being overwhelmed, leading to extensive flooding on the east coast of the United Kingdom. 307 people were killed in the counties of Lincolnshire, Norfolk, Suffolk and Essex in England. Nineteen were killed in Scotland (whilst a further 1800 people lost their lives in the Netherlands). 32,000 people were evacuated. The

infrastructure including power stations, gasworks, roads, railways, sewage services and water services was severely affected. Published accounts have focused on the human tragedies and heroic responses by the general public and emergency services but less attention has been paid to the nursing response to this disaster and the role they played.

Methodology and Sources: This paper draws on an analysis of archival sources. Primary sources include the records of the Ministry of Health situated in the National Archives. It also utilizes archival material from country record offices (e.g. Lincolnshire Archives) and the British Red Cross Archives. It also utilizes oral histories and articles from contemporary journals and newspapers based in local history centres. It will focus on England.

Findings and Conclusion: This study gives an insight into the health impact of, and nursing response to, the 1953 floods in England which is a hitherto unexplored aspect of this disaster. It illustrates the potential of nursing to restore stability in the aftermath of a traumatic and chaotic natural disaster and the role they played in providing comfort and health care to distressed communities.

D. Cultural Influence on Nursing Education

Aston 3

1. 'Nursing is an Art Based Upon Science': Frances Gillam Holden and the Idea of Trained Nursing in Nineteenth Century Australia

Suzi Russell, BN, RN, Graduate Student & Tutor, School of Nursing, University of Wollongong

Purpose: The purpose of this presentation is to explore the work of Australian nurse Frances Gillam Holden as she developed her vision for 'Trained Nursing' in Australia in the late nineteenth century. Holden's work and life demonstrates the challenges faced by the profession's leaders at the turn of the century as they attempted to negotiate new 'scientific' knowledge and integrate this into nursing practice. An exploration of Holden's work also demonstrates the difficulties faced by Australian nurses in the context of class and gender relations in the post-colonial world.

Rationale and Significance: Frances Gillam Holden is often overlooked in the history of nursing in Australia, as she was a sometimes controversial figure, frequently in opposition to prevailing nursing and medical conventions. Yet, this controversy itself is significant, as it indicates a shift in the development of nursing practice beyond the "Nightingale Method", in the face of new scientific knowledge. Holden's work demonstrates a significant moment in the development of nursing practice in the colonies as she attempted to articulate and advocate for a new kind of nursing practice. The fact that she was not always successful indicates the forces which acted against independent nursing practice in the nineteenth century, and the ramifications this would have on nursing practice into the present day.

Method and Sources: The primary sources for this paper are the published works of Frances Gillam Holden; in

particular the long essay entitled *Trained Nursing* published in 1882. Secondary sources include the histories of Holden's contemporaries, and histories of health and medicine in Australia between 1860-1900. Other secondary sources include commentaries on Holden by Alison Bashford and articles from *Journal of Advanced Nursing*, *Nursing Research* and *Nursing History Review*.

Findings and Conclusion: In her main work, 'Trained Nursing', Holden advocates for the preparation of nurses in such a way to develop what we may now call 'critical thinking': a blending of scientific theory with clinical practice facilitating the independent decision making of the nurse. This occurred at a time when the 'respectable' 'Nightingale Method' was still prevalent across the British Empire, and in the context of gender and class relations that enabled the rise of (male) physician led science, and the compliance of (female) nursing. Holden's work reveals an early advocate for a fully independent nursing education and practice, based on theory and knowledge rather than tradition and intuition. In this sense 'Trained Nursing' was a call to arms for modern nursing, a complicated but visionary piece of work demonstrating many of the difficulties that still affect nursing today.

2. The Rise of the "Flapper Nurse": The Impact of Cultural Trends on Chicago Nurses' Training Schools, 1920-1929

Karen Egenes, RN, EdD, CNE, Loyola University Chicago

Purpose: The decade of the 1920s was one of social upheaval. Because of its legacy of political corruption, disdain for Prohibition, and role in the launch of the Jazz Age, it could be argued that the city of Chicago was the epicenter of this

Cultural Revolution. This study explores the impact of the new social mores on the conduct of nursing students enrolled in Chicago's hospital-based nurses' training schools. It further investigates the responses of the training schools' faculty and superintendents to student infractions and their eventual attempts to reconcile professional expectations to the cultural influences of the period.

Rationale and Significance: Although a variety of studies have focused on the evolution of new social norms for women during the decade of the 1920s, little has been documented about the effects of these epic changes on nursing students of the era. In addition, few studies have focused on the intersection the motivations and experiences of the new career women of the decade and women preparing for entrance into the nursing profession.

Methodology/Primary and Secondary Sources: Methods of cultural history were used in the analysis of collected for this study. **Primary sources** included yearbooks, newsletters, diaries, reports and memoirs written during the decade by nursing students who were enrolled in a variety of Chicago schools of nursing. These sources are housed in the archival collections of universities with whom the schools of nursing were eventually affiliated. Also included was a taped interview with a 1920s graduate from Wesley Memorial Hospital School of Nursing from the archives of Northwestern Memorial Hospital.

Secondary source materials included published newspaper and nursing journal articles of the era.

Findings and Conclusions: During the decade of the 1920s nurses made significant progress away from close supervision of their personal lives toward personal autonomy. In many ways, the student nurses during the 1920s, fit Meyerowitz's model of "women adrift." They bonded with other young women with similar career goals, and formed a subculture that challenged the stringent regulations imposed by hospital superintendents that had controlled almost all aspects of the student nurses' private lives. Yet formation of alliances and an "urban nurse" subculture did little to remedy the exploitation of student nurses by hospital administrators.



3. "The Opportunity of Mutual Fellowship": Alumnae of the International Nursing Courses, 1926-1976

Jonathan Hagood, PhD, Hope College Department of History

Purpose: To gain a better understanding of the long-term impact of an intentionally international nursing education program.

