

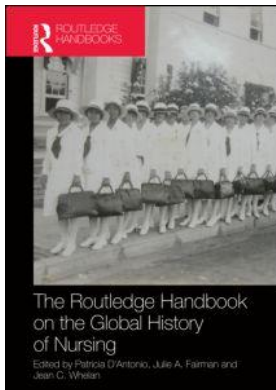
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PART 3

The politics of nursing knowledge

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6

“INTELLIGENT INTEREST
IN THEIR OWN AFFAIRS”¹The First World War, *The British
Journal of Nursing* and the pursuit of
nursing knowledge*Christine E. Hallett*

The development and transmission of nursing knowledge was a significant, but messy and inchoate process during the late nineteenth and early twentieth centuries. While a number of authors have commented on the ways in which the social and cultural origins of nursing as a female, practice-based and low-status occupation impeded the advance of nursing knowledge,² very few have attempted to trace the ways in which knowledge and skill emerged in spite of these impediments.³ This chapter provides one example of a way in which this gap in our understanding might be addressed. By tracing the written, British nursing response to the medical treatment dilemmas created by the traumatic injuries of the First World War, it presents a case study of one way in which a few elite nurses were arguing that nursing knowledge was scientific knowledge. The chapter thus traces a significant phase in the development of nursing as a discipline.

In the first decades of the twentieth century, the argument (put forward primarily by Florence Nightingale) that nursing knowledge was sanitary knowledge was complicated by the newly emerging perspective (espoused by Ethel Bedford Fenwick and her professional circle) that nursing knowledge was, in fact, scientific knowledge. The chapter argues that, by claiming scientific knowledge as part of the foundation of their own practice base, these writers were consciously contributing to the development of nursing both as a discipline and as a profession. Sanitary knowledge and practical competence remained important in the early twentieth century. Yet the emergence of an interest in science within the writings of nurses cannot be ignored. Nor can its coincidence with the battle that had been raging since the late 1880s to secure the professionalization of nursing, through recognized standards of training. While the focus of this chapter will be on the nurses' claims to the relevance of scientific knowledge for their practice, it will also consider the links between these claims and the fight for professional recognition.

Three professional nursing journals were significant during the early twentieth century and appear to have had wide circulation among both trained nurses and volunteers: *The British Journal of Nursing*, *The Nursing Mirror and Midwives Journal* and *The Nursing Times*. The chapter focuses, in particular, on *The British Journal of Nursing* (*BJN*) which, as a deliberate organ of professionalization, was distinct from the other two in both content and aspirations – and considers the ways in which its editors attempted to develop a corpus of knowledge suitable for nurses. Its owner and editor, Ethel Bedford Fenwick,⁴ promoted this work, even as she emerged as the best known and most persistent of campaigners for nurse registration in Britain. The chapter further looks at one particular nurse–author, Violetta Thurstan, who is interesting because she was both one of the most powerful advocates for scientific knowledge in nursing and an energetic campaigner for the education and registration of nurses. Her book *A Text Book of War Nursing* was highly technical in its content and was enthusiastically promoted by the *BJN*.⁵

While this chapter argues that the *BJN* was acting as an agent of knowledge development within the discipline of nursing during the First World War, it does not claim that the journal’s project was entirely successful. Many of its attempts to translate medical knowledge and scientific discovery into material that was demonstrably part of a nursing corpus of knowledge were limited in scope, while claims to any exclusivity of nursing knowledge were infrequent. Fenwick appears to have used three distinct approaches: firstly, the verbatim presentation of medico-scientific material; secondly, the publication of invited papers authored by medical scientists; and, thirdly, the publication of material with scientific content, written by nurses, often in response to essay-writing competitions.

The struggle for professionalization and the advent of *The British Journal of Nursing*

The *BJN* was first established as *The Nursing Record* in 1888. Its foundation was part of a forceful drive from within the nursing profession in Britain to place itself on an autonomous and independent footing.⁶ Central to this process, which is usually considered to have begun with the formation of the British Nurses’ Association (BNA) in 1887, was the thirty-two-year struggle for a single, closed and legally defined British professional nurses’ register. The creation of the *BJN* took place rapidly after the formation of the BNA and was heavily influenced by the BNA’s founding members. Indeed, it was both edited and, later, financed by Ethel Bedford Fenwick. Hence, it is probable that the foundation of this new journal, which came to represent the interests of the professionalizing group in Britain, and which frequently published both medico-scientific and pro-registration articles in its pages, represented a clear link between the claim to scientific knowledge and the aspirations of the pro-registrationists.

