



# EAHN

EUROPEAN  
ASSOCIATION  
FOR THE HISTORY  
OF NURSING

*Completed by Karen Nolte*

## Editorial

In this third issue of the EAHN-Bulletin you find again news on the activities of your European neighbours.



I'm glad to tell you that Susanne Kreutzer and me succeeded to get a grant of the German Research Foundation (Deutsche Forschungsgemeinschaft, DFG) for international conference in collaboration with the EAHN „Nursing 1914-1918: War, Gender and Labour in a European Perspective“.

*Swiss Red Cross Nurses in  
Kolin-Böhmen, 1916*

The conference will take place in Ingolstadt/Germany from May 22th to 24th, 2014. The program is complete, but participants who like to listen to and to discuss the papers are welcome. For further information and registration please contact: [karen.nolte@uni-wuerzburg.de](mailto:karen.nolte@uni-wuerzburg.de)

I wish you a wonderful Advent season!  
With best wishes!

*Karen Nolte*

## DENMARK – The Danish Society of Nursing History (DSHS): 150 years of Danish Nursing

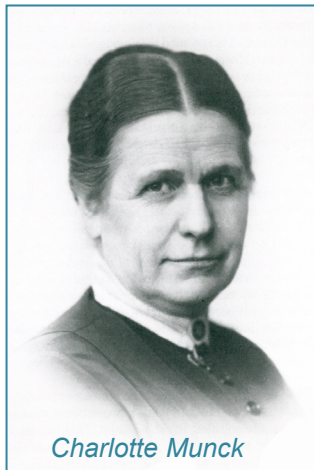
*by Gunilla Svenson and Susanne Malchau Dietz, DSHS*

This year we mark three important anniversaries in Danish nursing: In 1863, 150 years ago, The Danish Deaconess Foundation was inaugurated, and with it the first Danish nurse education came into existence. The same year, the Copenhagen Municipal Hospital opened just outside the ancient town wall. Inspired by the Nightingale Training School, the doctors at the hospital soon realized that modern medicine needed trained

nurses, and the first secular nurse education started in 1876. 50 years later, in 1913, Bispebjerg Hospital outside Copenhagen was inaugurated by King Christian X.

However, we are not celebrating the hospitals as such. We celebrate the impact they have had for Danish nursing - the 150 years of skilled nursing in Denmark and the 100th anniversary of the first proper nursing school at

Bispebjerg Hospital. For the first time in Denmark, a matron was appointed head of nursing and the nurse education: Miss Charlotte Munck. She was a graduate from the prestigious Presbyterian Hospital in New York, and she organized her hospital and curriculum along the lines she learned to appreciate there.



Thus, the deaconesses started the first nurse education following the German model in Kaiserswerth, hesitantly at first, but in time they founded one of the best nursing schools in the country. Later, the secular nurse education was introduced at the Copenhagen Municipal Hospital, and 100 years ago Charlotte Munck introduced the Nightingale system. Her

influence was enormous. Not only did she lay down a curriculum and edit a textbook that became standard for all hospitals in Denmark, she also became president of the powerful Danish Nurses' Organization that fought for state registration and formal education for nurses.

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The anniversaries have been celebrated properly: The Danish Deaconess Foundation with the publication of a scientific description of all the deaconesses at the Danish Deaconess Foundation: "Gender, Vocation & Professional Competences" by Susanne Malchau Dietz. The book does not only tell the story of the all the sisters, it is also the story of the origin of the nursing profession, as well as the private philanthropy, which was replaced by today's welfare institutions.

The secular nursing tradition has been celebrated at a large conference in September 2013, arranged by Bispebjerg Hospital and the Danish Nurses' Organization in honour of one of Danish icons in nursing history, Charlotte Munck. The Danish Nursing History Society has marked the occasion with a special edition of the journal, "History & Nursing" publishing a paper on the Danish deaconesses in the Danish West Indies and one about the influence of the US nursing tradition brought to Denmark by Charlotte Munck. The Danish Museum for Nursing History celebrates the occasion with a special exhibition.