Rationale and Significance: There is some published research on the International Nursing Courses, held at Bedford College in London from 1920 to 1939 and sponsored at different times by the League of Red Cross Societies, the International Council of Nurses, or the Florence Nightingale International Foundation. The start of the Second World War effectively ended the program, which had brought together nurses from across the globe to a central location. Little research has been undertaken, however, on the International Nursing Courses after the war as the programs transitioned to a set of fellowships for individual nurses to study abroad. The Old Internationals' Association, founded in 1926 by alumnae of the program, eventually renamed itself the Florence Nightingale International Nurses Association but disbanded in 1976, years after the last fellowship had been awarded and fifty years after the organization's founding.

Methodology: The study collates and quantifies data on alumnae of the International Nursing Courses, coding for nationality, career advancement, and collaboration. The study also analyzes the texts of letters, meeting minutes, and official publications (e.g., newsletters) using standard techniques of historical analysis.

Major Primary and Secondary Sources: The study examines archival materials obtained from the International Council of Nurses, the International Federation of Red Cross and Red Crescent Societies, and the American Red Cross Collection at the United States National Archives. The study engages secondary sources on international nursing, in particular Susan McGann's "Collaboration and Conflict in International Nursing, 1920-1939" (*Nursing Historical Review*: 2008) and Jaime Lapeyre and Sioban Nelson's "The 'Old Internationals': Canadian Nurses in an International Nursing Community" (*Nursing Leadership*: 2010).

Findings and Conclusions: Following the careers of International Nursing Course alumnae reveals the varied leadership roles that nurses trained in this program filled following their international experience. Most nurses managed to leverage the knowledge gained through the program – particularly regarding public health and nursing management – upon their return home. Equally important is the sense of fellowship evidenced by the fifty-year existence of the Old Internationals' Association/Florence Nightingale International Nurses Association, its meetings and publications, and the manner in which these alumnae spoke of one another and the experiences they had together, both in the International Nursing Courses themselves and for years afterward.

E. Toward Professionalization

1. Nurses in Motion: Mobility and Career Development of Late 19th and Early 20th Century British Nurses

Sue Hawkins, Senior Lecturer in History, Kingston University London

Purpose, Rationale and Significance: This study questions a commonly held view that nursing, in the late 19th century Britain, was used in the most part by women looking to fill a gap between education and marriage. In previous work Sue Hawkins demonstrated this was not the case for one London hospital (St George's) but it is difficult to draw broad conclusions from a study of a single hospital. A new project, based on the registers of the Royal British Nurses Association, is shedding further light on this question by revealing the career paths of a large number of nurses who belonged to the RBNA.

Primary Sources: The research has been made possible by the digitisation of membership records of the Royal British Nursing Association (RBNA), held in the archives at King's College London. The resulting database spans the time period 1890 to 1930 and contains information on the place and dates of certification of RBNA members, with updates to each member's entry in the register as their careers develop. As such it provides a unique record of the employment of over 6000 nurses in England in the early 20th century. Other sources, such as census returns and the *Nursing Record/British Journal of Nursing*, have been used to discover more about the women who enrolled.

Secondary Sources: Secondary sources focus on two areas. Anne Marie Rafferty's work on the Colonial Nursing Association provides insight into the mobility of nurses in the colonial context: eg 'The Seductions of History and the Nursing Diaspora' in *Health & History* (2005) and 'The Rise and Demise of the Colonial Nursing Service: British Nurses in the Colonies, 1896-1966', in *Nursing History Review* (2007). On the broader issue of women and work, Deborah Simonton's *A History of European Women's Work* is a good starting point, while work on migration within the UK, such as Alexander and Steidl's 2012 study on 'Gender and the "Laws of Migration"' is invaluable in putting the question of nursing in a wider context.

Methodology: The study is based on prosopographical methodologies, using the database to identify trends in career development and the willingness of nurses to travel within the United Kingdom, but also abroad, particularly to the British colonies. By combining data from the RBNA Register with census searches other questions, such as those related to social class, have also been investigated.

Findings and Conclusions: This study uncovers a wealth of information on the career patterns of early 20th century British nurses in a way previously possible for only a small number who left memoirs. The careers revealed in many cases are long and complex, involving multiple moves around and beyond the country. They suggest that for these women, in the choice between career and marriage, and challenging the common assumptions of Victorian and Edwardian society, their careers were more important.

2. Matrons in Transition

Carol Helmstadter, BA, BScN, MA, Adjunct Assistant Professor, Faculty of Nursing, University of Toronto

Purpose: In the first part of the nineteenth century matrons in the British teaching hospitals played a very different role from that of modern matrons. They were not nurses and usually came from the lower middle class, often previously matrons of reform schools. Essentially housekeepers in charge of the orderliness of the female staff, the old matrons were not responsible for nursing care. As the new hospital medicine developed medical staff began putting pressure on these women to provide a better, more efficient nursing staff. However, in order to achieve a more effective nurse, nurses had to have tuition. Hospitals therefore established training schools. Some hospitals placed their old non-nurse matrons in charge of the nursing schools while other hospitals retired the old matrons, replacing them with upper-class ladies who had the new nurse training. This paper describes, on the one hand, the difficulties the old matrons faced as they tried to direct the training schools and take responsibility for nursing care in addition to all their other responsibilities, and on the other hand, the major opposition from hospital administrators which many of the new trained nurse matrons met as they tried to establish their position in the hospital hierarchy.

Rationale and Significance: With the exception of Helmstadter and Godden, nursing historians who have dealt with the pre-Nightingale era have primarily concerned themselves with the Sarah Gamp debate. Little has been written about the problems of early matrons and how they were resolved. These solutions explain a great deal about why modern nursing took the form it did.

Methodology and Sources: I use social history method to study the work of seven different transitional matrons. Primary sources are found in the archives of the hospitals in which they worked and in their own writings as well as the extensive Nightingale papers. Appropriate secondary sources such as Baly, Bostridge, Hawkins, Helmstadter and Godden and Brooks are used for contextualization.

Findings: With no nursing experience even the most competent old-style matrons were unable to direct the new nursing schools. On the other hand, the new upper class trained matrons were only able to keep their jobs if they had extraordinary tact and incredible tenacity.

