

NURSING HISTORY NOW

AUTUMN 2018





RCN History of Nursing Society

In existence for more than 30 years, the History of Nursing Society (HoNS) provides members with an opportunity to share their enthusiasm for nursing history and the importance of preserving and celebrating its rich heritage.

The committee members reflect a range of nursing disciplines and geographic diversity. Over the past six months members have continued to assist in event and exhibition planning, conducted oral history interviews and worked with the library and heritage team in conserving pamphlets, documents and books.

For more information about the society or to join, contact the chair Dr Claire Chatterton at c.s.chatterton@open.ac.uk

Editorial

Welcome to the autumn 2018 issue of *Nursing History* Now. Our new format and emphasis has been very positively received and we hope you enjoy this issue.

This November marks the centenary of the Armistice and also what is widely regarded as the beginning of the flu pandemic, both of which are touched upon in this issue.

When thinking of the Armistice I was reminded of the number of nurses who recorded it in their diaries:

"The celebrations fizzled out damped by the wave of depression that overtook us all...the war was over and our friends were dead." *L.Smith Rouen*

"After weeks of waiting and a final three days of suspense the news was phoned through. The evening finished with a concert." Quoted by C.Hallett in Containing Trauma

Read more about how wartime nurses are now remembered in our article about the nurses' memorial recently unveiled at the National Memorial Arboretum in Staffordshire on page 16.

On pages 8-9 you can read a first hand account of caring for patients with poliomyelitis, a subject included in the RCN Pandemic exhibition which moved to Scotland in October.

You can also read recollections of the past 30 years of the NHS on pages 12-15 and gain some insight into the lives and experiences of Jewish nurses who came to the UK as refugees in the 1930s on page 4.

Editor



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STORY TO TELL?

We're always keen to hear from you about your work, thoughts and stories related to nursing history. Please feel encouraged to send us ideas and items for inclusion in future issues of *Nursing History Now* by emailing the editor, Dianne Yarwood, at *d.yarwood@ntlworld.com*

From refugee to registered nurse

Jane Brooks, Deputy Director of the UK Centre for the History of Nursing and an RCN History of Nursing Society committee member, explains how nursing provided a new start for Jewish women fleeing Nazi Europe



When 16-year-old Mia Ross (nee Fuchs) escaped Austria in March 1939, she couldn't have known that she'd never see her parents again. Her elder sister, already in Britain, met her off the train. She was taken in by a kindly, though emotionally distant, family, and attended Tottenham High School for Girls.

The following summer, Mia left school and found work as a domestic help. But not long after, her former headmistress helped her secure a more desirable position as a nurse, training at Keighley and District Victoria Hospital in Yorkshire.

For single Jewish women like Mia, there were two ways to secure escape from Nazioccupied territories – domestic service and nursing visas. Jewish and non-Aryan Germans had begun leaving for Britain, America and Palestine when Hitler rose to power in 1933. With the takeover of Austria (the Anschluss) in March 1938 and the *Kristallnacht* pogrom on 9 November, people departed in ever greater numbers.

For single Jewish women like Mia, there were two ways to secure escape from Nazi-occupied territories – domestic service and nursing visas.

Now, 80 years since *Kristallnacht*, many of the women who fled Nazi Europe and became nurses in Britain are no longer with us. However, I have managed to interview eight former refugees, while family members have generously shared information about mothers and aunts. Oral histories, including the RCN oral history archive in Edinburgh, and contemporary issues of *Nursing Times* and *Nursing Mirror* in the RCN archive have helped me uncover the complex attitude of the profession to the plight of these women.

"I started training as a nurse at Keighley and District Victoria Hospital in March 1941," says Mia. "I was pleased to finish my work as a domestic, but I had quite mixed feelings about my future as a hospital nurse." By spring 1940, 914 refugee nurses and midwives were employed in British hospitals. Nursing offered a professional qualification and somewhere to live. But there was opportunism on the part of the British Government, and the nursing profession did not always make its refugee recruits welcome.

"I started training as a nurse at Keighley and District Victoria Hospital in March 1941. I was pleased to finish my work as a domestic, but I had quite mixed feelings about my future as a hospital nurse."

Nursing was not a popular career choice for British girls and a shortage of nurses caused concern as war loomed. Even when hospital training schools recruited sufficient young women, they struggled to retain them. As Jewish refugees arrived, the Government saw a chance to gain more permanent recruits. But the profession, public and even parts of government were split on the issue.