Finally, the society is proud on behalf of its founder, Kirsten Stallknecht, former president of the Danish Nurses' Organization and International Council of Nurses. At the ICN Congress in Melbourne in May 2013, she was awarded the ultimate prize for nurses: the Christiane Reimann Prize for her long-standing efforts for international nursing

## GERMANY – Workshop „Deaconesses in Nursing Care: International Transfer of a Female Model of Life and Work in the 19<sup>th</sup> and 20<sup>th</sup> Century?“

*Reported by Carmen Mangion (UK)*

The usefulness of deaconesses as care-takers in all kinds of hospital and homes for the aged, and asylums of every description, is so apparent that it does not need to be dwelt upon? Doubtless at the present time the deaconess who will answer to the greatest number of immediate wants is the "parish-deaconess," or the home mission

deaconess, as we may call her. Her usefulness has been well tested in the great cities of Germany, France, and England, as we have seen. Perhaps nowhere is her work better appreciated than in London, the greatest city of modern times.



Nowadays, the term „deaconess“ is less well-known but as this quote written by American Methodist and ardent deaconess promoter Jane M. Bancroft Robinson (1847-1932) in her *Deaconesses in Europe and their Lessons for America* (1890) suggests, deaconesses were important contributors to voluntary action in the nineteenth century. Bancroft’s book introduced

the American reading public to European deaconesses and pointed to them as a truly transnational model of voluntary action. They were Christian women workers whose aim at its core was religious but who also met the needs of the poor through providing for the body: food, clothing, medical care and education.

A few weeks ago I spent a rather cold and snowy few days comfortably ensconced at the fittingly named Hotel Mutterhaus in Kaiserswerth, Germany. The Hotel, renovated about ten years ago, had opened in 1903 as the motherhouse of the Kaiserswerth Deaconesses, the first and arguable the most influential deaconess institution in the modern deaconess movement. I was attending a conference „Deaconesses in Nursing Care: International Transfer of a Female Model of Life and Work in the 19th and 20th Century?“ organised by Susanne Kreutzer and Karen Nolte. They brought together scholars from Europe and North America who studied deaconesses in Germany, Denmark, Finland, Sweden, Norway, Jerusalem, the USA and of course Britain. Deaconesses were essentially female church workers typically trained in a deaconess community who worked with the clergy of a parish or in an (often) deaconess-run institution such as a hospital or school. Some deaconesses lived in community, thus the Mutterhaus was a place to which they could return if they became ill or retired, and others worked independent of community support.

The Kaiserswerth Deaconesses founded in 1836 by Theodor and Friederike Fliedner, a Lutheran pastor and his wife, became a model for other deaconesses nationally and internationally. It became known as „a school for leading philanthropists“ and both Elizabeth Fry, the celebrated prison reformer and Florence Nightingale trained at Kaiserswerth. In England, the Kaiserswerth model of women’s work and ministry inspired twenty-four separate deaconess institutions, 16 Anglican, 4 Methodist, 1 Baptist, 1 Lutheran and two Protestant evangelical. The numbers of British women who entered

these institutions were never large, and it’s almost impossible to calculate complete communities given most deaconesses records seem to have disappeared. They were involved mostly in parish work, although they managed the nursing in twenty-six hospitals in England including the German Hospital, the Evangelical Protestant Deaconesses Institute and Training Hospital (later becoming the Prince of Wales Hospital) and Mildmay Mission Hospital.

The deaconess movement crossed national boundaries with apparent fluidity. This makes them a perfect subject for transnational history – we can examine [...] the broad flow and circulation of movements and ideals as well as chart the biographies of individuals and societies through a range of historical formats and theoretical paradigms.

The most documented of the English deaconess communities, the North London Deaconess Institution, was founded in 1862 by Elizabeth Ferard, who was the first Anglican deaconess – set apart – in England. They had strong links with Kaiserswerth. Ferard trained for three months in Kaiserswerth and attended the 1861 and the 1865 Kaiserswerth Conference. In the early years of the foundation, Fliedner sent a highly gifted and thoroughly skilled Deaconess to help temporarily in hospital work. The link to Kaiserswerth was frequently lauded in published reports; the author of the 1868 annual report reminded readers that the institute was founded upon the model of Kaiserswerth, and adapted to the Church of England. This reference to adaptation was incredibly important, as contemporaries continually noted that deaconess life, though associated with Kaiserswerth, was always represented as an English institution, shaped by the circumstances of the Church of England.