3. Oral History from the First Modern Nurse Ethicists

Teresa Savage, PhD, RN, University of Illinois at Chicago College of Nursing

Purpose: The purpose of this study was to hear the stories in their own words of how Anne J. Davis, PhD, RN, FAAN, and Mila Aroskar, EdD, RN became the first nurse ethicists in the modern nursing era (since World War II).

Rationale and significance: Drs. Davis and Aroskar serendipitously met and formed a lasting partnership in articulating and promoting nursing ethics education at a time when ethics education consisted mainly of exposure to the Code of Ethics for Nurses. With their ground-breaking work, ethics education was integrated into nursing programs, and nurses embraced the language and moral agency in their practice. The year of 2015 is celebrated as the Year of Ethics by the American Nurses Association, so it is fitting that the pioneers in the field be heard in their own words.

Methodology: An oral history approach was selected because the interviewer wanted to hear their stories in their own words. A request for claim of exemption was submitted to the interviewer's Institutional Review Board and was granted. The questions were sent to each interviewee ahead of time, and both agreed to digital audio- and video-recording of the interview. Interviews were done at each interviewee's home. The interviews lasted approximately 2 hours. Verbatim transcripts were completed and sent to each interviewee for her review and editing.

Primary Sources: Dr. Davis and Dr. Aroskar; excerpts from the video recordings will be shown.

Secondary Sources: Curriculum vitae provided by Drs. Davis and Aroskar. Biographical data that are publicly available.

Findings: Each of them described how they became interested in ethics and what led up to their application for the ethics fellowship. Both were drawn to public health nursing and bristled under the restrictive practice in hospitals and other institutions. While both gravitated toward teaching nursing, one became involved in ethics committees and clinical ethical issues facing nurses, the other focused on international nursing and the ethical issues that transcended geography and cultures.

Conclusions: Despite the humility of Drs. Davis and Aroskar, their stories describe their risk-taking and courage resulting in the expectation that nurses today are educated to fulfill their responsibility to advocate for their patients, communities, and their profession.

2:30pm – 3:00pm Break & Poster Viewing

3:00pm – 4:30pm Concurrent Session IV

A. Military Nurses Across Continents

Annesley

1. 'The Best Sick Nurses in the World': Race and British West Indian Military and Naval Nursing C. 1780-1830

Erin Spinney, PhD Candidate, University of Saskatchewan

Purpose: The purpose of this study is to show how racial concepts of late-eighteenth and early-nineteenth century medical ideology in the British West Indies influenced the selection of nursing staff in military and naval hospitals.

Rationale and Significance: Medical practitioners believed that African slaves and ingenious Creoles were immune to most tropical diseases and best suited to hard labour in the torrid climate. The unsuitability of the European body to work in this climate without undergoing a process of 'seasoning' justified the formation of the West Indian Regiments composed of slaves in the 1790s. This same rationale was used to justify the use of female slaves as nurses.

The use of slaves as nurses conformed to societal expectations in the islands. Furthermore, this practice was thought to mitigate the high death rates experienced by British forces that placed valuable imperial possessions at risk. Black nurses were seen as better suited to the task of nursing in the Caribbean, whatever their class. "In the colonies, the coloured women of every class, whether black, mulattoes, or mustees, make the best sick nurses in the world," observed naval hospital inspector William Fergusson (Fergusson, 63).

Methodology and Major Sources: My study uses a social history framework and utilizes medical treatises, hospital regulation books, personal papers of medical officers and military commanders, slavery registers, and pay lists. These sources are located in the Wellcome Library, the National Archives of the United Kingdom, the Carid Library (National Maritime Museum), and Eighteenth Century Collections Online. Using a prosopographical approach, I marry case studies of individual nurses with quantitative data. The pay lists of Bermuda Naval Hospital are particularly insightful, as they include not only the names of slave employed as nurses but also their owners. This allows me to calculate the value of nursing work and compare this to the potential value of field slaves and house servants. I also employ relevant secondary sources, especially J. R. McNeil's *Mosquito Empires* and Simon Newman's *A New World of Labor*.

Findings and Conclusions: The privileging of African and Creole nurses over European nurses has much to say about the characteristics of the ideal nurse and the organization of military and naval hospitals. The use of slaves in naval hospitals also integrates these institutions into the wider labour market of their communities. Indeed as slave nurses like Diana Gibson show, hiring slaves out for nursing work was sometimes more valuable to slave owners than traditional fieldwork, while allowing an autonomy to female slaves not available in other employment. Finally, gender remained an important factor in the selection of nurses. While Black women were thought to make the best nurses, even a European woman would make a better nurse than a man.

2. The Impact of Boer War Nurse Veterans on British Military Nursing in WWI

Lt. Col (Retd) Keiron Spires, QVRM, TD, RGN, RSCN, BA, MEd, PhD, QARANC Association Heritage Committee & London South Bank University

Purpose: The purpose of this study is to explore the impact of Boer War nurse ‘veterans’ on British military nursing in WW1.

Rationale and Significance: In 1914 there were about 300 nurses in the regular Queen Alexandra’s Imperial Military Nursing Service (QAIMNS). In the Territorial Force Nursing Service (TFNS) there were 8140 nurses some of whom volunteered for service overseas. By the end of 1914 the number of nurses serving in the Queen Alexandra’s Imperial Military Nursing Service Reserve (QAIMNSR) had risen to 2200 and by the end of the war this figure was over 12000 (Spires & Bates, 2014). These figures, often quoted at the start of any writing about military nursing in WW1, belie the fact that many of these military nurses already had experience of nursing during the Anglo-Boer War (1899-1902), and that the senior military nurses in particular were not only very experienced, but had at their disposal a significant number of experienced military nurses to ‘seed’ the hospitals deploying both to the British Expeditionary Force (BEF) in France and Flanders, and the Egyptian Expeditionary Force (EEF) in the Middle East and the Mediterranean.