The British press had begun to stoke fears of "floods of refugees". Historian John Stewart notes the College of Nursing wrote to the Ministry of Labour in 1933 complaining about refugee nurses. By December 1938, a letter to Nursing Mirror and Midwives' Journal by "Anglo-Scott" referred to an "alien invasion" and the fear that Jewish women would be given the "highest posts" over British colleagues.

Many refugee nurses were forced to leave at least one hospital position in 1940 when fears of enemy infiltration was at its height, only to then be asked back into nursing in 1941. Some of Britain's most senior nurses called for sympathy and action. Miss Hillyers, Matron of St Thomas's Hospital and Chairman [sic] of the nursing sub-committee of the Co-Ordinating Committee for Refugees, wrote to *Nursing Times* in December 1938 outlining nursing opportunities for refugee women and how to apply.

Two of my research participants shared memories of Miss Lang, Matron of Staines Hospital, who trained about 30 refugees as nurses. She recognised their excellent primary education and great potential. Ruth Shire and Hanna Cooper both recalled how Miss Lang even supported refugee nurses in celebrating Jewish holy days.

Lee Fischer found support during her nurse training from a British girl called Mildred, who became her best friend. And while another participant remembered how some antisemitic nurses "made my life absolute hell", several recalled the genuine kindness and sympathy of matrons and colleagues.

Refugee nurse G.F. wrote to *Nursing Mirror* in 1941 to say that while on duty in a hospital: "I do not feel myself a foreigner... we are all servants working for the cause of humanity." In the following issue, nurse Ingeborg Halm wrote: "I am indeed grateful for the great interest and goodwill you always have shown to refugee nurses."

The gratitude of these young women may have been genuine, but we must remember most had fled almost certain death. Many would never see their family or loved ones again. Nearly all had been required to leave at least one hospital position in 1940 when fears of infiltration by enemy aliens was at its height, only to then be asked back into nursing work in 1941.

Yet, despite this, countless women maintain that nursing offered a real opportunity to create a life in Britain. Of those who stayed in the profession, many carved out significant and influential careers.



Liesel (Einstein) Fischer's identity card

Against the odds

These women overcame relocation and interrupted training to become two of the most influential figures in British nursing.

Annie Altschul



Born in Vienna in 1919, Annie Altschul was at university studying maths and physics when she was forced to flee to England. She briefly worked as a mother's help before entering nursing. But her training at Ealing Hospital was cut short by the "enemy alien" restrictions.

Annie managed to restart general nurse training at Epsom Hospital. Afterwards, she went on to train as a mental health nurse at Mill Hill Emergency Hospital, which treated military personnel and civilians, and was a pioneering centre for innovative clinical work and research into the emotional trauma of war.

Annie later joined the Socialist Medical Association and stepped back into academia, completing a degree in psychology at Birkbeck College, London. She pursued her interest in mental health nursing with study tours of Boston, California and Edinburgh, and completion of an MPhil.

Lisbeth Hockey

Lisbeth Hockey was studying medicine in Austria when the Nazis took power there in March 1938. She escaped to England, but found barriers to continued study — not only was she a woman, but as a refugee, she had no money. Nursing was seen as a reasonable alternative.

She began training at the London Hospital, Whitechapel, which was soon evacuated to Essex. In 1940, she was forced to leave the post – "enemy aliens" were not allowed to work in coastal towns.

Lisbeth completed her nurse training in Watford. She became a Queen's Nurse, then a health visitor and tutor. Always inquisitive, she involved herself in the early nurse research movement. After studying economics at LSE, she moved to Edinburgh, where she became the first Director of Nursing Research in a British university.



'Metal prisons': nursing patients with polio in 1950s Northern Ireland

Iron lungs helped infected patients to breathe - but caring for those encased within them was no easy task

Exhibitions

Pandemic!