Historians have been somewhat divided over the nature of the so-called “struggle” for professionalization. In 1960, Brian Abel-Smith offered what has been viewed as the first real analysis of the process, seeing it as one in which a professional elite fought to put in place a middle-class nursing workforce that mirrored its own aspirations. More

nanced interpretations came later.⁷ Anne Marie Rafferty, focusing on the inescapable link between knowledge and professional power, emphasized the anti-intellectualism that impeded the professionalizers’ efforts.⁸ Susan McGann explored the differing perspectives of individuals such as Isla Stewart, Matron of St Bartholomew’s Hospital and a strong supporter of registration and examination, and Eva Luckes, Matron of The London Hospital, who shared the view of Florence Nightingale that a register based on the passing of a written examination would fail to test the moral suitability of women that entered the profession, and who argued that moral capacity was more important than scientific knowledge.⁹

Recently, Carol Helmstadter refocused attention onto the class interests of those who fought for professional status, arguing that the professionalizing project became imbued with the values of the upper and middle classes.¹⁰ Conversely, Arlene Young argued that powerful class and gender forces inhibited the nursing profession’s quest for independence.¹¹ Anne Summers had already demonstrated that these forces were particularly powerful in slowing the development of professional military nursing in the three decades prior to the First World War.¹² Christopher Maggs and Sue Hawkins both argued that there was greater social fluidity within the nursing profession than had previously been acknowledged.¹³ Others have argued that the struggle for professionalization, a prolonged and, at times, destructive one, was characterized by the efforts of nurses to free themselves from the controlling influence of hospital administrators, particularly within the powerful London and provincial voluntary hospitals.¹⁴ Few have examined the significance of nurses’ claims to scientific knowledge as an element in this process. The focus on moral responsibility has overshadowed any examination of the profession’s knowledge base.

Although the earliest impetus for a nurses’ register came from Henry Burdett, an influential spokesman for the Hospitals Association, it seemed to some nurses that his purpose was to guarantee a large and stable workforce rather than to safeguard quality.¹⁵ This led to an irresolvable conflict between the forces for professionalization led by Ethel Bedford Fenwick and influential matrons such as Isla Stewart and Catherine Wood on one hand, and powerful hospital administrators such as Henry Burdett and Sydney Holland on the other. Some matrons – notably Eva Luckes – aligned themselves with the anti-registrationists, for both professional and ideological reasons. Some feared that a single professional register would lower, not raise, standards of nursing care.

Arguments for a better-educated nursing workforce were bound to become enmeshed in issues relating to class, because lower-class women in Britain had few educational opportunities. Some matrons may have been fighting for a better-educated workforce rather than an intrinsically higher-status one. Women’s drives for the professionalization of nursing were accompanied by the demands for better political and educational opportunities which were particularly espoused by the suffrage movement. Evidence for Fenwick’s support of this movement can be found in the weekly column devoted to women’s issues, entitled “Outside the Gates”, in her journal.¹⁶ It was perceived that the foundation of the *BJN*, which both promulgated nursing knowledge and promoted the arguments of the registrationists, provided a vehicle to represent the wider interests of the nursing profession. Identifying scientific knowledge

as part of the foundation for intelligent – and therefore effective – nursing practice was the keystone of this project.