Methodology and Sources: This study extends the prosopography used in my PhD on Nurses in the Boer War (www.boerwarnurses.com). Nurses in this database were cross-referenced to official records of nurses in WW1, as well as contemporaneous journal and newspaper archives, diaries and letters, including: the Army List 1914 & 1917; *London Gazette* 1914-1919; *The British Journal of Nursing* 1914-1919; War Diary of Matron-in-Chief (BEF) Dame EM McCarthy GBE RRC (The National Archives WO95/3988-91); and individual service records (The National Archives, WO 399 series).

Findings and Conclusions. It is clear that the majority of the senior nurses in the QAIMNS and QAIMNS (Reserve) had served in the Boer War. It is also possible to see them being placed into key roles, particularly in the BEF where more information is available. Their disposition, and their correspondence with the Matrons-in-Chief (who had all served in South Africa), demonstrates the impact they had on the organization and delivery of nursing care during WW1.

3. War Nurses in Catalonia. Training, Career Pathways, Care and Repression

Anna Ramió, PhD, RN, EUI Sant Joan de Deu, Universitat de Barcelona

Purpose: The objective is to introduce the practice of nurses in the Spanish Civil War specifically in Catalonia: training, career pathways, care given, and professional repercussions.

Rationale and Significance: The first year of the Spanish Civil War, Catalonia enjoyed almost complete autonomy within Republican Spain allowing their government of the Generalitat to create their own health and social policy. Nurses trained in Nursing Schools since 1919 were not enough to meet the needs of the war. In order to make up for the lack of nurses, the Generalitat used the media to request for women to volunteer for this cause.

Methodology and Sources: This is a historical study from direct oral sources and both direct and indirect documentary sources of files and reference literature. The methods used are the biographical narrative and observation. Content analysis was performed. And rigor and ethical criteria were applied.

Findings: Over 600 nurses who had been trained in Catalan Nursing Schools were insufficient to face the Civil War. The Catalan government decreed the requirements for voluntary nurses to obtain a certificate of aptitude to work as a nurse. There are biographies of nurses such as Ana Viñas; Ramona Gurnes; Victoria Santamaría; Maria Sans; Pilar de Viala; Carmen Casas; Guadalupe Cussó; Carme Barrull; Candida Sala; Antonia Palacin; Alegria Royo, and Emilia Santaolalla. All of them were young volunteers between 16 and 25 from rural areas, most nurses were trained practicing in war hospitals. Nurses had firsthand suffering of fear and anxiety. In all of them there is a common occurrence, an internal force, expressed in altruistic or religious terms that made them carry on and not give up. They attended the basic people’s needs: Regarding the need for feeding; they tried to adequate diets the most to health problems. As for hygiene, primary aseptic means were used. To manage the pain, which was not always physical – and given the scarcity of resources - “placebos” were used. Communication and support in the process of death sought to safeguard the dignity, though there were not always beds for everyone. With patients, they had to assume the roles of mothers, sisters, people always close with a clear purpose; accompanying those men, women and boys and girls towards recovery, supporting them against suffering and death.

Once Catalonia had been defeated by Franco’s army, repression causes the loss of their political and cultural institutions. Nurses who were trained and practiced under the administration of the Republican Generalitat lost their jobs, together with the validity of their nursing diplomas, and some were forced into exile in France.

Conclusions: Women in the Civil War understood the needs of the historical moment they were living and gave a creative and professional response to the needs of soldiers and the population in every situation, both on the technical and on the human side. Thanks to all of them and their families that have allowed making their testimony visible. Their stories are already part of the History of Nursing Spain.

B. Healthy Mothers, Healthy Babies: Midwifery in the Early 20th Century

Ascot

1. Not Domestic Servants: Aboriginal Australian Women as Trained Nurses and Midwives 1900- 1949

Odette Best, RN, PhD, Senior Lecturer, Oodgeroo Unit, Queensland University of Technology; Madonna Grehan, RN, PhD, Honorary Fellow, Dept. Nursing, School of Health Sciences, University of Melbourne

Purpose: This study aimed to test the veracity of anecdotal reports that Aboriginal Australian women trained and worked as nurses and midwives in the first half of the twentieth century. It is commonly accepted in Australian history that, at least until the 1950s, the only form of employment available to Aboriginal Australian women was in domestic service. The first Indigenous women to undertake recognized training in nursing and/or midwifery are believed to have done so in the 1950s. Anecdotal evidence, however, points to examples of Aboriginal women training in nursing and midwifery as early as 1906, but these reports had not been verified. Our findings offer new historical evidence on the previously unacknowledged contribution of Aboriginal Australian women to Australian health care.

Methodology: Using a range of methods this study adopted oral history, combined with documentary history, to construct life biographies of individual nurses and midwives.

Major Primary and Secondary sources: We used a combination of primary and secondary sources. Primary sources included: oral histories with family/community; hospital records of nurse training and employment, certificates, images; professional association registers of members, newspapers of the relevant period. The main secondary sources were records of local history associations in places where a nurse trained and/or worked.

Findings and Conclusions: Our research introduces an entirely new cohort of pioneers in Australian nursing. It counters the received view that, prior to the 1950s, Aboriginal Australian women could work only as domestic servants or were simply passive recipients of health care. Our research established that Aboriginal Australian women were not denied the opportunity to undertake recognised training in nursing and/or midwifery in the first half of the twentieth century. The research supports anecdotal claims that some Aboriginal Australian women had agency, independence, and made a pioneering contribution to Australian health care.

2. The Police v. the Midwives: Enforcing Provisions of the 1915 Midwives Act in Victoria, Australia, 1921-1928

Madonna Grehan, RN, PhD, Honorary Fellow, Dept. Nursing, School of Health Sciences, University of Melbourne

Purpose: This paper examines how midwifery in the State of Victoria was regulated by the Midwives Board, the inaugural statutory authority with responsibility for bedside maternity care provided by women.