Pandemic! Nursing 100 Years of Infection is an RCN exhibition that charts nursing responses to outbreaks of disease – from Spanish flu to HIV/Aids and Ebola – that can devastate communities and countries, challenge health care and even threaten global security. Visit the exhibition at RCN Scotland in Edinburgh or online at rcn.org.uk/library-exhibitions/pandemic-nursing

The Wandering Womb

The library's current London exhibition, *The Wandering Womb*, explores women's health, past and present.
Launched on the 18 October, it runs until 15 March 2019. Visit rcn.org.uk/library-exhibitions/womens-health-wandering-womb

The devastating impact of polio and the gruelling treatment it sometimes involved is today largely forgotten in the UK. The introduction of a vaccine in the mid-1950s led to a dramatic decline in cases and today polio has been almost completely eliminated across the globe. But for nurses and patients who lived through polio epidemics, it was a harrowing experience.

RCN History of Nursing Society member Lorna Finlay recalls her nurse training at the Northern Ireland Fever Hospital, Purdysburn, Belfast.

I began fever nurse training in February 1950 on ward 6, the main polio ward of the Fever Hospital. I was well vaccinated against common diseases of the day but not polio. The polio vaccine did not arrive for another few years and when it did the staff were among the first in Northern Ireland to get the famous "sugar lump", used to administer the vaccine, which would give us life immunity.

On my first day on ward 6 there were several patients with various stages of polio, including two on artificial respiration – the so-called "iron lung".

Baptism of fire

I remember feeling great fear going to that end of the ward in case I caught the disease, even though I knew the offending organism was ingested, not inhaled. Very soon, however, you never gave a thought to contracting the disease.

The chief medical officer had informed us that if we became infected he would be unsympathetic since the fault would be ours because of inadequate handwashing. Protective gowns were required when handling patients but disposable gloves had not yet arrived.

My initial six weeks on the ward really stand out in my memory. A fresh outbreak of polio had just occurred. Many seriously ill patients were admitted over one weekend, including two senior nurses from other hospitals who had been on holiday in an infected area. Extra iron lungs were hastily flown in from London. Unfortunately, most were not needed as many of the patients died before the iron lungs could be put to use. There were many deaths that weekend.

Lasting fear

The iron lung itself was an adult-sized, coffinshaped metal box standing at bed height. The patient was completely enclosed except for the head and neck which protruded through a porthole. An airtight collar maintained the vacuum. Positive and negative pressure on the chest wall was maintained by an electric bellows system, so a continuous pumping sound pervaded the ward. Staff were instructed how to operate the system manually should a power cut occur.



Lorna during her nurse training

Giving routine care meant stopping the bellows, pulling the patient out and working at speed. It was often necessary to work in short bursts, returning the patient for assisted breathing if distress became obvious.

Oesophageal tubes were not left in situ and re-passing them each time was a nightmare as it was almost impossible to be sure they were in the stomach and not the lung. Although I was always supervised by a more senior nurse the procedure left me with a fear of passing oesophageal tubes throughout my clinical career.

It is impossible to imagine how frightening and uncomfortable it must have been for patients in these "metal prisons", as they were also known. There was no psychological management in 1950. Nurses then were taught to keep a professional distance rather than talk to patients or allow them to express feelings and fears.

The matron maker

Thanks to an RCN Foundation bursary, doctoral student Sarah Rogers is uncovering the history of Eva Lückes, the matron who trained hundreds of matrons in her mould



RCN Foundation grants

Inspired by Sarah's work? The RCN Foundation will be offering a range of grants for individuals researching the history of nursing in spring 2019.

Visit renfoundation.org.uk to find out more.

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Sarah Rogers is a doctoral student at the University of Huddersfield, and the recipient of the RCN Foundation's 2018 Monica Baly Bursary. The award has allowed her to research the life and work of Eva Lückes, the influential matron of The London Hospital, Whitechapel, from 1880 to 1919. Eva trained many new matrons in her own distinctive style and Sarah has also been researching their stories. She shares some of the details she's discovered.

Eva Lückes was born in Exeter on 8 July 1854, the oldest of three daughters. Her family lived a comfortable middle-class life in Gloucestershire – she was educated at Cheltenham Ladies College, followed by finishing school in Europe.

After briefly training as a paying probationer at the Middlesex Hospital, Eva completed one year's training at the Westminster Hospital in 1878. Posts in London and Manchester eventually led her to The London Hospital, where she became matron and remained until her death in 1919.

Eva undertook many nursing reforms at The London Hospital, implementing Nightingale-style nursing and working to change nurses' pay and conditions. In 1886 she established one of the

first private nursing institutions at a voluntary hospital in London. Ten years later she set up the first preliminary nurse training school in England. Florence Nightingale, a friend and confidant, called her a "matron of matrons".