As many of us are not polyglots, the conference, graciously held in English, really pointed to a way forward for coordinated research on the deaconess movement. Both paper-givers and attendees found similarities and dissimilarities in deaconess practice and authority. The deaconesses in each locale offered a direct response to mostly the poverty of urbanisation and industrialisation, but sometimes, as in the case of some Scandinavian countries, the lack of services in rural outposts. In some places, such as Finland, deaconesses became attached to the state as public health nurses, though in most places, deaconesses worked independently in church parishes or in communities in schools or hospitals. Some communities, such as one in Denmark, were women-managed and very independent of clerical control, where others were managed by male pastors.

What struck me most though, in my own research and that of my co-presenters, was the network of cross-national and cross-cultural influences. I have been considering Thomas Adam’s ideas on „intercultural transfer“ with regards to the deaconesses. In transferring the deaconess concept to England, there was a sense of borrowing the core objectives and meanings of deaconesses, but allowing for differences due to national and denominational identity. How much these transfers

went both ways is difficult to ascertain, but there was plenty of travel back and forth by all parties. And as the conference made clear, deaconesses' institutions in the USA were different from those in Jerusalem and Sweden and Norway, etc. This form of intercultural transfer did not lead to uniformity, but a sensitive nuancing of practices point to an interconnectedness that goes beyond national boundaries.

The conference brought up more questions than answers with regards to this idea of intercultural transfer? but the

exchange of ideas was definitely relevant. Importantly, despite a male headship, the main actors in this form of voluntary action were women. Women travelled back and forth, as volunteers, visitors, as teachers, as leaders; they celebrated and shared their experiences; they worked to relieve the needs of the poor. The deaconesses were central to the exchange of knowledge and experience of voluntary action.

## NORWAY – Report from the Norwegian interim board in Nursing History

by Åshild Fause

For many years some of us working in the Nursing History field have been discussing the possibilities of establishing a group or society to strength our work without succeeding. Since 2010 we have invited to annual summer seminars in Nursing History to discuss both individual project but also to seek support for and for the possibility to do common projects. These seminars have been based on cooperation between scholars from academic institutions in Norway but also included invited lecturers from academic institutions in Russia and Finland as well as UK and US. At a meeting in Tromsø 5th and 6th of September 8 nurse historians decided to establish an interim board in order to launch a Norwegian Society in Nursing History in Nursing in 2014.

### Purpose and Aims

The main purpose to establish a society is to provide a Norwegian and Scandinavian focus in developing the discipline of Nursing History.

1. To promote research based knowledge between scholars from different academic perspectives in the history of nursing field.
2. To provide mutual supportive network of individuals working in the Nursing History field and create oppurtunities for direct collaboration on significant research project. In this work it us batural to seek contact with The European Assosiation for the History of Nursing.
3. To promote a public understanding of Nursing History, by supporting initiatives for public engage-ment.
4. To gain recognition for the dicipline of Nursing History throughout Norway and seek close relation to the Norwegian Nurse Assosiation.

### Future plan for 2014:

- recruit members
- spread information
- launch the Society in May 2014 at a national conference in the history of nursing in Hammerfest
- establish a website
- publish an online bulletin once a year
- participate at EAHNs meeting in Dublin Marsh 2014.
- start the planning of an international conference in the history of Nursing in Norway in 2015 or 2016.
- publish a book in the history of Nursing



# Multidisciplinary project: Living the war – survival and recovery in the Barents Area, 1939-1950

by Åshild Fause, associate professor, ph.d, RN, Tromsø University, Norway

The project focuses the impact of war on everyday life of the civilians of the Barents region during the 2nd World War and the immediate period of recovery and reconstruction. It is a transnational and multidisciplinary project, based on cooperation between scholars from academic institutions in Russia, Finland and Norway, representing the disciplines of nursing, history, anthropology, teaching and philosophy.

## Historical background in Russia, Norway and Finland

The northern parts of Norway, Russia and Finland in the Barents region have a history of close relations based on civilian interactions across the variability of languages, ethnicities and cultures within and between the three neighboring countries. The populations have proven inventive in making themselves understood and exchanging, and people and goods has been transported across the borders. The Russian revolution caused an abrupt end to the interactions between Russia and its closest neighbours, until 2nd World War when Russians again crossed the borders, some as German prisoners of war, others as soldiers in the last phase of the war. In very different ways they made a lasting impression on the civilians in the communities all effected by war. As the political landscape changed after the 2nd World War, the civilian population in Russia were again closed off from its neighbours in the western part of the world.

