

Women's History

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Historical Perspectives
on Nineteenth-Century Nursing

Karen Nolte on the Relationship
between Doctors and Nurses in
Agnes Karll's Letters

Dian L. Baker, May Ying Ly,
and **Colleen Marie Pauza** on
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Plus

Four book reviews
Committee news

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9 – 11 September 2011

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Editorial

Welcome to the spring issue of *Women's History Magazine*. This is a special issue which focuses on recent developments in the history of nursing, a subject which often fails to find space on wider historical platforms. The issue has been compiled from papers presented at an inspiring conference, *International Perspectives in the History of Nursing*, held in September 2010 at Royal Holloway College. Organised in acknowledgement of the centenary of Florence Nightingale's death, it was most refreshing to find this good woman did not dominate proceedings. The articles in this issue provide a flavour of the 100-plus papers presented at the conference, and show nursing history to be a diverse and lively discipline, in terms of topic, era and geographic location.

The issue opens with an historiography of nineteenth-century nursing history by Professor Christine Hallett, who discusses how approaches to this period have moved from the hagiographic, progressive histories of the early decades of the twentieth century through to more empirical, questioning work of more recent years.

The remaining articles range across subjects and geographic locations. Karen Nolte's article focuses on the always contentious relationship between the nursing and medical professions, as viewed through the letters of one young German nurse, Agnes Karll, who went on to become a leading light in nursing in early twentieth-century Germany.

Dian Baker, May Ling Ly and Colleen Pauza transport us to Laos in the early 1960s, and America's 'Secret War'. Here, using oral history testimony, they investigate how young Hmong women were drawn out of their very traditional lives to train as 'western' nurses. Elisabetta Babini presents a study of the depiction of two of Britain's best known nursing icons, Florence Nightingale and Edith Cavell, in the films of director, Herbert Wilcox, made just before and shortly after the Second World War. She argues that these films, which interwove characteristics of Britishness with those of the ideal nurse, contributed to pre-war propaganda and helped to recruit nurses into the nascent NHS.

Anja Peters takes us back to Germany, but this time to a more troubled period. Using a wide range of sources she analyses how one woman, Nanna Conti – chief midwife under the Nazi regime and enthusiastic supporter of Nazi ideology – was, nevertheless, elected President of the International Confederation of Midwives in 1936. Susan McGann's article is also rooted in the 1930s, but this time in Britain. She examines the effect of the franchise on women's political conscience in the 1920s and 1930s, and asks how effective the Royal College of Nursing was in creating a political space from which to promote nursing causes, within a patriarchal society.

Our final article from Lesley Hall is a short overview of archival sources available to nurse historians and historians of other healthcare workers in Britain. Hall demonstrates that a rich, if widely dispersed, vein of material on female health workers is available to researchers with the perseverance to track it down.

This issue, as usual, also contains a collection of book reviews. Do not forget, this is your magazine, and we welcome articles, both long and short, that help us to explore women's history. To mark Women's History Month, the WHN is re-running its very successful blog, which we hope all of you join, add to and enjoy. See the website for more details. This year's conference, marking 20 years of the WHN, will be held at the Women's Library in London, see the inside cover for details. The call for papers will be announced soon, so keep an eye on the WHN website.

The Treasurer and Membership Secretary continue to remind us that paying membership fees by standing order is very helpful to the Network (as is ticking the Gift Aid box, if appropriate), but do check that your subscription fee is correct. Details are on the back cover of the *Magazine*. We also invite members to register for the new 'Members Only' feature on the website (www.womenshistorynetwork.org), where you can upload details of your own research interests and publications and find other members. This is your space, and we welcome suggestions for how it could be improved or extended.

Editorial Team: Sue Hawkins, Ann Kettle, Anne Logan, Juliette Pattinson, Jane Potter, Emma Robertson, Debbi Simonton.

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Cover:
'Dianna Quick capping a newly qualified nurse at Sam Thong Hospital'

Reproduced courtesy of Dianna Quick.

Century of Transformation? Historical Perspectives on Nineteenth-Century Nursing

Christine E. Hallett

University of Manchester

Introduction

The word 'transformation' has a tenacious association with the history of nineteenth-century nursing. The period from 1840 to 1920 has, typically, been presented by historians as one in which massive social change took place, as a new nursing profession was forged to replace an old-style hospital servant-class.¹ At the same time, a curious parallel has emerged in the discipline of History of Nursing itself, in which the last four decades of the twentieth century have been viewed as a period of transformation from the old celebratory and hagiographic writings to a new more 'acceptable', critical approach. This raises two questions: firstly, were the changes that took place in nursing during the twentieth century remarkable enough to constitute a 'transformation'; and, secondly, has the critical and analytic attention which has been paid by historians given us a genuinely clearer insight into the nature of those changes, or has their revisionism merely offered us new stories (or 'interpretations') to consider?

The emergence of the 'new' nursing history is traditionally associated with a clarion call from sociologist Celia Davies to move beyond celebratory story-telling, which implies relentless onward 'progress', to a genuinely analytic approach to the traces of the past. Her six-page challenge in the introduction to her *Rewriting Nursing History*, arguing for new interpretations of old themes, does not actually cite any of the old-style, 'progressive' histories to which she was objecting, and it is, therefore, quite difficult to know exactly against whom she was arguing.² Nevertheless, her initiative in drawing together authors of the calibre of Christopher Maggs, Mick Carpenter and Charlotte Kratz had the desired effect of galvanizing the discipline of History of Nursing to action.³

The call by Davies to develop the history of nursing into a more scholarly, historically-based discipline was taken further by a number of authors; notably Janet Wilson James, Patricia D'Antonio, Sioban Nelson and Helen Sweet.⁴ All argued for more analysis and less celebration in the writing of Nursing History. D'Antonio, in particular, advised that historians should bring depth to their work, placing developments in nursing against a contextual framework of class, gender and race. Nelson took these ideas further, placing a distinction between 'Nursing History', which she viewed as a purely narrative endeavour, and 'History of Nursing', which had the intended consequence of raising 'History' to the level of methodological discipline. These debates culminated in a further article by Davies herself, entitled: '*Rewriting Nursing History – Again?*'⁵

By the time Davies' article was published in 2007 nurse historians throughout the world were engaging in a style of history which both grappled with a wealth of original empirical source materials and took sophisticated

approaches to interpretation. No longer taking for granted the idea that the nineteenth century was characterised by the forward march of the nursing profession, these historians were much more likely to engage with this claim via a close analysis of primary sources.

Progressive history in the early-twentieth century

Two nurse-authors stand out in the writings of the first half of the twentieth century. Sarah Tooley produced a rather hagiographic account of Florence Nightingale's life and work, in addition to a more general (and quite celebratory) history of nursing.⁶ Lucy Seymer's book ranges through the centuries until, reaching the mid nineteenth century, it focuses on the development of nursing as a discipline and profession.⁷ Both writers, although writing forty years apart, have remarkable similarities: their Anglo-centric perspectives and their optimism about the onward-progress of nursing.

Tooley's *History of Nursing in the British Empire* offers a fascinating insight into the confident optimism of the first decade of the twentieth century. In her preface, she writes:

Fifty years ago, the idea of educated women training as nurses was regarded with wonder and amazement, or at best treated as a sentimental fad. Now there is a vast army of skilled and trained women engaged in this important profession throughout the British Empire, to say nothing of other lands. ... The change from the past to the present system of nursing is little short of a revolution.⁸

Tooley's rather florid text tells us more about the state of nursing, and its public image, in the early twentieth century, than about its broader historical development. Her assertive praise provides a glimpse into the psyche of an imperialist, self-confident era. But is it history? Both Tooley and Seymer relied heavily on their wide network of contacts for information about the recent past. In the twenty first century, oral historians argue for the value of such 'witness statements', adding, however, that they must be supported by strong methodological safeguards.⁹ There can be little doubt that the early histories of nursing were grounded in empirical data. Nevertheless, we must question the extent to which rigour and personal reflection had been applied to such accounts.

The twentieth-century empiricists

Two important histories, both produced in the 1960s, broke the celebratory trend. Brian Abel-Smith's *A History of the Nursing Profession* deliberately challenged the

progressive perspective by revealing, through meticulous empiricism, the tensions and conflicts which existed within the nursing establishment. No longer a group of noble women all driving towards the same goal, the profession's leaders were now viewed as a fallible and fractured social group, capable of sabotaging as well as promoting its own interests. In 1969, Bendall and Raybould produced their *History of the General Nursing Council* offering a further detailed empirical study and a challenge to Abel-Smith's critique.¹⁰

Christopher Maggs's *The Origins of General Nursing*, published in 1983, remains one of the most important contributions to the field, offering a close examination of social background, career paths and daily lives of nurses in the late nineteenth century.¹¹ Despite the acknowledged limitations of his sources, Maggs's empirical work offers a valuable starting-point for any historian, providing evidence that the social structure of the nursing profession underwent dramatic change in the nineteenth century. In the same decade, Anne Summers's *Angel's and Citizens* offers a close analysis of the emergence of a formal military nursing service in the neglected period between the Crimean War and the First World War.¹²

A less well-known but equally important book, Judith Moore's *A Zeal for Responsibility* used a careful analysis of the then 'Greater London Council Archives' and a reading of nineteenth-century journals (professional and mainstream). She revealed the extent to which nurses in some late-nineteenth-century hospitals were locked into conflict with both doctors and hospital-governors, and how hard-won their autonomy as independent professionals was.¹³

Late twentieth-century interpretations

The last two decades of the twentieth century and first years of the twenty first saw the production of a number of thoughtful analyses, including Susan McGann's *The Battle of the Nurses*,¹⁴ Anne Marie Rafferty's *The Politics of Nursing Knowledge*,¹⁵ Sioban Nelson's *Say Little, Do Much*¹⁶. Canadian nurse-historian, Carol Helmstadter, produced a remarkable series of papers yielding important insights into the nature of 'old'- and 'new'-style nurses in the mid-nineteenth century, using a number of London-based archives.¹⁷ Each of these authors combined meticulous archive searches with a clearly-articulated theoretical perspective on the impact of prevailing political, economic and social pressures on nursing. Whilst not over-emphasising the idea of transformation, all assumed a dramatic change had occurred during the nineteenth century.

Monica Baly was perhaps the earliest of the new-style revisionists. Less precise in its empiricism than Summers's book, Baly's *Florence Nightingale and the Nursing Legacy*, first published in 1986, was, nevertheless, highly successful in challenging the existing perception that professional nursing was 'invented' at the Nightingale School.¹⁸ Four years later, a short, yet highly influential, piece by Eva Gamarnikow took a deliberately feminist perspective to argue that the 'ideology of femininity' both

supported and placed limits on the power of nineteenth-century nurses.¹⁹

Twentieth-century histories of nineteenth-century nursing have tended to focus on voluntary hospital nurses, to the detriment of their poor-law infirmary-based counterparts. Equally neglected is the numerically large group of nurses who worked outside hospitals as private or district nurses, although some detailed empirical works on both subjects are available.²⁰ Two other areas of neglect are mental health nursing and male nursing. Peter Nolan's study of mental health nursing aside, it is necessary to search through more general histories of nineteenth-century nursing for the rare and brief references to the place of men within an overwhelmingly female profession.²¹

Nightingale and nineteenth-century nursing

The second decade of the twentieth century saw the re-emergence of a phenomenon: the study of, perhaps the most famous woman of modern times, Florence Nightingale. Although many late-twentieth-century revisionist historians suggest that her influence has been overplayed, it is impossible to understand the development of nineteenth-century nursing without considering her contribution and the pervasive influence of the legends that grew up around her name. From the hagiographic writings of the early twentieth century,²² to the revisionism of the later century,²³ and the more empirical and carefully considered works of the twenty first century,²⁴ Nightingale studies have undergone a remarkable trajectory, ending, in the centenary year of her death, with the production of works by scholars such as Lynn McDonald, anxious to reassert the significance and positive influence of Nightingale.²⁵

Nineteenth-century nursing in the twenty first century

The first decade of the twenty first century has seen a welcome return to empiricism. Sue Hawkins's *Nursing and Women's Labour in the Nineteenth Century* provides more information on the lives and careers of nurses at one (possibly atypical) hospital than is available for most of the rest of the country's hospitals put together.²⁶ Stuart Wildman's work on Birmingham offers similar detailed insights on one geographical area.²⁷ Such small-scale, highly detailed empirical studies are immensely valuable and will enable future scholars to piece together more accurate images of what was, and continues to be, an extremely elusive group.

Conclusion: the nineteenth century through twentieth-century eyes

It is interesting to attempt to trace the multifarious historical methodologies through the history of nineteenth-century nursing, as composed by twentieth-century nurse-historians (and 'historians of nursing'). What might be called 'Eltonian empiricism'²⁸ is clearly located in works by Bendall and Raybould and Abel-Smith. Relativist

approaches, heavily influenced by empiricism, may be discerned in the work of those Baly and Rafferty, whilst more theoretical and imaginatively-methodological approaches are largely absent. The early celebratory and narrative histories are overtly progressive in tone – almost to the point of propaganda. They argue the ‘transformation of nursing’ thesis strongly, yet have much to offer the reader who appreciates and accepts their own acknowledged standpoint.

There is surprisingly little overtly feminist nursing history (with the notable exception of Gamarnikow’s well-known text)²⁹ and yet recent outputs by authors such as Hawkins and Howse can be seen to have been powerfully influenced by the latent academic feminism of the late-twentieth and early-twenty-first centuries.³⁰

And what of the idea that nursing was ‘transformed’ in the nineteenth century? Very few authors have offered a challenge to the thesis. Some, notably Abel-Smith and Baly, have modified its main thrust, whilst many have developed it in substance whilst taking it largely for granted in its essentials.

Although nineteenth-century nursing is still a relatively under-research area, our understanding of it has been opened-up by a range of texts from authors whose purposes and perspectives were many and varied. Much has been achieved in bridging the distance between our own world and that of the first generation of professional nurses. Much work still remains to be done.

Notes

1. Lucy R Seymer, *A General History of Nursing* (London, Faber and Faber Ltd, 1949); Brian Abel-Smith, *A History of the Nursing Profession* (London, Heinemann, 1960); Monica Baly, *Nursing and Social Change* (London, William Heinemann, 2nd edition 1980).
2. Celia Davies (ed), *Rewriting Nursing History* (London, Croom Helm, 1980): Introduction.
3. The following chapters from Celia Davies (ed), *Rewriting Nursing History* (London, Croom Helm, 1980): Christopher Maggs, ‘Nurse Recruitment to Four Provincial Hospitals 1881-1921’, Mick Carpenter, ‘Asylum Nursing Before 1914: A Chapter in the History of Labour’; Charlotte Kratz, ‘Epilogue’.
4. Janet Wilson James, ‘Writing and Rewriting Nursing History: A Review Essay’, *Bulletin of the History of Medicine*, 58/4 (1984), 568-84; Patricia D’Antonio, ‘Revisiting and rethinking the rewriting of nursing history’, *Bulletin of the History of Medicine*, 73/2 (1999), 268-290; Sioban Nelson, ‘The fork in the road: nursing history versus the history of nursing?’, *Nursing History Review*, 10 (2002), 175-188; Helen Sweet, ‘Establishing Connections, Restoring Relationships: Exploring the History of Nursing in Britain’, *Gender and History*, 19/3 (2007), 565-80.
5. Celia Davies, ‘Rewriting Nursing History – Again?’ *Nursing History Review*, 15 (2007) 11-28.
6. Sarah Tooley, *The Life of Florence Nightingale* (London, S.H. Bousfield, 1904) and *A History of Nursing in the British Empire* (London, S.H. Bousfield and Co, 1906).
7. Seymer, *A General History of Nursing*. Similar ‘progressive’ overviews of British nineteenth-century

nursing were produced by authors from the USA: Adelaide M Nutting and Lavinia L Dock, *A History of Nursing. The Evolution of Nursing Systems from the Earliest Times to the Foundation of the First English and American Training Schools for Nurses*, Volumes I and II (New York and London, G. P. Putnam’s Sons, 1907); Lavinia L Dock, *A History of Nursing. The Evolution of Nursing Systems from the Earliest Times to the Foundation of the First English and American Training Schools for Nurses*, Volumes III and IV (New York and London, G. P. Putnam’s Sons, 1912); Minnie Goodnow, *Outlines of Nursing History* (Philadelphia, W. B Saunders, 1923).

8. Tooley, *Nursing in the British Empire*, v-vi.

9. Geertje Boschma, Margaret Scaia, Nerissa Bonifacio and Erica Roberts, ‘Oral History Research’, in *Capturing Nursing History. A Guide to Historical Methods in Research*, eds Sandra Lewenson and Eleanor Hermann (New York, Springer Publishing Company, 2008), 79-98; Geertje Boschma, Sonya Grypma and Florence Melchior, ‘Reflections on Researcher Subjectivity and Identity in Nursing History’, in *Capturing Nursing History. A Guide to Historical Methods in Research*, (ed) Sandra Lewenson and Eleanor Hermann (New York, Springer Publishing Company, 2008), 99-122; Rob Perks and Alistair Thomson (eds), *The Oral History Reader* (London, Routledge, 2nd edition, 2006).

10. Eve R.D. Bendall and Elizabeth Raybould, *A History of the General Nursing Council for England and Wales, 1919-1969* (London, H.K. Lewis and Co, Ltd, 1969).

11. Christopher Maggs, *The Origins of General Nursing* (London, Croom Helm, 1983). See also: Christopher Maggs, *Nursing History: The State of the Art*, (London, Croom Helm, 1987); Robert Dingwall, Anne-Marie Rafferty and Charles Webster, *An Introduction to the Social History of Nursing* (London, Routledge, 1988).

12. Anne Summers, *Angels and Citizens: British Women as Military Nurses 1854-1914* (London, Routledge and Kegan Paul, 1988).

13. Judith Moore, *A Zeal for Responsibility: The Struggle for Professional Nursing in Victorian England, 1868-1883* (Athens, The University of Georgia Press, 1988).

14. Susan McGann, *The Battle of the Nurses: A study of eight women who influenced the development of professional nursing, 1880-1930* (London, Scutari Press, 1992).

15. Anne-Marie Rafferty, *The Politics of Nursing Knowledge* (London, Routledge, 1996).

16. Sioban Nelson, *Say Little, Do Much: Nursing, Nuns and Hospitals in the Nineteenth Century* (Philadelphia, University of Pennsylvania Press, 2001).

17. Carol Helmstadter, ‘Old Nurses and New: Nursing in the London Teaching Hospitals Before and After the Mid-Nineteenth-Century Reforms’, *Nursing History Review*, 1 (1993), 43-70; ‘Robert Bentley Todd, St John’s House and the Origins of the Modern Trained Nurse’, *Bulletin of the History of Medicine*, 67 (1993), 282-319; ‘Nurse recruitment and retention in the 19th-century London teaching hospitals’, *International History of Nursing Journal*, 2/1 (1996), 58-69; ‘From the Private to the Public Sphere: The First Generation of Lady Nurses in England’, *Nursing History Review*, 9 (2001), 127-140; ‘Early nursing

reform in nineteenth-century London: a doctor-driven phenomenon', *Medical History*, 46/3 (2002), 325-50; "A Real Tone": Professionalizing Nursing in Nineteenth-Century London', *Nursing History Review*, 11 (2003), 3-30.

18. Monica Baly, *Florence Nightingale and the Nursing Legacy* (London, Whurr Publishers, 1997; first published by Croom Helm, 1986).

19. Eva Gamarnikow, 'Nurse or Woman: Gender and Professionalism in Reformed Nursing, 1860-1923'; in *Anthropology and Nursing*, eds. Pat Holden and Jenny Littlewood (London, Routledge, 1991), 110-29.

20. Rosemary White, *Social Change and the Development of the Nursing Profession: A Study of the Poor Law Nursing Service 1848-1948* (London, Henry Kimpton Publishers, 1978); Stephanie Kirby, 'Reciprocal rewards: British poor law nursing and the campaign for state registration', *International History of Nursing Journal*, 7/2 (2002), 4-13 and 'Diaspora, dispute and diffusion: bringing professional values to the punitive culture of the Poor Law', *Nursing Inquiry*, 11/3 (2004), 185-191; Mary Stocks, *A Hundred Years of District Nursing* (London, Allen and Unwin, 1960); Monica Baly, *A History of the Queen's Nursing Institute: 100 Years 1887-1987* (London, Croom Helm, 1987); Barbara Mortimer, 'Independent women: domiciliary nurses in mid-nineteenth-century Edinburgh', in *Nursing History and the Politics of Welfare* (eds) Anne-Marie Rafferty, Jane Robinson, and Ruth Elkan (London, Routledge, 1997), 133-49. Carrie Howse, *Rural District Nursing in Gloucestershire, 1880-1925* (Cheltenham, Reardon, 2008); Carrie Howse, 'From Lady Bountiful to Lady Administrator: Women and the Administration of Rural District Nursing in England, 1880-1925', *Women's History Review*, 15/3 (2006), 423-41; Helen Sweet with Rona Dougall, *Community Nursing and Primary Healthcare in Twentieth-Century Britain* (London, Routledge, 2008): Chapter One.

21. Peter A. Nolan, *A History of Mental Health Nursing* (Cheltenham, Stanley Thornes, 1998 edition).

22. See, for example: Edward Cooke, *The Life of Florence Nightingale* (London, Macmillan, 1913); Tooley, *Nightingale*.

23. Baly, *Nightingale and the Nursing Legacy*; Charles Rosenberg, 'Florence Nightingale on contagion; the hospital as moral universe', in *Explaining epidemics and other studies in the History of Medicine* (Cambridge, Cambridge University Press, 1992); Hugh Small, *Florence Nightingale: Avenging Angel* (London, Constable, 1998).

24. Lynn McDonald (ed), *The Collected Works of Florence Nightingale*. Volume 6, *Florence Nightingale on Public Health Care* (Waterloo, Ontario, Wilfrid Laurier University Press, 2004); Volume 12, *Florence Nightingale: The Nightingale School* (2009); Volume 13, *Florence Nightingale: Extending Nursing* (2009); Mark Bostridge, *Florence Nightingale: The Woman and her Legend* (London, Viking, Penguin, 2008).

25. Lynn McDonald, *Florence Nightingale at First Hand*, (London, Continuum, 2010) and 'Mythologizing and De-mythologizing' in *Notes on Nightingale: The Influence and Legacy of a Nursing Icon*, eds. Sioban Nelson and Anne-Marie Rafferty (Ithaca, Cornell University Press, 2010), 91-114.

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26. Sue Hawkins, *Nursing and Women's Labour in the Nineteenth Century: The Quest for Independence* (London, Routledge, 2010); Sue Hawkins, 'From Maid to Matron: Nursing as a Route to Social Advancement in Nineteenth-Century England', *Women's History Review*, 19/1 (2010), 125-43.

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28. Geoffrey Elton, *The Practice of History* (London, Fontana, 1967).

29. Gamarnikow, 'Nurse or Woman'.

30. Hawkins, *Nursing and Women's Labour*, Howse, *Rural District Nursing*.

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The Relationship between Doctors and Nurses in Agnes Karll's Letters around 1900

Karen Nolte

Institut für Geschichte der Medizin, University of Würzburg, Germany

Introduction

The following paper investigates how a nurse around 1900 described her experiences with doctors and characterised the relationship between doctors and nurses in general. My analysis is based on letters by the woman best known in Germany for reforming nursing care: Agnes Karll (1868-1927). In 1903 she was one of the founders of the *Berufsorganisation der Krankenpflegerinnen Deutschlands* (Professional Organisation of Nurses in Germany) that essentially contributed to the professionalisation of nursing care by demanding three year training programmes and social security schemes for the caregivers. Her demands only became reality during the second half of the twentieth century.¹

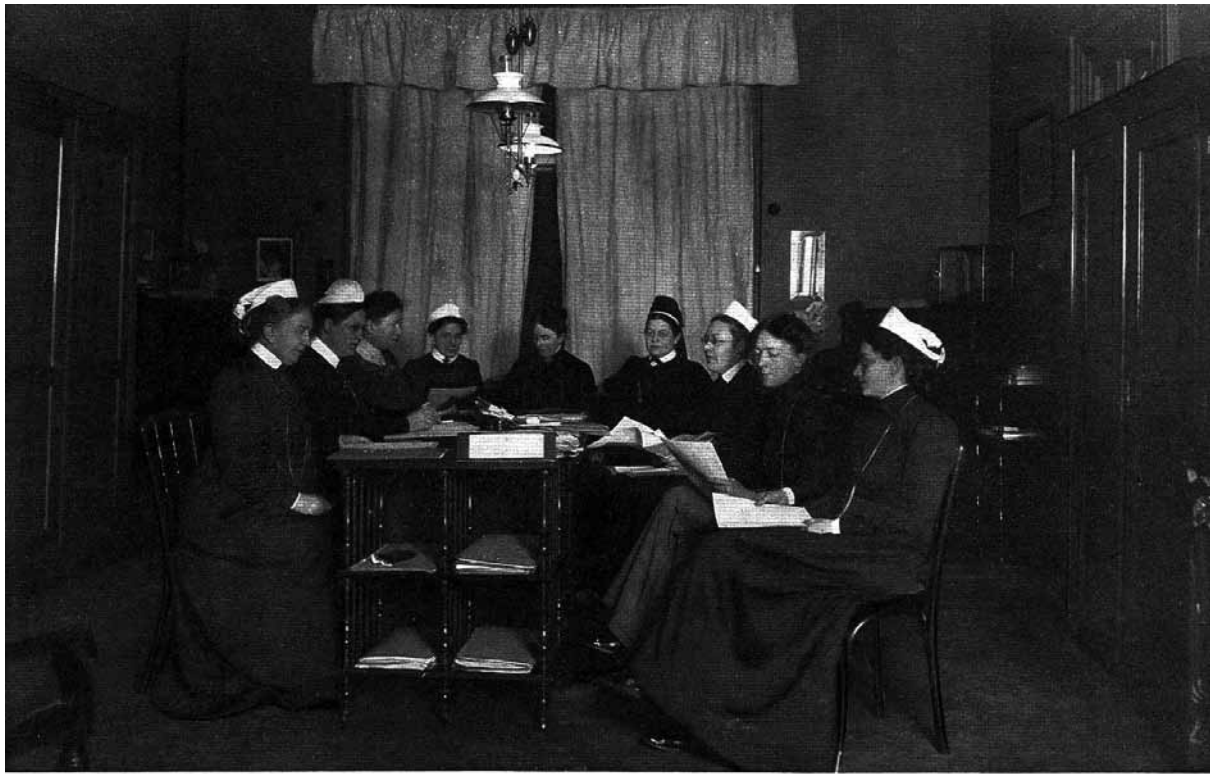
In the German Reich around 1900, nursing care was still strongly shaped by the motherhouse system. In 1836 Theodor Fliedner (1800-1864) had founded the first motherhouse for deaconesses in Kaiserswerth near Düsseldorf. Following the example of the orders founded by the Catholic Sisters of Mercy, the Lutheran pastor conceptualised a system of communities of nurses that all followed the leadership of a pastor. Fliedner intended to attract daughters of pastors, teachers and doctors for his Protestant nursing care. However, nursing care had the social status of servant work which is why mainly young women from lower middle-class families who came from rural areas were willing to join the communities of deaconesses.² At this time the motherhouses represented one of the few options for unmarried women to receive a thorough training, gain a respectable profession and live independently outside of marriage. In return for a life-long occupation, security and care in case of disease and during old age, it was expected that the nurses dedicated their lives to service within the community of nurses.³ The nurses were trained for only a few months in the motherhouse. The duration of the training was not consistently organised; rather the principals determined individually how long a nurse on probation had to stay depending on the skills she was exhibiting. After a basic training period, the deaconesses were sent to denominational and public hospitals as well as into community and private care in the entire German Reich.⁴ Following the concept of the motherhouse, additional communities of deaconesses were soon established, as well as the Red Cross community of nurses.⁵ Similarly, Jewish Residences for Nurses were founded that adopted essential elements of the motherhouse.⁶

Agnes Karll began her training at the Clementinen-Seminary as a nurse on 26 August 1887. Her training lasted half a year: during these six months the probationers received practical experience on children's, women's, men's and private medical units as well as in

the operating theatre. In addition they were taught nursing care techniques away from the patients by experienced nurses, and the matron herself taught the theory of nursing care. An experienced physician gave hands-on instructions on the basics of medicine.⁷

The founder of the Clementinen-Seminary, Olga von Lützerode (1836-1917), had received no formal training in a community of nurses but had rather trained herself – presumably using the writings of Florence Nightingale as manuals. The motherhouse she founded was consciously intended as an alternative to the motherhouses of the deaconesses: in contrast to protestant nursing communities, the Clementinen-Seminary, which had a female management, trained mainly young women from the educated middle class. The matron, Olga von Lützerode sympathised with the middle-class women's movement that demanded a free choice of profession and work for such women.⁸ During the nineteenth-century, middle-class German women were only expected to work in those occupations deemed appropriate for their social rank, such as teaching. When their families could not afford to support them, these daughters were obliged to contribute to their upkeep with 'discreet work', such as sewing or other needlework. In an attempt to improve the lot of unmarried middle-class women, in 1865 the *Allgemeine Deutsche Frauenverein* (the General German Association of Women, ADF) was founded. This association became the source for many additional women's associations and led eventually to the emergence of the middle-class women's movement in Germany.⁹ Since during most of the nineteenth-century nursing care had been the province of paid workers from the lower classes, nurses from these new communities, such as the Seminary, had to distinguish themselves from being mere maids or servants.

Agnes Karll had initially trained to be a teacher and worked afterwards as a governess, yet from the beginning, her ambition had been to be a doctor; like von Lützerode she sympathised with the middle-class women's movement that demanded access for women to academic professions. In the German Reich, women were denied a university degree until the late 1890s but in Switzerland the situation was different.¹⁰ Foreign students there were not obliged to provide certificates (which women could not obtain in Germany) granting them access to the university. Instead the students were allowed to sit an entry examination. That, coupled with the relatively small language barrier posed by studying in German-speaking Switzerland, made its universities especially attractive to German female students. Although the Karll family were landowners and had been well off, during the 1870s they became impoverished due to her



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A Business Meeting of the Officers of the German Nurses' Association
Sister Agnes Karll to the right

father's mismanagement, and there was no money to pay for the intelligent Agnes, who was thirsting for education, to study in Switzerland. The fact that Karll herself would have liked to become a doctor was significant for her later relationships with the physicians around her.¹¹

The correspondence between Agnes Karll and her mother began in 1887. As a young nurse on probation, she regularly reported about her nursing experiences, discussing her patients, her fellow nurses and most of all the physicians.¹² The other half of the correspondence – the mother's letters – is regrettably missing. Furthermore, little is known about the relationship between Agnes Karll and her mother Ida. However, the letters attest to a regular and at times close contact. They are from a time when Agnes Karll could not suspect that she would emerge as a reformer of nursing not only in Germany but also internationally.¹³ These early letters thus describe her experiences of her daily nursing routine in a quite carefree manner.