Despite her successes, Eva faced opposition, including from Ethel Bedford Fenwick, former matron of St Bartholomew's Hospital. Unlike Ethel, Eva was opposed to centralised nurse registration and a nationally standardised mandatory training programme. Eva's treatment of nurses at The London Hospital was also criticised. In 1890, she was questioned by the House of Lords Select Committee, whose report into Metropolitan Hospitals focused on this issue.

Despite these criticisms, Eva was influential and passed on nursing knowledge and a desire to improve nursing to the many women she trained.

Hidden from history

I have identified more than 460 women who, having trained or worked at The London Hospital during Luckes' tenure, went on to become matrons. Using online sources and records from The London Hospital and elsewhere, I have been able to research about 250 of these women, but many remain hidden from history. To identify them, I will extend my research, consulting, for example, the records of the Colonial Nursing Association.

Mary Eliza Pinsent is one of the 250 women whose stories I have already recovered. Born

in Devon in 1868, she was the child of a tenant farmer, and began her training at The London Hospital under Eva in 1896. After qualifying, she was appointed staff nurse. In 1900 Mary left and became a ward sister at the Royal National Orthopaedic Hospital. Within a year, she was acting matron and by 1907, she was matron.



Matron Eva Lückes

Like Eva, Mary was a reformer. During her time at the Royal National Orthopaedic Hospital she oversaw many improvements,

including the employment of nursing staff as "masseuse sisters" – the forerunner for physiotherapists. She was also a member of the Matron's Council of Great Britain.

By 1911, Mary was a matron in the Territorial Force Nursing Service. She was called up to the Queen Alexandra's Imperial Military Nursing Service Reserve in 1916 and deployed to Egypt, where her work earned her the Royal Red Cross.

Without the bursary, the story of Mary, as well as Eva and her many other matrons-intraining, would remain in obscurity. I am extremely grateful for the chance to undertake this research.



NHS TIMELINE: marking moments of the last 30 years

1980s

1980

Surgery advancements

Keyhole surgery is used for the first time in an operation to remove a gallbladder.



1983

The Mental Health Act updated

This Act (updated from the 1959 original) introduced the issue of consent, whereas previously a detained patient could be treated against their will.



An emphasis on education

The NHS became responsible for nurse training in 1948. Back then matrons still decided how many students should be recruited and were effectively heads of the schools of nursing.

There were gradual changes from the 1970s but 1995 was a landmark year, with the final introduction of Project 2000 across the UK. Nurse education moved to universities, and students were no longer part of the workforce.

Finally in 2012 nursing became a graduate entry profession. The impact was felt by many nursing staff. Personally by this point I had already experienced several years of change and upheaval as hospitals and schools of nursing closed or merged.

Looking back, the 1990s could be categorised as a decade of change, with the introduction of the internal market, NHS trusts, a mental health framework and NHS Direct.

There was new legislation and major reports to contend with too: *Health of the Nation; The New NHS: Modern, Dependable; Saving Lives;* and *Our Healthier Nation.*

But that's not all. The advent of private finance initiatives (PFIs) resulted in an explosion in new hospitals being built, but there were fears and concerns about staff employment as non-NHS contracts were awarded for cleaning and catering services.

Nursing roles were extended as junior doctors' contracts were changed. There had been a few nurse-led units in the 1980s, but the development of roles such as nurse practitioners, nurse prescribers and nurse endoscopists stimulated the demand for post-graduate courses and extensive education programmes. In the early years funding was available to support these developments, but over time it became harder to access and more difficult to take time for study.



Although funding for education was still from NHS budgets, a complex system of negotiations was introduced and in many of the London teaching hospitals student numbers were reduced and the funding reallocated to replace the student workforce.

1990s

1998

NHS Direct established

The nurse-led telephone information service provided health care advice 24-hours a day, every day of the year through telephone contact.



1999

National Institute for Clinical Excellence

As part of plans to tackle quality variation in the NHS, NICE was established to produce clear guidance for clinicians and assess new drugs, treatments and devices for clinical and cost-effectiveness.

News from a new millennium

As a new millennium drew closer devolution allowed for flexibility in spending and organisational structure. Political and ideological differences resulted in many changes.