Historical research on the 2nd World War has primarily focused the great military and political importance of the Northern region. An increasing interest in civilian everyday survival and living conditions is discernible, particularly in local history and reminiscence literature. Very few studies have shed light on health care and nursing during the war and reconstruction period. Childhood during the war is also a new focus of research. Today, the generation that experienced the war is fast diminishing. To learn to know their stories is important to the region's cultural identity and historical

The project aims explore the war's impact on the civilian population in the Northern parts of these three countries, across the borders and highlights the meaning of nursing and civil involving and engagement. While the warfare and political alliances developed quite differently in the three countries, there are indications that the civilian population shared similar experiences to a greater and lesser degree, as the three societies underwent great changes. Moreover, the populations were bound together as national borders were changed, refugees as well as enemy and friendly troops crossed the borders. The friend-enemy- relations in the period were subject to change. The population in Finland and Norway lived with the presence of soldiers and war in their everyday life, while in Russia a large proportion of the male population

were absent from their home because they were serving their country, or were taken prisoners of war.

War economy led to scarcity of food, and even to famine. In the northern part of Russia, starvation was the most common cause of death during the 2nd World War.

There was a general lack of essentials for health care in the whole region, and many hospitals were destroyed or required for military purposes. Populations were evacuated and deported, refugees were hosted, and the scorched earth policy was implemented in parts of the region. There is evidence that survival at times was an extreme challenge for individuals and families, and even for whole communities. It is important to learn how people managed to survive both extreme challenges and the common everyday conditions, and also to explore conditions when they did not manage. The post-war period raised immediate challenges of reconstructing essential infrastructure.

By focusing on living conditions and everyday life, for children and sick care in particular, the aim is to explore how the people of the region lived through the war and the immediate postwar recovery period. The impact of nursing and nurses efforts to keep the civil society together will then be clarified.

During wartime the conditions of the civilian life changed dramatically in all three countries. How did individuals, families and communities meet the challenges of war and post-war recovery? What were the consequences for the people who lived the war in the Barents region? These questions are addressed in this project. The aim is to develop and share knowledge and insight into a crucial part of the region's recent history. The project combines publication of both research articles and an illustrated anthology of scholarly quality for public reading as well as a mobile museum exhibition. Both the anthology and the exhibition will be trilingual (in Finnish, Norwegian and Russian) and include English abstracts.

## Partners in the project are:

Museum of the Post-War Reconstruction for Finnmark and Northern Troms (Hammerfest, Norway)

Department of Health and Care Sciences, Faculty for Health Sciences, University of Tromsø (Norway),

Department of Russian History, Institute of Social, Humanitarian and Political Sciences, Northern (Arctic) Federal University, Arkhangelsk (Russia)

Kemi-Tornio University of Applied Sciences (Finland)

University of Oulu (Finland)

## Nursing at NORMASH

by Jan-Thore Lockertsen, PH. D.-student, RN, MHSci Theatre nurse

“Sister Ragnhild had been in Korea. And she was very good.” I was doing my Master Thesis about Theatre Nursing at Troms og Tromso sykehus, 1895 – 1974. An informal conversation with an old nurse became for me the start of a day where I met Sister Ragnhild (Strand) everywhere. My next meeting with Sister Ragnhild was through a nurse I shared lunch with. “I had an old aunt who lived for nursing, aunt Ragnhild.”

Ragnhild Strand was a theatre nurse. She was well remembered as head nurse for the operating room department for ten years (1955 – 1965). But what most nurses remembered her for was her past as one of 111 nurses serving at NORMASH during two years of the Korean War and one year after the armistice.

The Norwegian Mobile Army Surgical Hospital was one of six MASHs active during the Korean War. The other five were MASHs from USA. During its active period, over 90,000 patients were received and treated. 14,755 were treated as in-patients, and of them, 12,201 before the armistice. More than 9,600 operations were performed.

While the soldiers stories and stories about the battles have been recognized and written about, the nurses stories have not been told, yet.

Norway did not have a professional army. Still in reconstruction after world war two, Norway could not send soldiers to Korea. And Norway could certainly not send Army Nurses, because without a professional army, Norway did not have a nurse corps. NORMASH was therefore staffed with volunteers. Most of them were without military training and combat experience.

In this Ph.D.-project, I have interviewed four nurses, probably the last surviving nurses, who served at NORMASH. Their stories are stories of friendship with Koreans, caring for civilians, love for children and boring days.