Deaconess and nursing historian Anna Sticker published Karll's letters in 1977, and created a biography of her by including a linking commentary between them.¹⁴ However, while analysing and comparing Sticker's edition with Karll's original handwritten German letters I noticed that Sticker inserted numerous and at times substantial changes to the letters which she did not acknowledge, with the rare exception of some inserted ellipses. For example, Sticker smoothed Karll's language, added words and at times even entire sentences while simultaneously omitting whole passages without marking her changes. In particular, she deleted such sentences or comments that would have revealed Karll to be a person with ambivalent feelings, doubts and also, sometimes, problematic points of view. Thus, Sticker constructed with these allegedly authentic

but 'bowdlerised' personal testimonials a biography of Agnes Karll which significantly shaped the perception of the reformer in the German-speaking history of nursing. While Agnes Karll is the best-known nurse in the German history of nursing, her professional political commitment and her biography have hardly been investigated. Only since 2004 has German research on the history of nursing been undertaken more professionally – many older studies do not comply with modern methodology now accepted within history of science.¹⁵ As a result, all previous studies on Karll and the history of nursing have relied unquestioningly on Sticker's work without reference to Karll's original letters.¹⁶

Initially I will analyse how, according to the manuals and guidance books, the relationship between physicians and nurses around 1900 was ideally supposed to be. Subsequently I will investigate how Agnes Karll characterised her relationship to the doctors she encountered when she was a young nurse on probation. Then, I will show how her experiences with physicians, which Karll described within the context of nursing at a hospital, differed from her depictions as an experienced nurse, working in a self-employed outpatient capacity caring for her patients in their homes. Finally, I will compare Karll's letters to those of deaconesses which I have analysed intensively as part of my research on the care of terminally ill patients.¹⁷

The relationship between nurses and doctors around 1900 according to the manuals

Nurse manuals were mainly written by physicians, so these sources can be used to investigate how doctors saw their relationship to nurses and how they wished

'their' nurses to be. Thus, in the manual on nursing care by surgeon Theodor Billroth (1829-1894), from 1881, he states, 'Love for truth, a sense of tidiness, reliable faithfulness to the occupation, obedient execution of instructions by physicians and accepting even the, at times, uncomfortable situations without hesitation, are crucial qualities of a caregiver.'¹⁸ Doctors' pleas for nurses' unconditional submission to their authority appear frequently in the nursing manuals at this time.¹⁹ Julius Lazarus (1847-1916) – surgeon and founder of an association for Jewish Nurses – emphasised the leading role of the physician. However, he credited nurses with just as much responsibility, since they also had to serve as the doctor's substitute. During his absence the nurse was not only to carry out his instructions but also to make decisions and act accordingly:

The nurse receives her instructions as a caregiver from the doctor. For that reason she must always accept the doctor as her teacher and master. ... The only responsible person at the sickbed is the physician; however, he cannot always be present, hence he must be replaced by somebody during his absence who strictly follows his instructions and who does everything he would do himself if he were present. The fact that the doctor trusts the nurse this much must be rewarding for the nurse.²⁰

Since anyone was allowed to treat patients in the German Reich, healers without a medical university degree were allowed to practice.²¹ Limiting the authority of nurses, and ensuring her subordination, was thus a strategy physicians employed to prevent competition from such persons who had some knowledge of healing people. Hence, doctors who defined nurses strictly as doctors' assistants may have held sceptical views about Julius Lazarus' ideas.²²

However, nurse's actions during the doctor's absence were never to go so far that she interfered 'with the treatment behind the doctor's back' even if she was more experienced than the physician.²³ The nurse also had to guard against questioning the doctor's decisions and actions in front of the patient; nor should she 'support a patient's scepticism against the treating physician; to the contrary, she should strengthen the trust in the doctor as best as she can'.²⁴

Nurses were required to maintain patient confidentiality, not sharing information about the condition and the situation of her patients with third parties. Furthermore, they were forbidden from openly discussing the doctor's diagnosis with terminally ill patients. Billroth, for instance, emphasised that the nurse was bound to discretion even if the 'patient demanded to know the whole truth'. Rather it was the nurse's duty to provide 'comfort and reassurance' and to support the patient in hoping for the best even if his or her situation was beyond hope.²⁵

As a central duty, the doctors expected nurses to monitor patients in an exact and thorough way, and one of the nurse's crucial tasks was to keep the doctor informed

of his patient's condition: the colour of the patient's face, body posture, complaints and remarks had to be carefully monitored and reported. In addition, body temperature, pulse, breathing rate and volume of excretions had to be measured. Furthermore, medically relevant and suspicious excretions – stool, urine, sputum and vomitus – should be retained and shown to the doctor. These observations had to be carefully recorded in a diary either at the hospital or during the care in private homes²⁶ or they were to be written in a table on a form²⁷ together with date and time.²⁸

Gender relations of the times were also reflected in the hierarchical relationship between nurse and physician: ideally, the nurse should behave in a 'motherly' fashion towards the patient and as a wife to the doctor.²⁹ Thus, part of this 'very much desired femininity [was] to keep the sickroom clean and tidy from early on in the morning, from before the physician entered to make his rounds', and to make the patient feel 'tended to and cared for in a motherly way'.³⁰

Such ideals and norms of behaviour for nurses not only indicate how a nurse was supposed to be, rather, they seem to suggest that the rules and guidelines were necessary in daily practice to distinguish and delineate the nurses' activities and areas of competence from those of the physician's authority.

Agnes Karll as a nurse on probation in the hospital environment

Before the young nurse Agnes Karll was sent to the university hospital in Göttingen as a replacement for a nurse who had fallen ill, she worked in the community of nurses at the Clementinen-Seminary in Hanover. In this independent modern teaching hospital, physicians and clergymen were hired by and answered to the matron, Olga von Lützerode. The hospital in Hanover was similar in structure to denominational institutions: the management did not include doctors and even at the beginning of the twentieth century physicians had to struggle for their professional autonomy. While physicians decided how patients were to be treated, in cases of conflict they were obliged to cede to the matron's or clerical warden's authority.³¹ In contrast, the clinics in Göttingen each had a management consisting of physicians; here nurses were completely subordinate to the needs of these teaching and research facilities and the doctors who ran them.

In 1888 Karll described her first encounter with the head physician of the medical clinic in Göttingen, Professor Wilhelm Ebstein (1836-1912). She was full of awe which at times turned into fear:

I departed the next morning and arrived around noon, just early enough to be introduced to my professor. Yet, he was in a bad mood and quite cold. He had had bad experiences³² and hence it was understandable that he feared the change. He asked whether I was knowledgeable in nursing care which I couldn't answer; a 'yes' or 'no' would have been too much here. Then he said I should just work hard. ... However,

I was quite afraid of him, but he is always friendly to me when he does his rounds and I hope that I won't give him cause for dissatisfaction.³³

During her training, Karll had obviously learned to respect her head physician reverentially as an authority. She probably also knew that Ebstein was regarded as a specialist in the field of metabolic diseases. However, the letters also contain comments about the professor that put him into place as a Jew and societal outcast. For example, Karll emphasised that it was 'strange' that she and the other nurses had to 'work under a Jew', but that he repudiated 'his type' due to his 'compassion for the patients and his friendly behaviour with the nurses'.³⁴ Nurse Agnes also emphasised that Professor Ebstein regularly and generously invited nurses and doctors to his home for dinner – and in these instances she employed the anti-Semitic stereotype of the thrifty rich Jew, feeling the necessity to particularly emphasise his generosity.³⁵

During the 1870s, anti-Semitism had become socially acceptable in the conservative middle-class circles to which Agnes Karll belonged.³⁶ Jews, who usually had difficulties in pursuing a career as civil servants, frequently chose the free academic professions and were thus (with respect to their percentage in the population), over-represented in the law and medical schools. Due to the increasing unemployment rates for academics during the era of the German Empire, Jewish academics, and in particular physicians, were regarded with suspicion. For Agnes Karll it was thus unusual that a Jewish professor held a leading position. The fact that she recalls the common anti-Semitic prejudices in her characterisation of Ebstein illustrates that she could not encounter him entirely free of reservation, even though she eventually changed her preconceived ideas. While Sticker did not remove these echoes of the anti-Semitic Zeitgeist from Karll's letters, her comments put them into a much friendlier perspective.³⁷

Karll's characterisation of other doctors alternates between awe and criticism of their ignorant conduct with regard to issues of nursing care. She described for instance how one doctor she worked with simply called her 'my nurse' since he could not remember her name.³⁸ She also described doctors as removed from daily life since they regularly called the nurses for the rounds when it was time to serve lunch. As the doctors' authority ruled, patients' meals always got cold.³⁹

Other descriptions of the daily hospital routine reveal Karll's critical perspective with regard to the doctors' therapeutic decisions. Karll was especially critical of how terminally ill patients were treated, describing on one occasion, in agitated terms, the treatment of a cancer patient who had to undergo 'difficult, unpleasant surgery'. During the first procedure the professor did not remove the patient's carcinoma completely and for that reason the cancer 'would very soon recur with a terminal result'.⁴⁰ Karll continued that the patient was not informed that she would soon die, and she deeply disapproved of this 'delaying [the truth] until a time who-knows-when',

concluding that the final intervention was not ethically justifiable as the patient 'did not even suspect the worst'.⁴¹ To Karll this demonstrated the doubtful position of the doctor as an advocate of the patients. However, she did not share this criticism with the doctors or, even worse, the patients. This would have constituted – as explained above – a breach of the guidelines of her profession. For that reason, the letters to her mother served as an outlet for her frustration and the criticism that Karll had to keep to herself during her daily work.

Furthermore, she regarded medical students as a chaotic, disruptive factor of the daily nursing routine and dismissively characterised them as 'quite an irritating addition' to the teaching hospital. She described with glee how the students, who had often behaved in a quite 'rude' manner in their early semesters, became 'rather polite' immediately before their state examinations since 'the nurses often have to assist them'.⁴² She obviously enjoyed this temporary reversal of the power structure between the nursing staff and the physicians.

One particular doctor's treatment of a nurse who suffered from difficulties in swallowing caused Agnes Karll to be outraged. This insensitive doctor obviously did not take her colleague, Nurse Bertha's, pain seriously and diagnosed a psychosomatic tightness of the throat: a *globus hystericus*. Only much later, a second physician detected a transverse piece of cartilage in her oesophagus and diagnosed it as the cause of the discomfort.⁴³ In this incident, which Karll described in much detail, the relationship between doctors and nurses becomes obvious as one full of tension and hierarchies. Furthermore the fact that the first doctor ascribed a hysterical disease to the nurse reveals to what a large degree the doctor-nurse relationship was shaped by gender hierarchies – hysteria was regarded at the time as a pathological aggravation of "normal" female qualities.⁴⁴ Karll's descriptions, however, also disclose how important the solidarity and the feeling of community were among the nurses who, full of dedication, took care of their colleague and supported her against the insensitive doctor.

Life and work in a community of nurses had the effect that the attention of the individual nurse was directed towards fellow nurses and most of all towards the principals of the motherhouse. An analysis of the letters by the deaconesses from Kaiserswerth from the same time reveals that physicians play a marginal role as agents or subjects of stories. These letters were the nurses' regular reports to the principals of the motherhouse, describing their everyday experiences at the hospital.⁴⁵ Apart from the patients, the other important personalities in these letters are fellow deaconesses. At times, the community pastor is mentioned in the deaconesses' letters. Deaconesses working in a hospital hardly ever described the physical treatment of the patients. Rather the depiction of the condition of the soul formed the essential part of the deaconesses' reports to the motherhouse: a patient's salvation was at the centre of Protestant nursing ethos. This 'care for the soul' was strictly separated from the physical care.⁴⁶ Nurse Isabelle from the Luisen-hospital in Aachen described, in 1877, the 'sad' condition of the soul of a

severely ill rich man, emphasising that his 'outer condition' could not be compared to his 'inner turmoil and constant mortal fear of his soul'.⁴⁷ Similarly, Nurse Emilie described in detail the pitiful condition of the soul of an English lady with an 'inner ailment' whose condition was hopeless.⁴⁸ In contrast to Agnes Karll's letters, the deaconesses' letters rarely contain any medical details – they hardly ever mention any specific diagnoses and use colloquial terms for diseases rather than their scientific counterparts. While the deaconesses received a thorough training in the 'care for the body', the care for the soul was central to their self-perception as nurses. Furthermore, the deaconesses who worked in and wrote about the everyday life at the hospital only rarely mention the doctors in their letters. These doctors were general practitioners who regularly appeared at the hospital to treat patients, but while the nurses occasionally mention the doctors' instructions and prognoses, they made little comment.⁴⁹ Only in the second half of the twentieth century were German deaconess hospitals put under the management of physicians, and only then did nursing in such hospitals begin to adopt scientific approaches to understanding disease. Up to this point, physicians had played a secondary role in the everyday life of these houses.⁵⁰

By contrast, Agnes Karll found a source of identity in a concept of nursing that derived from a scientific notion of medicine. To Olga von Lützerode it particularly mattered that nurses received hands-on training from physicians. For that reason, her probationary nurses were sent early on into the outpatient clinics and university hospitals to gain practical experience.⁵¹ At the university hospital in Göttingen where Karll had worked, the directors were physicians and the hospital mainly served to train young doctors. Karll's depictions suggest that the doctors were ever present in the everyday life of the hospital. In the hospitals under the management of deaconesses, the physicians were merely guests and were required to be subordinate to the ladies' rules, quite the opposite to the situation in university hospitals. Karll described how the daily routine of nurses in the university institutions had to be organised in accordance with the endless rounds by the head physician as well as the training of medical students. Doctors hardly noticed the individual nurses as people, as is illustrated by the physician who had forgotten Nurse Agnes' name. One can assume that the nurses were more important as personalities in the denominational hospitals since they decided on the daily routine on the ward and only occasionally consulted with a general practitioner from outside.

Agnes Karll as a private nurse

Between 1891 and 1898 Agnes Karll, who was by now an experienced nurse, worked as a self-employed nurse in private care in the metropolis of Berlin. Despite her mother's strong reservations, Karll had decided to give up the social security that the motherhouse provided and to work as a self-employed nurse in private care. She was hoping to earn more money this way in order to financially support her mother and her severely ill father

who was in need of care. Like other former nurses from the Clementinen-Seminary, Nurse Agnes lived in a furnished room in a residence for nurses that a woman named Cläre Stieglitz had opened. While the dormitory found nursing positions for its residents, it did not take on the protective role that motherhouses assumed. Some residences for nurses charged a portion of the nurse's salary for finding them positions; others received their income simply from renting out the rooms. In larger cities there were many such residences: some were linked to the church, others were run by private and at times very efficient matrons. Some of these dormitories were accused of exploiting their nurse residents, charging so much in finding fees and rent that they were left with hardly any wage to live on. However, Agnes Karll writes in very sweet and friendly tones about her 'dorm mother' Cläre Stieglitz.⁵² Nevertheless, nurses worked on their own account and had to make their own provisions for illness and old age. For nurses who were connected to a motherhouse, the working conditions and minimal break times were contractually agreed upon between the employer and the motherhouse, and in case of a breach of these regulations the motherhouse at times intervened. Self-employed nurses had no-one to intervene on their behalf and had to negotiate their own working conditions with those bodies that paid them. This direct economic dependence upon their employer rendered their negotiation power significantly weaker.⁵³

As a result of her experiences as a self-employed nurse in private care, one of Karll's major demands, once she had assumed a position of authority, was social security for self-employed nurses.⁵⁴ Karll's letters reveal that her constant availability for the care in homes was both psychologically and physically draining and had some effect on her health. Apparently, she was suffering from neurasthenia, a nervous disease that forced her to have regular 'electricity and bathing' sessions.⁵⁵ In 1898, she finally had to abandon her work as a self-employed nurse as a direct result of these health problems.⁵⁶

Two years after moving to Berlin, in 1893 she founded her own residence for nurses, initially intended for her and four other nurses, because she was not satisfied with the conditions in Cläre Stieglitz's dormitory. She was particularly critical of the dormitory's failure to find sufficient work for her and her colleagues, which is why she took the initiative early on to purposefully introduce herself to the general practitioners in her neighbourhood in Berlin. For nurses who lived in dormitories, recommendations from doctors with whom they had previously worked were particularly important for obtaining good nursing positions in the future.⁵⁷

The following incident which Karll described in a letter to her mother may serve to illustrate the extent of her dependency on doctors for work:

My visit at *Sanitätsrat* Rüge's the other day was quite interesting.⁵⁸ He had repeatedly called for me when I was out, and when I then did not hear anything about new cases for a while, I thought it could be useful to remind him of my existence. It is very easy to talk to him since he is very bright and we have



Agnes Karll, c1900. Reproduced from Margaret Lungerhausen, Agnes Karll. Ihr Leben, Werk und Erbe (Hannover, Elwin Staude, 1964).

things in common, and in addition he does not think that a woman's brain is too small.⁵⁹

Karll regularly had to do her rounds and knock on the doors of doctors to get them to procure patients for her. At least Dr. Rüge was not as misogynistic as the doctor who she regularly visited to get 'electricised' due to her nervous exhaustion.⁶⁰ Writing to her mother she mentioned that she felt obliged to argue with this man's position regarding the question of women's rights: '... we repeatedly took up the cudgels on behalf of the Women's Question since I cannot just be quiet when somebody believes that it is enough for women to be able to read, write and know some basic arithmetic'.⁶¹ Around 1900, medical professionals in Germany were the most prominent opponents of women attending university and this doctor was no exception.⁶² Karll who had a lower social status as a nurse was always eager to emphasise how she was intellectually on the same level when she 'chatted' and talked with the physicians.

Karll's professional relationship with a practitioner was described in detail in a letter to her mother in 1894, in which she discussed the treatment of a patient with intestinal cancer. Karll characterised her relationship with the critically ill woman as close, at times too close for her liking. Together with the family, she lived through the ups and downs of the patient's serious illness and her shifting moods.⁶³ As with her descriptions of hospital doctors, her relationship with the attending general practitioner straddled both admiration and critical distance. In her letters the patient is the central person of reference, but the doctor also features prominently, Karll alternately displaying a desire to receive his respect while also often criticizing his behaviour as a doctor. She rigidly condemned

the doctor's decision to conceal from the patient the 'truth' about her serious condition, and his insistence on silence on the subject from the nurse. Karll felt this silence denied her patient the opportunity to deal with her approaching death, and she did not hide how difficult it was for her to follow the doctor's instruction in this situation:

The rules of discipline demand that I comply with the doctor's views regardless whether I think the opposite. I believe that the tortured soul could find peace even after the most horrible pain if she was aware of the worst news. Hence I suffer at times some conflicts in my soul and I can find peace only after struggling with myself for a long time.⁶⁴

Furthermore, Nurse Agnes described very movingly how hard it was for her as caregiver to deal with the patient's horrible pain during a crisis because the doctor had prescribed very scant doses of morphine. When the doctor reappeared, after the worst was over, he announced himself pleased about the 'lucky turn' the course of the disease had taken, and told Nurse Agnes that she did not have to use the morphine so sparingly. In her letter, Karll movingly describes how she felt after this difficult encounter – angry that the doctor gave her free reign over the morphine dose only when it was too late:

That was too much for me, at that moment I was so mad at the good old man and the minute he left I had laughing and crying fits after which I slowly regained my composure. For 8 days, pain at day and night, and to have to save morphine and not to be allowed to exceed the prescribed dose – and now when it was more bearable without it, freedom to decide! You probably cannot imagine the impact on me, of these various events, but I believe this was the worst day in my time as a caregiver.⁶⁵

This letter is another example illustrating that Nurse Agnes was prohibited from openly criticising the doctor. She describes how her self-control lasted just long enough until the physician had left the house. In her edition of this letter, Anna Sticker deleted the 'laughing and crying fits' that Agnes Karll described in such detail without marking the gap with ellipses.⁶⁶

In a later letter, Karll described a conversation with this doctor where they discussed her unfulfilled desire to study medicine and become a doctor herself. Karll wrote full of pride how the same physician, who had previously made her subordinate position entirely obvious by showing his lack of trust during the pain management episode, attested that she had a 'distinct instinct for medicine' and a 'keen perception'.⁶⁷ While the doctor called her now 'colleague', this did not hide the fact that previously he had not even trusted her to take responsibility for administering the patient's morphine. Despite this experience Karll was proud that the doctor verbally promoted her to the status of a colleague.⁶⁸ I regard this passage as the key to Karll's relationship with physicians; the physicians' recognition

of her performance mattered a lot to her. Even though she criticised the doctors – at times quite strongly – she depended on their praise for her own self-esteem.

The letters by the deaconesses in Kaiserswerth reveal that they regarded the care of terminally-ill patients as an area that was largely independent from the physicians' domain. For that reason, they often started a religious preparation for death ('care for the soul') without the doctors' instructions. Conflicts only arose in cases when doctors explicitly prohibited the Protestant nurses from discussing the approaching end with the patients. Only in such cases did their Christian duty to ensure a blessed death come into conflict with their obligation to strictly follow the doctors' orders.⁶⁹ However, deaconesses depended for work less on doctors than self-employed nurses who worked in private care, since the motherhouse arranged their work and negotiated the working conditions with the patients' families. The deaconesses could also count on the support of the motherhouse when the doctor hindered them from providing 'care for the soul'.⁷⁰

Agnes Karll resented that she could not give her cancer patient sufficient amounts of morphine and that she had to follow the spare prescriptions of the general practitioner. The deaconesses were ambivalent about the palliative therapy for severely ill patients. Since they interpreted the disease and hence also the pain as a test or even punishment of God, they disapproved of giving patients pain medication who, in their opinion, had indulged in a 'sinful lifestyle'. With noticeable disgust, Nurse Johanne described, for example, how a patient suffering from dropsy who did not want to hear anything about God 'begged' for pain killers.⁷¹ Nurse Auguste complained that a consumptive patient was 'anaesthetised by morphine' to such an extent that he could no longer pay attention to 'what was read to him from the word of God'.⁷² In contrast, deaconess Nurse Mina, who worked in private care, described how she decided, quite independently, when she would administer morphine powder to her cancer patient and in what doses. She described the condition of her patient's soul as 'quiet and humble in God's will'; she also emphasised how the dying woman was patiently enduring her pain and 'misery'.⁷³ These circumstances made it apparently easier for Nurse Mina to be generous with her administration of morphine powder. She informed her motherhouse in great detail about the palliative therapy regimen, in the course of which she had both determined the timing of administration of morphine and the doses of the opiate that she should give. Mina had acted apparently in accordance with the treating physician.⁷⁴

In the deaconesses' letters, physicians are merely mentioned when they made a diagnosis or gave instructions. Only in one letter is the relationship to the doctor addressed. In 1893, Nurse Auguste wrote when she worked in private care:

The general practitioner is very friendly and is always helping me in the mornings and evenings making the patient's bed. On the second day I arranged the sickroom in a way that I regarded to be the most comfortable. The doctor expressed his satisfaction about

it and said I knew very well how to make such arrangements. I am not telling you this to praise myself, oh no, I've also experienced plenty of humiliations.⁷⁵

Since praising oneself strongly contradicted the deaconesses principle of self-denial, Nurse Auguste was eager to weaken the doctor's praise. Yet she still mentioned the physician's compliment, presumably because she wanted to gain the respect of the authority above the doctor – the principals of her motherhouse.

Conclusion

In Agnes Karll's letters, doctors were often the subject of her descriptions, desires and projections. As much as Karll questioned their behaviour, decisions and at times even professional competency, she accepted their authority as physicians and men, continuously seeking to earn their respect. Karll presents both her praise and contempt for the doctors she worked with to her mother in a way that illustrates that the doctor's personal feedback was essential for her self-confidence as a nurse. In contrast, the letters of the deaconesses reveal that they derived their notion of self-worth from their relationship to the principals of the motherhouse and from the community of nurses. The support the community of nurses provided can also be felt in Karll's early letters when she was still fully integrated within the nursing staff at the Clementinen-Seminary. Five years after founding the 'Professional Organisation of Nurses in Germany', in a publication from 1908, she emphasised the important role motherhouses played in providing nurses with an ethical training, and the importance of community support – something she had later missed when working as a self-employed nurse in private care. Within a motherhouse, nurses learned through religious teachings and through the community ethos to treat patients, superiors and fellow nurses appropriately – qualities which were difficult to observe in young independent nurses.⁷⁶

Agnes Karll had an upper-class background and would have liked to become a doctor, thus matching her original status in society, and she also wanted to be challenged according to her abilities. But instead she became a nurse. Her idea of nursing differed fundamentally from that of the deaconesses, in that she promoted a professionally thorough training in the care of the body. Furthermore, she demanded a training period of three years during which the focus was to be on teaching medical and nursing skills. In her letters, Karll always used Latin terms for the diseases of her patients, in contrast to the deaconesses who described diagnoses either in everyday terms or did not mention them at all. Karll no longer talked about religious training but about the ethical education of the nurses.⁷⁷ For Karll the notion of nursing care as a scientific-medical task was thus crucial; care of the body was central and in that regard she had to adhere strictly to the doctors' instructions. 'Care for the soul', was less important in her model of nursing care. For deaconesses, 'are for the soul' still served as a

source of identity and as an area of competency that was independent from that of doctors. Unlike the deaconesses, as a self-employed nurse, Agnes Karll depended on the good intentions of general practitioners who facilitated her search for nursing care positions. During this period of her career, her economic dependency on doctors and the power structure between physicians and nurses was both influenced by societal and gender structures.

Agnes Karll's ambivalent relationship to the physicians only became evident after an analysis of her original letters and I am the first historian who has undertaken such a study since Anna Sticker's somewhat edited analysis in 1977. Sticker rendered these ambiguities invisible by omitting passages and polishing Karll's own language. In the preface to Sticker's biography of Karll, she compares the importance of Agnes Karll for the development of German nursing to Florence Nightingale's influence in England.⁷⁸ Sticker possibly assumed that the publication of intimate feelings such as anger, helplessness and despair could have damaged the public image of this important woman. The counter-argument is that Karll's shifts between criticising the doctors' actions and her need for the physicians' respect allows some insights into the feelings of nurses around 1900 in general. On the one hand private nurses had a lot of responsibility for the patients while the doctor was absent; on the other hand the strong hierarchical relationship between doctor and nurse limited their scope of action significantly. The nurse's status as the doctor's assistant, which the physicians had determined in their publications, prevented an encounter between equals. In 1903, Agnes Karll demanded a training programme for nurses that would run for three years, which should become reality only after Karll's death.⁷⁹ She wanted nurses to have a thorough knowledge of medicine and nursing care techniques so that they could be self-confident and stand up to the physicians during their encounters.

Notes

1. See Eduard Seidler, Karl-Heinz Leven, *Geschichte der Medizin und der Krankenpflege* (Stuttgart, Kohlhammer, 1996, 7th ed.), 223-228; Ruth Elster, *Der Agnes Karll-Verband und sein Einfluß auf die Entwicklung der Krankenpflege in Deutschland. Ein Beitrag zur Geschichte der Pflegeberufe und eines Berufsverbandes* (Frankfurt/Main, Mabuse, 2000); Marianne Schmidbaur, *Vom 'Lazaruskreuz' zu 'Pflege aktuell'. Professionalisierungsdiskurse in der deutschen Krankenpflege 1903-2000* (Königstein i.T., Ulrike Helmer, 2002), 58-68; Elisabeth Ponto, 'Die Berufsorganisation der Krankenpflegerinnen Deutschlands (1903 bis 1918) – 4. Teil: Agnes Karll und der Berufsverband der freiberuflichen Krankenpflegerinnen', *Die Schwester/Der Pfleger* 40/1, (2001), 78-81.
2. See Jutta Schmidt, *Beruf, Schwester. Mutterhausdiakonie im 19. Jahrhundert* (Frankfurt am Main/New York, Campus, 1998).
3. See Susanne Kreutzer, *Vom 'Liebesdienst' zum modernen Frauenberuf. Die Reform der Krankenpflege*

- nach 1945* (Frankfurt/Main/New York, Campus, 2005), 34-41.
4. See Karen Nolte, 'Pflegerinnen im 19. Jahrhundert. Eine ethikgeschichtliche Annäherung' in Susanne Kreutzer *Transformationen pflegerischen Handelns. Institutionelle Kontexte und soziale Praxis vom 19. bis zum 21. Jahrhundert* (Göttingen, VR unipress, 2010), 87-108.
5. See Dieter Riesenberger, *Das Deutsche Rote Kreuz. Eine Geschichte 1864-1990* (Paderborn, München et al., Ferdinand Schöningh, 2002), 211-226.
6. See Hilde Stepe, '... den Kranken zum Troste und dem Judenstern zur Ehre'. *Zum Geschichte der jüdischen Krankenpflege in Deutschland* 2nd Ed. (Frankfurt/Main, Mabuse, 2006).
7. See Traudel Weber-Reich, 'Wir sind die Pionierinnen der Pflege ...' *Krankenschwestern und ihre Pflegestätten im 19. Jahrhundert am Beispiel Göttingens* (Bern, Göttingen. Hans Huber, 2003), 131.
8. See Weber-Reich, *Wir sind die Pionierinnen*, 111-39. Von Lützerode did not want to join a religious community of nurses and instead associated the Clementinen-Seminary to the Red Cross. By contract the Clementinen-Seminary was linked to the university hospitals in Göttingen. This is where nurses and probationers from Hanover were sent.
9. See Ute Gerhard, *Unerhört. Die Geschichte der deutschen Frauenbewegung* (Reinbek, Rowohlt Taschenbuch Verlag, 1990).
10. See Eva Brinkschulte, *Weibliche Ärzte. Die Durchsetzung des Berufsbildes in Deutschland* (Berlin, Hentrich, 1995); Johanna Bleker, *Der Eintritt der Frauen in die Gelehrtenrepublik zur Geschlechterfrage im akademischen Selbstverständnis und in der wissenschaftlichen Praxis am Anfang des 20. Jahrhunderts* (Husum, Matthiesen, 1998).
11. See Margarete Lungershausen, *Agnes Karll. Ihr Leben, Werk und Erbe* (Hannover, Elwin Staude, 1964), 19-26; Anna Sticker, *Agnes Karll. Die Reformerin der deutschen Krankenpflege* (Wuppertal: Aussaat, 1977), 17-26.
12. Copies of the originals can be found in the archive of the DBfK office (*Deutscher Berufsverband für Pflegeberufe* – German Professional Association for Care Professions) in Berlin. Unfortunately, nothing is known about the whereabouts of the originals.
13. See Geertje Boschma, Nancy Tomes, 'Agnes Karll' in Barbara Brush *Nursing of all nations – a history of the International Council of Nurses, 1899-1999* (Philadelphia, Lippincott, 1999), 26-29.
14. Sticker, *Agnes Karll*.
15. In 2004 the Department of the History of Medicine of the Robert Bosch Foundation Stuttgart started a support programme called 'Social history of nursing': one requirement to receive the funding is the double qualification in nursing care and history. With this programme historical standards for the study of nursing care were demanded and established for the first time. On the historiography of German speaking nursing care compare Sylvelyn Hähner-Rombach and Christoph Schweickardt, 'Nursing history in Germany: past, projects, papers and prospects' *Nursing History Review*, 16 (2008), 91-99.