Between the four UK countries there were variations in prescription costs and car parking charges. There was no internal market in Scotland, while Wales abolished the purchaser/provider split and many hospital based targets.

In 2000 the NHS Plan was regarded as the biggest change since 1948, offering a 10-year reform programme, but in 2014 the NHS England Five Year Forward View arrived. The first years of the new millennium also brought us strategic health authorities, foundation trusts, the Care Quality Commission and the NHS constitution.

Celebrating continued care

While changes to nurse education and legislative developments are essential to any review of the NHS in the last 30 years, it would be neglectful not to remember the many medical advances we've also seen. Progress has been made in many areas that would have been

unimaginable not that long ago. Vaccination strategies are now in place for Hepatitis A and HPV. The human genome was mapped in 2003 which has led to a better understanding of genetic conditions with hope for improved treatments and even cures in the future. Stem cell research started in 1998 and we are continually moving forward with the use of 3D images in pregnancy, key-hole surgery, robotics in surgery and remote surgery utilising computer technology.

There's no doubt the NHS continues to transform lives. As recently as 1994 there were 9,000 deaths as a result of the HIV virus. Anti-retroviral therapy has been introduced and although it's now a manageable condition, it continues to spread.



Advanced practitioner nurse. Picture by Rachel Murphy

There were more than 4,000 transplants in the UK in 2017. Most now come from deceased donors, but live kidney transplants are still more common in the UK than anywhere else in Europe.

NHS TIMELINE: marking moments of the last 30 years

2000s

2000

NHS walk-in centres established

Walk-in centres are usually run by nurses and are available to everyone. You don't need an appointment or to be registered to visit a walk-in centre.



2008

HPV vaccination introduced

A strategy to vaccinate teenage girls as part of the strategy to reduce cervical cancer.



2004

Agenda for Change

NHS contracts standardise pay and conditions for the majority of NHS staff.



Sara Dalby, surgical care practioner. Picture by Ian Southerin

Life after employment

I've been retired from full-time employment for more than a decade and now follow the trials and tribulations of the NHS from a user's perspective. This amazing organisation, constantly under scrutiny, underfunded from the very beginning, now employs more than a million staff. Since its inception there have been reductions in mortality, a general improvement in the population's health and increases in life expectancy. But inequalities remain; those on low incomes, from minority groups and inner city populations continue to have poorer health outcomes.

Politicians continue to try to improve and reorganise the NHS against a background of patient demands for improved services, and technical and medical advances. Despite promises of no more top-down change, another significant reorganisation was implemented in 2012 when the Health and Social Care Act was passed.

Since then there's been more talk of full integration of health and social care; the NHS is being "improved" yet again. The Five Year Forward View is being implemented which will give patients more control, focus on prevention and lead to integrated care in the longer term. This year additional funding has been announced and plans are being made for their effective use. Sustainability and transformation partnerships/plans (STPs) are being developed across England and are a chance for the NHS, social care organisations and charities to work together to manage limited resources.

It's unlikely that as patients we'll notice a dramatic change, but we should see more help available to stay healthy, a move to more care delivered at home and more support to manage long-term conditions. But as hospitals re-organise we might have to travel further for specialist care.

The only real certainty is that the NHS will always be changing and it will always be subject to political and parliamentary management. But I am confident it will always be supported and defended and defined by its nursing staff.

2010s

2009

The Care Quality Commission established

The independent regulator for adult health and social care in England ensures people get safe, effective, compassionate, high-quality care and encourages care services to improve.

2 1 3

2012

London Olympics

London Olympics opening ceremony celebrates the NHS.

2018

Cash boost

Funding settlement announced for the NHS as we celebrate 70 years since its inception.



Commemorative sculpture

A new memorial has been unveiled at the National Memorial Arboretum in Staffordshire dedicated to the memory of the nurses, professional and volunteer, who gave their lives in the two world wars

Designed and created by sculptor Georgie Welch and stonemason Nick Johnson, the memorial features a sandstone globe supported in two bronze hands. It includes more than 1,200 names of nurses and members of the Voluntary Aid Detachments who served during the two conflicts. That number of names is expected to increase to 1,700 as more are put forward.

The RCN is one of the official partners of the Nursing Memorial Appeal, which led a

RCN History of Nursing Society member Liz Howard-Thornton lays a wreath to remember nurse Edith Cavell at the nursing memorial in Staffordshire

six-year fundraising campaign in support of the memorial.