In an article published in *The American Journal of Nursing* in 1907, Mary Burr, Director of the National Council of Trained Nurses of Great Britain and Ireland, argued that the *BJN*'s inception was part of an attempt to counter the adverse publicity against the professionalization of nursing that was being propagated by *The Hospital*, a journal owned and edited by Henry Burdett.¹⁷ Burr argued that a prolonged and vitriolic campaign had been waged against the nascent journal. Some hospitals had forbidden their nurses to purchase or read *The Nursing Record*, and sponsors had been persuaded not to advertise within its columns. As a result the journal ran at a loss for many years and two successive publishers abandoned the enterprise. In 1893 Dr and Mrs Bedford Fenwick purchased *The Nursing Record* in order to keep it in business, continuing to publish at a loss for a further eight years, and changing its name to *The British Journal of Nursing* in July 1902. Following the publication of a significant report by a Select Committee of the British Parliamentary House of Commons on the Registration of Nurses in 1905,¹⁸ the tide of opinion began to turn. Rank and file nurses became more accepting and less wary of a journal that openly promoted both knowledge and professional status, and the *BJN* won more widespread support.¹⁹ Nevertheless, its circulation figures remained lower than those of other nursing journals. *The Nursing Mirror and Midwives Journal*, created as an offshoot of *The Hospital* and edited by Henry Burdett, was deliberately promoted as a journal that would appeal to the mass of nurses. It did enjoy a larger circulation than any other nursing journal during the first half of the twentieth century.²⁰ *The Nursing Times*, founded in 1905, was also a successful commercial venture. It came to support the interests of the College of Nursing, a significant professional organization founded in 1916.²¹ The Fenwicks, nevertheless, argued that the *BJN* was the only journal that really spoke for nurses. It was clearly the only one that took an overtly professionalizing stance. It was adopted as the official journal of the International Council of Nurses (of which Fenwick was President) in 1901.²² It claimed to speak for those nurses who were well educated and capable both of assimilating scientific knowledge and of appreciating arguments for professional status (of which the centrepiece was the claim to a register).

The history of *The British Journal of Nursing* was presented by many of those who lived to see it come to prominence as one of extraordinary struggle, determination and “pluck”. Burr presented its development to a United States audience as part of an immense struggle for survival. The language she used was powerful – if a little florid – and resonates with the tone of class struggle in a way that seems to contradict those historians who have seen the professionalizers as a middle-class elite:

Order–Organisation–Unity– by them alone is it possible for a class of workers to succeed, to be strong, to have liberty of speech and conscience, to live decently, and withstand the almost overwhelming pressure of industrial conditions, which in the furious competition for abnormal wealth, grinds the individual to powder.²³

The language of this text offers a powerful sense of the forces of elite wealth, political power and industrialization in the early twentieth century. In the later part of the century, historians who emphasized the unnecessary slaughter that characterized the First World War suggested that it was the conjunction of these very forces that made the First World War such a devastating conflict.²⁴

During the years of the First World War, Fenwick was still very much in charge of the *BJN*'s content, although some editorials may have been authored by the journal's assistant editor, Margaret Breay. The journal carried different emphases from *The Nursing Times* and *The Nursing Mirror and Midwives Journal*. Not only did it report, in almost every issue, the “progress” of the registration movement and the “advance” of the nursing profession, but it also engaged directly with knowledge production and laid claim to the distinct expertise of nursing as a profession. Fenwick's ideas – as promulgated through the *BJN* – were very firmly rooted in the view that, in addition to their vocational calling and their moral correctness, nurses must possess a thorough grounding in scientific knowledge in order to practise safely and competently.²⁵ Her choice of material for inclusion in the *BJN* during the war years clearly reflects this emphasis, as will be demonstrated in the remainder of this chapter.

The production of knowledge does not necessarily imply its reception and absorption. Precise circulation figures for the *BJN* are not known, but the journal's contents probably reflect the perspectives only of a small elite within the profession.²⁶ There are some indications, however, that practices it recommended were adopted by nurses in casualty clearing stations and base hospitals – particularly on the Western Front.²⁷

Military medicine during the First World War

Warfare has typically been associated with medical advance.²⁸ The military medical services were faced with a number of unexpected challenges during the First World War. Significant among these was the need to handle large “rushes” of severely traumatized casualties; an unexpectedly high number of severe life-threatening anaerobic wound infections on the Western Front; and the dilemma posed by infectious diseases such as typhoid fever on all fronts.²⁹ These challenges were met by an emphasis on the rational organization of medical services, the rapid movement of casualties “down the line” and scientific and technological advance. A number of medical historians have focused on specific medical innovations, such as blood transfusion;³⁰ surgical advances – particularly in the realm of wound care;³¹ the control of infectious diseases;³² and efforts to rehabilitate disabled veterans.³³ Others have explored the attempts of the military medical services to understand, and provide a coherent response to, the emotional trauma of war.³⁴

Although a number of recent studies have focused on the organization of military nursing during the First World War, and on the experiences of the nurses themselves,³⁵ very few have attempted to place nurses at the centre of debates about clinical practice and innovation.³⁶ The remainder of this chapter focuses more specifically on the way in which nurses' writings – particularly those published by the *BJN* – offered an opportunity for the journal's readership to familiarize themselves with scientific

knowledge and assimilate that knowledge into their practice. It examines, in particular, nurses' written responses to treatments for trauma and wound infection on the Western Front.