Rationale and Significance: *The Midwives Act 1915* (Vic.) was the first legislation in the state of Victoria that sought to control the licensing and registration, education, and practice of women who attended childbirths. Nursing in Victoria, by contrast, was not regulated by statute until 1923. A Midwives Board had authority over midwifery for thirteen years, from 1916 to 1928. It was disbanded by the state government in 1928, in an 'efficiency' drive, and all responsibility for midwifery transferred to the Nurses Registration Board. The initial administrative separation of midwifery from nursing is celebrated in some quarters as recognition that midwifery and nursing in Victoria were distinct. Further, the dissolution of the Midwives Board is regarded by some as the deliberate extinguishment of the independent practice of midwifery by women. This complex episode in Australian maternity care history has remained a matter of contention and conjecture because records of Victoria's Midwives Board were believed to have been destroyed in the 1940s. The recent location of extant documents (minutes and correspondence from the years 1921 to 1928) has enabled activities of the Midwives Board to be scrutinized in detail for the first time. In 2015, the centenary year of Victoria's *Midwives Act 1915*, a reinterpretation of this contested period in history is timely.

Methodology: Through analysis of documentary sources, this study reconstructed the day-to-day administration of the Midwives Board, building case studies of perceived contraventions of the *Midwives Act 1915*.

Major Primary and Secondary sources: Minutes and correspondence of Victoria's Midwives Board (1916-1928), documentary reports of police and the Justice Department, newspapers of the relevant period, were the primary sources used. Local history texts were the main secondary sources.

Findings and Conclusions: The fluid nature of maternity practice provision in the early twentieth century necessitated drastic approaches to regulation by the foundational Midwives Board. With limited in-house resources until the mid-1920s, this city-based regulatory authority relied on the police force in relevant localities to enforce the provisions of the Act.

3. "Babies Aren't Rationed": Nurse-Midwifery on the Home Front in Kentucky's Frontier Nursing Service, 1939-1945

Anne Cockerham, PhD, CNM, WHNP-BC, CNE, Associate Dean for Midwifery and Women's Health, Frontier Nursing University

Purpose: This paper examines professional, economic, and cultural challenges that Frontier Nursing Service (FNS) leaders and staff faced during World War II.

Rationale and significance: In 1925, nurse-midwife Mary Breckinridge founded the FNS to address compelling needs for professional health care in Eastern Kentucky and FNS nurse-midwives' work had immediate and profoundly positive effects. However, when England entered the war in 1939, the FNS faced

significant challenges that continued for the duration of the war. An analysis of the Frontier Nursing Service's work can enhance understanding of health care on the home front during World War II.

Methodology and Sources: A social history framework guided this study. **Primary** sources included letters, minutes, newspaper articles, procedure manuals, and financial accounts from the FNS Collections at the University of Kentucky Special Collections.

Findings and Conclusions: During WWII, shortages plagued the FNS. In 1939, nearly the entire FNS staff was composed of British nurse-midwives but these women soon departed Kentucky to return to England, leaving the FNS woefully understaffed. FNS leaders quickly navigated obstacles and the Frontier Graduate School of Midwifery opened in November, 1939, creating a mechanism to train their own nurse-midwives. Throughout the United States, there were too few physicians to care for women having babies, leading a national magazine to proclaim: "Babies Aren't Rationed." In Kentucky, FNS leaders and staff acutely felt the physician shortage, and often operated without a Medical Director or any physicians to consult in emergency situations. Additionally, the FNS suffered the lack

of critical items and experienced major effects on local people and the economy. As the leader of a private organization dependent on the largesse of donors, Breckinridge tailored her fundraising messages to current events and national sentiments, emphasizing that the death toll from childbirth was even higher than that of war, thereby increasing interest in donations to her maternity-focused service. Breckinridge retooled other fundraising rhetoric used in the early days of the service: a eugenics-based approach to emphasize that the Appalachian people were "worthy" of financial support because the people there were "pure Anglo-Saxons." However, as the world began to realize the extent of the horror of Hitler's plan for Jews, Breckinridge revised her fundraising approach to omit mention of anything even remotely similar to the atrocities in Europe. FNS leaders reconsidered their long-standing policy of non-involvement with government entities and funding. Breckinridge had long resisted governmental interference with Frontier's work; instead, Breckinridge had valued the independence of her own policies but FNS leaders temporarily changed this policy during World War II. Frontier hosted cadet nurses under the Bolton Act during a two year period and also received funds under the Emergency Maternity and Infant Care (EMIC) program.

C. Panel: Commemorating the First World War's Nurses – Centenary Reflections *Gandon North (Davenport Hotel)*

1. *Clare F. Ashton, RGON, RM, BBS, MLIS, MPhilPH, Honorary Research Associate, Sydney Nursing School, University of Sydney*
2. *Christine Hallett, PhD, Professor of Nursing History, The School of Nursing, Midwifery and Social Work, The University of Manchester*

Purpose: To capture the immediate reflections of nursing historians on the experience of visiting Thessaloniki and Mudros Harbour, on the Greek island of Lemnos, where Allied nurses cared for the sick and injured of the First World War.

Rationale and significance: The national identities of Australia and New Zealand are heavily influenced by the so-called 'ANZAC spirit', forged by the performance of Australian and New Zealand troops in the 1915 Gallipoli Campaign. The narrative is overwhelmingly male, sacrificial and victorious. Women do not have a place in this story; even a century later, the official logo for Australia's commemorations is a male soldier standing over his rifle. Historians have some responsibility for the interpretation of war stories and through the century since Gallipoli, historians have continued to review the men's stories. As historians of nursing, we are inheritors of a 'post memory' of nursing at the First World War. The nurses were the only group of women who had the opportunity to go 'on active service' but their image has been distorted by popular mythology. The Aegean voyage is an opportunity for nursing historians to broaden those national images of the war to be more inclusive.

Methodology: All our panellists have wide knowledge of the diaries, letters and published works of the Allied trained nurses who worked in military settings during the First World War.