Rightful recognition

Barbara Hallows, a former nurse who chaired the appeal, says: "We're used to seeing war graves set up for soldiers who have died but there's no talk about the nurses, and I thought the relatives of nurses should also have somewhere to go."

RCN President Cecilia Anim adds: "It is very important to have this recognition because the nurses knew there was a risk attached to what they were doing, but they put their lives aside and went to help others."

"Nurses put their lives aside to help others"

Among those attending a service of dedication at the arboretum in June were Sophie, Countess of Wessex, and retired nurse Ethel Lote, aged 97.

Ethel recalled caring for survivors from Dunkirk who arrived at Burntwood Hospital, near Cannock in Staffordshire, where she had only recently begun her training. "They were still in their uniforms, just how they had been picked up from the beaches," Ethel said. "A lot of them were burned or had shrapnel wounds."

During the service a wreath was placed in memory of Edith Cavell, the British nurse executed by the Germans for her part in helping 200 allied soldiers escape from German-occupied Belgium during the Great War. To find out more visit thenma.ora.uk

Words by Richard Pursehouse.

Digging deeper

Retired nursing lecturer Dr Alison O'Donnell shares some of the historical gold she's uncovered while volunteering at the RCN archives in Edinburgh

I have a long-held interest in nursing history, with seven years on the RCN History of Nursing Society Committee. So when I retired as a lecturer in nursing, I decided to volunteer at the RCN archives in Edinburgh, where I now work once a week.

Each volunteer is paired with someone from the permanent archive team. Archivists are assigned long-term cataloguing projects, which myself and volunteers help with.

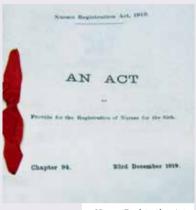
The collections are numerous and varied: there are personal papers and effects, the history of the College, oral histories, uniforms, medals

Would you like to volunteer?

Archive volunteers help preserve RCN records, improving the long-term survival of the collections.

You too could work with us on record listing, repackaging and digitisation projects in our archive office in Edinburgh, or you could work remotely by receiving images to be described or interviews to be transcribed.

Every tiny piece of information added to our catalogue helps people access the RCN's nursing history collections. If you're interested, email *archives@rcn.org.uk* and we'll arrange a chat to find out what your special interests are and how you could help.



Nurses Registration Act

and more. I started on the minutes from the early days of the RCN and read with interest how founders such as Sidney Browne, Annie Warren Gill and Rachael Cox-Davies forged ahead to establish the College during the First World War.

My investigations informed the RCN centenary exhibition, which I helped develop in 2016. It was exciting to be involved in the selection of papers and artefacts to show in the cabinets and the creation of accompanying display panels. I also worked on related public events.

I'm now working on papers showing College discussions around the Nurses Registration Act of 1919. It is fascinating to see that early members knew why this was so pivotal for nursing in terms of education, status, working conditions and equal pay. It can be hard not to get caught up in the narrative and remember you are meant to be making notes!

I would encourage anyone with an interest to give volunteering at the archives a try. The chance to explore so much nursing history, be in an archive and uncover new things is both interesting and enjoyable.



Dr Alison O'Donnell explores Dr Jane Brooks' study of gender roles and nursing responsibilities on the frontline of World War Two

This meticulously researched book draws upon personal diaries of the British Army nurses and sisters who served during the Second World War.

Dr Brooks looks at the role of nurses and nursing on the battlefield and the care of soldiers thereafter. She explores what this type of care meant, with nurses viewed as women caring for men, but in an unusual environment, away from the home.



Nursing sister with a patient

She investigates the challenges of this environment, and the relationships established while care was given.

The book begins with a discussion of gendered caring. Gender is a strong theme throughout, and the role of giving care in a gendered space is investigated thoroughly and sensitively.

It moves on to the role of nurses in caring for wounded soldiers, using diaries and letters written home to family members. Readers receive real insight into warzone conditions, and the ingenious ways in which nurses fulfilled their duties. These personal memories show us the relationships they formed with soldiers and their nursing colleagues.

Gender comes through in the personal diaries too. The nurses became "a composite of a woman", reminding the soldiers of women they knew at home. As Dr Brooks highlights, nurses negotiated the space between themselves and wounded soldiers to give care in a therapeutic and humorous manner.