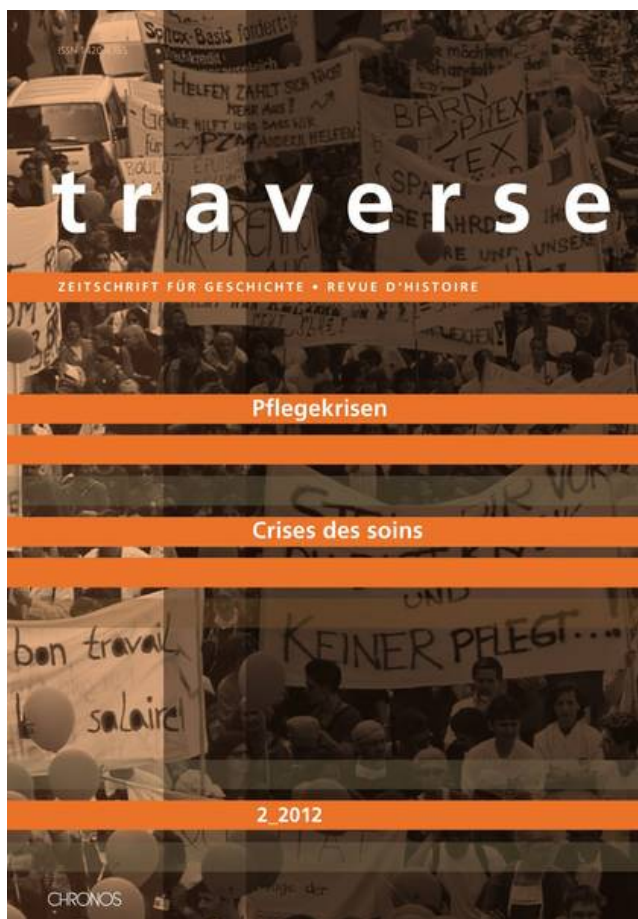
Nurse Ragnhild Strand

## SWITZERLAND – Networking for the History of Health Professions in Switzerland

by Sabina Roth

Since 2012 it is an important aim of the Swiss Society for the History of Health and Nursing (GPG-HSS, founded in 2009) to strengthen the network of researchers, teachers and other interested persons in the history of health professions.

In 2012 members of the Society could celebrate the vernissage of the issue No. 2 *PflegeKrisen - Crises des soins* of the Swiss Journal for History *traverse* (for further informations see: [http://www.gpg-hss.ch/index.php?id=28&tx\\_ttnews%5BbackPid%5=24&tx\\_ttnews%5Btt\\_news%5D=298&cHash=7e46c310569b8c045ddd0ac270523a61](http://www.gpg-hss.ch/index.php?id=28&tx_ttnews%5BbackPid%5=24&tx_ttnews%5Btt_news%5D=298&cHash=7e46c310569b8c045ddd0ac270523a61))



In spring we were holding a small workshop, discussing the religious tradition of Nursing in the perspective of historical research and homage.

The nurse and historian Regula Schär, University of Lucerne, presented first results from her research within the project *Religiöse Frauengemeinschaften der Ostschweiz im 20. Jahrhundert / Communautés religieuses de femmes en Suisse orientale au 20e siècle*, financed by the Swiss National Science Foundation. Séverine Pilloud Savovic, professor and archivist at the Haute Ecole de la Santé La Source, Lausanne, animated the discussion with an input to the film *Leiden schafft Pflege* made by Marianne Pletscher. This documentary paid tribute to Sr. Liliane Juchli, well known author of textbooks in nursing – at least in the German but not at all in French speaking countries - who celebrates her 80<sup>th</sup> anniversary this year. In addition the committee is working to improve the internal communication among its members as well as its services for them. We launched an electronic newsletter with actual calls, conferences or publications in the history of the health professions and coordinate all these informations with our website.

As a member of the *Swiss Society for History*, we applied for fundings for this activity from the *Swiss Academy of Humanities and Social Sciences* and got encouraging signals that, from next year on we can pay at least a part of the voluntary work done. Our Society has submitted a workshop to the 3<sup>rd</sup> Swiss Congress of Health Professions 2014 in order to connect actual historic research and discussions to the development of nursing and health sciences.