- 16.** The few historical works that do describe Agnes Karll's career refer to Sticker's biography, see Eva Hummel, *Krankenpflege im Umbruch (1876-1914)* (Freiburg, Schulz, 1986), 39-48. Hummel quotes Karll's letters that Sticker significantly changed without also using the originals. In their review of the German history of nursing care, Eduard Seidler and Karl-Heinz Leven also base their writings about Agnes Karll on Sticker's biography, see Seidler/Leven, *Geschichte der Medizin*, 227-228. Newer works in the history of nursing care do not quote the older biography of Karll by Lungershausen, which is rather a collection of materials from Karll's time as an activist in the professional organisation, see Lungershausen, *Agnes Karll*. Apart from these two biographies there are no other works on Karll's life and work. Geertje Boschma refers to Lungershausen in her writings on Karll's professional political commitment, see Geertje Boschma, 'Agnes Karll and the creation of an independent German nursing association 1900-1927' *Nursing History Review*, 4 (1996), 151-168.
- 17.** The deaconesses wrote these letters to the principals of the motherhouse from the hospitals and private care cases they had been sent to, reporting on their work and their experiences. The extensive collection of letters by nurses is located in the archive of the Fliedner cultural foundation in Kaiserswerth.
- 18.** Theodor Billroth, *Die Krankenpflege im Hause und im Hospitale. Ein Handbuch für Familien und Krankenpflegerinnen* (Wien, Carl Gerold's Sohn, 1881), 5.
- 19.** See also Paul Rupprecht, *Die Krankenpflege im Frieden und im Kriege. Zum Gebrauch für Jedermann insbesondere für Pflegerinnen, Pfleger und Ärzte* (Leipzig, E. C. W. Vogel, 1914), 61-3; Julius Wilhelm Rudolf Salzwedel, *Handbuch der Krankenpflege. Zum Gebrauch für die Krankenwarschule des Kgl. Charité-Krankenhauses sowie zum Selbstunterricht* (Berlin, August Hirschwald, 1909), 483-5.
- 20.** Julius Lazarus: *Krankenpflege: Handbuch für Krankenpflegerinnen und Familien* (Berlin, Julius Springer, 1897), 12-13.
- 21.** See Claudia Huerkamp, *Aufstieg der Ärzte. Vom gelehrten Stand zum professionellen Experten: Das Beispiel Preußen* (Göttingen, Vandenhoeck & Rupprecht, 1985).
- 22.** See Claudia Bischoff: *Frauen in der Krankenpflege. Zur Entwicklung von Frauenrolle und Frauenberufstätigkeit im 19. und 20. Jahrhundert* (Frankfurt am Main/New York, Campus, 1997), 32-44.
- 23.** Otto Juliusburger, 'Arzt und Krankenschwester', *Blätter für Krankenpflege* 7 (1918), 97-9.
- 24.** Billroth, *Die Krankenpflege*, 10.
- 25.** Billroth, *Die Krankenpflege*, 11-2.
- 26.** Lazarus, *Krankenpflege*, 88-126.
- 27.** Salzwedel, *Handbuch der Krankenpflege*, 151.
- 28.** *Ibid.*, 115-152; cf. also Juliusburger, *Arzt und Schwester*, 97-99; Rupprecht, *Die Krankenpflege*, 62.
- 29.** Cf. here especially Bischoff, *Frauen in der Krankenpflege*, 99-102.
- 30.** Cf. Juliusburger, *Arzt und Schwester*, 97-9.
- 31.** See Hans-Walter Schmuhl, 'Ärzte in konfessionellen Kranken- und Pflegeanstalten 1908-195' in Frank-Michael Kuhlemann, Hans-Walter Schmuhl, *Beruf und Religion im 19. und 20. Jahrhundert* (Stuttgart, Kohlhammer, 2003), 176-94.
- 32.** Unfortunately, neither this nor other letters by Karll reveal what kind of negative experiences the head physician had.
- 33.** Letter by Agnes Karll from Göttingen from 27/03/1888, 112.
- 34.** Letter by Agnes Karll from Göttingen from 08/04/1888, 121-2.
- 35.** Letter by Agnes Karll from Göttingen from 08/04/1888, 121-2. With the financial crash of 1873 the anti-Semitic stereotype of Jews grabbing capital gained new popularity. Since Jews had traditionally no access to the craftsmen guilds, they worked as merchants or bankers. Large Jewish companies, distributors, mail order businesses and department stores were particularly visible and became for that reason the target of anti-Semitic propaganda. See Thomas Nipperdey, *Deutsche Geschichte, 1866-1918, Bd. I: Arbeitswelt und Bürgergeist* (München, Beck, 1994), 296-413.
- 36.** On "modern anti-Semitism" in Germany see Helmut Berding, *Moderner Antisemitismus in Deutschland* (Frankfurt am Main, Suhrkamp, 1988). See Letter by Agnes Karll from Göttingen from 16/03/1890, 238. Thus, Karll mentioned her shock that Reichs-Chancellor Bismarck had handed in his resignation. Furthermore, Karll neither hid in her letter her loyalty for the emperor nor her anti-social-democratic views.
- 37.** Sticker, *Agnes Karll*, 43-4. While Sticker points out the contemporary anti-Semitism, she emphasises without any further proof that Karll had not been anti-Semitic.
- 38.** Letter by Agnes Karll from Göttingen from 08/04/1888, 119.
- 39.** Letter by Agnes Karll from Göttingen from 08/04/1888, 121.
- 40.** Letter by Agnes Karll from Göttingen from 05/03/1890, 229.
- 41.** *Ibid.*
- 42.** Letter by Agnes Karll from Göttingen from 27/03/1888, 113.
- 43.** Letter by Agnes Karll from Göttingen from 25/02/1888, 105-6.
- 44.** See Mark Micale, *Approaching Hysteria. Disease and its Interpretations* (Princeton, New Jersey, Princeton University Press, 1993); Karen Nolte, *Gelebte Hysterie. Erfahrung, Eigensinn und psychiatrische Diskurse im Anstaltsalltag um 1900* (Frankfurt/Main, New York, Campus, 2003), 112-133; Katrin Schmiersahl, *Medizin und Geschlecht. Zur Konstruktion der Kategorie Geschlecht im medizinischen Diskurs des 19. Jahrhunderts* (Opladen, Leske + Budrich, 1998), 190-211.
- 45.** See letters by deaconesses in the archive of the Fliedner-Kulturstiftung (FSAK).
- 46.** See Nolte, *Pflege von Sterbenden*.
- 47.** See FSAK: Schwesternbiefte aus dem Aachener Luisenhospital, Sign.: 1153, 1872-1877, Letter by Isabelle Kummer from 08/02/1877.
- 48.** See FSAK: Schwesternbiefte aus dem Aachener Luisenhospital, Sign.: 1153, 1872-1877, Letter by Emilie Lemke from 07/09/1879.

49. See FSAK, *Schwesternbriefe aus dem Aachener Luisenhospital, 1871-1896*, Sign.: 1103, 1094, 1095, 1096, 1097.

50. See Susanne Kreutzer, 'Fragmentierung der Pflege. Umbrüche pflegerischen Handelns in den 1960er Jahren' in Susanne Kreutzer *Transformationen pflegerischen Handelns. Institutionelle Kontexte und soziale Praxis vom 19. bis zum 21. Jahrhundert* (Göttingen, VR unipress, 2010), 109-30; Schmuhl, 'Ärzte in konfessionellen Kranken- und Pflegeanstalten'.

51. See Weber-Reich, *Wir sind die Pionierinnen*, 123-39

52. Letter by Agnes Karll from Berlin from 14/12/1891, 524-30.

53. See Hummel, *Umbruch*, 42-4.

54. On the conditions as a self-employed nurse cf. Hummel, *Umbruch*, 49-72; Seidler/Leven, *Geschichte der Medizin*, 223-228.

55. Letter by Agnes Karll from Berlin from 23/07/1895, 1125. On the history of nervousness and on the concept of neurasthenia in Germany around 1900 see also Joachim Radkau, *Das Zeitalter der Nervosität. Deutschland zwischen Bismarck und Hitler* (München, Wien, Hanser, 1998).

56. During her time as a private nurse, in 1894 Agnes Karll accompanied a neuropathic American lady for three months during her trip to the USA. This opportunity proved to be a lucky turn for the completely physically exhausted Nurse Agnes. Enduring this three months appointment in a normal care setting would have been impossible for her. She used her time as a travel companion to recover physically and to collect impressions about the situation of nurses in the USA. After working as a nurse in private care, Karll briefly worked in a private hospital before joining the insurance company "Deutscher Anker". In between she accompanied the wife of General Ramsay from Helsinki on her travels. Later she translated multiple volumes on the history of nursing care, namely M Adelaine Nutting, Lavinia L Dock, *A History of Nursing* (New York, G.P. Putnam's Sons, 1907). See Hummel, *Umbruch*, 39-48; Sticker, *Agnes Karll*, 61-106.

57. See Hummel, *Umbruch*, 43

58. *Sanitätsrat* was an honorary title during the time of the German Empire that the Minister of Health awarded to physicians and medical professionals when they had been in service for 20 years. Jahre im Dienst waren, vom Gesundheitsminister verliehen wurde.

59. Letter by Agnes Karll from Berlin from 23/07/1895, 129.

60. Letter by Agnes Karll from Berlin from 23/07/1895, 1125.

61. Letter by Agnes Karll from Berlin from 23/07/1895, 1129.

62. See Brinkschulte: *Weibliche Ärzte*; Bleker: *Der Eintritt der Frauen*.

63. Letters by Agnes Karll from Berlin from 25/07/1894 and 08/11/1894.

64. Letter by Agnes Karll from Berlin from 08/11/1894, 1040.

65. Letters by Agnes Karll from Berlin from 08/11/1894, 1047-1048.

66. Sticker: *Agnes Karll*, 86.

Karen Nolte

67. Agnes Karll in Sticker, *Agnes Karll*, 87.

68. *Ibid.*

69. On the question of telling the truth during the time of nursing care, cf Karen Nolte, 'Telling the painful truth – Nurses and physicians in the nineteenth century' *Nursing History Review* 16 (2008), 115-34.

70. See Karen Nolte, 'Dying at home – nursing of the critically and terminally ill in private care in Germany around 1900' *Nursing Inquiry* 15/4 (2009), 1-11

71. FSAK: *Schwesternbriefe aus dem Krankenhaus Wuppertal-Elberfeld, 1844-1850*, Sign.: 1779, Letter by Johanne Niendeckers from 09/01/1862.

72. FSAK: See FSAK, *Schwesternbriefe aus dem Aachener Luisenhospital, 1871-1896*, Sign.: 1094, Letter by Auguste Drebs from 21/01/1874.

73. FSAK: *Privatpflege, 1888-1893*, Sign.: DA 201, Letter by Mina Mättes from 29/10/1891.

74. FSAK: *Privatpflege, 1888-1893*, Sign.: DA 201, Letter by Mina Mättes from 29/10/1891.

75. FSAK: *Privatpflege, 1888-1893*, Sign.: DA 201, Letter by Auguste Schorners from 24/07/1893.

76. See Boschma, Agnes Karll, 161 and Lungershausen, *Agnes Karll*, 30-33.

77. See Lungershausen, Agnes Karll, 26-42.

78. See preface by Lisa Schleiermacher in Sticker: *Agnes Karll*, 5. Schleiermacher was a nurse and for many years the editor of the *Deutsche Schwesternzeitung*, a German nursing journal.

79. A three-year nurse training programme was only introduced during the Nazi era, about ten years after Karll's death, and in a completely different political context.

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Expanding Boundaries: Hmong Nurses in Laos during America's Secret War, 1954-1974

Dian L. Baker, May Ying Ly, and Colleen Marie Pauza

University of California, Davis and Lao Khmu Association International

Coming of age in the midst of a war is a taxing legacy to inherit, however the Hmong women featured in this narrative are remarkably open about sharing their unusual experiences and acknowledging how their pioneering role as nurses added a new, modern dimension to the heritage of the Hmong people. The Hmong are agrarian people who emigrated from China to the mountainous regions of Northern Laos following centuries of persecution. They are an indubitably independent people, geographically and culturally separate from the rest of Laos, but they have a long history of standing alone to fight for their adopted homeland. Their 4,000-year-old culture treasures concepts of honour, commitment, loyalty, and freedom; in fact, the word 'Hmong' is said to connote 'free people' or 'those who must have their freedom and independence'.¹

Choua Thao and Yia Ly Pacha, the two nurses featured in this narrative, were among the first of the Hmong people to be trained in Western healthcare in order to work as nurses on the frontlines of the Secret War in Laos. In such positions, they were encountering Western medical and healthcare practices for the first time. Within the Hmong culture, healing is the province of the shaman,² whose practices align with their animist spiritual beliefs rather than medicine's presumed superior knowledge of the physical body. In animism there is no perceived separation of body and spirit – these believers adopt a holistic approach to illness and injury that requires treating the spirit in order to allow for the body to heal. In the words of Anne Fadiman, 'Hmong preoccupation with medical issues [is] nothing less than a preoccupation with life (and death, and life after death)'.³ In this respect, the traditions of the Hmong would continue unchanged long after the war in Laos ended, but the ministrations of the Hmong nurses during the conflict would become a welcome additional source of healing for their people.

The aim in this article is two-fold: first, to provide a short history of the context, origins, and scope of the Hmong nursing initiative during the 'Secret War' in Laos; and second, to impart the oral histories of two Hmong nurses who survived the war and are now considered 'most esteemed members' within their own community. Their stories, while in many ways representative of shared experiences, are nonetheless unique in phenomenological terms. This is why these individuals have been asked to speak for themselves, so that each can be accorded a unique voice within the history of the Hmong people that might bolster the establishment of a bridge between Western medicine and Hmong culture.

The Hmong, who consider their history a vital element of their culture, have long valued oral narrative for its emotionally didactic quality and have long relied on its use as an essential method of preserving not just events,

but also the interconnectedness of their worldview. The oral histories collected from the Hmong nurses represent a nearly unknown story of heroic effort on the part of a bold subset of the Hmong women, and relate the richness and depth of their experience as nurses in a culture where nursing as a profession was previously absent and even shunned. As Fadiman relates in her exhaustive study of Hmong culture,

The Hmong have a phrase, *hais cuaj txub kaum txub*, which means 'to speak of all kinds of things'. It is often used at the beginning of an oral narrative as a way of reminding the listeners that the world is full of things that may not seem to be connected but actually are; that no event occurs in isolation; that you can miss a lot by sticking to the point, and that the storyteller is likely to be rather long-winded.⁴

This circular interpretation of the universe and their place in it is evident in the interviews with the Hmong nurses, who engaged in what can be termed a stream of consciousness method of response to questions. While recognizing the cultural specificity of this response pattern, for the purposes of conveying a more cohesive story, the narrative is organised around topics; time sequences may therefore vary. Indeed, details of their history as young women in their villages, as well as their educational experiences prior to nursing training highlight the incongruity of their role as nurses alongside their place in Hmong society. Yet as these narratives attest, the positive contribution of the Hmong nurses to the survival of their people is bittersweet, since they, like all Hmong displaced from Laos, remain deeply aware of the tragic costs and the enduring, painful legacy of the Secret War.

Context: Secret War in Laos and frontline medicine

The twenty or so years of active CIA involvement in the wartime activities of the Kingdom of Laos – from 1954 through 1974 – unofficially marks the period of the Secret War. In the early 1960s, barely six weeks after the Pathet Lao declared themselves 'neutralists', they joined forces with the communists of North Vietnam.⁵ The Pathet Lao, pro-communist sympathisers in Laos, launched several successful military initiatives against Lao Royalist troops. By the mid-1970s the Pathet Lao forces had successfully infiltrated most of the villages throughout the northern mountainous region and spread their propaganda with subversive force. In response to this insurgent action the United States military established military support of the

Hmong to counteract the communists' forces in Laos. While the term 'secret' is apt given the official United States adherence to a position of neutrality with regard to this country (as set out in principle by the 1954 Geneva Accords),⁶ the phrase 'secret war' is also a harbinger of the later betrayal of the Hmong people by the United States government. The dedicated and courageous efforts of the Hmong while working with the CIA over a period of two decades were instrumental in saving American lives in both Laos and Vietnam. Yet after the war their affiliation with America was mostly severed as successive administrations sought to quickly extricate themselves from the Vietnam War debacle.

But, in the meantime, as the communists strived to take over the strategic sites of US-based reconnaissance located in and around the legendary *Plaine des Jarres*, situated in the Xieng Khouang Province,⁷ Hmong insurgents held them back on the ground while U.S. planes attacked them from the air with Hmong field support as scouting units. These secret code-named locations, so close to the North Vietnamese border, were vital as navigation and communication links for the American bombing efforts throughout Northern Vietnam. The Hmong troops who assisted the CIA advisors and their unofficial flight personnel believed they were fighting for more than the defence of their homeland; they were also assisting their United States allies in the all-important fight for the freedom of all peoples against communism. Indeed, Hmong on the front lines of this guerrilla-style war considered themselves American soldiers, a perception fostered over time by their CIA advisors.⁸

Here, amid the chaos of physical destruction, displacement, and death that repeatedly characterised war-torn Northern Laos for nearly three decades – from World War Two through the Secret War – a handful of Hmong youth were selected to participate in a highly demanding training programme to become the first-ever Hmong nurses educated in Western healthcare methods by volunteer American nurses. Most of these recruits were young women – really no more than girls – who left their families, villages, and local culture behind to travel to unfamiliar places that seemed to promise adventure and opportunity beyond what they could count on at home. They were uniquely willing to seek out additional education and, in some cases, openly defy their families; they welcomed the opportunity to explore new roles for women. As Yia Lee states, 'I saw how hard my mother worked in the fields and the rice paddies. I thought to myself that I would not farm in the rice field. I told my mother this and I promised her.'⁹ These individuals were both pioneers in a new, more modern way of life for Hmong women and mavericks in the eyes of their community, which expected girls of thirteen to sixteen years of age to marry, raise children, and work in the fields. Given the near complete transfer of able-bodied males from the villages to the frontlines of war, women were vital to sustaining the cultivation of crops for food. Indeed, even while the communists were successfully kept out of the fertile plains of Northern Laos, communities struggled to survive amid the increasingly precarious political and physical circumstances resulting from the escalating conflict.

Origins: Recruiting Hmong nurses

The nurses' odyssey begins with Edgar 'Pop' Buell, a retired Indiana farmer who became a well-known and respected humanitarian after joining International Voluntary Services (IVS),¹⁰ which was funded by USAID. He began working with the Hmong in late 1960, travelling to the small town of Lat Houang in Northern Laos, where he intended to teach local farmers modern agricultural methods. However, less than two months later, Pop Buell and the IVS workers were forced to flee to Thailand when North Vietnamese soldiers took over the IVS compound and turned it into a prison for anti-communist combatants. In 1961, Buell returned to Laos with the USAID's emergency relief programme¹¹ and began locating lost refugees, as well as coordinating the requisition and delivery of food and medical supplies for the Hmong. Within a year, Pop Buell and other USAID personnel, including American doctor Charles Louis Weldon,¹² were offering direct medical assistance to the displaced peoples of Northern Laos. Organised into encampments, the Hmong and the other indigenous groups of Northern Laos were already beginning to suffer from deprivation and disease as a result of the brutal destruction of villages by North Vietnamese soldiers fighting illegally in Laos. Buell and Weldon both worked with international organisations such as Operation Brotherhood from the Philippines to establish medical care in Laos.

Despite North Vietnamese Army demands that America stop all assistance to the Hmong, Buell continued to request and receive supplies, transportation, logistical, and defensive support from the various United States entities operating in the area – this included Air America, the CIA (code-named CAS, for Controlled American Source), and USAID. Such ongoing civilian relief efforts enabled Buell and Weldon to establish a home base at Sam Thong (labeled Lima Site 20 by U.S. and Hmong anti-communist forces). On this mountainous ridge, nearly a day's walk from Long Chieng, where Hmong General Vang Pao (the de-facto leader of the Hmong people by virtue of his position as leader of the Hmong troops in Laos) had established his headquarters, Buell established both a new, modern hospital¹³ and a school for the local community.¹⁴

Pop Buell's desire to educate Hmong children, including girls who traditionally remained uneducated and illiterate, would prove instrumental towards building a successful nursing training programme since it helped turn the tide of opinion away from segregated opportunities for Hmong boys versus girls. In fact, Buell encouraged the recruitment of Hmong girls from the villages to be enrolled in the nursing programme, despite the initial objection of General Vang Pao, who believed Hmong men would object to girls leaving their villages to work in clinic settings. This objection was removed when the General experienced first-hand the benefit of nursing, following his transport and tenure in an American hospital in Hawaii after sustaining an injury in the field. He became an enthusiastic supporter of nursing training for Hmong women and saw to it that recruitment activities could continue by arranging for

transportation of recruiters to remote villages.

Prominent among these recruiters was Dianna 'Dee' Dick,¹⁵ a registered nurse and qualified nursing instructor, initially with IVS, who was instrumental in not just recruiting interested candidates but also establishing a comprehensive training curriculum. Dee Dick conducted the initial training of Hmong nurses at Sam Thong Hospital from 1965-1968. Dick was the first and only Western educated nurse at Sam Thong during this time period. Choua Thao, who had by then already completed some practical nurse training in Thailand, assisted with teaching and administrative responsibilities for the Hmong nursing recruits. Choua was handpicked by Pop Buell to attend nurse school in Thailand because she was one of a handful of young Hmong women who had received a primary-level education and could speak English. From 1968-1974, another Western educated nurse, Kathy Pollock took over the teaching and organizational responsibilities from Dick.¹⁶

The educational curriculum remained constant throughout the period when Hmong nurses taught Hmong recruits, a period which saw nearly 100 Hmong women trained in Western, Americanised medical and nursing methods, including precautions for preventing infectious disease, comprised the primary content of the curriculum.¹⁷ Since communications between Hmong nurses and the Filipino, English, and American doctors and surgeons were conducted in English, the first cohort of Hmong nurses was recruited because they either understood or spoke some English. Subsequently, knowledge of English was dropped as a prerequisite for the programme and new recruits in the later cohorts spent the first days of nursing school learning basic English skills.

Choua Thao had participated in home economics courses that were run by the Americans in Xieng Khouang (in north eastern Laos) before attending nurse training in Vientiane and Thailand as part of a practical nurse programme, while Yia Lee (Mia Yia Ly Pacha) began school in Xieng Khouang about the age of nine and was able to complete five years before moving to Long Hoang – 'a little past Xieng Khouang'¹⁸ – to begin a training programme in nursing. During their early years in school, both of these Hmong women were taught in French and Lao and then in English, once they began training as nurses; thus, each became conversant and/or fluent in Lao, French, and English in addition to their native Hmong. Choua Thao's fluency with languages proved highly useful to the Hmong nursing programme, since it enabled her to translate Dee Dick's nursing curriculum into Lao, which was a common language for the nurse recruits from villages throughout Northern Laos.¹⁹

As their own words attest, this attainment of language fluency was both essential for their success in school and in the medical setting, and unusual in terms of their status as females in the primarily agrarian Hmong community.²⁰ In the absence of a standard of literacy, 'everything the next generation needed to know was passed on orally and by example'.²¹ Accordingly, it is not surprising to find that among the Hmong women interviewed, this is the first time their stories, based on

their own words, have been disseminated in print to an international audience.²² As oral histories, these stories are subject to the usual vicissitudes of time, memory, and perception, but that should not diminish the veracity or power of these womens' experiences.

Location and scope of practice: Hmong nursing in Laos

Today, the long-ago site of the Sam Thong Hospital stands deserted on a mountainous ridge in Northern Laos, its building with its tin roof reduced to fragmentary rubble too small to be detected from the air and the site too isolated to be located by vehicle – only those trekkers hardy enough and sufficiently knowledgeable of the local terrain can venture into this forgotten village. In many ways, this area of Laos is a geographical contradiction; dramatic limestone karsts jut hundreds of feet into the air from the valley floor, offering the protection of natural sentinels that seem to act as guardians of the fertile 'clear valley' beyond – Long Chieng – although it was often obscured by mountain fog or monsoon rains. The thick overgrowth with scattered and incongruously placed pine trees obscures the land here, but the spirits of those who lived and worked here remain.²³

Sam Thong Hospital was rebuilt into a modern hospital in 1964-65, making it the first healthcare facility of its kind to specifically service the villages in the region, thereby negating the need to travel to Vientiane for medical care. Far larger than a clinic, with about one hundred beds and space on a covered veranda for nearly forty more patients, Sam Thong Hospital was constructed with whatever materials were at hand – thatched walls, tin roof, and wood floors – but was a solid structure by local standards. According to one USAID worker, 'it was not unusual to see only Quonset huts or houses made out of flattened 55-gallon gasoline drums, wood ammo cases, or pallets used for air drops of rice'.²⁴

The hospital, located in the middle of what became one of the most hotly contested territories of the war in Laos, also addressed the needs of soldiers injured in the field. It quickly became a busy trauma center, providing surgical services for such conditions as blast injuries, gunshot wounds, burns, and complicated bone fractures. Alternately, Sam Thong Hospital also provided services in obstetrics and gynecology, pediatrics, newborn medical screening and care, vaccinations, dental work, and autopsies, with Hmong nursing support. In addition to the hospital at Sam Thong, Hmong nurses eventually worked at hospitals and/or clinics in Vientiane (the Operation Brotherhood, Sisavong, and Mahasot hospitals), Ban Son (Naxu), and Long Chieng. The level of medical supplies, diagnostic and therapeutic equipment, as well as staffing varied among the hospitals, with shortages an ongoing problem due to interruptions in deliveries, inadequate and/or missing funding, or theft at any stage of the supply chain.²⁵ Morphine or aspirin were often the only drugs available for pain relief; however, they were often in short supply, leaving the nurses to search out 'the best whiskey [they] could find' in an attempt to alleviate pain

and suffering.²⁶

The Hmong nurses frequently drew upon methods of care that included what the Hmong term '*siab ntev*' or 'long liver', which is the use of 'gentle voice and touch' as well as kindness to provide bedside comfort. In this respect the Hmong nurses were employing nursing techniques that mirrored those utilised by such pioneers of Western nursing as Florence Nightingale during the Crimean War, Clara Barton during the American Civil War, and Vera Brittain during World War I. Additionally, the Hmong cultural reverence for strength and persistence – what they refer to as '*siab tawv*' or 'hard liver' – enabled these recruits, individually and collectively, to meet the rigours of training and the challenges of nursing in a trauma setting. Among the day-to-day clinical challenges they encountered, the Hmong nurses were equally likely to be assigned duties reserved for only the most experienced nurses in Western hospitals. The Hmong nurses, right out of their training programme, were assigned tasks necessary for the care and treatment of burns (either from fire or chemical warfare agents), the cleaning of deep wounds and disfiguring trauma, the witnessing of limb amputations, and the soothing of emotions following the functional loss of one or more of the senses. In this environment, the Hmong nurses had to overcome their fears and explained that they 'forgot to be fearful' because of the overwhelming need for their services. The pride they felt in their nursing practice and their inherent 'stubborn streak' spurred them on to succeed even when they were 'faint from hunger' due to food shortages.²⁷

Aside from nursing the traumatic injuries of war and tending to the usual array of medical care for villagers, Hmong nurses also provided preventative disease protection and ongoing care for those afflicted with epidemic contagions. Infectious diseases were prevalent in Southeast Asia, most especially malaria and typhoid. As medical personnel, many Hmong nurses, especially those working in the lower elevation river valleys, succumbed to malaria and nearly died because, for the most part, they were encountering the disease for the first time. Control of these contagions via inoculation was initiated among the inhabitants in the afflicted areas, but for the Hmong nurses this precaution was sometimes subject to the availability of adequate supplies of needles and vaccines, thus it was not always taken soon enough. Indeed, syringes and needles were valuable commodities used by nurses for, among other things, blood drawing, administration of medication, as well as emergencies for so-called 'blue-babies' who required shots of epinephrine into their hearts to stimulate cardiovascular function.

While the nursing curriculum, education, and training of these Hmong recruits did not focus on spiritual or emotional approaches to restoring health, they were told to practice the use of syringes on each other to foster an acknowledgement of compassion for their patients. This emotional grounding was positively acknowledged by their community because, in the words of one nurse, '[our patients] didn't criticise us; they were glad to know one of us in the field'.²⁸ The Hmong nurses who participated in this Americanised training programme were swiftly immersed

in the culture and practice of Westernised medicine and healthcare, as well as an English-dominated discourse that was replete with specialised scientific language for which there was no direct Hmong equivalent, or often any Hmong word at all. Their struggle to master these two areas of competency would prove to be an ongoing learning process that was as much the result of trial-and-error as the logical inculcation of theoretical knowledge. As the recruits themselves point out, the urgent demand for their nursing skills created its own intensity and its own unique learning opportunity.

This chance to adopt new, modern ways of interacting with the world was not restricted to just the Hmong nurses, as certain traditional beliefs of this culture also became altered. There was a perception among the Hmong people that nursing was inappropriate work done by those with loose moral standing in the community. Their own culture was initially critical of their efforts because they participated, at a marriageable age, in schooling and training programmes while unchaperoned and at sites away from home. Given the strong patriarchal culture among the Hmong, the traditional homebound role of the woman was in direct conflict with the aims and day-to-day reality of functioning as a nurse in clinics and hospitals throughout Northern Laos; their families initially shunned many female Hmong recruits when they entered the nursing programme. However, over time, as these women became proficient as nurses and their care became appreciated by the Hmong injured in the war, this negative perception changed. The nurses were eventually accepted as esteemed members of the community; it also helped that the salary earned for their services enabled these women to send money home. Given the wartime hardships of village life, these earnings did much to foster acceptance of their pioneering role as nurses.²⁹

Excerpts from the Nurses' Oral Histories

These excerpts, from the narratives of two Hmong nurses, provide an overview of their childhood, how they started their nursing education, and relay unique experiences they recalled as nurses in Laos. At the end of Choua Thao's narrative, she describes how she resolved a nurse-Hmong cultural conflict during autopsies. Autopsies are not permitted in Hmong culture. It is a cultural taboo to open up a dead body. Choua reconciled this conflict by asking permission from the deceased before performing an autopsy. She took a significant risk because in the Hmong's traditional cultural belief system her spirit could be condemned and not allowed reincarnation.³⁰ Moreover, Yia clearly describes the challenges of an international healthcare work force with providers speaking multiple languages and medical provisions coming in from several different countries.

Choua Thao

Born into a Hmong village family in Northern Laos, she became an accomplished nurse, eventually fleeing to the refugee camps in Thailand, after the Communist

takeover of Laos, where she worked more in the role of a physician because there was little to no health services available. She emigrated to the United States in 1976. Now settled in Minnesota, the following narrative is excerpted from the translation of her initial interview on 30 June 2010.