They have provided the historical background for the September 2015 commemorative voyage to sites in the Aegean where Australian and New Zealand nurses worked. Our panellists also draw on the body of research done in the last twenty-five years on war memory and its sequelae. All four panellists will speak for about ten minutes, allowing twenty minutes for comment and questions. The Chair gives a synopsis of the logistic statistics of the Gallipoli campaign and an outline of the aims of the voyage. Panellists then successively address these topics:

- 1) Historical imagination, public memory and First World War nursing
- 2) Contemporary responses to First World War nursing landscapes
- 3) Promoting an understanding of First World War nursing on hospital ships

Findings and conclusions: The findings are the juxtaposition of historical knowledge with the environs of the historical events. From August 1915 until January 1916 Mudros Harbour on Lemnos was the primary base for the care of casualties from the Gallipoli Peninsula. This discussion is a way-point for the panellists in formulating the significance of their experience as inheritors of the memory of nursing at the First World War. Their reflections are clues as to how the experience might leverage the cultural hegemony of national identity.

D. Gender and Professional Empowerment

Aston 4

1. Negotiating for Nursing Independence; The Stories of Two Nurses Navigating the Power Dynamics of Colonial Health Care

Winifred Connerton, PhD, CNM, Assistant Professor, Lienhard School of Nursing, College of Health Professions, Pace University

Purpose: The purpose of this paper is to explore how the agency of indigenous nurses in colonial settings influenced the adoption and implementation of U.S. health nursing programs using two case examples from Puerto Rico and the Philippines.

Rationale and significance: The agency of the local nurses within the existing colonial setting has largely been overlooked, yet, in colonial settings individual nurses had tremendous opportunity to influence the development of their profession. Nurses' ability to wield their influence, however, varied by personality and skill at understanding (and manipulating) the underlying political discourse around health and health policy.

Methodology and Sources: Sources for this historical study include records of the Rockefeller Foundation, the Puerto Rico Nurses Association, and the personal writings of Puerto Rican nurse Rosa Gonzalez.

Findings: In Puerto Rico trained nurse Rosa Gonzalez, graduate of the Presbyterian mission training school, occupied a series of important nursing positions across the island. Despite her professional achievements, however, Gonzalez was publically charged with illegal activities as director of the public nurse training school when she refused to support the corrupt political machine. With the support of the Puerto Rican Nurses' Association she published an expose *Los hechos desconocidos [The hidden facts]* exposing the graft among health officials, and arguing for changes in nursing oversight. Her public protest incited much support for nursing and influenced island Governor Beverly to support legislation for a Nurses Examination Board separate from the Medical board.

In the Philippines, Anastasia Tupas, director of the Philippine Public Health Nursing School, entered a fracas that involved the Filipino Nurses Association, the Rockefeller Foundation, and the leadership of the University of the Philippines over the best location for new graduate nursing programs in nursing education and administration. Tupas advocated for the programs to be developed within her own school, not knowing that the University of the Philippines was already in negotiation with the Rockefeller Foundation to establish such programs in the University itself, with Foundation funding. Tupas failed to generate support for her school, which was absorbed by the University, and she only retained her directorship under the guidance of a supervisory committee.

Conclusions: The systematic introduction of American style trained nursing into colonial Puerto Rico and the Philippines was intended to accompany a cultural overhaul – one that would make the colonial social setting more like that of the U.S. The overall success of the overhaul was limited by the realities of local response to American plans, long standing cultural practice and the local political agenda. In the end, the ability

of individual nurses to cultivate support for their plans among multiple power brokers was essential to the success of nurse-led nursing institutions.

2. 'A Society for the Prevention of Cruelty to Nurses': The Establishment of the Irish Nurses Union

Mark Loughrey, RGN, HDip Nursing (Critical Care), MSc. Irish Nurses' and Midwives' Organization Scholar; Gerard Fealy, RGN, PhD, School of Nursing, Midwifery and Health Systems, University College Dublin; Martin McNamara, RGN, PhD, School of Nursing, Midwifery and Health Systems, University College Dublin

Purpose: The year 1919 was a signature one for nursing in Ireland. Not only did it witness the passage of the Nurses Registration (Ireland) Act which established professional regulation and registration for nurses, but amid increasing discontent with nurses' working conditions, it witnessed the founding of the world's first trade union for hospital nurses; the Irish Nurses' Union. Reconstituted in 2010 as the Irish Nurses' and Midwives' Organisation, the Union is today the largest trade union representing nurses and midwives in Ireland. This study examines the confluence of factors that inspired and enabled the establishment of the Union.

Rationale and significance: Nursing historiography has tended to focus on the registration movement. Historical analyses of nursing as a monetary pursuit and analyses of trade unionism in nursing are lacking. Combined with the lack of historical inquiry into trade unionism among women in Ireland, this formed the rationale for the study.

Methodology and Sources: The study drew mainly on the paradigm of social history, namely labour history, women's history and nursing and midwifery history.

Identification of major primary and secondary sources: The paper is based on a range of documentary primary sources including those retained in the archives of the Irish Nurses' and Midwives' Organization. Primary source materials included the Union's circulars, journal, correspondence, newspaper reportage and artifacts such as the Union's badges. Secondary sources included nursing, midwifery, labor and trade union histories.

Findings and Conclusions: The Irish Nurses' Union was unique among nurse representative organisations and its decision to organise as a trade union as opposed to a professional association is attributable to a number of factors: the inflation that followed World War I; the prevailing sense of nationalism which witnessed a rejection of English nurse representative institutions in favour of Irish ones; the motivations of the Union's early leaders; the support of the burgeoning women's movement and the prevalent syndicalist trend in organising. A range of other factors were also instructive in the Union's establishment: industrial unrest among asylum workers, testing clinical conditions including the influenza pandemic of 1918 and concurrent trends in unionisation by other professional groups.

3. Who's on First? Is It Enough That She Is A Woman?: Analysis of an Early Twentieth-Century Gender-Natured Debate on The First Nurse Training School in America

April D. Matthias, PhD, RN, CNE, University of North Carolina Wilmington

Purpose: This paper examines the gender-natured argument regarding turn of the twentieth-century nurse training school standards found in a two-year ten-letter correspondence (July 7, 1915 to July 14, 1917) between Louisa Lee Schuyler and Dr. Mary Forrester Hobart debating whether the Bellevue Training School for Nurses or the Training School of the New England Hospital for Women and Children should receive recognition as the first training school in America.