Sabina Roth, independent historian, Zürich, president of the *Swiss Society for the History of Health and Nursing*. [www.gpg-hss.ch](http://www.gpg-hss.ch). Mail to: [gpg@gpg-hss.ch](mailto:gpg@gpg-hss.ch)

## THE NETHERLANDS – The Dutch Centre for Nursing History: the Florence Nightingale Institute (FNI)

by Nanni Wiegman



### Origins of the Dutch Centre for Nursing History

The history of nursing attracted growing interest in the Netherlands in the 1980s. This led in 1993 to the establishment of the National Museum of Nursing, which changed its name to the Florence Nightingale Institute (FNI) in 2007. The museum closed in 2013, and the FNI is now working on a transitional, wide-ranging programme geared towards the future. In 2014, the FNI will enhance its web presence, becoming an online knowledge centre with a vigorous branch of travelling activities. This change is essential in order to preserve nursing heritage and to carry on presenting them to future generations in ways that are interesting and affordable. For this reason, the FNI made a well-informed and committed decision to embrace this shift from a physical to an online knowledge centre with virtual exhibitions, online education, and events around the country. Ultimately, our dream is to link up the nursing heritage on a global level. The virtual

FNI will be fully operational from mid-2014, but you can already visit our website at [www.fni.nl](http://www.fni.nl).

### **Mission Statement**

The FNI's mission is to develop the history of nursing as an academic discipline and to use it both to add depth to the profession's remit and to strengthen professional pride. The FNI collaborates closely with universities and colleges to place the history of nursing as a discipline, both in research and in training of nurses.

### **Purpose and aims**

The Dutch Centre draws attention to the history of nursing for the benefit of a broad target group, including nurses, carers, students and pre-vocational secondary school pupils as well as the public at large. It has four objectives:

#### *1. Research*

Stimulating research on the history of Dutch nursing in an international context. Two PhD research projects will be launched in 2013, in collaboration with the NIOD Institute for War and the Descartes Centre of Utrecht University. Once a year a colloquium is organized for students and other interested parties to discuss ongoing research. In addition, the FNI strives to ensure the digital availability, as far as is possible, of relevant literature and other documentation. To help fund all these activities, the FNI set up the Sister Vernède Foundation.



#### *2. Education*

The Dutch Centre considers it important to teach the history of nursing as part of nurses' training. To achieve this, it has been engaged in an intensive dialogue with teachers over the past six months, to learn their precise needs in order to teach this subject. The challenge now is to develop a programme that corresponds to their needs and expectations. At the request of the Ministry of Public

Health, the Dutch Centre has also been involved, since 2009, in devising teaching programmes for pre-vocational secondary school (VMBO) pupils.

#### *3. Heritage*

A number of collections related to nursing are preserved in different parts of the Netherlands. The Florence Nightingale Institute itself possesses a modest collection of objects, documents, textbooks, badges and unique items, such as an original letter from Florence Nightingale. In 2013, a large proportion of this collection was digitized. These are the building blocks of what will become the virtual presentation of the nursing heritage, which is being supervised and approved with the assistance of the Royal Netherlands Academy of Arts and Sciences (KNAW).

#### *4. Mobile activities*

To expand its ties contact with the target groups, the Dutch Centre has developed a strong mobile activities section. For instance, we performed the theatrical production *Sisters on Tour* 600 times to promote work in care for the elderly. The *Care Academy*, a play about working in the care sector, is performed at 50 secondary schools every year. In addition, the 'Care Trailer', a 14-metre truck with digital touch screens, calls at 180 pre-vocational secondary schools a year, giving an average of 80 pupils a day a better picture of what is involved in working in the care sector. The FNI has also made a 3D soap opera dealing with different working areas within the care sector. There are visits to institutions and schools, with historical lectures, exhibitions of photographs, and fashion shows of historical uniforms.

### **Membership**

You are welcome to become a supporter of the FNI. Registered supporters receive a newsletter every six months, and are invited to attend the annual 'Supporters Day'. We are very active on the social media, communicating and interacting with our target groups about the history of care. Through blogs, historical columns in nursing trade journals, Twitter and Facebook, and through our e-newsletters, we have managed to double the number of people 'following' us within just twelve months. We are also trying to keep the international network informed as well as possible about the history of Dutch nursing.

Nannie Wiegman, RN, MA, Director, email: [nwiegman@fni.nl](mailto:nwiegman@fni.nl)



## UNITED KINGDOM – news from the UK Association for the History of Nursing (UKAHN)

by Susan Hawkins

The UK Association for the History of Nursing recently celebrated its first year in existence. We have had a very busy year, launching a newsletter, a JISCmail email list, organising a Colloquium and holding two committee meetings.