I am a Hmong girl whose father was a Toj Xeem (district chief); he would travel to town quite often because he was asked to do many things for the government – Payna Touby LyFong³¹ and other Lao officials favored my father and often sent for him. On his way to and from town, he often encountered groups of little Lao girls who were on their way to school, and he thought to himself, 'Hey, I have a little girl like these girls; I shall put her in school too' . . . I was the only one [of my sisters] who went to school. I had an older brother who had already been in school for three years, [but] I was able to catch up with him . . . he only completed the sixth grade, but I continued beyond that. I was pretty smart, [but] a few other Hmong boys were smarter – they were older and also male so they had the advantage. I was the only Hmong girl in my class – the others were Lao, Chinese, and Vietnamese. . . . When the other students teased me, I took matters into my own hands. . . . I had always been strong and had a strong personality even as a kid.

. . . My family consisted of two grandmothers, two mothers (my father had two wives), and older sisters and sister-in-laws who took care of all the work that needed to be done so that I could study. After school each day I had to recite my lessons for the next day; I had five subjects to recite. I went to school in Xieng Khoung from 1953 to 1959, and Mai Yia Ly Pacha became one of my classmates. I sold some raw opium from our farm to get money to hire people to help with Mai's chores so she could go to school . . . I loved school. . . . I was sent off to nursing training with another Hmong girl; we were the first ones recruited to the programme in Xieng Khoung. I was fourteen then. We were taught in French for three months, then, in addition, English, and I became proficient at it [English]. . . . Once my studies were done, I would do hands-on work at the clinic nearby; the programme was for one year. When I was able to give shots to people, I was sent to Vientiane to study for another six months to get practical nurse training. . . . In 1961, Dr. Westermeyer offered to send me to Thailand and America to continue my studies. I did not go to America because I was already married with three children and my husband did not agree;³² I went to Thailand instead.

After that, Pop Buell put me in charge of the hospital at Sam Thong because there was no one else to do it. [After the new hospital was built] Dee Dick became the nurse who did the initial training . . . when she returned to the United States I took over since I was the only nurse who could instruct. I taught nearly all the Hmong nurses³³ . . . [and] I did everything exactly like the American nurse . . . The curriculum for nursing training consisted of the following: first, learning to take a pulse and temperature, while learning anatomy and physiology and how to wrap up wounds.

After three months, students would learn how to administer shots and set-up IVs. Next recruits would learn more about specialised medicine – for instance, gynecology. There were about thirty students in each group, and she [Dee Dick] recruited them from all over Laos. At Sam Thong, I made the rounds with Filipino, English, and American doctors; I didn't work with Lao doctors because the nurses who spoke Lao [as their primary language] did this. The hospital had about 400-500 patients, and most were soldiers. . . . There were many terrible incidents, but I was not afraid. Not even when a doctor, trying to save a young boy's life, cut into the boy's chest and grabbed his heart, pumping it [with his hands]. I remember exclaiming, 'are you crazy?!' to the doctor, who merely replied that he was trying to see if he could make the boy live.

Many boys died, and I assisted with many autopsies as well; I was proud I could assist. Sometimes I did autopsies alone. Before I do any autopsies, though, I would talk to the deceased person to ask her or his spirit for approval to invade their body by saying, 'Oh _____, I have to cut you open to find out why you have illness and now that we're done I am closing you up so you can reincarnate and I wish you never have this illness again'.

Yia Lee

Born in Northern Laos to a family of the Ly/Lee clan, her father fought with the French in World War Two against the Japanese, who invaded and occupied the country; her father's leadership in this war led to his later role as a French ally against the Viet Minh, which yielded a reward sufficient to purchase some land in Xieng Khoung and build a large house for his extended family. Yia was raised with her father's second wife and acted as caregiver to her stepsiblings, while her father continued paid employment within the Lao army until the commencement of the Secret War. Yia first emigrated to France after the Communist takeover and now lives in Minnesota. She was first interviewed on 1 July 2010.

When I was a little girl, I missed my father so much – he was a soldier with the French fighting against the Japanese and later against the Viet Minh. . . . I was the youngest [in my family] . . . I lived in the village with my mother, [but] she did not have enough breast milk to feed me . . . so I went and stayed with my father and his second wife in Xieng Khoung . . . it was a beautiful place . . . I attended school there up to the sixth grade [and] studied French and Lao . . . then I had to go to Vientiane . . . and on to Long Hoang to train to become a practical nurse – I did this because Choua Thao, my friend, went . . . When I got there, I did not know one Lao or English word. At the beginning, we used hand gestures and wrote in French. . . . After a while I was sent to the OB hospital³⁴ in Vientiane where the doctors were Filipino. I trained in the surgery room and learned all the instruments. You couldn't speak during surgery; you had to learn the doctor's hand signals for everything they might need. . . . Training lasted about one year and was conducted in English . . . I knew a little English [only]. When I became a nurse, there were not so many of us, so [my] people had a lot of respect for me. . . . I worked for four years during the conflicts. I had to move from one place to another; I worked in small clinics too . . . many people were sick with fever (probably malaria) and I had to wash them to get their fever down . . . even people with leprosy – I was so scared of these people. . . . I stayed near the doctors [and] did what they instructed [even though] they gave instructions in English. Prescriptions were written in English and I needed to match the name with what was printed on the medication labels, [but] medications came from Germany and France and were not always in English. . . . The one thing I was most happy to do was to treat the small children [with] fevers and ear plugs [infections] . . . Our training was hands-on . . . I just worked [Eventually] I worked at a refugee camp . . . [the] Americans provided for my salary – I can't remember what the salary was but it was a very small amount, barely enough to feed our family. . . .

Conclusion

Tragically, even before the Pathet Lao communist forces finally took over the area in 1971, the site of the Sam Thong Hospital in Northern Laos was destroyed and the various clinics scattered throughout this region abandoned.³⁵ The nurses, Choua and Yia among them, first fled to Long Chieng – 'destined to become infamous in the press as a "CIA secret base"'³⁶ – and then had to

flee Laos with little or no supplies or possessions – their exodus often separated them from their children, who had to be sent ahead of them to Thailand, so it was many months before they could reunite with their families. The refugee camps in Thailand were filled beyond capacity, and many people acquired illnesses and/or injuries either during their escape or once they arrived. Some of the Hmong nurses continued caring for their people as 'tent nurses' in the refugee camps, often performing duties that today are considered the purview of physicians. In 1996, the United States government, in an award ceremony on the 12th day of May, finally recognised the brave contribution of the Hmong nurses. However, for these women, the greatest honour is when 'someone [a Hmong from Northern Laos] remembers their gentleness, hails them by name on the street, and calls out 'ua tsuag' (thank you) for your miracles and treatment during those horrific times in Laos'.

Notes

1. Jane Hamilton-Merritt provides an excellent history of the Hmong people and their culture, traditions, language, and folklore in her seminal work entitled *Tragic Mountains: The Hmong, the Americans, and the Secret Wars for Laos, 1942-1992* (Indianapolis, Indiana U. P., 1993). We rely heavily on her discussion for the details of geography and history that are cited in this paper.
2. In the Hmong culture, shamans are primarily male, but females are not forbidden from assuming this traditional role and, in fact, female shamans have practiced within Hmong communities in Laos and abroad.
3. Anne Fadiman, *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures* (New York, Farrar, Straus, and Giroux, 1997), 61.
4. *Ibid.*, 12-13.
5. Following the withdrawal of American advisors and all United States personnel (including combatants) from Laos in 1975, the communist regime in this country was renamed the Lao People's Democratic Republic (LPDR). However, the Hmong anticommunist resistance in Laos and abroad continues to refer to the LPDR forces as Pathet Lao, a sign of their continued opposition to communist control of Laos. While not, strictly speaking, the homeland of the Hmong people, the Northern highlands of Laos are nonetheless still considered the land of freedom for those Hmong who fled China by the beginning of the nineteenth century. According to various historians of the Hmong, these migrants to Indochina initially numbered about a half million. [Hamilton-Merritt, *Tragic Mountains*, 560]
6. The accords, signed by France and Ho Chi Minh (on behalf of the Viet Minh delegation of Vietnam, which began operating in Laos during the final days of World War II) recognised Laos as an independent entity and a neutral state that constituted a buffer zone between communist North Vietnam and noncommunist Thailand and Cambodia. These accords prohibited the introduction of foreign troops, 'except for the purpose of the effective defence' of Lao territory, and also prohibited the

establishment of 'foreign bases'. Cleverly, the Viet Minh successfully denied having their troops in Laos, so no mention was made or terms negotiated for their withdrawal. Following these negotiations, the United States began airlifting military cargo along with fencing materials and food supplies into Laos; as Jane Hamilton-Merritt points out, 'serious American involvement in Laos had begun'. [Hamilton-Merritt, *Tragic Mountains*, 63] Accordingly, we deem there are sufficient grounds to date the period from 1954 to 1975 as the 'twenty or so years' of the 'Secret War' in Laos.

7. As Jane Hamilton-Merritt explains, this is the French designation for the high plateau on which stood 'mysterious giant jars that some experts had concluded were the burial urns of peoples long forgotten. . . . The Khmu believe they are the native people of Laos and claim that these stone jars were carved by their heroes centuries ago, before they were driven to the mountains by the Lao and Thai people when they moved south from China into Laos sometime after 1300' [*Tragic Mountains*, xiv]. The PDJ (as the Americans referred to it – also known as Military Region 2 and the Plain of Jars) was prized for centuries for its fertile soil, rolling hills, moderate climate, and breathtaking vistas – all attributes that would lead the North Vietnamese communists to battle tenaciously to stake a claim on this site. Today, as Anne Fadiman points out, the Plain of Jars represents a poignant reminder of the long-term costs of this vigorous war, since it is now filled with craters and littered with unexploded American-made cluster bombs, 'ready to detonate at the accidental prodding of a hoe or the curious poke of a child' [*The Spirit Catches You*, 132].

8. The Hmong reference what they call 'The Promise' to describe their agreement to work with the CIA in Laos during the 'Secret War'; fundamentally, they construed their agreement in the same terms as a written or oral contract, with obligations specified by both parties – they fought for the Americans and later the Americans would support them if the Pathet Lao communists won the war. Anne Fadiman points to *The Ravens: The Men Who Flew in America's Secret War in Laos* by Christopher Robbins (New York, Crown, 1987) and *The Hmong Resettlement Study* (Publication of Office of Refugee Resettlement, U.S. Dept. of Health and Human Services, 1984, 1985) as the best sources for further information on agreements between the CIA and the Hmong people.

9. Quoted from Interview with Yia Lee on 1 July 2010.

10. Mennonite, Brethren and Quaker groups founded the IVS in 1953 as a private nonprofit organisation that placed American volunteers in development projects in Third World countries – it is considered a precursor to the Peace Corps. Although it operated on a nonsectarian, nonpolitical basis, some of its projects were funded by USAID, including its work in Laos during the period of the 'Secret War.' Prior to its dissolution in 2002, IVS was the subject of several high-profile controversies, most notably in 1967 when four senior staff members in Vietnam resigned to protest American policy in the Vietnam War and in 1971 when two IVS volunteers in Vietnam were terminated after they alleged IVS forced use of civilians to clear land mines in South Vietnam. [Paul A. Rodell,

'International Voluntary Services in Vietnam: War and the Birth of Activism, 1958-1967', *Peace & Change*, 27/2 (April 2002), 225-244.

11. USAID was the acronym for the United States Agency for International Development, which was formed in 1961 (the same year Buell returned to Laos) during President Kennedy's administration by executive order (Hamilton-Merritt, *Tragic Mountains*, 99). Although an independent federal agency, USAID is guided in foreign policy issues by the U.S. secretary of State, unlike the relief services of IVS. Buell would be the director of this agency's operations in Laos by 1968 and continue in this role until the USAID discontinued its relief 'in that country in February 1973' [Fadiman, *The Spirit Catches You*, 132-138.]

12. Dr. Charles Weldon has written compellingly of his experiences in Laos in his book, *Tragedy in Paradise: A Country Doctor at War in Laos* (Bangkok, Asia Books, 1999).

13. Prior to the construction of this larger hospital, there was a smaller clinical facility on this same site; Yia Lee began working as a nurse at this earlier clinic, where 'there were so many refugees . . . [but] the little hospital did not have anyone that was very sick . . . [however] people were ill with fever (probably malaria)'. [Interview with Yia Lee on 1 July 2010]

14. Photographs of people and activities at Sam Thong can be found online at www.pixagogo.com/5122505250.

15. Dianna 'Dee' Dick was instrumental in establishing the Hmong nursing programme and providing leadership for Hmong nurses during the war; later, Dee Quill (née Dick) married a CIA agent she met while in Laos and is now living in United States.

16. It should be noted that Choua Thao was also following the traditional path of a Hmong women, in that she was married during this same time period and gave birth to three children by the age of twenty-one.

17. At the time, the Hmong nurses struggled to resolve traditional cultural health practices with Western healthcare practices (see note 31).

18. Quoted from Interview with Yia Lee on 1 July 2010.

19. The nursing programme recruited from not just Hmong villages, but also Khmu, Mien, Lao, and other ethnic groups living throughout the region.

20. Anne Fadiman discusses the farming practices of the Hmong, particularly their controversial practice of 'swidden farming', otherwise known as slash-and-burn farming, which involves igniting vegetation during the dry season and later planting in the wood ash-enriched topsoil before it eroded during the monsoon season [*The Spirit Catches You*, 123].

21. Fadiman, *The Spirit Catches You*, 121.

22. A book that included a discussion of Hmong nursing efforts, entitled *Shooting at the Moon: The Story of the Clandestine War in Laos*, was written in 1996 by Roger Warner, an American journalist stationed in Laos during the Vietnam war, but its narrative does not rely on the actual testimony of the Hmong nurses.

23. According to Steve Schofield, who was recruited by USAID to work in Northern Laos as a public health advisor, supplying local medics and field nurses and working closely with Pop Buell, 'one of the things that was unique

to the area [Sam Thong] were the pine trees'. [Interview with Steve Schofield by Paul Hillmer, PhD on 31 March 2006, *Hmong Oral History Project*, Saint Paul, Concordia University. Available online at: homepages.csp.edu/hillmer/Interviews/Steve_Schofield.html.]

24. Interview with Steve Schofield by Paul Hillmer, PhD on 31 March 2006, *Hmong Oral History Project*, Saint Paul, Concordia University.

25. According to at least one surviving Hmong medic, the males in the nursing 'who were sent into the field to triage frontline injuries, were often poorly equipped, partly because of the perception that 'those in charge of the medics' were responsible for the theft of medical supplies. With morphine and aspirin in short supply the nurses often went out to find 'Hmong whiskey' for pain relief [Interview with Choua Thao on 30 June 2010.]

26. As the surviving nurses attest, these medications, along with antibiotics and whatever other drugs could be obtained, were supplied not just by the Americans, but also by the French and Germans; hence, prescription labels could be written in English, French, or German. The only way Hmong nurses could tell them apart was by comparing the characters on the labels to the writing on the doctor's orders. [Interview with Yia Lee on 1 July 2010.]

27. Anne Fadiman notes that 'the Hmong cultural character is distinctive for several historically consistent traits, including: resistance to taking orders, competitiveness and reluctance to acknowledge loss, absolute refusal to surrender (preferring to flee, fight, or die), stoic bravery even when outnumbered or overpowered, and anger in the face of obvious efforts to assimilate, intimidate, or patronise them'. [*The Spirit Catches You*, 17.] All of these traits reflect positive attributes in terms of assessing how the Hmong nursing recruits were able to persevere through their challenging nursing training and exhausting duties – long periods without sleep were not uncommon.

28. Quoted from Interview with Yia Lee on 1 July 2010.

29. The recruits interviewed for this study point out that they were not always paid for their services because funding frequently went missing; contributing to this problem was the lack of continuity between their assignments and the entities who were supposed to pay them – these included USAID, IVS, US public health agencies, and Laotian health services. Payment was made in Laotian kip, with trainees making about 18,000 kip per month, new graduates about 30,000 kip/month, nursing supervisors about 40,000 kip/month, and the top administrator/ supervisor paid 70,000 kip (every two weeks). [Interviews with Choua Thao and Yia Lee.]

30. Hmong cultural practices and autopsy information provided by May Ying Ly, MSW (Masters in Social Work), cultural broker, on 12, October 2010.

31. Touby rose from his position as a young Hmong chieftain of the Ly clan to become in 1946 the first deputy provincial governor of Xieng Khouang in Northern Laos; his role was to collect Hmong taxes, but he was also instrumental in providing protection for Hmong refugees fleeing the Viet Minh in the early 1950s. Choua's father was initially favoured within the political administration of Laos by his association with Touby. However, by the

early 1960s this association would mark Choua's father as an insurgent, since Touby was vocal in his opposition to accommodation with the communists. [Hamilton-Merritt, *Tragic Mountains*, 20, 50, 80.]

32. Choua met her Lao husband while he was in teaching English to the nurses; he was an interpreter, and they had a Hmong wedding – he paid twelve silver bars for her hand. She was sixteen when she married and had two children by the time she was eighteen. In Hmong culture, it is traditional for Hmong women to marry young, even as young as twelve years old. Choua was an exceptional young woman by virtue of her education and also because she had a husband that supported her working outside the home.

33. Kathy Pollock, also a nurse working for USAID, replaced Dee Dick at Sam Thong and later assisted with moving hospital services to another location after Sam Thong Hospital was destroyed in 1970. She was responsible for the nursing education and also assumed administrative duties. [Interview with Dee Dick Quill 12 October 2010.]

34. This is the hospital staffed and run by Operation Brotherhood physicians and volunteers. Operational Brotherhood was an international relief effort started by the International Junior Chamber of Commerce, a philanthropic organization. Operation Brotherhood operated out of the Philippines and was staffed by Filipino men and women. It was eventually fully funded by USAID. [Source: *Villiam Phraxayavong, History of Aid to Laos* (Thailand, Mekong Press, 2009)]

35. Chia Youyee Vang briefly discusses the history of the Sam Thong Hospital and its staff and shares excerpts of interviews with some of the Hmong nurses in his work entitled *Hmong in Minnesota* (Minneapolis, Minnesota Historical Society, 2008), 3-4.

36. Hamilton-Merritt, *Tragic Mountains*, 118.

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Nursing, Britishness and the War: The Cinematic Representation of British Nurses in Biopics

Elisabetta Babini

King's College London

Over the course of about twenty years, the British filmmaker Herbert Wilcox directed three biopics devoted to two famous nurses: *Dawn* in 1928 and *Nurse Edith Cavell* in 1939 dealt with Edith Cavell (1865-1915), the British nurse who worked in Brussels during World War One and was sentenced to death by German authorities under the accusation of espionage. *The Lady With a Lamp* in 1951 was devoted to Florence Nightingale (1820-1910), the 'mother of modern nursing' whose professional humanitarianism prominently emerged during the Crimean War.

The aim of this article is to examine the iconic values evoked by the cinematic portrayals of these two British women, who both distinguished themselves by their fervent engagement with nursing at the height of the Victorian period as well as by their dedication to the profession in war time. More specifically, this paper will concentrate on *Nurse Edith Cavell* and *The Lady With a Lamp*. These two films are chosen because they enable a fruitful comparison to be made, by sharing not only a theme and a director, but also the same leading actress, Anna Neagle. Furthermore, both films have often been described as, or even 'accused of' being, 'patriotic': a crucial aspect of any discussion of film, nursing and the war in the British context. My approach will be interdisciplinary, the theoretical framework I will refer to spanning film theory, British national history and the social history of nursing.

Nurse Edith Cavell (1939) is a black and white film which concentrates on the final part of the protagonist's life. The story is therefore set in Belgium – where Cavell worked as Matron of the Berkendael Medical Institute in Brussels – and refers to the period from December 1913 to October 1915, when she was executed. The only exception to this chronology is the last scene, a flash-forward illustrating her memorial service in Westminster Abbey (London, 19th May 1919). Overall, moral and professional virtues are identified as Cavell's main traits, her great commitment to nursing up to the point of martyrdom being the film's focus.

The Lady With a Lamp (1951) engages with Nightingale's life, from the aftermath of her legendary 'call from God' as a nurse in 1837, to the awarding of the Order of Merit in 1907. The narration covers, therefore, a period of time which is longer than *Nurse Edith Cavell's*. Over the course of the film, the greatest prominence is given to the humanitarian mission in Scutari, during the Crimean War. Additionally, the production also touches on several other aspects of Nightingale's life, in particular her ideological contrasts with her conservative family, and her friendship with Sydney Herbert, the Minister of War. The result is a two-faceted portrayal of Nightingale, as both a sensitive woman and a determined professional.

This depiction contrasts with the account provided

in recent studies of Nightingale, for instance Monica Baly's (1991) and Mark Bostridge's (2008). Although both scholars recognise the nurse's professional value, her supposedly marked womanliness is, in fact, challenged. In *As Florence Nightingale Said...*, Baly points out that Nightingale's 'education had been that of an upper-class young man, and she had the intelligence and temperament to use it'.¹ This argument is corroborated by a number of carefully selected extracts from Nightingale's writings, an approach used within Bostridge's *Florence Nightingale* too. In one chapter of Bostridge's biography, Nightingale is presented by reference to a letter that she never sent to her mother, where she affirmed: 'You must look upon me as your son ... your vagabond son'.²

The distinct feminine facet of Nightingale, as portrayed in *The Lady With a Lamp*, is thus clearly connected to Wilcox's and Neagle's interpretation of the character, and the actress's autobiography offers interesting insights in this respect. Neagle's approach to Nightingale is characterised by deep emotional involvement, and this inclination is likely to have strongly contributed to the final depiction of the nurse. The actress affirmed her empathy with her subject:

I was invited to sleep in Miss Nightingale's room. Never shall I forget the serenity. I was transported back to the time when she returned from the horrors of the Crimea to the small quiet bedroom with its magnificent views over the Derbyshire countryside. It was easy to envisage her looking from her balcony ... I was allowed to see private letters, and reading these in the very room from which so many of them emanated was an uncanny experience. It takes some time preparing for such roles, but quite suddenly I was no longer reading or talking about Miss Nightingale, I was deeply aware of her, thinking of her and with her.³

Such an emphasis on emotion and femininity on the part of Neagle (and Wilcox) in their representation of Nightingale might, at first, seem to follow the general trend in films about nurses, since, as David J. Stanley claims, nurses in films from 1920 to 1955 were mainly protagonists of 'romance/love' plots and, accordingly, 'romantic/feminine' attributes were the most recurrent.⁴ Yet, the two biopics under discussion present Cavell and Nightingale in terms of a different set of values, namely 'Britishness', 'sanctity' and 'professionalism'.

If romance and femininity were a common filmic trope, the features of 'sanctity' and 'professionalism' were of capital importance in most literary accounts of nurses – Nightingale in particular, especially in the second decade

of the twentieth century.⁵ According to Julia Hallam, nurses' representations in films from this period, which neglect the vocation's professional skills by primarily focusing on romantic and feminine values, find in the British social and cultural background a major reason for their 'diversity'. As Hallam argues: 'although all kinds of 1920s female characters were nurses, careers were out of keeping with the only socially sanctioned destiny for women at the time, marriage', and remarks, 'in consequence there are no images of career-orientated nurses on the big screen apart from biopics of famous nurses such as Florence Nightingale and Edith Cavell'.⁶ In terms of nursing cinematic representations, all this confers a special value on Wilcox's portrayals of these two nurses.

The significance of the three traits distinguishing Wilcox's Cavell and Nightingale – Britishness, sanctity and professionalism – also arises from their particular relevance within the British national context, on both a historical and a social level. Celebrated by annual memorial services and several statues around the country,⁷ Cavell and Nightingale are indeed pivotal figures in the history of the United Kingdom, being counted among its national heroines. 'Nurse, martyr, patriot, soldier, Christian, exemplary British woman and citizen – these were all immediate representations of Cavell'⁸ Katie Pickles argues, before offering a significant quote from Prime Minister Herbert Asquith's 1915 speech in the House of Commons, celebrating the nurse's value for her country: 'She has taught the bravest men among us the supreme lesson of courage ... We have great traditions, but a nation cannot exist by traditions alone. Thank God we have living examples of all the qualities which have built up and sustained our Empire. Let us be worthy of them.'⁹ Similarly, Nightingale's life was studded with laudable events. She indeed 'became the recipient of honours, including the Order of Merit', deserving 'the offer of a national funeral and burial in Westminster Abbey', and 'until recently ... she was the only woman whose image had adorned the Bank of England's paper currency'.¹⁰

Conversely, by virtue of their great contribution to the profession, these nurses also occupy a special place in the history of nursing. In this respect, however, some scholars have recently provided new and more critical readings of their professional profiles. For instance, Pickles argues that 'Cavell only became posthumously famous as a result of her *execution*'.¹¹ As for Nightingale, Baly remarks that 'it is still common to find Miss Nightingale, or something that she said, quoted as the justification for all that is good or bad in modern nursing', and yet, 'if we look at what ... [she] actually said and wrote, we are better able to sift the wheat from the chaff, and can begin to see that the nursing legacy associated with her name was not what she intended'.¹² Through analysis of her writings, Baly comes to the conclusion that 'Nightingale was nothing if not inconsistent' as 'sometimes there are contradictions ... in her views'.¹³ Nonetheless, in the popular memory as well as in the type of biopics under discussion, both nurses still represent fundamental points of reference in any account on the history of nursing and, inevitably, so does Britain. The 'Britishness' of the two biopics will therefore be the

focus of the next section of my discussion.

The connection between British national values and the nursing sphere finds in Anna Neagle's performance and star *persona* an effective term of comparison, for a number of reasons. When the two films were released, Neagle was one of the most prominent actresses of British cinema and, interestingly, *Nurse Edith Cavell* and *The Lady With a Lamp* were neither the only biopics of British heroines in the star's career,¹⁴ nor the only films about nurses in which she had appeared.¹⁵ The merging of these factors contributed to the effects that both biopics had on diverse spheres of society, and at different levels. On the one hand, Cavell's and Nightingale's three-faceted depiction was indeed crucial to nursing recruitment. This is attested to by the testimony of nursing staff working when these films were released, and also by Neagle herself, as I will discuss in more detail below. On the other hand, such praiseworthy portrayals were accused by critics and public opinion more than once, of promoting supposedly patriotic ideals just before the beginning of the Second World War and shortly after its conclusion, in the aftermath of the United Kingdom's victory in the conflict.

It is worth specifying that, especially in the case of Wilcox's *Nurse Edith Cavell*, such recriminations were particularly insistent. Many saw in this production the attempt to enhance, for the second time in the director's career, Britain's values of tolerance – as embodied by his screen version of Cavell – in opposition to German pitilessness. Following his first cinematic portrayal of Cavell in *Dawn*, Wilcox was openly accused of promoting anti-German feelings, and this resulted in him defending the film in a hard-fought censorship battle. A thoughtful account of this episode is offered in James C. Robertson's '*Dawn* (1928): Edith Cavell and Anglo-German relations', where he stresses:

Dawn ... provoked at the time of its production the hardest fought British censorship struggle of the entire inter-war period. This was ultimately to involve not merely the British Board of Film Censors (BBFC) but also the Foreign Office and even the Cabinet. However, all that was revealed to contemporaries through parliamentary debates, the press and film journals was pressure from the German embassy in London ... for the suppression of *Dawn* in Britain, leading in turn to Foreign Office pressure on the BBFC ... This report was repeated in the German press, and the German Foreign Office took alarm presumably because the projected film might revive the spirit of wartime Germanophobia in Britain and damage Anglo-German relations.¹⁶

In this light, the commentary on *Nurse Edith Cavell* reported in *The Times* in 1939 becomes more comprehensible: 'the film attracted more than usual attention because its story again seems topical. The audience received a vivid impression of the folly and mercilessness of war, which many of those in the German



(Fig. 1) from 'The Lady With a Lamp'
(distributor: ITV Studios Global Entertainment).

Army that occupied Belgium 25 years ago must themselves have realised'.¹⁷ Even from these few examples, the connection between Wilcox's works and the idea of British patriotism is, in a sense, further substantiated.

Such a connection is also confirmed by the reviews which followed the two films' premieres as, in both cases, the concept of patriotism was pivotal. In the 1930s, the dominant genres in British cinema were 'historical/costume' and 'empire'.¹⁸ Alexander Korda, a major filmmaker of the period, was also actively committed to the production of patriotic films.¹⁹ Nevertheless, *Today's Cinema* felt it necessary to comment on *Nurse Edith Cavell*: 'Few films have been more timely in their patriotic urge than this film enactment of the heroism of Nurse Cavell.'²⁰ Similarly, in October 1951, *The Monthly Film Bulletin* provided a laudatory account of *The Lady With a Lamp*'s protagonist, describing her as 'the gentle lady ... comforting dying patients in the wards of Scutari' and 'the tireless and extremely business-like administrator', all qualities which, most importantly, deserved to be 'finally ... awarded the Order of Merit'.²¹

Anna Neagle's performance plays a key role in communicating the sense of British national identity which arises from these biopics. As Sarah Street underlines, the actress 'stand[s] metonymically for a particular construction of Britishness and femininity during the 1930s and the 1940s',²² since her figure 'epitomised middle-class values of ... stoicism and feminine modesty', and 'represented a resolutely British, non-European and white identity'.²³ In the cases of *Nurse Edith Cavell* and *The Lady With a Lamp*, Neagle's embodiment of 'British' values – as defined by Street – is conveyed in a number of ways. The idea of middle-classness is reflected in the actress's cut-glass and very audible 'received pronunciation' English. A valuable argument is offered, once again, by Street, stressing that

'in terms of Britishness, sound films were immediate signifiers of national identity', and this precisely 'through speech'.²⁴ Most importantly, Neagle's Britishness appears to encompass traits which, as Street puts it, are generally identified with British culture in popular imagery. The same features chime also with the traditional representations of both Cavell and Nightingale in popular mythology.²⁵

Paraphrasing Vron Ware's thought in *Beyond the Pale*, Julia Hallam points out that 'the power value of white femininity, with its cultural associations ... was used by Nightingale in her attempts to persuade the male-dominated Victorian public sphere to support her programme of reform'.²⁶ As a result, 'Nursing's integral association' was closely concerned with 'the dominant discourse of white middle-class femininity'.²⁷ Unsurprisingly, then, 'in her ambition to forge a profession for women ... Nightingale (re)presented images of the nurse as Victorian middle-class mother'.²⁸ A similar account is provided by Katie Pickles

on the figure of Cavell, as she argues that: 'As well as serving as a symbolic martyr ... Cavell embodied the ideal White British woman citizen and was claimed throughout the British world where she was upheld as a role model and became a part of the imposition of British cultural hegemony'.²⁹

The issue of national identity in the cinema is one that has had particular resonance in the British context. In *Waving the Flag: Constructing a National Cinema in Britain*, Andrew Higson, the pioneer of such studies, argues that, in terms of cinematic representation, British cultural identity is a system of shared themes and motifs.³⁰ The outcome of Jessica Jacobson's empirical investigation, 'Perceptions of Britishness', illustrates Higson's insight more precisely. According to her, within 'the cultural boundary of Britishness ... to be ... British might mean', for instance, 'to exhibit supposedly *typical* British moderation ... and modesty'.³¹ Although Jacobson's work relates to a period and a context which differ from the films I am examining, the result of her study is relevant, as it provides evidence of people's first-hand opinions on the question of what constitutes British identity. The same views on Britishness typify research dating back to earlier periods, closer to the time of Wilcox's productions. For instance, in Goffrey Gorer's 1955 book, *Exploring English Character*, the author argues that 'modesty ... is considered by most a national characteristic, in which individuals vary very little'.³² As for the concept of moderation, Gorer includes this trait even among the starting assumptions of his investigation, and comments that 'the English do not easily give way to their impulses'.³³

Turning back to Wilcox's biopics, a key trait conveying the British iconicity of the protagonist of *The Lady With a Lamp* is her *modesty*. In the last sequence of the film, when Nightingale is informed that she will

receive the Order of Merit, her modesty is predominant, demonstrated through Neagle's acting, the dialogue and on specific directorial decisions. The combination of such elements is especially characteristic of the last shot in the sequence, showing Nightingale in the company of her assistant, Miss Bosanquet (played by Sybil Thorndike). The first point of interest is the characters' position within the frame: Nightingale is facing the camera, while her assistant is shot from behind (see: Fig. 1). Undoubtedly, this configuration emphasises Nightingale's prominence, the audience's attention being mostly directed towards her.