Nursing and the reception of medical knowledge

The *BJN* adopted three strategies to facilitate the presentation of medical knowledge: firstly, it presented long excerpts from medical journals, sometimes accompanied by brief editorial comment; secondly, it invited medical authors to contribute pieces giving advice to nurses on how medical innovations might be implemented; and thirdly, it provided opportunities for nurses to write essays and articles on specific medico-scientific topics. An exploration of these approaches can permit insight into how Fenwick and her colleagues chose to present scientific knowledge, though it cannot (and does not claim to) measure its reception.

Medical writings in nursing journals

Mark Harrison has shown that the medical profession had great difficulty in tackling the severe anaerobic wound infections that were encountered on the heavily fertilized fields of France and Flanders during the early months of the war.³⁷ Articles on the treatment of wounds began to appear frequently in *The Lancet* during the late autumn of 1914.³⁸ This focus was mirrored by a rapid increase in the number of articles on wounds, extracted from medical writings or medical presentations and published by all three nursing journals during the last four months of 1914.³⁹

By December 1914, physicians realized that gas gangrene infections were a much more serious problem than had hitherto been recognized. *The British Journal of Nursing* quoted extracts from a paper by Sir Anthony Bowlby (consulting surgeon with the British Expeditionary Force) and Sir Sidney Rowlands (head of a mobile field laboratory), who had published their work in the *British Medical Journal*.⁴⁰ The editors of the *BJN* pointed out that it was important for nurses to familiarize themselves with the appearance of a gangrenous wound, so that they could more rapidly report the onset of gangrene to their medical colleagues and prompt surgical intervention.⁴¹ They clearly anticipated that, by including such material in the pages of the *BJN*, they would ensure that it found its way into practice in military hospitals both in Britain and close to the front lines – particularly on the Western Front.

The frequency with which practising military nurses wrote letters in response to articles in the *BJN* indicates that copies of the journal were mailed and did reach nurses in field hospitals. There are, indeed, some interesting examples of letters to the *BJN* in which writers refer to the dilemmas they experience during their current practice in military hospitals, or to their experiences serving overseas. Many letters to the journal were clearly written by nurses working overseas with the British military medical services.⁴² One writer commented directly that “since the war began, I have been working hard in a military hospital”.⁴³

It was around the time of publication of Bowlby and Rowlands’s article that both doctors and nurses began to change their views on the use of antiseptics, which were being rapidly reintroduced into practice. Among the most frequently used antiseptics – which were applied to wounds to kill invading microbes directly – were iodoform, flavin, hydrogen peroxide, perchloride of mercury and hypochlorous acid.⁴⁴ In November 1914, Fenwick reproduced a paper that had been read by Sir W. Watson Cheyne to the Medical Society of London and subsequently published in the *British Medical Journal*:

Some surgeons seem to take a particular pride in emphasizing their contempt for antiseptics and the extreme simplicity of their methods. A surgeon comes to an operation and finds a dish containing some fluid. He asks what that is, and the nurse, who has been carefully trained in real aseptic work, says, in fear and trembling, “That is carbolic lotion for your instruments.” It is most instructive to see the look of contempt on the surgeon’s face as he says: “Carbolic lotion! Who on earth uses antiseptics nowadays? I thought that no one out of an asylum ever thought of them. Take it away and bring me a bowl of boiled water” . . . The futility and littleness of it all makes me sick!⁴⁵

Fenwick’s willingness to reproduce an article that hinted at the need for nurses to be independent in their thinking rather than deferential to medical authority could have been a significant item in her repertoire of professionalizing tactics. It made the point that even eminent surgeons could sometimes be wrong. It also suggested that it was useful for nurses to be conversant with medical science, rather than merely blindly following medical orders.