Rationale and Significance: Infusion of the Nightingale model for educating nurses in American hospitals in the late nineteenth-century initiated efforts for standardization of training and professionalization of the trained nurse role for middle-class women. The Nightingale model provided a specific educational pathway and a gender-specific practice role with associated functions for the trained nurse alongside the physician. Interpretation and implementation of Nightingale's model for educating nurses varied among schools and challenged the standardization of nurse training. Examination of early discussions and interpretations of Nightingale's model in America sheds light on the challenges experienced by nurse leaders in the early twentieth-century to standardize nurse training and thus, professionalize nursing practice.

Methodology, Primary and Secondary Sources: This study was carried out using the methods of social history research. Primary sources used from the Archives of the Foundation of the New York State Nurses Association, Bellevue Alumnae Center for Nursing History included various letters and correspondence, and photographs. Secondary sources, including historical and contemporary professional journal articles and analytical books on the subject, validated, enhanced, and confirmed findings.

Findings and Conclusions: Fundamental differences in beliefs regarding division of gender for nurses existed between the founders of the Bellevue Training School for Nurses and the founders of the Training School of the New England Hospital for Women and Children. The predominantly female gender of New England Hospital's authorities may have softened their interpretation of Nightingale's gender-related principles for operation and supervision of a nurse training school. Conversely, Bellevue's founders fully adopted the division of gender principles in Nightingale's nurse training school model. Whether Bellevue or New England should be recognized as the first training school within this debate depends on the gender philosophy held by the evaluator. Lack of uniform standards and principles of the training schools for nurses in America during this time moves the argument to be indeterminable. However, the differences in gender beliefs regarding women, nursing, and medicine that influenced these schools' interpretations of Nightingale's gender-related principles illuminate the challenges American nurse leaders experienced in their efforts for standardization of nurse training and thus, professionalization of nursing practice in the early twentieth-century.

D. Plagues and Trail Hazards: Nursing Before Antibiotics

1. The Nursing Care Provided to Plague-Infected Patients in the General Hospital of Madrid (Spain) in the 17th Century

Manuel Jesús García Martínez, PhD, Associate Professor, School of Nursing, Physiotherapy and Chiropody, University of Seville

Purpose: The present study aims to learn about the work developed by the nurses of the General Hospital of Madrid (Spain) in the treatment of the plague, and the training they received for their welfare tasks in the 17th century.

Rationale and Significance: We believe that it is necessary to know the development of the work done by nurses in the last five centuries so as to determine the evolution of the nursing profession over time and to know how it has reached the level it currently owns in each country.

Methodology: This study is part of our line of research on the history of nursing that we have been developing since 1989 and which has allowed us to locate extensive and valuable documentation, including documents and books, which has allowed us to learn about the fundamental aspects of the evolution of Spanish nursing and its implications in the Hispanic America, from Argentina to the South of the current United States.

Primary and Secondary Sources: We have essentially used the documentation located in different archives of Madrid (Spain) belonging to the old General Hospital of Madrid and the manuals made by nurses for the training of nurses printed in the 17th century (stored in university libraries from around the country), which offer interesting information about the treatment of the plague and the work of nurses.

Findings: Since the end of the 16th century, nurses knew and implemented a set of techniques and medicines to alleviate the terrible disease of the plague and, based on the little knowledge of the time, they sought to prevent the contagion with hygienic, dietary, and physical isolation measures. This study shows through which actions and in which conditions nurses worked to deal with the disease.

Conclusions: The change in mentality experimented with the spread of the Renaissance ideas by a good part of Europe affected the field of health, and the progressive understanding of diseases, their causes, and signs increased the number of nursing and treatment techniques, so better trained nurses were needed to provide these services. This improvement in training can be observed in the treatment of the terrible disease of the plague in Madrid, and in the treatment of other not so serious illnesses, but equally difficult to cure.

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Written sources are providing really firm foundations for the study of the evolution of the care provided by nurses in Spanish hospitals from the 16th century onwards.

2. The Nursing Care Provided to Patients With Syphilis in the Hospital of the Espiritu Santo (Holy Spirit) in Seville (Spain) Around the Year 1600. Books and Documents

Antonio Claret García Martínez, PhD, Tenured Lecturer, University of Huelva

Purpose: With this study we seek to determine the level of training that nurses who worked in the most important Spanish hospitals reached towards the year 1600 in the treatments applied to patients with STDs, particularly syphilis.

Rationale and Significance: We believe it is a task of prime importance to study and learn about the training nurses have got to receive, at least since the 16th century, when humanistic ideas were expanded across Europe and came to America, thus to define the evolution of the nursing profession in the last five centuries.

Methodology: This study is part of our line of research on the history of nursing that we have been developing since 1989 and which has allowed us to locate extensive and valuable documentation, including documents and books, which has allowed us to learn about the fundamental aspects of the evolution of Spanish nursing and its implications in the Hispanic America, from Argentina to the South of the current United States.

Primary and Secondary Sources: We have essentially used two types of historical sources: documents and books. The Archive of the Provincial Council of Seville stores administrative documents of the hospitals founded in this city since the 13th century (Middle Ages). Among all this documentation are the rules and constitutions of the hospitals, administrative records of admission and discharge of patients, salaries of the staff working in hospitals, and other information of extraordinary value. In addition, we have used textbooks written by Spanish nurses in the 17th century including the techniques and treatments that were to be provided to the sick of syphilis in these hospitals and which are preserved in Spanish libraries. All this has provided information of great value to our study.

Findings: The nurses knew and already applied around 1600 a set of wide and complex techniques to care for and heal the sick of syphilis and other sexually transmitted diseases. All this demonstrates an increase in the demands of the training of Spanish nurses, who worked for wages and under ethical guidelines, and we could assume the beginnings of the professionalization of nursing in such an early age.