Field hospital in Northern Europe

The nurses' presence in a frontline setting was notable. They can be analysed as "women at work" but, and importantly to the nurses, they were also professional nurses at war. The roles the nurses took on extended as the war lengthened, and the boundaries of gender became more blurred. As the war progressed, so did medicine. Advancements in medications and blood transfusions, and the introduction of penicillin and nurse-anaesthetists all contributed to an extended role for nurses.

"Readers receive real insight into warzone conditions, and the ingenious ways in which nurses fulfilled their duties"

The final chapter explores the return to civilian life and the old nursing hierarchy. Some nurses struggled to readjust.

Dr Brooks succeeds in revealing the skill, humour and ingenuity of the nurses who served during the Second World War, exploring an interesting period in nursing history. I would encourage everyone to read it.

Meet the author...

Dianne Yarwood speaks to Dr Jane Brooks

Where did the idea for the book come from?

At the time of the centenary of Nightingale's death in 2010 I got interested in the work of nurses in the Second World War.

Relationships between women and men during the 1940s comes through strongly – had you considered this before you started?

Yes and no! When I did my PhD I looked at the places women occupied in history – in public versus private spaces. Women occupied flexible spaces both inside and outside the home. War is men's space, but women were needed.

I was amused by accounts from nurses who returned to 'civvy street' after the Second World War. What struck you about these?

What came across was their frustration at a loss of autonomy and the use of humour as a means of managing the frustration.

Do you think the war advanced nursing's status?

This work only relates to the women who went to war – those who remained at home did not see the same extension of their roles. But the message really was that nurses were capable of being independent practitioners.

How did you decide what to include in the final draft?

It was very difficult. I did not embrace aspects of mental health and psychiatry, nor the nature of conflict in roles. However, I have in a new book and in an article.

What next?

My area of research now is on Jewish refugees in the interwar period. I have interviewed survivors and written about them.

Read about Dr Brooks' latest research on pages 4-7

Pictures courtsey of The Museum of Military Medicine Trust

Get involved

Society members honoured

The RCN Award of Merit acknowledges outstanding voluntary service to the College and its membership.

This year, two History of Nursing Society members were recognised for their work.

Dr Claire Chatterton

An international authority on the history of nursing, Dr Claire Chatterton has chaired the RCN History of Nursing Society for many years.

In that time, she has revitalised the society and been instrumental in the bi-annual exhibitions in RCN libraries, showcasing the unique work of nurses across the ages.

Margaret Graham

Margaret Graham has given a lifetime of distinguished service to nursing in Northern Ireland.

Under her outstanding leadership, the RCN History of Nursing Network in Northern Ireland compiled a history of nurses' experiences during the Troubles – a difficult and emotive process. More recently she led a project to record the work of nurses from Northern Ireland during the First World War.

In July Margaret was also named by NHS70 and the *Nursing Standard* as one of the 70 influential nurses and midwives from 1948 to 2018. This was primarily for her *Nurses Voices* publication.

And first prize goes to...

An RCN online exhibition showcasing the lives of nursing staff during the First World War has won a prestigious national award.

The community prize from the Women's History Network was awarded to the RCN's Library and Archives team for *Service Scrapbooks: Nursing and Storytelling in the First World War.*

With the help of History of Nursing Society volunteers, the project digitised, transcribed and researched nearly 2,000 pages of photographs, poems, diary entries and illustrations, ranging from 1909 to 1919.

"It's a homage to the lives of the dedicated, resilient women whose thoughts, feelings and memories are the subject of the exhibition," said Frances Reed, from the RCN library team.

Visit rcn.org.uk/servicescrapbooks

A glimpse into the next issue

In our spring 2019 issue, the centenary of nurse registration will feature as we explore the dynamic and often bitter fight for recognition which began in 1886 and saw the setting up of a select committee by parliament in 1904, before a bill was finally passed in December 1919.

If this is an area of interest and you'd like to contribute, please contact Editor Dianne Yarwood: d.yarwood@ntlworld.com

Stay up to date

The History of Nursing Society pages on the RCN website have recently been revamped to make them more accessible to members and is soon to include a new blog. Look out also for and the online promotion of the articles within this publication at rcn.org.uk/magazines