Medical authors

Fenwick introduced medical knowledge into the pages of her journal by inviting medical doctors to write pieces pitched deliberately to the needs and requirements of practising nurses. One of her favourite medical authors was the retired Cambridge-educated doctor A. Knyvett Gordon, who had held a number of important clinical and teaching positions during the early years of the twentieth century: Medical Superintendent of the City of Manchester Fever Hospital; Lecturer on Infectious Diseases in Queen’s College, Cambridge; and, later, Lecturer on Infectious Diseases in the University of Manchester. Knyvett Gordon authored pieces for the *BJN* on a range of subjects over a period of about 16 years.⁴⁶ Soon after the outbreak of war, Fenwick invited Knyvett Gordon to comment on the significance of the war for nursing work. One of his main foci was wound infection, and he recommended a number of ways in which nurses could influence wound healing by: “washing and dressing the wound, opening up pockets of pus, assisting the patient by such measures as fomentations, which stimulate the leucocytes and relieve pain. Or we can sometimes kill some of the microbes in a wound by the application of disinfectant solutions.”⁴⁷

Knyvett Gordon emphasized the role of the nurse in strengthening the general constitution of the patient, to allow the body to produce a better defence against the infective microorganisms. This was achieved by good food and “skilful general nursing”, along with tepid sponging to reduce an excessively high temperature. He added that: “The most important factor in the later stage is careful, untiring, intelligent nursing in healthy surroundings, and it is most important to keep the patient quiet and to give him plenty of fresh air”.⁴⁸

It is easy to see why Fenwick was keen to invite this particular medical author to contribute to her journal. His references to “skilful general nursing” and “careful, untiring, intelligent nursing” indicate that he recognized the significance of (even though he may not have fully understood) those many actions taken by nurses to keep a patient clean, well-nourished, calm and comfortable during a serious illness or infection. His text presented scientific knowledge that could be of use in nursing practice.

In writing of wound shock, Knyvett Gordon advised that:

The first factor in the treatment of shock is the inversion of the patient, so that the blood may run towards the nerve centres in the head . . . Next comes warmth. In hospital a warm drink (unless this should be contraindicated by the presence of internal haemorrhage) should be given . . . Then we have narcotics, such as morphia . . . Another valuable remedy is the injection of normal saline solution.⁴⁹

Hallett records significant use by nurses in casualty clearing stations on the Western Front of the treatments listed by Knyvett Gordon.⁵⁰ Although this does not necessarily prove a causal link between their publication in the *BJN* and their adoption in the field, it nevertheless demonstrates a correlation between what nurses were reading about in the *BJN* and what their personal writings – letters, diaries and memoirs – reveal about their practice.

Nurse-authors

One of the ways in which the *BJN* worked to promote scientific knowledge among nurses was to invite its readers to enter essay-writing competitions. In September 1914, soon after the outbreak of war, the essay question chosen was: “What do you mean by shock and what can you do to combat it?” The winner, C. Phyllis Armitage, offered a detailed description of this very imprecisely understood condition:

“Shock” has been rather aptly defined as “the result of a bleeding into a man’s own vessels.” It is the result of paralysis of the vaso-motor system . . . The biggest blood vessels are in the abdomen, and these suck the blood from the blood vessels in the other parts of the body. Then we have most of the blood in the body concentrated in the abdomen, and we get the condition known

as “shock” . . . The signs and symptoms are very much the same as in internal haemorrhage: the skin becomes cold, white and clammy on the withdrawal of blood; the temperature falls; the pulse-beats are quicker and thinner; the respirations are shallow; the face wears an anxious expression; the eyes are half shut, with the pupils distended. The patient is inert, and dislikes to be moved; he sees flashes of light before his eyes, and is conscious of curious tastes and smells and of a ringing in his ears. There may also be nausea and vomiting.⁵¹

Armitage’s remarkable description raises a number of points. It shows a nurse giving an original description of a condition that was not well understood. Her willingness to tackle its intricacies (and, indeed, Fenwick’s willingness to invite her readership to do so) indicates that some nurses were not afraid to discuss matters that might well have been seen, until that time, to have been part of a medical domain of knowledge. Armitage’s prose is scientifically empirical in its precision, and yet also manages to portray the patient as a suffering human being: precise lists of medical “signs and symptoms” are juxtaposed with descriptions of his physical and mental state. Not only was Armitage showing a nurse’s sharp observation for her patient’s holistic state of body and mind; she was also stepping comfortably into a medico-scientific domain in confidently describing physiological processes.