### The Colloquium

The Colloquium was probably the highlight of the year's events. Held in Oxford University's very impressive Faculty of History building on 4 July 2013, the Colloquium took the theme of 'Colonial and Post-colonial Nursing'. Its wide ranging theme attracted speakers from around the world, from the USA and Canada, Ireland, the UK, Denmark, Italy and Australia. The papers they gave covered even more territory: Anne Marie Rafferty and Rosemary Wall's investigation of nursing in the British Empire; Susanne Malchau Dietz's study of the work of Danish deaconesses in the Danish West Indies; Aya Homei's research into the role of public health nurses in Japan's birth control experiments of the 1950s to 1970s; and Barbra Mann Wall's fascinating account of the work of Catholic missionary nurses in mid twentieth-century Nigeria. And these just took us to lunch time – and a glorious lunch we had in the senior common room, with the added bonus of time to renew old acquaintances and make new ones. Then back to work: Sam Goodman (a research fellow in English at Exeter University) started the afternoon session with a fascinating look at the nursing work undertaken by colonial women during the Indian Mutiny, as revealed through their diaries; Gerard Fealy brought the idea of colonisation closer to home by arguing that the nursing traditions of Irish nursing sisters was based on practises inherited from the country's English colonisers; while Susan Armstrong Reid brought us the story of a pioneering British nurse, Elizabeth Hughes, who, in an adventure that could have been a movie script, joined Mao's Eighth Route Army and became embroiled in the uncertainties of nursing on the 'frontiers between war and peace'. Anna La Torre's paper also focussed on the borderland between colonialism and war, this time by looking at nurses working on Italian Red Cross hospital ships during Italy's colonial wars with Ethiopia. Perhaps the most moving paper was delivered by Odette Best, speaking from her home in Brisbane, Australia. Odette had planned to give the paper in person, but an accident *en route* meant she had to return home. Nevertheless, she delivered her moving paper by Skype (thanks to the technical support from Oxford's Faculty of History), and we were all very glad she did. Odette spoke of the story of Aboriginal nurses and their fight for training and recognition on a par with other nurses in Australia, in the mid twentieth century. The whole lecture

theatre was left in a sort of stunned silence for what felt like several minutes after she finished speaking.

We were very fortunate to receive funding for the Colloquium from the Wellcome Trust.

### Helen Sweet



The grand finale of the Colloquium was a rousing thank you from all 50 delegates to Helen Sweet, who had organised the event. This was a special event for Helen as the Colloquium marked her official retirement from academic life – although she promises to keep in touch and keep a watchful eye over the development of UKAHN, of which she is a founder member. UKAHN is only the latest in a long list of initiatives designed to promote the history of nursing as a rigorous academic discipline which Helen has been at the centre of.

Her input, ideas, common sense but overall her enthusiasm and energy will be sorely missed by her UK colleagues, and I suspect by many more around the world, not least in South Africa where much of her own work has been located. Helen, we wish you all the best in your retirement, but do stay in touch.

### UKAHN Committee

Since our last report to EAHN, the UKAHN committee has met twice. In March 2013 it was reported that we have 120 members of UKAHN.

*Fees:* A decision whether or not to charge subscription fees has yet to be taken. A regular income would confer stability but introducing a charge for membership in a time of austerity and the added burden of financial management might outweigh that.

*JISCmail:* In order to create a feeling of community between members of UKAHN the Committee decided to set up a JISCmail list which members can use to communicate with each other. The facility is now up and

running and we encourage anyone who wants to contact members of UKAHN to make use of it, by subscribing to: UKAHN@jiscmail.ac.uk.

*The Bulletin:* The Association has now published two issues of its Bulletin, both of which can be viewed online at <http://www.nursing.manchester.ac.uk/ukchnm/UKAHN/Bulletin/>. A third issue, edited by Jane Brooks, is currently in production and should be published in November 2013. The Bulletin contains a range of material from academic, peer-reviewed articles to short work in progress reports, book reviews, biographies and letters. The Bulletin is sent by email to all members of UKAHN.

*Science Museum History of Medicine:* In June a subgroup of the Committee attended a meeting at the Science Museum in London, which is planning to revamp its rather tired and dated History of Medicine galleries. They have asked for advice from UKAHN members on how to incorporate nursing into this story – which up until now has been noticeable only through its complete absence. The meeting was a great success and the Science Museum staff expressed gratitude to the UKAHN group for its valuable input.