Nightingale's modesty is enhanced when Miss Bosanquet announces good news. At this point the camera zooms in on the nurse, who becomes the only subject of the frame. The high-angle viewpoint, the lighting – a bright aura surrounds her – and the light-coloured clothing framing her face are combined to emphasise not only Nightingale's expression, but also her feeble voice once informed about the award. She responds, 'Too kind, too kind! I only did my duty'. Nightingale's undeniable modesty is further emphasised by her downcast eyes. Throughout the film Nightingale's modesty is repeatedly highlighted, combining to create a 'very British' icon, stressing the relevance of demureness to the cinematic construction of Britishness.

Anna Neagle's Cavell is a similar icon of Britishness. In this film her most salient trait is *moderation*: a value which she displays even during her time in jail and at her execution. Mette Hjort has advocated the importance of 'an intercultural approach to the thematisation of nation', based on 'contrastive cultural elements' and the virtue of moderation that attaches to Cavell can be explained through a comparison between the film's protagonist and another, non-British character in the film.³⁴ According to Hjort, this comparative approach can 'foreground and direct attention toward specifically national elements'.³⁵ A sequence featuring Cavell and her Belgian friend, Mme Rappard, is paradigmatic of this approach, as it vividly points out the two women's different natures. Expressions and gestures, but also the director's choices in framing, are crucial in portraying the two women's contrasting behaviours.

When the scene starts, the Belgian woman has just received bad news about a close family member and the camera follows her frenetic run towards Cavell, who is unaware of what has happened. Mme Rappard is scared, as betrayed by her agitated facial expression and tremulous voice. She can hardly control her body movements: her hands shake nervously and Cavell can do nothing but grip them in hers, when they eventually face each other. The camera shoots all this from distance, following Mme Rappard's movements. The contrast

between the Belgian's distress and Cavell's distinctive firmness is evident. The nurse's gaze is impassive, and so is her general countenance. She stays opposite her frightened friend, motionless, and looks her in the eyes.

The emphasis on such divergent reactions increases when the director cuts to zoom in on the women, who become the focus of the frame, and the object of the audience's attention (see: Fig. 2). From this new perspective, their expressions are even more sharply contrasted and, as a result, the nurse's moderate and controlled behaviour comes into sharp focus. As the spectator knows, Cavell is capable of moderation in behaviour during much greater trials – for instance, when she is caught treating an English soldier incognito, is condemned to death and in the hours directly preceding her execution.

Thus, both in the cases of Florence Nightingale and Edith Cavell, the characters' own behaviour as well as the comparison between British and non-British individuals are pivotal to convey a very specific sense of national identity. As a result, in these biopics most of the virtues had defined the nursing profession since Nightingale's day – strength, moderation of emotions, a calm demeanour and compassionate tolerance – end up being equated with British national characteristics.³⁶ This not only justifies the elevated status of these two key *British* figures in the history of nursing, but also shows that they conform to the two-sided image of the 'angel' and the 'battleaxe' which, according to Hallam, has been a crucial representation of the nursing category since Nightingale's experience. As she argues:

The mythologisation of Nightingale, both in her own time and subsequently, has led to her image sustaining what are now seen



(Fig. 2) is from 'Nurse Edith Cavell' (distributor: RKO)

as apparently conflicting images of nursing. Nightingale is known as the self-sacrificing angel, 'the lady with a lamp', as well as an efficient administrator and leader. She is both the tender, compassionate, bedside nurse dedicated to the physical and psychological welfare of her patient, and 'the battleaxe', the tough, determined head nurse who creates order out of chaos and runs her unit with military efficiency. Public formations of nursing's professional identity are inseparable from the constructs of femininity that give them substance and meaning at any one time.³⁷

Such a two sided-image – angel and battleaxe – is suggested in both biopics, and this is confirmed by most reviews of the films as well as by a number of scholarly sources. On *Nurse Edith Cavell*, *The Times* commented, for example: 'Miss Anna Neagle ... always keeps the dignity that is essential; she is quiet, perhaps a little superhuman, but this is obviously the right way to represent a heroic woman.'³⁸ The same 'dichotomy' is highlighted also in John Nangle's biting critique, where Neagle's Cavell is seen as both 'a pre-Mrs. Miniver' and a metaphor for strength, as she 'shows no emotion', even 'when the Germans pick her up and hold a secret tribunal that finds her guilty' or 'when her chief accuser ... delivers a death sentence to her solitary cell'.³⁹ As far as *The Lady With a Lamp* is concerned, in addition to the viewpoint of *The Monthly Film Bulletin* (Oct. 1951) already discussed, Hallam offers a different interpretation, defining Nightingale's biopic as a 'worthy depiction that attempts to describe not only her experiences in the Crimea, but also her skills as an administrator and her romantic attachments and business connections to the men who assisted her in her aims and ambitions'.⁴⁰ From a gender perspective, this double meaning is significant. The popular (clearly patriarchal) image of the nurse – evoking ideals of womanliness, caring and self-sacrifice – appears balanced by its opposite, the 'unfeminine' symbol of the battleaxe – defined by strength, courage and combativeness – which, nonetheless, is an integral part of these professionals' overall profile.

The Britishness of both nurses depends also on other factors, not least the historical/political context in which these two biopics were produced and released. At this point it is relevant to focus again on the presumed patriotic aim of the films, which has been not only identified (sometimes in negative terms) by critics, but which also finds further grounds in both Wilcox's and Neagle's autobiographies. Unsurprisingly, given that Wilcox and Neagle married in 1943, both books show similar approaches in dealing with this issue. On the one hand, they underline the national value of the two nurses, as 'war heroines'⁴¹ who deserved the praise even of Princess Elizabeth.⁴² On the other, they touch on accusations of war propaganda, as Neagle affirmed,

One thing did distress both Herbert and myself. With the war on the horizon we intended this to be an *anti-war* film; when it

was shown, our intentions were frequently misunderstood. We were often either accused of, or congratulated on, making war propaganda – the *last* thing we had in mind.⁴³

It is plausible that in making such statements Neagle and Wilcox were trying to absolve the director from the blame of enhancing British chauvinism, in particular through promoting supposedly anti-German feelings. In this respect, it is worth repeating that *Nurse Edith Cavell* and *The Lady With a Lamp* were respectively produced in 1939 and 1951, that is to say just at the beginning of World War Two and in the aftermath of the allied forces' victory. Neagle did make clear that one of the main reasons for her part in the production of *Nurse Edith Cavell* was her deep admiration of this historical figure, and she commented: 'this was a subject which greatly appealed to me and I ... began to research with a sense of happy anticipation'.⁴⁴ In another passage from her autobiography, Neagle's involvement with Cavell is expressed even more effectively,

Portraying the character of Edith Cavell made an indelible impression on me. I have always had a great admiration for nurses in general, but Edith Cavell and Florence Nightingale, whom I was to portray later, were I think to influence my own character in a way no other people, certainly no other film characters, have done, apart from another war heroine ... Odette.⁴⁵

As the extract above illustrates, Wilcox and Neagle counted other British heroines among the films they made together. Neagle played Queen Victoria in Wilcox's 1937 and 1938 films, *Queen Victoria* and *Sixty Glorious Years*; she was Amy Johnson, an English aviator who died in World War Two, in *They Flew Alone* in 1942 and, in 1950, the couple produced *Odette*, the story of a British woman's heroic behaviour in the French resistance. All these films, including the Cavell and Nightingale biopics, were released over the course of just fifteen years, at the peak of Wilcox's career, when the director was considered 'the third major producer of historical films'.⁴⁶ They were often seen as 'submerged in the overall call to patriotism and collective consciousness about being British'.⁴⁷

The peculiar British emphasis in these films was determined in other ways too. The release of the Cavell and Nightingale biopics coincided with important phases in the social history of nursing. A general discontent among nurses in the 1930s gave prominence to professional associations and the trade unions. Nurses' complaints focussed on low salaries, unacceptable working conditions and low-grade training. By the end of the decade, most recruits therefore turned out to be lower-middle- and working-class women, since the well-educated and the upper classes no longer regarded nursing as a suitable option for them.⁴⁸ Interestingly, a similar situation occurred in the late Victorian period too, and was thought to be due to fairly similar reasons.⁴⁹

Despite several campaigns aimed at restoring the overall image of the nursing profession (principally for

recruitment purposes), only in 1937, following a series of demonstrations against the British government, could nurses actually begin to hope for real changes in their conditions. In 1942, the Beveridge Report advocated the establishment of a comprehensive state welfare system, which became a reality in 1948, in the form of the National Health Service (NHS).

The position of nurses within this new welfare system was included in the Minister of Health's agenda. After World War Two, when health care represented an absolute priority for the country, the considerable shortage of nurse trainees became apparent. The British government recognised the need to act, by increasing nursing recruitment and, at the same time, redefining nurses' status within the new NHS. A circular of 1948, *The Nursing and Domestic Staff in Hospitals: Notes for Guidance of Hospital Management Committees*, represented a first step towards this goal. In 1949, The 'Nurse Act' was eventually passed, while the syllabus regulating nurses' educational training was completed and approved in 1952.

In light of the above, it is appropriate to investigate the role of both of Wilcox's biopics with regard to nursing and, more precisely, the contribution they made to attempts to improve the profession, notably in terms of recruitment. According to the testimony of nurse leaders these productions had a considerable influence on many young women, inspired by Neagle's nurses to undertake the same career. For instance, Miss H., the Sister Tutor of nurse training at the Liverpool Royal Infirmary, argued that in terms of recruitment, 'Hollywood-style films featuring famous nursing heroines such as Edith Cavell and Florence Nightingale were far more influential' than many other productions explicitly aimed at this purpose.⁵⁰ Furthermore, Neagle herself, delighted by the positive influence of her performances both at a personal and social level, declared in an interview: 'the portrayal of nurses has given me great personal happiness, and I am indeed gratified if the nursing profession has found my portrayals satisfying'.⁵¹

As this article has illustrated, Wilcox's portrayals of Edith Cavell and Florence Nightingale had a considerable impact on society, at different levels. First, the release dates of the films coincided, not only with a particularly significant phase in British social and political history, but also with a turning-point in the social history of nursing. Hallam goes so far as to see the 'narrative' of the production of *The Lady With a Lamp* as an attempt at 'obtaining money, which in retrospect appears to be foregrounding a contemporary issue, the problems of funding the newly created NHS'.⁵² Furthermore, the surprisingly progressive, 'non-patriarchal' depiction of the two nurses – 'angels' but also 'battleaxes', who could match male achievements both in terms of professional authority and social awareness (despite the dominating Victorian culture) – did enhance the real value of the 'gentle sex', reinforcing the idea that women could effectively fulfil any professional role in society. Accordingly, it should be no surprise that both Cavell and Nightingale are counted among the 'muses' of the feminist movement.⁵³ Secondly, the feedback that both productions received from the

public and the critics ranged from the films being seen to advocate British patriotism and even fall within war propaganda, to them playing a positive role in terms of nurse recruitment. Anna Neagle also played a central role, as her background and star *persona* were undeniably influential in the overall favourable reception of the films.

Finally, we can consider how the nature of the biographical genre contributed to the celebration of these particular nurses. As George F. Custen argues, 'in this world, key-historical figures become stars'.⁵⁴ Pickles argues that, although at the beginning of the twentieth century the 'obvious point of reference for all nurses' was Nightingale, 'after her death, there were immediate and sustained references associating Cavell with [her] ... and with a select number of heroines'.⁵⁵ Becoming paradigms for nursing ideals and for the celebration of Britain in war time, the two women ended up glorified in a film genre which, especially in those years, was almost exclusively dedicated to royal profiles, legendary commanders and famous *men* of science and letters. As Queen Alexandra put it in 1916, Cavell and Nightingale were among 'the great and noble women of the world'.⁵⁶

Notes

1. Monica Baly, *As Miss Nightingale Said ... Florence Nightingale Through Her Sayings – A Victorian Perspective* (London, Scutari Press, 1991), 55.
2. Mark Bostridge, *Florence Nightingale: The Woman and Her Legend* (London, Penguin, 2008), 160.
3. Anna Neagle, *There's Always Tomorrow: An Autobiography* (London, W.H. Allen, 1974), 178.
4. David J. Stanley, 'Celluloid Angels: a research study of nurses in feature films 1900-2007', *Journal of Advanced Nursing* 64/1 (2008), 84-95, 90-1.
5. For a good example of such writing see Willis John Abbot, 'Florence Nightingale, the English soldiers' angel of mercy', in *Notable Women in History: The Lives of Women Who in All Ages, All Lands and in All Womanly Occupations Have Won Fame and Put Their Imprint On the World's History* (Philadelphia, PA, The John C. Winston Co. Publishers, 1913), 292.
6. Julia Hallam, 'Angels, battleaxes and good-time girls: cinema's images of nurses' in *Signs of Life: Medicine and Cinema*, eds. Graeme Harper and Andrew Moor (London and New York, Wallflower Press, 2005), 105-19.
7. Every year in October, on the nearest Saturday to the date on which Cavell was executed, a service takes place at the nurse's grave by Norwich Cathedral. Nightingale's annual memorial service is held on her birthday, 12 May (also International Nurses' Day), at Westminster Abbey (London). Among the statues dedicated to these nurses, two are in London: Cavell's is located between the National Portrait Gallery and St. Martin's in the Field Church; Nightingale's is at Waterloo Place.
8. Katie Pickles, *Transnational Outrage: The Death and Commemoration of Edith Cavell* (Basingstoke, Palgrave-Macmillan, 2007), 86.
9. *Ibid.*, 87.
10. Bostridge, *Nightingale*, xx-xxi.
11. Pickles, *Transnational Outrage*, 9.

12. Baly, *As Miss Nightingale Said*, xv.
13. *Ibid.*
14. As I will underline later on, Neagle also played Queen Victoria in *Victoria The Great* (1937) and in *Sixty Glorious Years* (1938), Amy Johnson in *They Flew Alone* (1942) and Odette Sansom Churchill in *Odette* (1950).
15. In 1957, Neagle played Matron Eleanor Hammond in *No Time For Tears*, a British production directed by Cyril Frankel.
16. James C. Robertson, 'Dawn (1928): Edith Cavell and Anglo-German relations', *The Historical Journal of Film, Radio and Television* 4/2 (March 1984), 15.
17. *The Times* (2 Sept. 1939), 8.
18. Sarah Street, *British National Cinema*, 2nd ed. (London and New York, Routledge, 2008), 48.
19. Lou Alexander, 'The Lion Has Wings (1939): a rousing and patriotic propaganda documentary which includes some fictional scenes', *BFI Screenonline*. Retrieved from: www.screenonline.org.uk/film/id/479863/index.html on 13 Jan. 2011.
20. *Today's Cinema* 53/4321 (4 Oct. 1939).
21. *The Monthly Film Bulletin* 18/213 (Oct. 1951), 341.
22. Street, *British National Cinema*, 162.
23. *Ibid.*, 165.
24. *Ibid.*, 48.
25. *Ibid.*
26. Vron Ware, *Beyond The Pale: White Women, Racism and History* (London, Verso, 1992); Julia Hallam, *Nursing the Image: Media, culture and professional identity* (London and New York, Routledge, 2000), 11.
27. Hallam, *Nursing the Image*, 11.
28. *Ibid.*, 10.
29. Pickles, *Transnational Outrage*, 4.
30. Andrew Higson, *Waving the Flag: Constructing a National Cinema in Britain* (Oxford, Oxford University Press, 1995), 5.
31. Jessica Jacobson, 'Perceptions of Britishness', *Nations and Nationalism* 3/2 (1997), 181-99, 193.
32. Geoffrey Gorer, *Exploring English Character* (London, The Cresset Press, 1955), 286.
33. *Ibid.*, 22.
34. Mette Hjort, 'Themes of Nation' in *Cinema and Nation*, eds Mette Hjort and Scott Mackenzie (London and New York, Routledge, 2000), 103.
35. *Ibid.*
36. See: Hallam, *Nursing the Image* and Mary Poovey, *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England* (London, Virago, 1989).
37. Hallam, *Nursing the Image*, 19-20.
38. *The Times* (12 Oct. 1939).
39. John Nangle, 'Video Views: Nurse Edith Cavell', *Classic Images* 339 (Sept. 2003), 42.
40. Hallam, *Nursing the Image*, 42.
41. Neagle, *There's Always Tomorrow*, 116.
42. Who later became Queen Elizabeth II. See: Herbert Wilcox, *Twenty-Five Thousand Sunsets: The Autobiography of Herbert Wilcox* (London, The Bodley Head Ltd., 1967), 191-2; and Neagle, *There's Always Tomorrow*, 181.
43. Neagle, *There's Always Tomorrow*, 116.
44. *Ibid.*, 114.
45. *Ibid.*, 115-6.
46. Street, *British National Cinema*, 51.
47. *Ibid.*
48. Robert Dingwall, Anne-Marie Rafferty and Charles Webster, *An Introduction to the Social History of Nursing* (London, Routledge, 1988).
49. Christopher J. Maggs, *The Origins of General Nursing* (London and Canberra, Croom Helm, 1983).
50. Hallam, *Nursing the Image*, 41-2.
51. Anna Neagle, 'Portraying Edith Cavell and other nurses', *Nursing Mirror* 10 (1958), 1-11.
52. Hallam, *Nursing the Image*, 43.
53. For a more detailed account on the importance of Cavell and Nightingale within the feminist movement see, respectively, Pickles's and Bostridge's works.
54. George F. Custen, *Bio-pics. How Hollywood Constructed Public History* (New Brunswick, New Jersey, Rutgers University Press, 1992), 4.
55. Pickles, *Transnational Outrage*, 96.
56. *Ibid.*

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Nanna Conti – the Nazis' *Reichshebammenführerin* (1881-1951)

Anja Peters

Ernst-Moritz-Arndt-Universität Greifswald

Today, when we remember the historical icons of German midwives' history we think of Justine Siegemund (1648-1705), who became midwife to the principal court at Berlin in 1683 and wrote a famous midwifery text book; and Olga Gebauer (1858-1922), who united the German midwives in one professional organisation – which fell apart after World War One (WWI). At that time another midwife started her political career, a woman who, until the 1980s, was regarded as the third icon of German midwifery: Nanna Conti. This article is a brief biography of Conti, providing an insight into her view of British and American society and her influence on international midwifery policies.

Nanna Conti was born on 4 April 1881 in Uelzen near Hanover. Her father, Dr. Carl Eugen Pauli (1839-1901), worked as headmaster of the local boys' secondary school. He became well known as an etruscologist.¹ In 1883 he lost his job following an extramarital affair and left Uelzen. His wife, Anna Pauli née Isecke (1850-?), and their children moved to her family home in Sopot near Gdansk. As many archival files were lost during World War Two (WWII) it is difficult today to find historical data about her. One letter by Anna Pauli was kept at Uelzen town archive, in which she begged the town council to refrain from demanding the return of her husband's salary advance as the family's situation was desperate.² In 1884 the family was reunited again in Leipzig, where Carl Eugen Pauli was once again employed as a teacher. A younger brother died in 1893. In 1895 the family moved once more, this time to Lugano in Switzerland where Carl Eugen Pauli had obtained yet another teaching post, and continued his etruscologist research.

Nanna assisted her father in his research, learning to speak Italian fluently. She developed a love for Italy and Switzerland which would last throughout her life. In addition to her native German and Italian, Nanna Conti also spoke English and French which enabled her not only to follow the International Midwives' Congresses in London 1934 and Paris 1938, but also to translate for German delegates and to read foreign professional magazines, which she summarised for German midwives.

In Lugano in 1898, she married Silvio Conti (1872-1964). She was not yet seventeen years old, her husband nineteen. It is unknown why they married so young. During the following four years Nanna Conti gave birth to three children. In 1902 the marriage failed and, leaving her husband, she moved to Germany where she enrolled at Madgeburg midwifery school in 1904 and started working as a freelance midwife in Berlin in 1905. As midwifery and nursing are strictly separated professions in Germany, Conti did not need to attend a nursing school before training as a midwife. Why she chose to become a midwife is as yet unknown.

Most midwives in Germany and Austria worked as

independent practitioners as confinements tended to take place in the home. Maternity clinics and hospitals were used, in the main, in cases of risk or emergency. When Nanna Conti attended midwifery school, each German state had its own midwifery curriculum. Courses lasted approximately six months before the women were allowed to work as independent midwives. A fierce rivalry existed amongst midwives, the result of an increasing number of practitioners and a decreasing birth rate. Wages were so low that many lived in poverty and the absence of an old age pension meant many had to work until their death, or until they were too sick to work any longer. Under the lead of Olga Gebauer, the midwives' association fought for better training, adequate wages and especially for a law which would secure their priority over physicians in obstetrics.³

After WWI, the midwives' organisation split into several political wings and lobby groups reflecting the general political upheaval in Germany at the time. Contemporary reports show the deep animosity between the several protagonists. Conti already appeared as one of the nationalist midwives but kept in the background behind midwives like Emma Kauder, who was chairwoman of one of the midwives' lobby groups. Her biographical dates are unknown, but while Nanna Conti's influence rose and she became the midwives' *Führerin*⁴ in 1933, Kauder lost her influence and disappeared from public view.⁵ Even if Kauder held nationalist beliefs, her articles in the midwives' magazine *Reichs-Hebammenzeitung* (RHZ) showed that she opposed National Socialism and the *Gleichschaltung*⁶ of the midwives' organisations in 1933-4.⁷

Another protagonist of midwives' policies was Emma Rauschenbach (1870-1946). She was chairwoman of the Saxon midwives' association and also of the largest Germany-wide midwives' organisation *Allgemeine Deutsche Hebammenverband* (General German Midwives' Association, hereafter ADHV). After the *Gleichschaltung*, she shared the presidency with Nanna Conti and Caroline Einstmann from Hanover, but was forced to retire when Conti dismissed her from all posts in 1939.⁸ Einstmann was leader of the Hanoverian branch of the midwives' organisation. In the headquarters in Berlin, she seems to have been responsible for administrative activities but never played an outstanding role in the organisation's leadership.⁹

We do not know much about Nanna Conti's work as a practicing midwife in Berlin during the Weimar Republic. She was able to send her children to a grammar school where they took their university-entrance diplomas; her two sons, Silvio (1899-1938) and Leonardo (1900-45), becoming a lawyer and a physician, respectively. Silvio killed himself in 1938, though the reason why remains unclear.¹⁰

Leonardo, a devoted Nazi from an early age,



International Midwives Congress, London 1934

Front row (from the left): Mrs Miles, Nanna Conti, Mrs Mitra

Second Row (from the left): 4th with nurse cap Mrs Vitols (Latvian delegate), 5th, with white hair, Emma Rauschenbach (German delegate), 6th, Prof. Frans Daels

Source: Communications of the International Midwives' Union, N° 9 (Ghent, 1937)

made a remarkable political career and became *Reichsärztesführer*¹¹ in 1939. But he was unable to retain his influence and was outmanoeuvred by Hitler's personal physician Karl Brandt (1904-1948) in the 1940s. Brandt, rather than Leonardo Conti, together with Philipp Bouhler (1899-1945), became responsible for the Nazi euthanasia programme. Still, Leonardo Conti was involved in the planning and is said to have taken part in the development of gas as a tool for killings. For midwifery history, he is especially important as he worked closely with his mother and did his best to smooth her way in the Nazi party and its bureaucracy.¹²

Nanna Conti's daughter Camilla (1902-1993) also attended university but left after a couple of months, perhaps because of financial problems. She married Dr. Robert Nissen (1891-1969), who became director of the Westphalian State Museum in 1937. They do not seem to have been fanatic Nazis like Leonardo, but Robert Nissen's career probably benefited from his in-laws' influence. Camilla Nissen, in contrast with her brothers, did not appear in public.

Nanna Conti's own interest in fascism and National Socialism is said to have been influenced by the anti-Semitic and *völkisch* publisher, Theodor Fritsch (1852-1933). Among several anti-Jewish pamphlets he published the so-called 'Protocols of the Elders of Zion'. Conti and her sons joined several extremely right-wing parties during the Weimar Republic before becoming members of the NSDAP. Nanna Conti was admitted probably in 1930, and hence it can be assumed that she genuinely adopted the Nazis' world view, joining from conviction rather than opportunism, which characterised many people's decision

to engage with the Nazi party after 1933.¹³

The *Gleichschaltung* ended the splitting of midwives' organisations and reunited all groups under the roof of the ADHV, which was first renamed the *Reichsfachschaft Deutscher Hebammen*¹⁴ and in 1939 the *Reichshebammenschaft*.¹⁵ Renaming an established association gave the impression that the well-known and independent ADHV continued – especially as prominent ADHV leaders like Emma Rauschenbach remained on the executive committee – but in fact it was supervised by the Reich's Home Office and thus lost its organisational autonomy.¹⁶ Nanna Conti was not elected as chairwoman by the midwives themselves, but appointed by the Home Secretary. According to the *Führerprinzip*, which implemented a strict hierarchy on all political levels, Nanna Conti herself appointed *Länder* midwives' leaders. Conti was also leader of the Prussian midwives until 1940 and of the local (but important) chapter in Berlin. From 1939, when Emma Rauschenbach was dismissed, she also acted as chief editor for midwifery affairs in the professional magazine. As a high-ranking functionary in the German health system she served on many committees and attended meetings and congresses. Speaking several languages, she also had access to international journals. From the surviving sources it can be gathered that Nanna Conti was closely associated with the Nazi ideology and its systems and therefore must be held responsible for the involvement of German midwives in the Nazi health system.¹⁷

Nanna Conti was a keen statistician, publishing much statistical data about birth and mortality rates in the German midwives' magazine, including, from 1934-1939,

several reports about mothers' and babies' mortality in Great Britain. She was certainly more interested in Italy, Belgium and Switzerland, where she held intensive contact with midwives, but she also followed news from Britain. In 1934 she quoted a report by the British Department of Health. It said that 125.35 children out of 1,000 died, a figure which rose to 223.72 per thousand if their parents were not married.¹⁸ She discussed these numbers and was astonished as – she remarked – England was a country with quite a 'good racial population', sufficient medical assistance, with good hygienic infrastructure and low birth rates, so that care for every child should be possible. She postulated that the unexpectedly high mortality rates might be due to differences in statistical methodology between Britain and Germany, but also commented on the differences between legitimate and illegitimate babies. Were moral standards higher in England than in Germany, forcing unmarried mothers there to foster their babies out, with the result that they were not properly breastfed, she pondered?¹⁹

Conti regularly read the British midwifery journal *Nursing Notes & Midwives' Chronicle*. In 1935, she noted a report on a conference for the welfare of mothers and children published in this magazine. The British health minister had promised to fight against the high mortality rates and proposed several strategies, including the expansion of maternity beds in hospitals. According to the date this must have been either Sir Edward Hilton Young (1879-1960, health minister 1931-5) or Kingsley Wood (1881-1943, health minister 1935-38). The midwives' association replied that mortality rates among home births were far lower than in hospitals, and queried these plans to build many new hospitals.

Nanna Conti also quoted another statistical report by the *Chronicle* about mortality numbers in Scotland. She copied in detail the statistical data which showed the health condition of mothers and the reasons for their deaths. They too showed a negative relation between mortality and hospital confinements.²⁰ This was an important argument for Nanna Conti, who also fought vehemently against the rising numbers of hospital confinements under the supervision of gynaecologists in Germany. She was supported by her son Leonardo, but they were unable to turn back the clock. Gregor Dill suggests that mothers turned towards hospitals to escape National Socialist supervision in their homes. As midwives entered their households frequently they were able not only to find out about genetic diseases and disabilities in the families – which they would have to report to the public health authority – but could also spy on the social circumstances and political opinions of the families. This might, for example, lead to forced sterilisations or draw the Gestapo's attention to a family. Many maternity clinics, however, were run by the Catholic church, which deeply disapproved of the Nazis' eugenic program and protested against euthanasia, sterilisations and forced abortions.²¹ The increasing preference of pregnant women to give birth in hospital (where they expected modern medical assistance, a high degree of security and maybe a break in their daily hard-working routine) was a worldwide

phenomenon; the rise in hospital births in Germany was probably more a part of the changing medical paradigm in Europe and the United States (US) than an attempt by mothers to avoid Nazi snoopers.

In 1937, Nanna Conti again referred to the *Chronicle* which she thought to be a very reliable magazine. It stated that confinements led by midwives showed a mother-mortality rate of two per cent in contrast to five per cent in all births. The article continued that in the USA, mortality occurred most often among upper-class women who mostly gave birth in hospitals under the supervision of a gynaecologist. A similar mortality rate was seen in New Zealand where according to the *Chronicle* report, there were no midwives at all. Meanwhile, she noted in England that a new midwifery law was in preparation, which demanded that mothers should be allowed to choose their midwife, that midwives should be chosen according to knowledge and skill, and that obstetricians be allowed to select their midwife partner of choice.²²

In Germany, midwives had fought for a federal midwifery law since the end of the nineteenth century. From 1933 to 1938, Nanna Conti and others worked intensively on a new bill which was finally passed in 1938. It regulated midwives' training and duties and manifested the right of mothers to be assisted by a midwife. But it went further: every pregnant woman was mandated to call for a midwife. If not possible, she or the attending physician had to call for a midwife immediately after the baby was born. As a result of this law, since 1938, midwives have held the monopoly to attend every regular confinement in Germany and Austria. Seen as responsible for this rise of the role of the midwife, it is of little wonder that until the 1980s, high-ranking midwives' functionaries ranked Nanna Conti among the heroines of German midwifery history.