In recommending treatments for “shock”, Armitage advocated some of the same remedies as Knyvett Gordon in the passage quoted in the previous section. She also, however, departed from his recommendations. Where Knyvett Gordon had advised against the use of stimulants such as strychnine and alcohol,⁵² Armitage advocated their careful employment, provided the treatment was not “taken too far” and was accompanied by morphia.⁵³ These distinctions between the perspectives of Armitage and those of Knyvett Gordon are striking. The journal did not shy away from publishing an essay, part of which was in direct contradiction to a previous article published by a doctor.

A number of other entrants in the same essay competition were each given an “honourable mention” and extracts from their essays were printed. Amy Phipps, for example, had pointed out that “much depends on the intelligent and prompt recognition and treatment of the first symptoms of shock”.⁵⁴ Fenwick’s choice of quotation from this essay suggests that she considered intelligence, combined with good observational skills, as among the most important nursing qualities.

Gladys Tatham won a *BJN* competition in the late summer of 1914 for her paper answering the question: “What precautions may be adopted to minimize the danger to the patient, in the case of a wound which has been exposed to infection?” Tatham recommended that a dressing of hydrogen peroxide should be kept in contact with the wound for about five minutes before re-dressing with an aseptic gauze, wool and a bandage. She went on to describe the battle that takes place within the body of the wounded soldier between infective microorganisms and leucocytes, pointing out that resistance can be lowered by poor general physical and mental health: “To prevent these untoward results we must do everything in our power to increase the resistance of the patient. He must have fresh air, warmth, light, nourishing food, plenty of water

to drink, clean surroundings and intelligent nursing.”⁵⁵ This nurse’s recommendations were thus accompanied by a scientific rationale.

One of the most striking features of this piece of writing, and of nurses’ writings more generally, was the tendency to focus not only on the treatment of the wound itself, but also on all of those measures that could be adopted to promote the general health and strength of the patient. As in earlier examples, the phenomenon “intelligent nursing” makes an appearance, with the assumption that the readership will know what is meant by this phrase. And yet it leaves the modern reader with unanswered questions. Was “intelligent nursing” something that was acquired through experience of working with numerous individuals, building up expertise, over several years, of how to both strengthen and comfort the patient? Or was it something that could be taught?

The main premise of this chapter is that the *BJN* saw the presentation of scientific knowledge as part of its purpose. The phenomenon “intelligent nursing”, as it appears in the pages of the *BJN*, suggests that the journal’s editors and authors believed that practice was more effective when it was based on such knowledge.

Nursing textbooks and the development of new knowledge

The documentation of a corpus of knowledge for nurses can be viewed as a slow but steady process, which had begun in the late nineteenth century. Textbooks such as Eva Luckes’ *General Nursing*, which entered its ninth edition just before the outbreak of war in 1914,⁵⁶ and Isla Stewart’s *Practical Nursing*⁵⁷ had been used as guides to nursing practice since the 1880s. Alongside these authoritative texts were more specialist outputs such as Emily Stoney’s *Bacteriology for Nurses*, one of the earliest attempts to synthesize scientific knowledge with nursing practice.⁵⁸

During the war itself, a number of texts were written by practising nurses to support their colleagues in synthesizing their existing practice with newly emerging scientific knowledge, and to adapt to the conditions of war. Significant among these were the works of M.N. Oxford, a former sister of Guy’s Hospital,⁵⁹ and Minnie Goodnow, an American nurse, whose textbook was circulated in Britain as well as the USA.⁶⁰ The most detailed and comprehensive text was, however, *A Textbook of War Nursing*, authored by London Hospital-trained nurse, Violetta Thurstan.⁶¹ This text contains not only information on the latest treatments for shock and wound sepsis – along with how to implement these – but also advice on how to set up a camp hospital, and how to survive the physical and emotional stresses of war.