Conclusions: On the basis of the documentation used for our study we consider that, in the Spain of the 16th century, nurses began to raise their educational level to provide care that could respond to the new knowledge medicine was discovering as a result of the general scientific development of the time, and that should be applied in the new hospitals that were erected in the main Spanish cities, as we have seen in the case of syphilis.

4:30pm – 5:30pm Poster Session

Prefunction Space

6:00pm – 7:00pm Reception

Gandon Suite North (Davenport Hotel)

7:00pm – 9:30pm Banquet and Live Auction

Gandon Suite North (Davenport Hotel)



2015 Poster Presenters

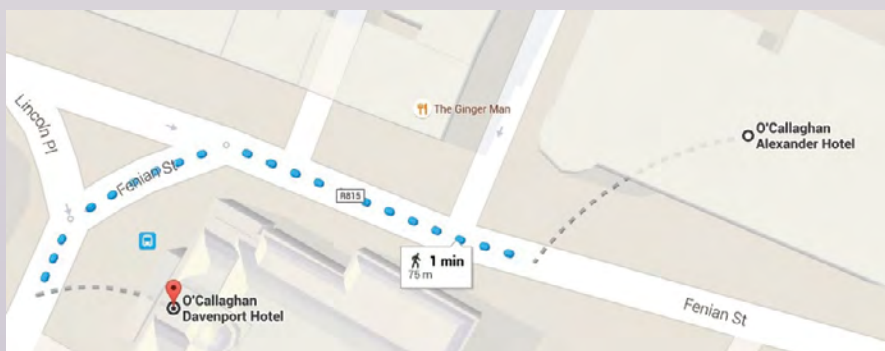


1. Japanese Nurses' Reflections Upon Work with the Atomic Bomb Casualty Commission, *Sabrenda Littles*
2. From Shunned Disfigurement and Amputations to Triumphant Hansen's Disease Research Milestones (1874-2011), *Rita Chow*
3. From Alligators to Spaceships: Charting the History of Nursing in Florida, *Kim Curry*
4. Women in the Shadows': Radiographers' Testimonies, *Michaela Davis*
5. "Wholeness Unfolding" At the Moms and Tots Center: Digitizing *Nancy Milio, Mary Gibson*
6. To Be On Show and Working with the Postman - Community Attachment as Experienced by German Community Nurses from the 1950s to the 1980s, *Mathilde Hackmann*
7. Humanitarian Nursing with Médecins Sans Frontières: The Dream Job, *Janet Hargreaves*
8. Propelling Baccalaureate Nursing Education Forward: The Case for Accelerated BSN Programs, *Nancy Haugen*
9. Representation of Nursing History and Heritage on Web sites and Social Media, *Carolyn Lee*
10. Philosophy: The Path to Nursing Science and Caring, *Virginia Macken Fitzsimons*
11. Development and Implementation of a Nursing History Elective Course for RN/BSN Students, *Cecilia Jane Maier*
12. A Brief History of One Boy's Experience with Polio, *Shannon Perry*
13. Ten Years of the FEBE Group: Contributions to the Nursing's History Knowledge, *Susana Santos-Ruiz*
14. "A Flower between Thorns": The History of the Israeli Army Nurses, *Ronen Segev*
15. "Waiting for the Doctor": Receipts as Medicine, *Audrey Snyder*
16. Comparing the Wiring of British and German Military Nurses in WWI, *Keiron Spires*
17. Remembering Miss Edith Cavell, *Carne Torres Penella*

Davenport and Alexander Hotels

Conference Headquarters:

Alexander Hotel
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Dublin 2, Ireland
Davenport Hotel
8-10 Merrion St.,
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American Association for the History of Nursing
Thirty-third Annual Nursing & Healthcare History Conference
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The American Association for the History of Nursing and University of Illinois at Chicago College of Nursing are co-sponsoring the Association's thirty-third annual conference to be held in Chicago, IL. The conference provides a forum for researchers interested in sharing new research that addresses events, issues, and topics in any area of nursing and healthcare history, broadly construed to encompass the history of nursing, global nursing history, nursing practice, healthcare institutions, caring, illness, healing work and public health. Submissions pertaining to all areas and regions of the world are welcome. Papers and posters that expand the horizons of nursing and healthcare history and engage related fields such as women's, labor, technology, and economic history and race and gender studies are encouraged. Individual papers, posters, and panel presentations are featured at the conference. If submitting an abstract for a panel, please clearly state on the abstract that it is for a panel presentation. Only panels consisting of 3 to 5 presenters will be considered. Additional information about AAHN and the conference can be obtained at www.aahn.org.

Guidelines for Submission: A one-page abstract of a completed study will be accepted by email. Submit two copies of your abstract; one must include the title, author's name(s), credentials, institutional affiliation, phone/fax and email. If more than one author is listed, indicate who is acting as the contact person. Indicate whether a paper, poster, or panel presentation is sought. The second copy of the abstract should include only the title and mode of presentation with no other identifying information.

Abstracts must include: Purpose of study, rationale and significance, description of methodology, identification of major primary and secondary sources, findings and conclusions. Each section of the abstract should be clearly identified with these specific headers for each section (purpose of study, rationale and significance, etc.). Abstracts which do not clearly identify the sections as outlined may be disqualified. Abstracts will be selected on the basis of merit through blind review.

Abstract preparation: Margins must be one and one-half inches on the left, and one inch on the right, top, and bottom. Center the title in upper case, and single space the body using 12 point Times (New Roman) font. Accepted abstracts will be printed as submitted in the conference program; thus, when printed, the abstract must fit one side of one 8.5" x 11" paper.

By submitting an abstract, you also give permission to the AAHN to use the work for educational purposes only. This includes, but is not limited to, inclusion in the conference program, posting to the AAHN website before and/or after the conference, and use of excerpts or themes for conference marketing efforts.

Submission date: Abstracts must arrive on or before **January 31, 2016**.

Submit to: Abstracts@AAHN.org

**All conference presenters must be members of AAHN.

Please note that the conference will now be offering a full day of sessions starting on Friday, compared to the half day of sessions normally. Travel plans should be made accordingly to attend all of Friday.

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