In 1939, the *Chronicle* announced that English mother and baby mortality numbers were decreasing. Nanna Conti reported that this fall coincided with increasing numbers of English midwives being employed, a new cooperation with nurses and the support provided by mobile maternity clinics which drove to home births deemed to be at risk. She also emphasised the important role played by child care in nursery schools and day nurseries in child mortality, declaring that it remained the ideal that every infant should be cared for only by the mother.²³ Such ideas, which were part of the whole gender ideology in Nazi Germany, could be found in other societies, internationally.²⁴ In Germany, however, women were seen to fulfil their national duty only as mothers. On the other hand, as war led to an acute shortage of workers, more and more women were forced to work, or were driven to earn their families' living. So, contrary to the regime's ideology, children quite often must have been left alone or cared for by relatives, foster mothers or other persons.

Nanna Conti was also interested in demography and population movement. In 1934 she quoted a report from the *Chronicle* about birth rates, mortality and sexual diseases in England and Wales. She analysed the data from the *Chronicle* but, as with the mortality rates

discussed above, concluded that she was not sure whether the statistical methods were the same as in Germany, and therefore comparisons were questionable.²⁵ Her frequent articles about statistical research show her strong interest in quantitative research and broad mathematical understanding.

In 1942 she wrote about the views of Britain's upper class and clergy on reproduction and judged them to be *merkwürdig* (odd), influenced as they were by the British economist Thomas Robert Malthus (1766-1834). Malthus had hypothesised that a growing population would be limited by reductions in food supply and considered that those who were unable to support themselves had no right to partake of resources.²⁶ Conti strongly disapproved of this idea, as, according to the Nazis' ideology, a growing population was essential for the survival of a nation. Now, she announced, a *weißer Rabe unter den englischen Geistlichen* (a white raven among the English clergy) had called upon the British to have more children. She was probably referring to the Bishop of Chelmsford, Henry Wilson (1876-1961). It seems that his summons was not well received and that critics wrote that parents with many children had to forego comforts which childless couples could afford. According to Conti this opinion showed the *vollständig rückständigen sozialen Verhältnisse Englands* (completely backward social circumstances in England).²⁷

This negative commentary on conditions in England as well as others on the 'race problem' in the USA show the influence of the ongoing war. In 1942, Conti wrote about 'racial development in the USA', strongly disapproving of Eleanor Roosevelt, who 'liked acting as patroness' of the black population and spoke at *Negerversammlungen* (Negroes' meetings).²⁸ Obviously, she also disliked that 'just' eight per cent of African-Americans were unable to read, that they had access to universities and that efforts were made to fight tuberculosis and syphilis within the African-American population. From her point of view it was a waste of resources to campaign so intensively on behalf of an 'inferior' race. Other articles by her show her fear that the *Neger* would outnumber the 'white race'. In an illustration of her anti-Semitism, she accused the Jews of supporting the *Neger* stating that this support was not to be wondered at as Jews always deceived their host country.²⁹

In 1944 Nanna Conti quoted a report from a magazine *Deutsche Arbeit* about the *Indianerproblem* (*Indianer* meaning American Indian) in Northern and Southern America. It said that while in the USA native Americans were nearly exterminated, those in Mexico were very fertile and fifty nine per cent of all Mexicans were *Mischlinge* (mixed race). Conti stated that the end of the 'pure Whites' could be predicted there and that this was a warning to Germany. Only a Germany with many children would be able to withstand population pressures and attacks from the East.³⁰ Publications like this show clearly Conti's deeply racist world-view. The same woman, who wrote kindly and emotional texts about newborns and their mothers, showed no mercy to those human beings who were considered racially 'inferior'.

Before WWII started in 1939, with the German

attack on Poland, Nanna Conti corresponded with foreign colleagues and enjoyed the growing international midwives' network. From 1933 she travelled all over Europe and attended symposia, meetings, official celebrations and of course the International Midwives' Congresses in London (1934) and Paris (1938). The congress of 1936, over which she presided, took place in Berlin. In London, she and Emma Rauschenbach, together with the chairwoman of the Bavarian midwives' association, Käthe Hartmann (1896-1990), and an unidentified Mrs Krause, were official German delegates. The picture, in figure 1, shows Nanna Conti, Emma Rauschenbach, ICM secretary general Professor Frans Daels and the British midwives' president Edith Pye (1876-1965) among the delegates and guests. Incidentally, Käthe Hartmann was one of those National Socialist midwives' functionaries who would smoothly continue their political work after 1945 and were not questioned for their involvement in the Nazis' eugenic and racist policies. She became national chairwoman of the *Reichshebammenschaft's* successor organisation, *Bund Deutscher Hebammen* (Federation of German Midwives, BDH) in the Federal Republic of Germany in 1957.³¹

On 25 May 1934 the German delegates were welcomed by the British health minister and by the Duchess of York (later to be Queen Elizabeth (1900-2002)) during a reception at Lancaster House. The president of the British Midwives' Institute (BMI),³² Edith Pye, opened the congress the following morning. Pye (1876-1965) was a trained nurse and midwife who had worked in a French hospital during WWI. Being a devoted member of the Society of Friends, she spent the following years on humanitarian missions in Europe. From 1906, she was a member of the BMI and became its president in 1929. Edith Pye remained president of the BMI until 1949, by which time it had been renamed the Royal College of Midwifery.³³ Pye and Conti certainly corresponded regularly and met in London, Berlin and Paris. It would be interesting to know how Edith Pye, the Quaker and pacifist, and Nanna Conti, the convinced Nazi, got on with each other.

The following days of the congress were full of lectures and debates about the situation of midwives in the different countries and the state of midwifery. In the afternoons, delegates and guests were invited to visit maternity clinics, and were taken on tours of the sights of London. Nanna Conti acknowledged the pains Edith Pye and others had taken to care for the delegates. She also mentioned that the Germans were able to enlighten others during private talks about the circumstances in Germany and the regime's goals.³⁴ Conti used to stress the necessity of convincing foreign colleagues of the advantages and reforms in the care for mothers and children in the 'New Germany'.

After the congress in London, it was unclear where the next one would take place. After some consideration, the German midwives' association invited ICM members and associated organisations to Berlin. This congress opened on 5 June 1936, and was embedded into a general feeling of national hubris: in 1936 the Olympic Games were to take place in August, and the German

people felt acknowledged and significant again, after the disastrous and traumatising end of WWI and the following political upheaval and chaos of the Weimar Republic. For Nanna Conti and the German midwives, it was an honour to host the ICM, bringing the congress back to its origins and the home country of its first congress president, Olga Gebauer.³⁵

Nanna Conti opened the congress and welcomed over 1,000 delegates and guests. She declared that this congress would focus not only on midwifery itself but also on those questions, *die sich mit den großen Fragen der Nationen berühren* (which touch the big questions of nations): home and hospital confinements and mothers' mortality. As these were topics of specific interest to Nanna Conti, it can be concluded that she deeply influenced the congress. A telegram was read aloud which sent kind greetings from *Reichsärztführer* Dr. Gerhard Wagner (1888-1939) and also from Adolf Hitler.

The delegations reported on their national midwives' organisations before attending a reception hosted by the city of Berlin. On the following day the question of home versus hospital was discussed and national experiences exchanged. In the afternoon the midwives talked about their rights and duties in their home countries and in the evening they were welcomed at a reception given by the Home Secretary Wilhelm Frick (1877-1946). In his speech Frick openly explained that Germany's interest was to promote 'valuable genes' and to avoid 'inferior' offspring. He also argued that Germany was against war because war would destroy the best and spare the weakest and consequently cause a negative genetic selection. A further reception was given by *Reichsfrauenführerin* Gertrud Scholtz-Klink (1902-99).³⁶

The next morning started with reports on national strategies to increase birth rates, followed by a debate about the protection of mothers and children. In the afternoon Emma Rauschenbach read a paper on midwives as counsellors; an evening theatre performance was attended by 700 delegates. On 9 June the official delegates met. They passed a resolution and agreed on Paris as the next congress location. In the afternoon several hospitals and a *Frauenmilchsammelstelle* (milk bank) were visited. While the German midwives met on the following morning for their annual meeting, the foreign delegates were invited to visit a *Frauenarbeitsdienstlager* (labour service camp for women) and a *Mütterschulung* (mothers' training course). On the last day the midwives undertook a bus tour to Hohenlychen and Alt Rehse.

In Hohenlychen, Dr. Karl Gebhardt (1897-1948) was leading physician at the sanatorium which became famous during the Nazi period for its therapies for athletes and later for wounded soldiers. Gebhardt also became a leading physician in the SS and committed criminal medical experiments on imprisoned women in the concentration camp of Ravensbrück.³⁷

Alt Rehse is a small village in Mecklenburg where, in 1935 the Nazis built an exemplary German village, reorganised the old estate and opened the *Führerschule der Deutschen Ärzteschaft* (German physicians' leader school), where leading physicians and junior doctors

were trained in National Socialist ideology. Because of the importance of midwives for the Nazis' population policies, and Nanna Conti's influential connections, German midwives were the only non-academic profession which was invited to training courses there. Nanna Conti attended every course until they were stopped in 1941, when Alt Rehse was used as a military hospital.³⁸ It was a special experience for the midwives from all over Europe that physicians, who were in residence at Alt Rehse at the time of the midwives' congress, waited on them at lunch and tea break.³⁹

In the wake of the Berlin congress, the German midwives' magazine published several letters sent anonymously by participants. English correspondents, as well as others, showed a deep gratitude for the hospitality shown them and were enthusiastic about the experience. One even sent a cheque and asked Nanna Conti to decide whether to pass it to a needy midwife or a welfare organisation for mothers and children or to keep it for the congress office.⁴⁰

At their meeting on 9 June, delegates had decided that the congress president would also preside over the ICM until the following congress. So Nanna Conti became first president of the ICM. She was awarded a silver badge by Edith Pye. On this badge the names of all national chairwomen were engraved. As the badge given at the congress was a provisional one, she received the actual badge during a ceremony at the children's home at Borgsdorf near Berlin, whose matron had been a translator during the congress. After the award ceremony, she remarked that she was especially satisfied to see the growing understanding about Nazi Germany among the foreign delegates, and was pleased to have shown them how deep the love for the *Führer* was rooted among people. She closed with the words: *'Mein Volk, mein Führer, wie dien' ich Dir!'* ('My nation, my Führer, how I serve you!').

Nanna Conti observed closely how midwifery developed in other countries. In 1936, she reported that a new law was being prepared in England. Midwives were to be employed by public health authorities as well as by private institutions. Those who did not wish to be so employed would receive compensation and leave the profession. Conti judged this to be a significant event not only of national but of international importance for midwives.⁴¹ A year later, she quoted several reports about the situation of midwives in England and Scotland. In May the *Chronicle* had reported specifications for training regulations in the new midwifery law. Conti not only reviewed the English innovations (for example, that midwifery training should last two years for unskilled women and one year for nurses) but also informed her readers that childbed fever (puerperal fever) was far more common in England than in Germany. In a nostalgic side note she recalled that she had visited a maternity clinic in London during the congress 1934 where only patients with childbed fever were treated and that therapies were explained to them.⁴²

In May 1937, the *Chronicle* published a memorandum by British physicians to the Department of

Health in which they asked whether the new midwifery law still gave mothers the right to choose their own midwives. They also raised the question as to whether the law was fair, because a well-liked midwife might have to attend far more confinements than an unpopular colleague while earning the same salary.⁴³ Nanna Conti must have been interested in this debate as the public employment of midwives had been a topic of agitated discussions among German midwives during the Weimar Republic.

Nanna Conti again quoted the *Chronicle* article from May 1937 when she later wrote describing the exact details of the English midwifery law. She clearly disapproved of the classification into simple midwives, midwives who were trained nurses, and midwives who also worked as welfare workers, but wrote positively about the securing, both financial and social, of the midwives' profession. She remarked that towns and counties differed in implementation rules, and was also interested in the differences between England and Scotland. In a second report, she wrote about the planned innovations in Scotland which codified that every woman had the right to be assisted by a midwife and to be supervised by a physician during her birthing. Midwives were to be supervised by the local health authority, which would send a supervisor to the midwife's home at least every six months. At the beginning of a delivery, midwives should call for a physician who would decide whether the midwife was allowed to work alone. Conti liked that the law implemented a strong cooperation between doctors and midwives' organisations, but could not agree with the strict supervision of midwives it also contained. She disagreed with the idea that midwives in Scotland were considered medical support staff, while in England they belonged to an independent profession within the health system. Conti declared that supervision of midwives within their own homes showed deep disrespect towards the profession.⁴⁴

Nanna Conti was not just interested in western healthcare. In 1935, after reading *The International Nursing Review* about midwifery in British-Palestine, she reported to her German readers that, until 1922, just a few trained Jewish midwives from Europe worked in Palestine, while most women were attended by old women, who were mostly natives, Armenians or Turks. She claimed that the *Forderungen* (demands) of the Jewish midwives were too high for common women. It is interesting that she used this word instead of *Gebühren* (fees) which was the usual term. It is difficult to determine whether the fees of the trained European midwives really were too high for average wage earners, or whether she was employing an anti-Semitic cliché. Conti further explicated that, in 1922, money was donated in honour of the wedding of Princess 'Marie' (probably Princess Maria of York, who married Henry Lascelles in 1922) which was used by the British government to open a welfare institution for mothers in Jerusalem. Midwives were trained there and also in a school run by Zionist women's organisation, *Hadassah*, (today's Henrietta Szold School of Nursing) from 1925.⁴⁵

Nanna Conti was a keen supporter of breastfeeding and encouraged midwives to promote prolonged breastfeeding by all German mothers. As she was

convinced that breast milk was the best for babies she supported the *Frauenmilchsammelstellen* initiative mentioned above. Her dedication to the topic was acknowledged in the Swedish midwifery magazine *Jordemodern*. In it, Swedish midwife Sara Toll described her impressions of a *Frauenmilchsammelstelle* which she had visited during the Berlin congress, an institution supported by Nanna Conti herself. Toll described how mothers from all over Berlin donated their milk, the analysis of its quality and its sterilisation. She was highly impressed by her visit and told her Swedish readers that only few countries had achieved the same level in the care of mothers and babies as Germany and that the tour to the milk bank had produced the strongest impressions of the whole congress.⁴⁶

Probably during the visit of the congress participants to Alt Rehse, Sara Toll met the school's principal Dr. Hans Deuschel (1891-1953) whom she married in 1937. In 1939 her husband wrote to Nanna Conti on behalf of one of his wife's friends, the midwife Helene Bergquist (1895-1996), who wanted to have experience of working in Germany, being devoted to National Socialism. Conti corresponded with Professor Benno Ottow, chief physician at the gynaecological hospital of Berlin-Neukölln, and his leading midwife Margarethe Lungershausen, on her behalf. She thought that such a placement would help to spread the National Socialist ideology among European midwives.⁴⁷

Margarethe Lungershausen (1892-1973) led the section of hospital midwives in the German midwives' association from 1940-1945. She was also one of the leading minds behind the school for midwives at Berlin-Neukölln, together with Professor Ottow and Nanna Conti. In 1945, after the fall of the Nazis, she fled to Denmark where she was detained, for reasons as yet unknown. But in 1948 Lungershausen returned to Germany where she joined the re-established *Agnes-Karll-Verband* (today DBfK), the largest independent nursing association in Germany and currently a World Health Organization collaborating centre. Lungershausen, who had also trained as a nurse, became president of the organisation in 1953 and published the organisation's magazine from 1949-1960. Her biography, her involvement in National Socialism and her post-war career have not as yet been researched.⁴⁸

Continuing her research into societies outside Germany, in 1942 Nanna Conti, again writing in her midwives' magazine, used a report about India which had been aired by an unknown radio station. Its report was highly critical of the British government's involvement in that continent, accusing it of levying high taxes on all Indian states, of hindering the industrialisation of India, and destroying Indian crafts by cheap imports from Great Britain.⁴⁹ The accusations were accurate but it would be interesting to know whether Conti decided to write about this report during the war to portray a negative picture of Britain. It would also be interesting to know whether she was led by Nazi-influenced racial arguments to support India, as the 'Aryan' relation between Indians and Teutons was already known and discussed in Germany.

The German midwifery magazine – first *Zeitschrift*

der Reichsfachschaff Deutscher Hebammen (ZdRDH) and from 1939 *Die Deutsche Hebamme* (DDH) – was Nanna Conti's medium to reach midwives. The magazine was a continuation of the journal of the ADHV. Until 1943, all independent midwifery publications, inclusive of the Austrian midwives' magazine, were merged in *Die Deutsche Hebamme* which remained – under different names – the official magazine of the BDH until 2000. In 1939, it had a print run of 19,000 with twenty to thirty pages every two weeks, although its size and frequency fell in the following years due to a shortage of raw materials during WWII.⁵⁰

The Nazis' arrival to power in 1933 caused changes in the magazine's editorship: Nanna Conti became involved in its production but Professor Dr. Siegfried Hammerschlag and Dr. Marta Fraenkel were dismissed. Professor Hammerschlag (1871-1948) was a well-known gynaecologist who had written a Prussian midwifery text book and supported the midwives in their struggle for social acceptance for years, but being Jewish, he was considered unacceptable for a National Socialist professional organisation. He left Germany and emigrated to Persia.⁵¹

Dr. Fraenkel (1896-1976) was a physician of international reputation who had worked for the hygiene department of the League of Nations in Geneva and was an executive of the famous *Deutsche Hygiene Museum* in Dresden. She was also Jewish and consequently lost her position, emigrating first to Yugoslavia and then to Belgium where she worked for *Ligue National Belge Contre le Cancer*, before finally moving to the US. There she worked as a scientific assistant at the New York Welfare Council, before she became a medical advisor to the US Government in 1944. From 1949, she was a public health officer of the New York Department of Health and Hospitals. Today, she has a street in Dresden named after her, as well as an assembly room at the *Deutsche Hygiene Museum*. Fraenkel exemplifies the brain drain from Germany in the 1930s caused by the Nazis' anti-Semitic policies.⁵²

Nanna Conti was probably well-acquainted with both Hammerschlag and Fraenkel and there are even rumours that she herself was well-liked among Jewish families during her time as a midwife practitioner. However, she was a convinced anti-Semite and began a seamless, deep and productive cooperation with Hammerschlag's and Fraenkel's successor Professor Benno Ottow (1884-1975). Ottow – as mentioned above – was chief physician of the gynaecological hospital at Berlin-Neukölln. He was also a convinced supporter of forced sterilisations of disabled women and girls. A comprehensive biography of Ottow is still required but sources show that he fled to Schleswig-Holstein in 1945, like Nanna Conti, before he emigrated to Sweden in the later 1940s. Their working relationship and supposed friendship leads to the conclusion that Nanna Conti was well-informed about the Nazis' sterilisation policies and knew very well how the information collected by midwives was used. From 1933, midwives were mandated to report all babies with genetic diseases and dysplasia. This information could lead to

the parents' sterilisation and, from 1939, to the killing of babies through the children's euthanasia program. Midwives received two *Reichsmark* for every denounced baby. Exact numbers are unknown but it is estimated that 500,000 people were sterilised against their will, under this program, and over 120,000 adults and children were killed by 'euthanasia'. Children were usually murdered by drugs or starvation.⁵³ The midwives did not kill babies themselves but they were a part of the machinery and their *Führerin* Conti was responsible for the spreading and implementation of Nazi ideology.

Nanna Conti reached the climax of her career in 1938, when the midwifery law was passed. In the same year she had to confront the suicide of her son, Silvio, (which was never publically acknowledged) and from 1942 the star of her younger son Leonardo started to decline as he fought with Karl Brandt for influence and power. As already mentioned, Conti lost the power struggle.⁵⁴ It has yet to be assessed whether and how this conflict between Nanna Conti's son and the new powerful factor in the Reich's health system was reflected in the professional journal. It can be assumed that Nanna Conti remained loyal to her son, but as she never had direct access to Hitler or even to his inner circle, her influence on personnel decisions in the upper echelons was probably insignificant. Even if she could have mobilised the midwives as an important lobby group against Brandt, her room for manoeuvre collapsed with the *Tausendjährige Reich*⁵⁵ in May 1945.

In the spring of 1945, Nanna Conti and her family fled from Berlin via Hohenlychen and Alt Rehse to Stocksee in Schleswig-Holstein. There she remained in poor circumstances until 1951. Sources suggest that she retained her influence among midwives, but it is difficult to prove this, as hardly any records from the immediate post-war period in German midwifery remain. There is no evidence that there was a denazification process instituted against her. Whether she failed to complete the *Fragebogen* (a questionnaire used in the denazification process) or whether this document was lost cannot be said. A former employee of the *Reichshebammenschaft* accused Conti of having embezzled money but she was never called to account for that.⁵⁶

In the summer of 1951, Nanna Conti moved to Bielefeld where Leonardo's family lived. In January 1946, they had been given information that Leonardo Conti had killed himself in Nuremberg prison in October 1945. Her grandson, Friedrich (Leonardo's son), had been a prisoner of war in a British camp and her youngest granddaughter, Irmtraud, had lived with a foster mother in Munich as the occupation authorities did not allow family reunification during the first years after the war. In 1950 however, the family started to recover. Irmtraud Conti-Powell tells in her autobiography that Nanna Conti begged for money among her old friends to enable Friedrich to study at university.⁵⁷ She remembers the time of her grandmother's death as follows:

It was the two of us again [she and her mother], since my beloved Oma [granny] had died on December 30, 1951 ... As word spread that Nanna Conti had died, condolence letters

streamed in, not only from German midwives, but from midwives all over Europe. She had made lifelong friends and gained respect and admiration for her tireless efforts to make the profession of midwife not only respected but one that was officially acknowledged.⁵⁸

The midwifery law from 1938 remained in place, minus its cognizable eugenic and anti-Semitic passages. The professional organisation was re-established in several states in West Germany led by former peers of Nanna Conti. But even if Nanna Conti was still being praised in the 1980s, she is quite forgotten today. The ICM did not even remember their first president's name until they were asked for information by the author. It is difficult to judge whether this amnesia is due to a general lack of interest in professional history and lack of space for it in professional training, or to a desire to leave a nasty past behind. However, today a rising interest in the Nazi past can be observed in Germany as more and more files are opened, such as those from the Foreign Office.⁵⁹ Hopefully this interest will also lead to fresh research in midwives' and nursing history.

Nanna Conti's biography, as known, shows a woman of strong intellect, assertiveness, motherliness and an enormous devotion to midwifery. But it shows also a convinced Nazi, racist and anti-Semite who was willing to sacrifice supporters as well as parents and children if they stood in the way of the National Socialist vision of a pure and healthy German race. Nanna Conti was not a killer, torturer or concentration camp guard, but she was one of the ideological brains behind the scenes who kept a murderous system running.⁶⁰

Notes

1. An estruscologist is someone who studies the ancient Italian Etruscan civilisation.
2. Town Archive Uelzen, Magistrat Uelzen. *Hand-Acten. die Disciplinar-Untersuchung wider den Rektor Dr. Pauli hierselbst. 1884.* Anna Pauli to Magistrat Uelzen, Stettin, 5 May 1884.
3. Nora Maria Szász, "Den zukünftigen Hebammen die Wege ebnen" – die Gründung der Hebammenverbände (1885-1933) in *Zwischen Bevormundung und beruflicher Autonomie. Die Geschichte des Bundes Deutscher Hebammen*, ed. Brigitte Borrmann (Bund Deutscher Hebammen, Karlsruhe, 2006), 9-42.
4. *Führerin*: female *Führer*, leader.
5. Kirsten Tiedeman, *Hebammen im Dritten Reich. Über die Standesorganisation für Hebammen und ihre Berufspolitik* (Frankfurt am Main, Mabuse, 2001), 182-3.
6. *Gleichschaltung*: the unification and central co-ordination of all German organisations, which took place in 1933.
7. Tiedeman, *Hebammen im Dritten Reich*, 37-8.
8. Fariba Sauer-Forooghi, *Emma Rauschenbach (1870-1946). Ein Leben im Dienste des deutschen Hebammenwesens* (Aachen, Shaker Verlag, 2004).
9. She is mentioned as chairwoman for the 'Hannover' branch e.g. in *Deutscher Hebammen-Kalender 1936* (German Midwives' Calendar) (Hanover, Staude, 1936), 319. In 1933 she was announced as leader of the ADHV, with Conti and Rauschenbach (*Allgemeine Deutsche Hebammen-Zeitschrift* (General German Midwives' Journal, ADHZ), 1933, 163). She was frequently named as addressee for administrative affairs but later in 1933 only Conti and Rauschenbach signed the announcement that the *Reichsfachschaft Deutscher Hebammen* had finally been founded (*Ibid.*, 351).
10. Brandenburg Main State Archive, file Silvio Conti, Rep 2A I Pers Nr. 816.
11. *Reichsärztführer*: position in the Reich as leader of physicians.
12. Ernst-Alfred Leyh, "Gesundheitsführung", "Volksschicksal", "Wehrkraft". *Leonardo Conti (1900-1945) und die Ideologisierung der Medizin in der NS-Diktatur. Inauguraldissertation zur Erlangung des Doktorgrades in der Zahnheilkunde der Medizinischen Fakultät Heidelberg der Ruprecht-Karls-Universität* (Unpublished doctoral thesis, Heidelberg, 2002).
13. Nanna Conti's NSDAP membership card at the Federal Archives Berlin: Barch (ehem BDC), NSDAP-Zentralkartei, Conti, Nanna.
14. *Reichsfachschaft Deutscher Hebammen*: Reich's Association of German Midwives.
15. *Reichshebammenschaft* : Reich's Midwives' Association.
16. Tiedeman, *Hebammen im Dritten Reich*, 32-9 and 139-40.
17. Tiedeman, *Hebammen im Dritten Reich*; Kirsten Tiedemann and Irmengard Huhn, 'Die Zeit des Faschismus in Deutschland (1933-1945)', in *Zwischen Bevormundung* ed. Borrmann, 43-78; Wiebke Lisner, "Hüterinnen der Nation" *Hebamme im Nationalsozialismus Heidelberg der Ruprecht-Karls-Universität*, (unpublished doctoral thesis, Heidelberg, 2002), (Frankfurt / New York, Campus, 2006).
18. It is assumed these are annual figures but Conti did not elaborate further in her article.
19. Nanna Conti, 'Säuglingssterblichkeit in England', *Zeitschrift der Reichsfachschaft Deutscher Hebammen (ZdRDH)* (1934), 237.
20. Nanna Conti, 'Müttersterblichkeit in England und die englische Hebammenschaft' and 'Müttersterblichkeit in Schottland', *ZdRDH* (1935), 563.
21. Gregor Dill, *Nationalsozialistische Säuglingspflege. Eine frühe Erziehung zum Massenmenschen* (Stuttgart, Thieme, 1999), 79-80.
22. Nanna Conti, 'Müttersterblichkeit in England', *ZdRDH* (1936), 87.
23. Nanna Conti, 'Mütter- und Säuglingssterblichkeit in England', *ZdRDH* (1939), 219-20.
24. See for example Brigitte Berger and Peter L. Berger, *The War over the Family. Capturing the Middle Ground* (New York, Anchor Press, 1983), 3-20. For a summarized overview of women's situation in Nazi Germany cf. Bernd Jürgen Wendt, *Das nationalsozialistische Deutschland* (Opladen, Jeske + Budrich, 2000), 67-71.
25. Nanna Conti, 'Geburtshilfe und Bevölkerungsbewegung in England', *ZdRDH* (1934), 541-2.

26. Urs B. Leu, 'MALTHUS, Thomas Robert', in Biographisch-Bibliographisches Kirchenlexikon (www.bauz.de/bbkl/m/malthus.shtml), 10 January 2011, 10:22) published 28 August 2008.
27. Nanna Conti, 'Ein britischer Bischof fordert Kinderreichtum', *Die Deutsche Hebamme (DDH)*, (1942), 227.
28. Nanna Conti, 'Rassische Entwicklung in den Vereinigten Staaten', *DDH* (1942), 279.
29. In the original German text she used instead of this last phrase 'always deceived their host country', a very biological phrase (*den Wirtsstaat untergraben*) which could not be easily translated into English; Nanna Conti, 'Rassische Entwicklung in den Vereinigten Staaten', in *DDH* (1942), 279.
30. Nanna Conti, 'Indianerprobleme in Nord- und Südamerika', *DDH* (1944), 113.
31. Marion Schumann, 'Westdeutsche Hebammen zwischen Hausgeburtsilfe und klinischer Geburtsmedizin (1945-89)' in *Zwischen Bevormundung* ed. Borrmann, 140.
32. The British Midwives' Institution became the Royal College of Midwives in 1947. See www.rcm.org.uk/college/about/rcm-history/ for a brief history of midwifery in the UK.
33. Edith M. Pye, *Midwives Chronicle & Nursing Notes* (February 1966), 43-4.
34. Nanna Conti, 'Die Tagung des Internationalen Hebammen-Verbandes in London', in *ZdRDH* (1936), 266-8.
35. In 1900 the first International Midwives' Congress took place in Berlin under the presidency of Olga Gebauer. A second international congress was organised in Dresden in 1911. Further congresses were hindered by the outbreak of WWI but restarted again in 1923 outside Germany in Antwerpen. [Nora Maria Szász, 'Den zukünftigen Hebammen den Weg ebnen'.]
36. E.K., 'Der VII. Internationale Hebammenkongreß in Berlin', *ZdRDH* (1936), 301-15.
37. Judith Hahn, *Grawitz, Genzken, Gebhardt. Drei Karrieren im Sanitätsdienst der SS* (Muenster, Klemm & Oelschläger, 2008).
38. Anja Peters, *Der Geist von Alt-Rehse. Die Hebammenkurse an der Reichsärzteschule 1935-1941* (Frankfurt am Main, Mabuse, 2005).
39. E.K., 'Der VII. Internationale Hebammenkongreß in Berlin im Juni 1936 (Fortsetzung)', in *ZdRDH* (1936), 321-5.
40. 'Dank- und Anerkennungsschreiben von Teilnehmern am VII. Internationalen Hebammen-Kongreß', *ZdRDH* (1936), 355-9.
41. Nanna Conti, 'Neuregelung des Hebammenwesens in England', *ZdRDH* (1936), 560.
42. Nanna Conti, 'Die Ausbildung der englischen Hebamme', *ZdRDH* (1937), 343-4.
43. Nanna Conti, 'Freie Hebammenwahl in England', *ZdRDH* (1937), 400-1.
44. Nanna Conti, 'Festanstellung von Hebammen in England', *ZdRDH* (1937), 444; 'Neuregelungen des Hebammenwesens in Schottland', i.c., 44-5.
45. Nanna Conti, 'Hebammenwesen in Palästina', *ZdRDH* (1935), 662. See also *A Drop of Milk* (exhibition catalogue), ed. The Isaac Kaplan Old Yishuv Court Museum (Jerusalem, 2010).
46. Sara Toll, "'Frauenmilchsammelstelle" in Berlin', *Jordemodern*, N:r 8 (1936), 220-2.
47. Anja Peters, 'Nanna Conti – midwife, ideological multiplier and international propagandist', paper presented at the International symposium in Lund, Sweden, 4-5 November 2010. *Medicine under ideological pressure. Swedish-German contacts in medicine during 1933-1945* (Lunds universitet, Enheten för medicinens historia, 2010), 43-53.
48. Tiedemann, 'Reichshebammengesetz'.
49. Nanna Conti, 'Indien – Land und Leute', *DDH* (1942), 102.
50. Tiedeman, *Hebammen im Dritten Reich*, 75-85.
51. Peters, 'Nanna Conti – midwife, ideological multiplier and international propagandist', 46-7.
52. *Straßennamen in Dresden – reine Männersache?*, ed. Landeshauptstadt Dresden et al. (brochure, Dresden, 2005), 13.
53. *Enzyklopädie des Nationalsozialismus*, ed. Hermann Graml and Hermann Weiß (Munich, dtv, 2007), 265-74.
54. Ulf Schmidt, *Karl Brandt: The Nazi Doctor. Medicine and Power in the Third Reich* (London, Hambledon Continuum, 2007).
55. *Tausendjähriges Reich*: the Reich which would last for 1,000 years; this metaphor should demonstrate that the Nazi Reich was the continuation of the first German Reich (800-1806) founded by Charlemagne.
56. Marion Schumann, 'Westdeutsche Hebammen', 114-6.
57. Irmtraud Powell, *Don't let them see you cry. Overcoming a Nazi childhood* (Wilmington, Orange Frazer Press, 2008), 137.
58. *Ibid.* 142.
59. Eckart Conze, Norbert Frei, Peter Hayes and Moshe Zimmermann, *Das Amt und die Vergangenheit. Deutsche Diplomaten im Dritten Reich und in der Bundesrepublik* (Karl Blessing, Munich, 2010).
60. Unless otherwise noted data has been quoted from: Anja Peters, *Der Geist von Alt-Rehse. Die Hebammenkurse an der Reichsärzteschule 1935-1941* (Frankfurt am Main, Mabuse, 2005); Lisner, 'Hüterinnen der Nation'; Anja Peters, 'Mutter und Sohn – die Contis und ihre Nachkommen', in *In meiner Familie war doch niemand Nazi! – oder etwa doch?* Protokollband der Fachtagung am 19. September 2008 in Bernburg (conference transcript), ed. Viola Schubert-Lehnhardt; Anja Peters, 'Nanna Conti – Grenzgängerin/Grenzzieherin', in *Geschichte der Pflege – Der Blick über die Grenze*, ed. Vlastimil Kozon et al. (Vienna, ÖGV, 2011).