Thurstan had spent over two years as County Superintendent of the West Riding District Nursing Association before accepting a position at the new civil hospital in Spezia, Italy in 1913. She was “a strong believer in the need for higher education of nurses, and with other educationalists, a warm supporter of State Registration of Trained Nurses”.⁶² On the outbreak of war she had led one of the first nursing units to enter Belgium. After being overtaken by the advancing German forces and deported to Denmark, Thurstan had travelled to Russia via Sweden and Finland, to offer her services to the Russian Red Cross.⁶³ Invalided home with a shrapnel wound and pneumonia, Thurstan had returned to active service at L’Hôpital de L’Océan, La Panne, Belgium

after a period of convalescence. Her decision to distil her remarkable knowledge and experience into a textbook resulted in one of the most comprehensive books on war nursing produced during the twentieth century.

One of Thurstan’s achievements was to make medico-scientific knowledge relevant to nursing assessment and nursing practice. For example, she advised that, when assessing a patient with wound shock, the nurse should firstly examine his physical condition – skin colour, pulse and respirations – to gain an insight into his physiological state. She then, however, took the assessment further, advising the nurse to understand the person as an individual with a particular age, experience and background: “An inexperienced boy going into battle for the first time, overtired, too excited probably to eat beforehand, deafened by the thunder of heavy guns, terrified by the sights and sounds all round him, his friends perhaps killed at his side, will suffer more from shock with a comparatively small wound than will his more severely wounded comrade who is older and more seasoned”.⁶⁴

Nurse-writers such as Thurstan saw it as part of their role to give their fellow nurses a clear insight into the knowledge bases in which their practice was grounded. Not only would this make them safer, more enlightened practitioners, but it would elevate their practice above that of a mere cipher following doctors’ orders. This meant that Thurstan, like other nurse-writers, engaged with the prevailing medical controversies of the day.

Nursing knowledge and medical controversy

Since the mid-nineteenth century the professions of nursing and medicine had existed side by side. Medicine had acquired a professional register in Britain in 1858. Nursing, because of its female gendered status, and because its “reform movement” and professionalization had begun later, was by far the weaker of the two.⁶⁵ Its relationship with medicine had, at times, been an invidious one. In the first issue of the *BJN* in 1902, Ethel Bedford Fenwick had expressed her wish that the medical profession should “afford to the associated profession of nursing its intelligent moral support – a totally different thing from intolerant personal control”.⁶⁶ This sense in which nursing had to confront the assumption that it was inferior to medicine had an important influence on the way in which nurse-writers engaged with medical controversy.

As indicated earlier, one of the most controversial areas of medical treatment during the early months of the First World War was the treatment of infected wounds. Drawing on their experience of dealing with clean gunshot wounds during the Second Boer War (1899–1902), surgeons began by advocating conservative treatment: the application of a sterile dressing, which was not removed for several days. Within a few months, it became clear that wounds contracted by heavy artillery fire on the muddy, heavily manured fields of Northern France and Flanders were very different from those encountered on the dry, dusty veldt of South Africa. Bacteriological investigation showed that soil samples from these areas contained large numbers of anaerobic bacteria, causing a range of infectious diseases, among which the most serious were gas gangrene and tetanus. One influential school of thought, led by experts such as William Watson

Cheyne and Sir Anthony Bowlby, advocated the rigorous use of antiseptics. Others continued to advocate the conservative treatment. During the later months of 1914, and throughout 1915, controversy persisted as new treatments were tried by different surgeons. Nurses, in implementing surgical treatments, found themselves a part of this trial-and-error process.

Among the most significant of the prevailing treatments was the excision of massive areas of damaged tissue, recommended by H. M. W. Gray,⁶⁷ and the use of hypertonic saline solution, advocated by Sir Almroth Wright.⁶⁸ In 1915, the Carrel–Dakin treatment was developed as a result of a partnership between two individuals working in a field hospital in Compiègne supported by the Rockefeller Institute. The British scientist Henry Dakin had discovered that sodium hypochlorite had powerful antiseptic properties, while Frenchman Dr Alexis Carrel invented an ingenious means of delivering this solution so that it continuously flowed through and soaked the tissues of deep penetrating wounds.⁶⁹ This innovation offered surgeons yet another option in what was, by now, a complex repertoire of treatments. The ways in which nursing journals and textbooks reported on these methods offer an intriguing insight into the nursing perspective on medical treatment choices, and cast further light on episodes such as the one quoted from the paper by Sir W. Watson Cheyne earlier in this chapter.