*The Colloquium:* The next Colloquium will be held in July 2014 at Kingston University London. More details, including the theme and a call for papers will be announced shortly.

The next meeting of the Committee will take place on 14 November 2014.

### UKCHNM Seminar Series

The UK Centre for the History of Nursing and Midwifery, the academic research arm of UKAHN has recently announced the programme for the Winter 2013/Spring 2014 Seminar series. It comprises of six seminars which will be organised in association with the Manchester Royal Infirmary Nurses' Fellowship and held at the UK Centre in Manchester. Details of the Seminar Series can be found on UKCHNM web site: <http://www.nursing.manchester.ac.uk/ukchnm/events/seminars/>.

## REVIEW – How to write your nursing dissertation

by Anja Peters (Germany)

The book addresses mostly nursing practitioners working for an honours or Master's degree and, in particular, takes different learning styles into account. Consequently, the style of the book might be unusual for the scholar. Two nurses on their way to completion of their dissertations, Sue (40) and Sam (31), guide readers through the book. This might be illustrative for an awed student, but reminded me of my old school books.

Let's look at the content: As soon as one begins, in the foreword the chapter by Di Carpenter about historical methods and evidence is emphasised, providing a promising start for the nursing historian.

Chapters 1 and 2 explain what a dissertation is, its key features, how to plan one's time and work, and the expectations of universities.

Chapter 3 – Clinical effectiveness and evidence-based practice: background and history – really caught me. The chapter is a very brief, though interesting summary of evidence based trials from the Bible via Florence Nightingale and to the 1948 streptomycin trials. However, a few critical sentences about “modern evidence-based practice” (26) would have been appropriate if one thinks of horrible experiments, e.g. in Tuskegee.

The following two chapters about evidence-based practice, and also Section 6 – How evidence-based

health care is implemented in practice – are mostly directed to nursing scientists and practitioners, but offer the historian some nice arguments when talking about the necessity of historical research for today's nursing.

The next two chapters are about how and where to do research and the mysteries of grey literature. Chapter 8 explains Harvard and Vancouver style – an important topic, but too short here. I would rather recommend “The Complete Guide to Referencing and Avoiding Plagiarism” by Colin Neville (2010).

Chapter 9 explains among others the PICO model (Population, Intervention, Comparison, Outcome) by referring to the book of Daniel showing nicely how such a model can be used to research historical phenomena.

The following three chapters offer again basic information for the bewildered student (time management, developing study skills, dealing with supervisors).

Chapter 13 is about the understanding of quantitative research, and Chapter 14 about qualitative research. Both might give valuable information for the understanding of historical data but are simply too short and provide no compensation for the original literature on these topics.

Section 5, about the critical appraising of evidence, introduces several tools to evaluate selected papers, e.g. the Crombie or the Parahoo models of critiquing. The offered central questions are most helpful for students but might also well improve the sometimes cursory methodology in historical papers.

As most dissertations collect dust in university archives I appreciate that the authors of Chapter 21 about publishing are trying to encourage students to publish or present their work.

The following chapter introduces the Gibbs' reflective cycle and even the nursing process as possibilities to evaluate and develop one's own work. The book ends with a glossary of common research and statistical terms and an index.

If the reader hasn't peeped into Section 8 yet, he or she will find out now that the chapter one was looking forward to – What is the use of history in a world focused on scientific evidence? - is actually not in the book. You have to switch on your computer and go to

[www.wiley.com/go/glasper/nursingdissertation](http://www.wiley.com/go/glasper/nursingdissertation). At least it's open access this way. The author, Dr Di Carpenter from University of Southampton (UK), mentions the debate among historians “about the extent to which they use theory in making sense of their data” and sketches the common history research method comprising five steps. She explains the usefulness of secondary sources and very well explains how students may justify doing a historical evidence-based practice project. Finally, she shows how a study based on historical evidence may be done and includes a critical appraisal tool for historical research in health and social care (Figure 26.1). It is a pity that this excellent chapter was not included in the main book as it would certainly encourage students to do an historical dissertation and transfer historical knowledge into nursing practice.

**Conclusion:** The book addresses mainly nursing students who have been out of academic learning for a while. It might lead, however, down paths of thinking for the accomplished scholar toward new directions, and also to closer links between historical research and modern nursing. Therefore I recommend the book for nursing faculties, hospital staff libraries and students doing a Master's thesis.

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