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Reluctant Citizens: nurses and politics, 1918-1939

Susan McGann

Royal College of Nursing

Castriona Beaumont's thesis 'Women and citizenship: a study of non-feminist women's societies and the women's movement in England, 1928-1950' considers the role of mainstream organisations like the Women's Institutes and the Townswomen's Guilds, in the development of political awareness among women.

She argues that these organisations did much more than provide women with social and educational opportunities, and although they professed to be non-feminist they actually introduced ordinary women to the concept of 'active woman citizenship'.¹ Her argument has great relevance to nurses in the inter-war years and, although Beaumont did not include nurses in her discourse, the role of the Royal College of Nursing was very similar to the role of these non-feminist organisations.

In general nurses have received a bad press for the interwar years. They are condemned for being passive and unassertive, for having accepted poor pay and intolerable working conditions, and for failing to make a significant impact on the policies of the Ministry of Health. They are judged wanting by comparison with other professional groups of the time.² Nurses are also treated unfairly by women's historians who by and large ignore this large group of working women. Sessions on nursing at history of women's conferences too often are characterised by rows of empty chairs. Perhaps nursing is one step too far for feminist historians, seeing submission and sacrifice rather than suffrage and socialism.³

Beaumont's study of six mainstream women's organisations presents a case for ordinary women, in the interwar years, who did not want to join overtly feminist organisations but who in increasing numbers joined conservative women's organisations which offered social and recreational opportunities. These years have been described as 'feminism's deepest trough'⁴ because when compared with the height of the pre-war suffrage campaign, the number of women active in the women's movement was declining rapidly. Beaumont argues that it is time to recognise the role of the mainstream, non-political, women's organisations which flourished during the decades of the interwar years. These organisations fulfilled an important part of the women's movement by introducing thousands of ordinary domestically-minded women to their rights and duties as active citizens.

By the same argument, the Royal College of Nursing performed a similar function, introducing nurses to their role as active citizens. At this time nursing was a female workforce composed of ordinary women, the majority of whom had left school at fourteen. They were attracted to nursing because it was interesting and rewarding work, accepting the gendered nature of society and of nursing, and that they would have to work hard for little pay. They did not expect to have an influence in decision making within their work or to influence government health policy,

and if asked, would have said that they were not interested in politics, that politics was a man's world. Their interests were domestic and private and, like the majority of women at this time, they were reluctant citizens.⁵

The College of Nursing was founded in 1916 and by the mid-twenties had a membership of approximately 20,000 (rising to 30,000 by 1939).⁶ This was a far greater number of members than any previous nursing organisation and, for the first time, rank and file nurses were joining a professional association.⁷ While the majority of expected to marry, in the interwar years eighty five per cent was unmarried. Nurses working in hospitals and institutions lived in, making married life unsustainable, while nurses working in the community as district nurses, school nurses or private nurses were more likely to be married or widowed. Because of the marriage bar there was a constant turnover, with a high proportion of women spending only five or six years in the profession before leaving to get married.

The backlash against feminism after the passing of the Suffrage Act in 1918 has been well covered by Kingsley Kent and others.⁸ Society wanted a return to quieter times, where men were the bread winners and women were wives and mothers. The majority of women accepted this, leaving women who wanted to continue the campaign for full legal and economic equality isolated and encouraging the general idea that the suffrage campaign had been led by extremists. The term 'feminist' came to have a pejorative meaning referring to women of extreme ideas who wanted to undermine the traditional order. Understandably most women chose to distance themselves from this position, thus strengthening the public opinion that ordinary women were not interested in politics.

With the weight of public opinion reinforcing the gendered division of society, legislation and practices which further weakened the social and economic position of women became acceptable. Having been sacked from jobs they had done during the war, women's position in the labour market was very insecure. All employment legislation was based on the premise that a woman's role in the workforce was marginal, that the man was the wage earner and the woman's contribution was not part of the real economy. This meant that national insurance for unemployment and national health insurance systems operated to women's disadvantage.⁹ Even the Sex Disqualification (Removal) Act in 1919, which purported to give women equal access to jobs, actually undermined their position by excluding the most important employers from its provisions, the civil service, local government and the army. The government did not intend to set a good example in this area. The marriage bar, which required women to give up work when they married, was accepted as the norm; working wives undermined the sanctity of marriage and the family. Similarly equal pay was seen

as a threat to the natural order of society, threatening the position of men as breadwinners and discouraging women from getting married.

The second Franchise Act in 1928 granted women the vote on equal terms to men, making the female electorate larger than that of the male for the first time. However, this had little impact on the social and economic position of women. In the ten years between the two Franchise Acts women had not voted strategically as women, their loyalties were split across the parties like the male electorate, and if anything women tended to vote more conservatively than men. It was this fact which encouraged the Conservative government to grant women the vote on equal terms. The majority of women had not fought for the vote and consequently few saw it as a means to improve their position or to reform society. Despite the fears of the establishment during the long suffrage campaign, granting women the vote did not lead to revolution, it was a very small step at the beginning of a long journey towards a redistribution of power.¹⁰

The centres of political power, Westminster and Whitehall, remained bastions of male power. The total number of women MPs elected in the twenty years between the wars was thirty-eight, but there were never more than fifteen women in the House at any one time. The party political system, developed over years to reflect the political world of men, inevitably discriminated against the selection of women as candidates, and constituency parties rarely selected a woman in anything other than an unwinnable seat.¹¹ Those few women who did get elected to parliament had to contend with the hostility of most of their male colleagues. Nancy Astor, the first female MP to enter the House of Commons in 1919, recalled that when she stood up to ask questions affecting women and children, she used to be shouted at for five or ten minutes.¹² In her autobiography Edith Summerskill described the House of Commons in the 1930s as like 'a boys' school which had decided to take a few girls.'¹³ Women MPs also had to juggle the demands of their political party and their constituents with their usual family demands, or do without a family. Their workload was further increased by the fact that women throughout the country saw them as their representatives and wrote to them with their problems regardless of whether or not they were actually their MP.

Although the thirty-eight interwar women MPs were distributed across the different political parties, they all identified with what were known as women's issues: subjects which affected women, children and families, such as maternity services, child welfare, housing, the marriage bar, equal pay, and equal rights to pensions and nationality. However, party loyalties came first and the women MPs often found themselves voting on opposite sides of the House, even on so-called women's issues. While this was disappointing for feminists it probably made little difference to the outcome of the vote as fifteen women MPs could make little impact among 600 male MPs.

It was not just at Westminster that women were excluded from power, the vested interests of parliament and government were reinforced by the civil service in

Whitehall. The biographies and memoirs of politically active women from this period provide a record of how the gendered structures of Westminster and Whitehall excluded women. Summerskill, one of the first women to be a parliamentary secretary and a minister, records how the senior civil service mandarins ignored her opinion and how female civil servants were invisible when it came to promotion.¹⁴ Whitehall was part of the same cultural world as parliament, they both drew their members from a handful of private male secondary schools, universities and clubs, which excluded women and regarded them as the second sex.

The progress of social and cultural change is slow and the passing of the Franchise Acts made little impact on the attitudes and prejudices of the political elite. Emmeline Pethick-Lawrence, speaking of the pre-first world war years, recalled, 'I lived in the days when the mention of maternity occasioned a laugh or a leer.'¹⁵ By the 1920s it was possible to discuss women's issues in polite society without producing jokes and laughter but they were still 'women's issues' and as such regarded by politicians and civil servants as peripheral. In consequence all women's organisations, both national and international, shared a common interest in promoting these issues. One area on which they were all united was the need to improve the health and welfare of women.

Married women were not entitled to health care under the existing National Insurance Act (1911), they were deemed to be dependents, like children, and were the responsibility of their husbands. Other issues, such as family allowances, birth control and nursery schools, did not command the same united front but either way, ministers and civil servants had their own strategies for dealing with the campaigns and demands of women's groups.¹⁶

Women's organisations in the interwar years

The six mainstream women's organisations selected by Beaumont for her study comprised three religious and three secular associations. The largest was the Mother's Union with a membership of 538,000 in 1939, and a nationwide network responsible for organising meetings for Anglican mothers. Its objectives were to uphold the sanctity of marriage, to remind mothers of their great responsibility in raising children, and to unite all mothers in prayer. The Young Women's Christian Association, had a membership of 42,000 in 1938. Its members were mainly young working class women and it provided them with opportunities to meet other young women and to take part in educational, recreational and religious activities. With a membership of 22,000, the Catholic Women's League, aimed to promote Catholic social teaching. It encouraged its members to get involved in campaigns which would improve the social and economic position of women, but was opposed to divorce, birth control and abortion. The National Council of Women (NCW), was a secular federation with over a hundred affiliated groups. It campaigned across a wide range of issues and generally promoted the removal of all disabilities which

discriminated against women. The National Federation of Women's Institutes (WI) had a membership of 318,000 in 1937, drawn from all levels of society. It organised a network of centres where rural women could meet and socialise, providing them with educational and recreational opportunities. The WI promoted domesticity and the rural way of life and offered many isolated women the opportunity to get out of the house and away from their family and farming duties. Finally, the National Union of Townswomen's Guilds was a similar organisation to the WI, offering a range of social and educational activities to women living in towns. The Guilds had a membership of 54,000 in 1939. The WI and the Townswomen's Guilds were secular and in order to attract a broad spectrum of women they avoided discussion of controversial subjects.¹⁷

These organisations described themselves as non-feminist and did not challenge the gendered division of society. By concentrating on the wider interests of women, on domestic, recreational and educational pursuits, they attracted a broad spectrum of women, the majority of whom were wives and mothers. But, as Beaumont argues, these organisations also focused on the rights and duties that women had as citizens and participated in campaigns to improve the position of women and children.¹⁸ Although these organisations' stated objectives did not refer to the promotion of women's social and economic status, the women who joined them were taking their first step towards active citizenship. While the remnants of former suffrage organisations, the National Union of Societies for Equal Citizenship (NUSEC) and the Women's Freedom League (which openly campaigned on equality issues such as family allowances and access to birth control) could not attract widespread support, conservative organisations like the Women's Institutes and the Townswomen's Guilds had no trouble attracting members.

It was the very success of the Women's Institutes in attracting country women to their meetings which prompted Eleanor Rathbone and Margery Corbett Ashby, the leaders of the NUSEC, to set about organising the Townswomen's Guilds in 1929. 'What good is the fact that women have the vote if they don't know how to use it?' Corbett Ashby commented.¹⁹ They realised that organisations like the Women's Institutes, by appealing to women of all political and non-political opinions, were the way to introduce women to the democratic process. The Townswomen's Guilds were soon too big to be contained within NUSEC and separated into a distinct organisation. Corbett Ashby saw the Guilds as a training ground for women who might later move into local government, voluntary organisations and social work.²⁰

It is not difficult to see that the role played by the College of Nursing at this time was similar to that of these mainstream women's organisations.²¹ Although founded as a professional organisation, the College could also be described as a women's organisation as its membership was entirely female until 1960. Unlike other professional bodies, its 30,000 members were by and large 'ordinary' working women, with similar interests to the members of other women's organisations. The College leaders recognised that gaining the vote brought women into a

wider sphere and that women now had a responsibility as citizens. They also understood that the future of the College as a democratic organization depended on their success in empowering its members. Nurses needed to be educated as citizens so that they would exercise not just their professional vote in the College elections, but also their national and local franchise to promote social and welfare reforms which would alleviate poverty and disease.

From the start the founders realised that the strength of the College lay in the membership and encouraged the formation of local branches. By 1925 there were fifty branches around the country and they continued to increase so that by 1939 there were 107. Members were encouraged to join their local branch and attend meetings where they would be drawn into discussions. Branch meetings introduced members to the procedure of committees, with the election of officers, keeping minutes and proposing resolutions. As individual members they could vote for members of the College council every two years; but there is no doubt that the council, which met quarterly in London, was a remote body to the average member. In contrast, the branches were local and provided nurses with an opportunity to meet colleagues from different hospitals in their area, to attend educational talks, and to share recreational evenings. For the majority this would have been their first political experience and for many it must have been hard to realise that by taking part in their local branch's discussions they could influence policy making at the level of the College Council. Policy documents were sent from council to branches for discussion and members were expected to have an opinion. In 1920, branches were asked to collect signatures for a petition to parliament to have nurses excluded from the Unemployment Act.²² Nurses argued that the Act was unnecessary and harmful in a profession where unemployment was rare and salaries too low to support insurance payments. They collected 35,000 signatures for their petition and an amendment was passed making nurses exempt.²³

The importance of branches to the success of the College as a democratic organisation was understood at College headquarters. The chairman of the council wrote to the Branches Standing Committee in October 1922:

... the only way this organisation can really be effective is through the Centres, and if the Centres fail us then there is little can be done at Headquarters ... urge upon them [members] the very great importance to themselves and their profession of doing all they can to show that nurses are worthy and capable of self-government.²⁴

Once a year elected representatives of the branches met nationally at the Branches Standing Committee. This committee became one of the most important forums of the College, providing rank and file members with a space to discuss and debate issues of interest to them and, in some cases to disagree with the decisions of the College council. Membership of the council was dominated by

matrons of the prestigious teaching hospitals, who tended to be middle class. This was another aspect of the College of Nursing which mirrored other women's organisations of the time whose office holders and elected representatives were predominantly middle class.²⁵

The College of Nursing participated in national and international debates on social issues which concerned women. Not only did these affect its members, but they affected the health of the population and were therefore a matter of concern to nurses in their work. The College initially looked to hospital nurses as its main support, but district nurses, tuberculosis nurses, private nurses, industrial nurses, school nurses and health visitors also became members. In the interwar years public health was a growing field and the College took a leading role in developing courses for training health visitors and industrial nurses, establishing a Public Health Section for members working in this field in 1923. This area of nursing, closely involved with some of the poorest sections of the population, tended to attract more politically minded women.²⁶ As a result, during the interwar years the Public Health Section became very influential within the College, its membership growing to 1,559 by 1939. In 1929 they had a particular interest in preventive health, lobbying for a national maternity scheme and for the provision of adequate financial resources to tackle VD and social hygiene.²⁷

With a membership which encompassed all religious beliefs and political views, the College had to be careful not to align itself with any one political party or to take a stand on controversial issues like abortion, birth control and divorce. This approach mirrored other organisations with diverse memberships, particularly the NCW. The NCW represented British women in the International Council of Women and acted as an umbrella for over a hundred and fifty societies with a wide range of interests, including the College of Nursing. There were many similarities between the NCW and the College, in the profile of middle class women who led the two organisations, in the topics in which they were interested, and in their approach to political lobbying. Although not overtly political, both organisations conducted enquiries and issued information for Members of Parliament, lobbied government ministers and collaborated with women MPs, held conferences and lectures to encourage women to see themselves as citizens, and both urged their members to voice their opinions in a public forum. Mutual topics of interest included national and international traffic in women, women police patrols, maternal mortality, infant protection, family health, and the working conditions of women. Sometimes the two organisations collaborated as in 1919 when they set up a joint committee to consider the working conditions of nurses.²⁸ Again in 1935, the two organisations jointly called on government to introduce a new Factory Act which would protect the health of industrial workers by making the employment of a nurse compulsory in all factories where the working conditions carried a special risk of disease or accident.²⁹

On specifically women's issues the College was sometimes ambivalent. Equal pay was not contentious,

they supported all activities to promote equal pay, took part in deputations to government, attended congresses and meetings and, when the campaign for equal pay entered its final phase in the 1940s, the General Secretary of the College was a member of the executive committee. On contraception they were more conservative and approached it from the health angle. In July 1934 the Yorkshire Branch objected to the printing in *The Nursing Times* of a lecture by Dr Helena Wright with information regarding contraceptives. The Council did not agree with the complaint, considering it was necessary to guard against the danger of ignorance on this subject. However, it did not believe that nurses should be required to promote the use of contraceptives in their work and in May 1934 the Council sent a letter to the Minister of Health concerning a Bill to regulate the sale of contraceptives, objecting to the inclusion of nurses in the Bill. By this date there were many clinics run by municipal and local authorities which provided birth control advice to married women.³⁰ Two years later, when the National Birth Control Association asked the College to appoint a delegate to join a deputation to the Minister of Health urging him to encourage the establishment of gynaecological clinics, the Council decided that 'it is not possible to appoint a representative to accompany a deputation involving so controversial a subject, as, within the membership of such a large association, opinions were bound to be divided.'³¹

On abortion the College was broadly in favour, supporting a National Council of Women's resolution to the Minister of Health in January 1936, urging the Minister to do something about the rising number of criminal abortions. They also sent their own resolution to the Minister calling for a government inquiry into the whole subject and when a committee of inquiry was appointed to consider non-therapeutic abortion, the College requested that a member of the nursing profession be included. However, their approach to abortion centred on concern about the health of the mother and, as with the promotion of contraceptives, they considered it was not appropriate for the College to take a political stand on this subject. On the subject of eugenics there is not much evidence. In 1930 the College was asked to support a call for the sterilisation of the mentally unfit, which they declined.³² But, in June 1937, they did send a representative to a conference of the British Social Hygiene Council.

Conclusion

Although women's organisations were well organised and led by experienced leaders it was difficult for them to make an impact on the political establishment in the interwar years due to its gendered structure. Jones and Harrison argue convincingly that it was only when the objectives of the women's groups coincided with the government's own agenda that their campaigns and lobbying were successful.³³ The campaign for equal pay is the classic example of this strategy. All political parties supported the principle of equal pay when in opposition, but no sooner were they in government than the current economic situation made its introduction impossible.

When the Conservative government finally agreed in 1955 to begin to phase in equal pay, it was because it had become necessary for their political survival.³⁴

It was a similar story for the College of Nursing. Throughout the interwar years the College lobbied the Minister of Health to set up a nursing department within his ministry. This did not happen until the outbreak of the second world war when the Ministry decided that the organisation of the nursing workforce justified a separate department. When it came to planning for the introduction of a national health service the Ministry of Health decided that it did not need to involve nurses in the consultation process, believing that civil servants and the medical profession could speak on their behalf. This despite two decades of the College lobbying ministers and politicians on the need for health care reform, and the importance of nurses in the delivery of the health service. As a result, nurses were not involved in planning the new national health service and when the NHS was set up they were not given a role in policy making. Once again it was considered that doctors could adequately speak for nurses.

The General Secretary of the College was at this time one of the few women working in the male world of politicians, senior civil servants, the traditional professions and trade union leaders. However, as we have seen, this was a gendered space and the General Secretary, like representatives of other women's groups, operated as an outsider. While politicians and civil servants were prepared to receive deputations and documents, they were adept at finding excuses and alternative priorities which prevented them from granting the social reforms requested by women. The handful of women in Westminster and Whitehall were too few to effect change and the long established structures which controlled the exercise of power had been developed for a man's world. In this context nurses should not be criticised for failing to influence power in a political structure from which they were excluded. They deserve to be judged in the context of women's groups, not by comparison with elite groups of professional men.

Notes

1. Catriona Beaumont, 'Women and citizenship: a study of non-feminist women's societies and the women's movement in England, 1928-1950' (Unpublished PhD thesis, University of Warwick, 1996).
2. This view is most marked among left wing historians, see Rosemary White, *The effects of the NHS on the nursing profession 1948-1961* (London, King's Fund, 1985); Christopher Hart, *Behind the Mask: nurses, their unions and nursing policy* (London, Bailliere Tindall, 1994).
3. For example – June Purvis (ed.), *Women's History: Britain, 1850-1945, An introduction* (London, UCL Press, 1995) has one passing reference to nursing, and Selina Todd, *Young women, employment and the family in inter war England*, (Unpublished PhD thesis, University of Cambridge, 2004), makes no reference to nursing.
4. Quoted in Alison Light Beaumont, *Forever England: femininity, literature and conservatism between the wars*

(London, Routledge, 1991), 9.

5. The main nursing journals at this time, *Nursing Times* and *Nursing Mirror*, illustrate that while nurses wanted to read about the latest developments in nursing practice, they were also interested in beauty tips, knitting patterns and travel stories. The emergence of the nurse as a consumer and the role of advertisements in shaping the image of the nurse as both professional and domestic, is discussed in, Elaine Thomson, "Beware of worthless imitations", Advertising in nursing periodicals, c.1888-1945', in *New Directions in the History of Nursing: International Perspectives*, (eds) Barbara Mortimer and Susan McGann (London, Routledge, 2005), 158-78.

6. The College was awarded the status of a 'royal' college in 1938, having demonstrated that it was a benefit to society in general and not just to its members.

7. It is estimated that there were approximately 70,000 nurses at the time, of which ninety nine per cent was female. Brian Abel Smith, *A History of the Nursing Profession*, Appendix 1 (London, Heinemann, 1960), 253-68.

8. Susan Kingsley Kent, *Making Peace: the reconstruction of gender in interwar Britain* (Princeton, Princeton University Press, 1993); Martin Pugh, *Women and the Women's Movement in Britain 1914-1959* (London, Macmillan, 1992); Johanna Alberti, *Beyond Suffrage: Feminists in war and peace, 1914-28* (London, Macmillan, 1989); Harold Smith (ed.), *British Feminism in the Twentieth Century* (Aldershot, Elgar, 1990).

9. Helen Jones, *Women in British Public Life, 1914-50, Gender, Power and Social Policy* (London, Longman 2000), 50.

10. See Vera Brittain, *Lady into Woman* (London, Dakers, 1953), and Pat Thane, 'What difference did the vote make? Women in public and private life in Britain since 1918', *Historical Research* 76 (2003), 268-85.

11. Jones, *Women in British Public Life*, 138.

12. Quoted in Brian Harrison, *Prudent Revolutionaries: portraits of British feminists between the wars* (Oxford, Clarendon Press, 1987), 302. Astor was a Conservative MP from 1919-45.

13. Edith Summerskill, *A Woman's World: her memoirs* (London, Heinemann, 1967), 61. Summerskill was a Labour MP from 1938-61, Parliamentary Secretary to the Ministry of Food 1945-50, and Minister of National Insurance and Industrial Injuries 1950-51.

14. Summerskill, *A Women's World*, 107.

15. Harrison, *Prudent Revolutionaries*, 303. Pethick-Lawrence' was a prominent feminist in the first half of the twentieth century. See also Gervas Huxley, *Lady Denman* (London, Chatto and Windus, 1961); The Viscountess Rhondda, *This was my world* (London, Macmillan, 1933); Sheila Hetherington, *Katharine Atholl 1874-1960: Against the tide* (Aberdeen, Aberdeen University Press, 1991).

16. See Carol Ann Miller, 'Lobbying the League: women's international organisations and the League of Nations' (Unpublished PhD thesis, University of Oxford, 1992); and Pugh, *Women and the Women's Movement*.

17. For further reading see, Olive Parker, *For the Family's Sake: a History of the Mothers' Union 1876-*

Finding female healthcare workers in the archives

Lesley A. Hall

Wellcome Library

This article is not about documentation on women's fight to be accepted as doctors but rather provides an overview of sources for the numerous but perhaps rather less visible female workers in the health sphere. As with finding anything in archival sources, researchers should start by asking themselves under what circumstances would records of an activity or concerning an individual have been created, and the conditions under which they may have been preserved for posterity.

Because formal centralised registration of nursing did not really get started in the UK until after the First World War, it can often be hard to locate documentary sources when trying to trace the history of nurses and nursing. This is not facilitated by the fact that, as Florence Nightingale herself remarked, nursing as necessary within the household was pretty much seen as part of the whole duty of women. The labour of nursing was just one element of invisible yet expected women's work and may not be recorded in any detail, even within institutions in which women were in paid employment to nurse the sick.

The situation as regards midwives has been somewhat different, although even then the records are sporadic and vary from period to period. Until the early 18th century, midwives were obliged to obtain a license

to practice from the local bishop. The Wellcome Library holds a few of these licenses (MS.3544), along with records of A. W. Haggis's research on 17th- and 18th-century midwives (MSS.5349-50). Diocesan records (usually to be found in the relevant local record office) should, if they survive, include some information, though the woman's general character tends to be foregrounded rather than more than superficial details concerning her professional abilities. Although licensing was in decline by the eighteenth century, records of midwives and their practice can be found in such places as the archives of the Royal Maternity Charity (at the Royal College of Obstetricians and Gynaecologists) and in the records of the various lying-in hospitals being established throughout the eighteenth and nineteenth centuries, some of which have records going back well towards the date of their foundation. Furthermore, midwives themselves were publishing books on the subject from the mid-seventeenth century.

It is possible to locate the surviving records of lying-in hospitals via the Wellcome/National Archives Hospital Records Database, available online at www.nationalarchives.gov.uk/hospitalrecords/. Although at the moment only simple searches by hospital name

Continued from page 46

1976 (Folkestone, Bailey and Swinfen, 1975); J Duguid, *The Blue Triangle* (London, Hodder & Stoughton, 1955); Marjorie Ryan, *Yesterday Recalled: A Jubilee History of the Catholic Women's League 1906-1981* (London, The League, 1981); Daphne Glick, *The National Council of Women of Great Britain: the first one hundred years 1895-1994* (London, The National Council of Women, 1995); Inez Jenkins, *The History of the Women's Institute Movement of England and Wales* (Oxford, OUP, 1953) and Simon Goodenough, *Jam and Jerusalem* (Glasgow, Collins, 1977); Caroline Merz, *After the Vote: the Story of the National Union of Townswomen's Guilds in the Year of its Diamond Jubilee 1929-1989* (Norwich, Adprint, 1988).

18. Beaumont, 'Women and citizenship', 4-6.

19. Merz, *After the Vote*, 8.

20. Brian Harrison, *Prudent Revolutionaries*, 196, 302.

21. For a history of the Royal College of Nursing see Susan McGann, Anne Crowther & Rona Dougall, *A history of the Royal College of Nursing 1916-90: a voice for nurses* (Manchester, MUP, 2009).

22. Nurses were exempt from the 1911 National Insurance Act, but were included in the proposed Unemployment Bill. With rising unemployment the government wanted to bring a larger section of the workforce under the umbrella of compulsory unemployment insurance.

23. McGann et al, *History of the Royal College of Nursing*, 61-3.

24. Royal College of Nursing Archives, College chairman to Margaret Sparshott, chairman of the Branches Standing Committee, RCN/3/9/1. The branches were known as local centres until 1926.

25. This subject is well covered in James Hinton, *Women, social leadership, and the second world war: continuities of class* (Oxford, OUP, 2002); and Beaumont, 'Women and citizenship', 412.

26. For example, Olive Baggallay, Irene Charley, Marjorie Simpson, and Florence Udell.

27. Royal College of Nursing Archives, Public Health Section minutes.

28. McGann, et al., *History of the Royal College of Nursing*, 56-57.

29. Royal College of Nursing Archives, Public Health Section minutes, 1935, 499.

30. Wellcome Library, Family Planning Association, SA/FPA/A23/54, list of local authorities who have taken action to provide facilities for giving advice on birth control under the Ministry of Health Memoranda, Sept 1937.

31. Royal College of Nursing Council minutes, 19 March 1936, 201.

32. Royal College of Nursing Council minutes, Feb 1930.

33. Jones, p.161; Harrison, 304.

34. Harold Smith, 'The Politics of Conservative Reform: the Equal Pay for Equal Work Issue, 1945-1955', *The Historical Journal*, 35, 2 (1992), 401-15

and town are enabled, putting 'lying-in' or 'maternity' into the name search should bring up those hospitals which provided specialised midwifery services. More complex searches can be undertaken on request by Archives and Manuscripts at the Wellcome Library (archs+mss@wellcome.ac.uk).

This database also enables the identification of hospitals for which records of nurses have been preserved – though these are fairly scant before 1850; however, some information on nurses may be found in more general records of hospital staff, and in the general administrative records. Sometimes evidence about nursing may be found among records of local poor law administration in relevant repositories. Although until the late nineteenth century, it was usually the practice for healthy female paupers to tend the sick in the workhouse unpaid, there are occasional mentions of specific women being remunerated for this purpose, particularly if they were nursing people in their own homes. By the later decades of the nineteenth century, however, with the inception of more formal nurse training, far more nursing records survive, both in different areas and in different kinds of institution.

Various bodies took an interest in improving standards of nursing and the status of nurses during this period, a campaign which was already underway before Nightingale became inextricably associated with it, and which was pursued by many other women who have been largely overshadowed by her immense historical reputation.

The Medico-Psychological Society (RMPS), established in 1845, developed a programme of training and certification for nurses working in lunatic asylums (both male and female). The RMPS eventually became the Royal College of Psychiatrists, where its records are now held. In 1887 the British Nurses' Association (later the Royal British Nurses' Association) was set up by Dr Bedford Fenwick and his wife Ethel Fenwick to campaign for central registration of nurses (a move which Florence Nightingale and many of her adherents considered would destroy its 'vocational' aspect). The records of the RBNA (which incorporate much to do with Mrs Bedford Fenwick's other activities to promote professionalism in nursing) are now held at Kings College London. A rival organisation, the College of Nursing (later the Royal College of Nursing) was founded in 1916, and retains its own archives, where a number of collections of papers of individual nurses are also held. With the introduction of statutory registration in 1919 a General Nursing Council was set up: its records, including the Register and the later Roll, are in The National Archives (ref DT). A published Register of Nurses, however, was being issued by the College of Nursing from 1916.

In 1887 a fund contributed by the women of England for Queen Victoria's Golden Jubilee was directed at the Queen's request to the purpose of providing district nurses for the care of the sick and invalid poor in their own homes and led to the incorporation of the Queen Victoria Jubilee Institute for Nurses (now the Queen's Nursing Institute) in 1889. This was the first national organisation for district nursing but it grew out of a number of local initiatives. The

archives of the QNI, now at the Wellcome Library, include the records of the Protestant Nursing Sisters established by Elizabeth Fry in London in 1841 and of a number of similar organisations in the metropolitan area. Records of many local nursing associations may be found in the relevant local record offices. The inspectors' reports on county and district nursing associations were transferred by the QNI to the Public Record Office in the 1960s and may be found in The National Archives, ref PRO30/63.

There were similar initiatives to improve the training and status of midwives. In 1886 a Midwives' Institute was established, which later became the Royal College of Midwives. The archives of the RCM, which constitute an extremely important historical resource, have recently been transferred to the care of the archivist at the Royal College of Obstetricians and Gynaecologists. In 1902 the Midwives Act instituted a Roll (published annually) overseen by the Central Midwives Board – although this too was a non-governmental professional regulatory body, its records are now in The National Archives (ref DV). They include the previous non-statutory roll of trained midwives maintained by the Obstetrical Society of London from 1872.

Finding papers of relevant individuals can be even more problematic than finding institutional and organisational records. The papers of leading reformers may have survived copiously: there are huge collections of Florence Nightingale material, although these are dispersed through numerous repositories, with substantial amounts in the British Library and at the Wellcome Library. Sue Goldie's essential Calendar of the Letters of Florence Nightingale is now available for searching online at www.florence-nightingale-avenging-angel.co.uk/goldie/. A relatively small group of papers of Dame Rosalind Paget, a leading light in midwifery reform, the establishment of district nursing, and the creation, in 1894, of a Society of Medical Masseurs (subsequently the Chartered Society of Physiotherapy) is held in the Wellcome Library, and includes the business records of the influential journal she founded, *Nursing Notes*, subsequently *Midwives*. A significant amount of Mrs Bedford Fenwick's personalia appears to be embedded among the archives of the Royal British Nurses' Association. In other instances personalia of influential reforming matrons may be found among the archives of the hospitals in which they were active – for example, Eva Luckes' correspondence with Florence Nightingale is in the Royal London Hospital archives.

It is however, less easy to uncover information about women who were not such high-profile members of the profession. In the Wellcome Library we hold a few unpublished memoirs by individual nurses, some groups of miscellaneous papers and personal memorabilia, and notebooks of lectures kept during nurse training. Similar materials may sometimes be found in other repositories. However, in the case of memoirs and memorabilia, these often relate to atypical periods such as the experience of nursing during the two world wars, either close to the fighting or on the home front.

During the later nineteenth century and the early decades of the twentieth a number of other professions

in the health care field opened up to women. Individual Medical Officers of Health began employing women public health workers as sanitary inspectors and health visitors from the early 1890s, to undertake health investigation and promotion work in female workplaces, as well as within the home. Some similar activities had been undertaken even earlier under the aegis of voluntary organisations. In 1896 a Women Sanitary Inspectors' Association was founded, and subsequently became the Health Visitors' Association. Its members engaged in a wide variety of tasks within the growing field of public health concern: school nurses, tuberculosis visitors, sanitary inspectors, clinic nurses, family planning nurses, domiciliary midwives and matrons of day nurseries, besides the more commonly associated work of mother and child welfare. Its records from 1902 are held in the Wellcome Library (SA/HVA).

Records of the Society of Medical Masseurs, which became the Chartered Society of Physiotherapy) and which developed standards for training and qualification in the various sub-specialities within this field, are also held at the Wellcome (SA/CSP).

Occupational therapy developed rather later – the first school of occupational therapy did not open until 1930. A Scottish Association for Occupational Therapy was established in 1932 and the Association of Occupational Therapists in England in 1936. A Joint Council was formed in 1952, and final merger took place in 1974 under the title the British Association of Occupational Therapists. The archives are held at the Wellcome (SA/BAO)

The records of several of these organisation include, besides the official records, groups of papers deposited by individuals within the profession, both significant leaders such as Paget, and less well-known figures whose papers reflect their more quotidian experiences.

Women were also active on the interface between the provision of medical care and the wider social context of the patients, with the rise of forms of social work. The records of the Institute of Almoners, which became the Institute of Medical Social Workers, are now to be found in the Modern Record Centre at the University of Warwick. So too are the records of various other bodies in which women professionals were significantly represented (the Association of Child Care Officers, the Association of Family Case Workers, the Association of Psychiatric Social Workers, Moral Welfare Workers' Association and the Society of Mental Welfare Officers) which eventually came together to form the British Association of Social Workers. The Modern Record Centre also holds records of numerous unions representing healthcare workers in different fields.

This article should demonstrate that, although widely dispersed, there is a good deal of material surviving for the study of women health workers in various fields. While it is unlikely that more than a small proportion of this will become digitally accessible in the very near future, developments in online cataloguing at least mean that it is now much easier to determine what is held by different repositories and even to order online in advance of an in-person research visit. It is always a good idea to contact archivists ahead of a projected visit.

Useful websites

Calendar of the Letters of Florence Nightingale:
www.florence-nightingale-avenging-angel.co.uk/goldie/

King's College London: Royal British Nurses Association archive:
www.kcl.ac.uk/depsta/iss/archives/collect/10ro65-1.html

Modern Records Centre, University of Warwick:
www2.warwick.ac.uk/services/library/mrc/

Royal College of Nursing archives:
rcnarchive.rcn.org.uk/

Royal College of Obstetricians and Gynaecologists:
www.rcog.org.uk/what-we-do/information-services/archives

Royal College of Psychiatry:
www.rcpsych.ac.uk/default.aspx?page=2269

Royal London Hospital archives:
www.bartsandthelondon.nhs.uk/aboutus/the_royal_london_hospital_archives.asp

The National Archives:
www.nationalarchives.gov.uk/

Catalogue search:
www.nationalarchives.gov.uk/catalogue/search.asp

Hospital Records Database:
www.nationalarchives.gov.uk/hospitalrecords/

In-depth research guides:

Nurses and nursing services: civilian:
www.nationalarchives.gov.uk/records/research-guides/civilian-nurses.htm

Nurses and nursing services: British Army:
www.nationalarchives.gov.uk/records/research-guides/british-army-nurses.htm

Nurses and nursing services: Royal Air Force:
www.nationalarchives.gov.uk/records/research-guides/raf-nurses.htm

Nurses and nursing services: Royal Navy:
www.nationalarchives.gov.uk/records/research-guides/rn-nurses.htm

National Register of Archives:
www.nationalarchives.gov.uk/nra/default.asp

Wellcome Library:
library.wellcome.ac.uk

Online sources guide: Nursing Midwifery and Health Visiting
library.wellcome.ac.uk/doc_WTL039934.html

Florence Nightingale: A guide to sources in the Wellcome Library
library.wellcome.ac.uk/assets/wtl039832.pdf

Book Reviews

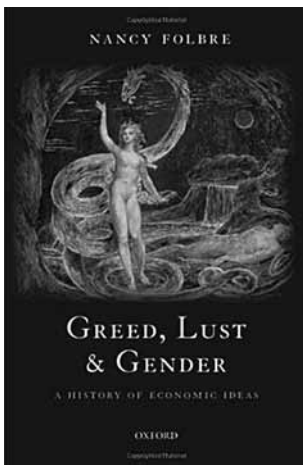
Nancy Folbre, *Greed, Lust & Gender: A History of Economic Ideas*

Oxford: Oxford University Press, 2009. £18.99, ISBN 978-0-19-923842-2 (hardback), pp. xxxiii + 379.

Sal Renshaw, *The Subject of Love: Hélène Cixous and the Feminine Divine*

Manchester: Manchester University Press, 2009. £60.00, ISBN 978-0-7190-6960-4 (hardback), pp. ix + 210.

Reviewed by Katie Barclay
Queen's University, Belfast



The relationship between a history of economic ideas and an analysis of the implications of Hélène Cixous' thought to a theological thinking on the feminine divine may not be immediately transparent. Yet, both of these authors raise questions that are central to current feminist historiography – how has gender impacted on ideas of personhood over time? As ideas of self, subjectivity and individualism rise high on the

historical agenda, so feminist historians have started to discuss the operation of gender systems where the female self has been devalued, side-lined and even sacrificed at the expense of the male. It is this discussion of the female self that connects these works.

Sal Renshaw's *The Subject of Love* explores how the feminist philosopher Cixous' thinking on ideas of self, and particularly her construction of the feminine self as always becoming (rather than a unified masculine self), can add to feminist Christian theological thinking on the feminine divine – or a construction of God that incorporates a space for women and gender equality. To explore this question, Renshaw uses agape love – the form of love that God offers to mankind – as a case-study. She highlights that agape love is marked in Christian thought (as conceptualised by a series of thinkers from Plato to the present) by selflessness and so is other-regarding; the gift that is given with no thought of self, sometimes even with the removal or destruction of self, such as in Christ's sacrifice in death. This is a love that God can achieve due to her divinity and which humankind struggles to achieve due to the difficulty of removing self from acts of love. Even the benevolent giver can gain from the power inherent in the act of giving.

Yet, as many feminist thinkers have pointed out, the idea that other-regarding love is unachievable for humanity stands against a history of women being asked to love in just such a way. It brings up images of wives

asked to place their needs, desires and occupations second to that of their husbands, and in some historical contexts, even to subjugate their sense of self to that of their husband, where the one flesh of the Christian marriage vow in practice meant the absorption of the wife into her husband. Similarly, the expectation of mothers in certain times and places to sacrifice their bodies and sometimes their lives for their children, without any thought of self, problematises the notion of sacrifice as a divine characteristic and as something to be desired. The fight for the right to selfhood for women is viewed as a central part of the feminist struggle, and as Susan Bordo has noted, subjectivity has only recently been granted to women and is still challenged through attacks on their bodily autonomy.¹ As a result, a construction of the feminine divine that asks for the removal of self sits uneasily within feminist theology.

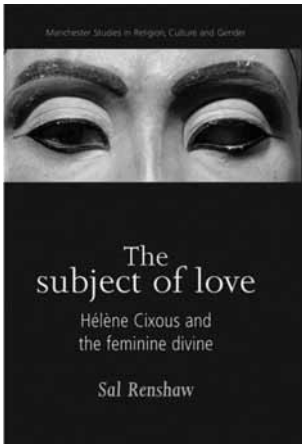
For Renshaw, the solution to this tension between the need for divine love to be other-regarding, yet also allowing a space for self, is to rethink the nature of the self. Cixous' concept of the self as constantly becoming provides her with a way of doing this. Through a close reading of how Cixous thinks about self and love within her various writings, Renshaw highlights that the problem with self-sacrifice is that it relies on an Enlightenment construction of self that privileges autonomy and individuality and is threatened by difference. In contrast, Cixous' feminine self is relational and shifting, where the difference of the other becomes a part of self, and brings forth not rejection or sacrifice but abundant, generous love. At the same time, in using Cixous' model, agapic love moves beyond the divine and becomes achievable for humankind.

While this reviewer cannot comment on the significance of this argument to feminist theology, Renshaw's argument has resonance with a number of ongoing discussions within feminist history, and particularly those within the history of emotions that explore how power is reinforced through models for loving behaviour.² As a work of academic theology, it is perhaps not the most accessible text, but for those with an academic interest in theories of love, selfhood, and particularly French post-structuralist feminism, it provides an interesting model for thinking about love and self in a historical context.

The question of selfhood, or more explicitly self-interest, is also at the heart of Nancy Folbre's *Greed, Lust and Gender*. Folbre offers a lively survey of

1 Susan Bordo, *Unbearable Weight: Feminism, Western Culture and the Body* (Berkeley, CA, 1995), pp. 71–97.

2 Katie Barclay, *Love, Intimacy and Power: Marriage and Patriarchy in Scotland, 1650-1850* (Manchester UP, 2011); I. Tague, 'Love, honour and obedience: fashionable women and the discourse of marriage in the early eighteenth century', *Journal of British Studies*, 40 (2001), pp. 76-106; B. Taylor, 'Feminists versus gallants: manners and morals in Enlightenment Britain', in S. Knott and B. Taylor (eds), *Women, Gender and Enlightenment* (Houndmills: Palgrave, 2005), pp. 30-52.



economic thought from the late seventeenth century to the present, focusing on the relationship between gender, greed and lust. She highlights how women were presented in economic thinking, particularly focusing on the removal of women from the 'economic sphere' in the eighteenth century, and their relationship with economic resources since that point. Over twenty snappy chapters, Folbre charts how economic theorists moved

between the promotion and rejection of greed – or the unfettered pursuit of self-interest – and back again. From Adam Smith who believed that a carefully-controlled commercial world enabled the noblest forms of social interaction to Mandeville who promoted all-out pursuit of self-interest to enable virtue, constructions of self and society were at the heart of economic thought. Yet, despite the work of feminist economists from the later-nineteenth century onwards, women were largely excluded from this discussion. The promotion of the 'separate spheres' model by economists such as Smith meant that women were largely viewed as outside the 'economic sphere' and so female self-interest became the thorn in the side of economic thought.

Women in the home were to subdue their self-interest for the benefit of husband and family, yet their motivation for doing so was remarkably underdeveloped. While self-interest (if sometimes in a constrained form) was seen as a vital part of independent manhood, in women it was akin to lust, potentially destabilising social order and morality. As Folbre demonstrates, the sexual double-standard was mirrored in the economic world, while the connection between women's work and reproduction meant that the relationship between lust, sex and economics was not just a metaphorical concern. As a result, women were reluctantly viewed as independent actors by economic theorists, and as economic power became increasingly related to political rights and legal personhood, women were excluded from social and political power. The battle to regain economic personhood for women (particularly as homeworkers) continues to the present. Folbre untangles how ideas of greed, lust and gender informed economic theory and through doing so, highlights the complex history of thinking on women's work in the home and beyond, as theorists debate whether it is work, whether it is a private affair or a contribution to the larger economy, and what its relationship to the state should be. Aimed at a general audience, her book is wide-ranging, encompassing a broad range of writers and texts from the United Kingdom, France and the United States and provides a useful overview of the major thinkers and theorists in political economy across three centuries. While a specialist reader will be familiar with the ideas under discussion, it provides a helpful synthesis as well as a thought-provoking and entertaining read.

Both Renshaw and Folbre add to the ongoing

discussion on the historical nature of the female self, providing evidence of the ways that women have been expected to sublimate their identities for the good of society, and questioning both how this happened and whether it has to be so. In doing so, they highlight that the refusal to acknowledge female selfhood has denied women both humanity and legal, social and political rights. They add vibrant contributions to what is one of the central debates in current feminist theory.

Eileen Fauset, *The Politics of Writing: Julia Kavanagh, 1824-77*

Manchester and New York: Manchester University Press, 2009. £55, ISBN 978-0719055577 (hardback), pp. xi + 291
Reviewed by Norma Clarke
Kingston University, London



Julia Kavanagh was a well-regarded Victorian writer, a mainstay of the circulating libraries. Between 1848-1877 she wrote fourteen known novels, mostly titled with a woman's name – *Nathalie*, *Daisy Burns*, *Rachel Gray*, *Beatrice* and so on – short stories and fairy tales, poetry, several volumes of biographical works about women in France and England, and an account of her travels

in Southern Italy and Sicily. She wrote for the market and to support herself and her mother. Her subject matter was light, her tone genteel, her heroines idealised. She was accomplished and respectable. Mudie's library continued to stock all her books until 1900.

Little is known about Kavanagh's life. She was born in Ireland but grew up mostly in Paris where her father, a writer and language teacher, found work (sometimes), and in London where as a teenager she was treated for a spinal complaint. Like Pope, she didn't grow. Even Charlotte Brontë (at 4 foot 9 inches) found her 'almost dwarfish' and oddly proportioned – large head, long arms. Brontë's *Jane Eyre* was an inspiration to Kavanagh; or, to put it less kindly, Kavanagh re-wrote *Jane Eyre* in more than one of her novels (most notably in the very popular *Grace Lee*, 1855). Eileen Fauset makes no great claims for Kavanagh as a novelist. She argues, however, that she is of interest because beneath her surface compliance to Victorian values Kavanagh 'spoke out against the social and sexual imbalance that was characteristic of the time', hence the 'politics of writing' in the title of this book which refers to sexual politics. The problem – and it is a problem – is that few would disagree with such a statement. In general terms, this ground has been well trodden.

It is a pity that Eileen Fauset didn't allow herself to be bolder. Although there is no cache of letters or any revealing diary there are suggestive materials for a

more penetrating investigation. Beginning at the age of twenty, Kavanagh was a hard-working literary woman, consulting books in the reading room of the British Museum, corresponding with editors of journals and with publishers, managing a career. She was interested in the business of being a writer: she was born to it in one sense – her father was a failed poet. His attempt to use her name on the title page of his book when she was a successful writer and he was not provoked her to threaten legal action. Fauset writes well about this rare glimpse into an otherwise guarded private life; and when we learn that Kavanagh's parents separated, and her father had several children by another woman, and that he was antagonistic to religion, we long to know more. Kavanagh's passionate identification with Irish culture, her friendship with Gavan Duffy, as well as the importance to her of her Catholicism become more complex in the light of these fragmentary biographical details.

Having lived much in France, Kavanagh was well placed to produce popular history about French women, offering an eighteenth-century carefully tailored for nineteenth-century readers. When she turned to English writers, in *English Women of Letters* (1862), she bravely began with Aphra Behn. She was an astute and enthusiastic reader but her judgements tended to be conventional and Fauset's even more so. We learn what Kavanagh thought about Sarah Fielding, Fanny Burney, Charlotte Smith, Ann Radcliffe, Elizabeth Inchbald, Maria Edgeworth, Jane Austen, Amelia Opie and Lady Morgan but without any sense that Fauset herself has any views formed by her own reading of these writers. The effect is bland.

Even Victorian commentators complained that Kavanagh was too genteel. Henry Chorley compared her book about travelling in Sicily unfavourably to Mary Wollstonecraft's *Letters from Norway* and George Sand's *Winter in Majorca*. They, he contended, 'look through a clear glass' while Kavanagh's telescope 'has cloud on its lenses'. Much the same, alas, can be said of this well-informed but disappointing book.

Sara Gray, *The Dictionary of British Women Artists*

Cambridge: The Lutterworth Press, 2009. £30, 978-0718830847 (paperback), pp. 296

Reviewed by Rachel Callow
Independent Scholar

This biographical dictionary of British women artists contains just over six hundred entries for what the author claims are the most accomplished, though not necessarily the best-known artists. It does not include women who are currently working as artists, and therefore aims to show what female artists in the past have achieved and exhibited. The entries for each woman provide key biographical information, major works, exhibitions and membership of societies. The entries also include, where possible, details of each artist's studies, lifestyle, travels and family.

Gray aims to give as wide a cross-section as

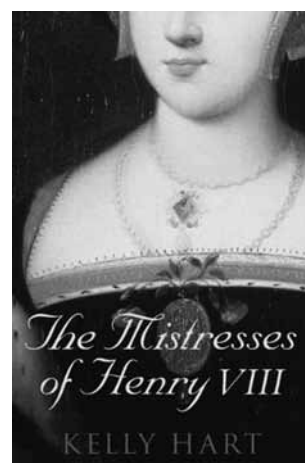
possible of individual female artists working over the last four centuries, the majority of whom women worked in the last 150 years since the conditions for study improved after 1860. While she does not claim to include every female artist active since the sixteenth century, Gray does Lavinia Teerlinck (1520-1576), one of England's earliest women painters, for instance. She asserts that over a thousand women could easily have been included if there had not been the constraints of time and space, which may account for the exclusion of one of Britain's greatest and most influential artists, Barbara Hepworth, a sculptor rather than a painter, like Gwen John and Dame Laura Knight, who are included.

Gray's claim that the work of women artists has been neglected over the years, is borne out by the lack of paintings by female artists on permanent display in Britain's major galleries and museums. By bringing together what evidence has survived a clear picture has emerges of the enormous contribution made by women to British art both individually and collectively, and it could be said that each of the artists included in the dictionary deserves a more detailed and comprehensive study devoted solely to them. Although more illustrations, in both black and white and in colour, would have enhanced the book, *The Dictionary of British Women Artists* is a valuable contribution to the history of British art and to women's place in it.

Kelly Hart, *The Mistresses of Henry VIII*

Stroud: The History Press, 2009. £20.00, 978-0752448350 (hardback), pp. 224

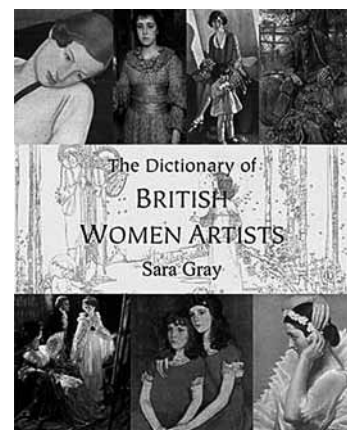
Reviewed by Esme Coulbert
Nottingham Trent University



Hart's debut book *The Mistresses of Henry VIII* is a thoughtful attempt to compile the lives and fates of Henry VIII's mistresses into a comprehensive volume and to challenge our previous knowledge of this infamous monarch and the Tudor court. Hart appears to advocate a revisionist approach, aiming to voice the silent histories of these women. The book begins with a useful chronology detailing Henry's liaisons with

his mistresses, events at court, and the births of his legitimate and illegitimate children.

The book then moves through a fluid chronology of Henry's life, attempting to balance our existing knowledge of the period and Henry's wives with a counter-history: those of his mistresses. The first chapter sets the overall style of



the text by beginning with what we know about Henry's marriage to Katherine of Aragon, and juxtaposing that with what we may not be familiar with: his affair with Anne Stafford. This line of inquiry develops in the subsequent chapters exploring the evidence for Henry's alleged affairs with Étienne de la Baume, Jane Popincourt, Bessie Blount (who gave Henry a much longed-for son), Margaret Skipwith, Anne Bassett, Elizabeth Carew, and Elizabeth Brooke. Chapters four, six, seven and eight detail Henry's involvement with the Boleyn sisters, and possible affairs with Elizabeth Amadas, an unnamed woman in 1534, and Mary Shelton. One chapter outlines all Henry's illegitimate children, his care and any fatherly involvement with them and his contact with their mothers and families; others cover the execution of Anne Boleyn, the coronation and reign of Jane Seymour, Henry's ill-matched marriage to Anne of Cleves and Catherine Howard's rise from mistress to queen and eventual downfall. This is then concluded with two chapters on Henry's search for a sixth wife and his years with Katherine Parr. Hart's conclusion encourages an evaluation and re-thinking of Henry's reputation, and how it compares to his treatment of his mistresses. It attempts to reveal a different side to Henry than his infamous tyrannical presence in history books: Henry as a devoted lover, observant of chivalric codes and the etiquette of courtly love.

Hart's book sits well within the popular Tudor history genre and has received a good reception from this audience who have engaged with her accessible writing style and her focus on the lives of the 'other' women surrounding this monarch. This book really aims to be read alongside the histories of Weir and Antonia Fraser, as Hart references these authors frequently in the notes. However, many of the anecdotes and sources that Hart employs are familiar from the work of previous scholars. Some of the evidence that Hart provides in her argument to make the case that these women were mistresses of the king is tenuous, particularly that of Jane Popincourt, and in the case of Margaret Skipwith, unsubstantiated in the narrative.

Hart's narrative style is poor in places, becoming confused and leaving some paragraphs isolated from her argument. Some generalities and turns of phrase included also seem outdated in terms of modern scholarship. Hart's focus on restoring these women to their rightful place in Tudor history and rescuing them from obscurity is slightly laboured, as Philippa Jones published *The Other Tudors: Henry VIII's Mistresses and Bastards* in paperback in 2009, and the lives of these women and their involvement with Henry are included in other broader well-known histories. However, the majority of the book's narrative focuses on the familiar characters of Henry's queens, particularly Anne Boleyn. This is somewhat justified by the precedent set by Anne who redefined the power attainable by a mistress; achieving the promotion from maid of honour, to mistress, to queen. What Hart does do well is to emphasise this new model of aspiration for some of these women, and to foreground the relationship of familial and sexual politics at the Tudor court. The book is unlikely to be useful for academics, but will be welcomed by fans of popular Tudor history and historic fiction.

Carol Adams Prize

The Women's History Network will award a £100 prize for the best AS, A2 or Scottish Highers or Advanced Highers essay on women's history. This award was set up in honour of the late Carol Adams (first Chief Executive of the GTC) who helped pioneer women's history in schools.

Further information: see www.womenshistorynetwork.org or contact Dr Paula Bartley at drpauladudley@hotmail.com. Essays should be sent to this email address.

Deadline: The deadline for submission is 31 May 2011. The Prize will be awarded at the WHN Annual Conference in September 2011.



Clare Evans Prize

In memory of Dr Clare Evans, a national prize worth £500 is offered annually for an original essay in the field of women's history or gender and history. Essays are considered by a panel of judges set up by the Women's History Network and the Trustees of the Clare Evans Memorial Fund. Subject to the normal refereeing criteria, the winning essay is published in *Women's History Review*.

Those wishing to apply for the prize should first email or write for further details to:
Ann Hughes, Department of History and Classics,
University of Keele, Keele, Staffs, ST5 5BG. Email:

Further information: see www.womenshistorynetwork.org

Deadline: The deadline for submission is 31 May 2011. The Prize will be awarded at the WHN Annual Conference in September 2011.



Committee news

The Steering Committee met on 27 November 2010 at the Institute of Historical Research and welcomed its new members Barbara Bush (Convenor), Jane Berney, Amanda Capern, Tanya Cheadle, June Hannam and Emma Robertson.

Web Site

Claire Jones, the website manager, joined the meeting to talk through the new developments on the website. The members pages have all been updated and after logging in, members can manage their membership online, pay subscriptions, update their details and add their research profile, including their publications.

Blog

As a result of the success of last March's daily blog to celebrate Women's History Month, submissions have been requested for this year. All members are encouraged to check out the blog during March and participate in online discussions.

Magazine

The annual conference held at Warwick has generated many excellent submissions and the editors are impressed by the range and quality of work on display. Some of these will be appearing in the next couple of editions and we encourage members to continue to submit articles for consideration and to encourage their colleagues and students to do the same.

Next Steering Committee Meeting

The next meeting of the Steering Committee will be on 26 February 2011 at the Institute of Historical Research, University of London, Senate House, Malet Street, London, WC1E 7HU at 11am. All members of the Women's History Network are invited to attend the meetings as observers. For further details, contact convenor@womenshistorynetwork.org

Publishing in *Women's History Magazine*

Women's History Magazine welcomes contributions from experienced scholars and those at an earlier stage in their research careers. We aim to be inclusive and fully recognise that women's history is not only lodged in the academy. All submissions are subject to the usual peer review process.

Articles should be 3000-8000 words in length. Contributors are requested to submit articles in final form, carefully following the style guidelines available at:

www.magazine.womenshistorynetwork.org

Please email your submission, as a word attachment, to the editors at

editor@womenshistorynetwork.org



What is the Women's History Network?

The WHN was founded in July 1991. It is a national charity concerned with promoting women's history and encouraging women interested in history. WHN business is carried out by the National Steering Committee, which is elected by the membership and meets regularly several times each year. It organises the annual conference, manages the finance and membership, and co-ordinates activities in pursuit of the aims of the WHN.

Aims of the WHN

1. To encourage contact between all people interested in women's history — in education, the media or in private research
2. To collect and publish information relating to women's history
3. To identify and comment upon all issues relating to women's history
4. To promote research into all areas of women's history

What does the WHN do?

Annual Conference

Each year the WHN holds a national conference for WHN members and others. The conference provides everyone interested in women's history with a chance to meet and it has become an exciting forum where new research can be aired and recent developments in the field can be shared. The Annual General Meeting of the Network takes place at the conference. The AGM discusses issues of policy and elects the National Steering Committee.

WHN Publications

WHN members receive three copies per year of the *Women's History Magazine*, which contains: articles discussing research, sources and applications of women's history; reviews of books, conferences, meetings and exhibitions; and information on calls for papers, prizes and competitions, and publication opportunities.

Joining the WHN

Annual Membership Rates

Student/unwaged	£15*	Overseas minimum	£40
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High income	£40*	Institutions overseas	£55
Life Membership	£350		

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Women's History Network Contacts:

Steering Committee officers:

Membership, subscriptions

membership@womenshistorynetwork.org

or write to Dr Henrice Altink, WHN Membership Secretary, Department of History, University of York, Heslington, York, YO10 5DD

Finance, Dr Gráinne Goodwin:

treasurer@womenshistorynetwork.org

Committee Convenor, Professor Barbara Bush:

convenor@womenshistorynetwork.org

Web Team:

webadmin@womenshistorynetwork.org

WHN Book Prize, Chair, Professor Ann Heilmann:

bookprize@womenshistorynetwork.org

UK Representative for International Federation for Research into Women's History, Professor Krista Cowman:

ifrwh@womenshistorynetwork.org

Charity Representative, Dr Anne Logan:

charityrep@womenshistorynetwork.org

Newsletter Editor, Dr Katie Barclay:

newsletter@womenshistorynetwork.org

Magazine Team:

Editors, submissions: Dr Debbi Simonton, Dr Jane Potter, Dr Sue Hawkins, Ms Ann Kettle, Dr Juliette Pattinson:

editor@womenshistorynetwork.org

Book Reviews, Dr Jane Potter:

bookreviews@womenshistorynetwork.org

or send books to her at Oxford International Centre for Publishing Studies, Oxford Brookes University, The Buckley Building, Gipsy Lane Campus, Oxford OX3 0BP.

Advertising, Ms Ann Kettle:

advertising@womenshistorynetwork.org

Steering Committee Liaison, Dr Juliette Pattinson:

liaison@womenshistorynetwork.org

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online as well - see panel on page 7 for further details*

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