A columnist in the *BJN* commented in April 1915 on the work of Drs Carrel and Dakin in Compiègne,⁷⁰ and was reporting, in August 1915, that both French and British medical scientists were positive about the use of the Carrel–Dakin technique and that “arrangements [were being] made at the Leeds University for preparing the antiseptic in considerable quantity for use in the military hospitals in this country [Britain]”.⁷¹

The Carrel–Dakin system of treatment soon came to be adopted in a number of casualty clearing stations, hospital trains and base hospitals both on the Western Front and in Britain.⁷² The technique was described by Violetta Thurstan in her *A Text Book of War Nursing* as an ingenious solution to the problem of deep, infected wounds. She described how the treatment began with a thorough washing of the wound, followed by its surgical cutting and trimming, to ensure good drainage. Nerves and tendons were sutured, and then the Carrel tubes were put into position and the wound was “irrigated under pressure every two hours”.⁷³ A bottle of Dakin solution was hung by the patient’s bedside and valves in the rubber portions of the Carrel tubes were opened, allowing gravity to push the solution into and through the wound cavity. There are numerous examples in the personal writings of nurses to show that the Carrel–Dakin treatment was extensively used on the Western Front, and that British nurses were very experienced in implementing it.⁷⁴

The *BJN* continued to publish articles on the Carrel–Dakin technique throughout the war. One published in March 1917 reproduced verbatim a lecture presented by Dr Depage at the Hôpital de l’Océan, La Panne, Belgium, where Violetta Thurstan was matron.⁷⁵ Another *BJN* article reproduced an excerpt from an article in the *British Medical Journal*, offering advice to those implementing the treatment.⁷⁶ In December 1917, the journal’s prize essay question, “What do you know of the Carrel–Dakin treatment of septic wounds?”, yielded the view from winner Margaret Cornock that the treatment “is a thoroughly effective method of dealing with septic wounds, and has

proved of enormous value in saving the lives of numbers of soldiers”.⁷⁷ This comment offers persuasive evidence that Cornock was a practising nurse who was, herself, implementing the treatment. The use of the Carrel–Dakin treatment can be seen as one of the foci for the *BJN*’s attention to medical science throughout the war years, demonstrating the journal’s emphasis on scientific knowledge transmission.

By 1917, the army medical and nursing services had learned much from their three years’ experience of dealing with devastating wound infections such as gas gangrene and tetanus. Thurstan distilled this knowledge into a clear and precise chapter in her *Text Book of War Nursing*, observing that “the treatment of wounds has been revolutionised since the beginning of the war”. She commented on the two schools of thought that had existed at the outset of war, one which held that wounds should be left undisturbed, while the general constitution was strengthened by good nutrition and rest; the other – the “more radical school” – believing in “tremendous incisions, horizontal and transverse, making the drainage from the wound as free as possible, so that the toxins or poisons formed by the bacteria might not be absorbed into the system”.⁷⁸

By 1917, alongside the use of a range of antiseptics, three other approaches were in use on various war fronts, depending on the preference of certain highly assertive surgeons. First, there was the “plan of no dressings”, in which a “loose but ample sterile dressing is put on the wound, the part well mobilised and the whole left severely alone”.⁷⁹ Second was Sir Almroth Wright’s method of “hypertonic saline treatment”, still used in a number of British hospitals. Third was “the dry method”, which was extensively used on the Eastern Front, where patients might have a long journey following initial treatment at the Front before reaching a base hospital. In this approach, the skin around the wound was cleansed with benzene or alcohol, the wound was painted with iodine, and then the whole was covered with a dry dressing and a large quantity of wool or sphagnum moss and a firm bandage.⁸⁰ It is possible to trace the introduction of the treatments referred to by Thurstan through the pages of the *BJN*,⁸¹ suggesting that there is a strong degree of consistency between Thurstan’s descriptions and the treatments offered in the journal.

Thurstan offered an intriguing insight into the nurse’s position *vis-à-vis* the use of a range of very different treatments. Her first observation was that trained nursing sisters were well aware that the treatment applied often depended heavily on the opinion of the individual surgeon. She added, significantly, that as trained professionals, nurses would have their own opinions on the benefits and disadvantages of particular treatments:

It is probably unnecessary to remind any trained nurse that she is there to carry out treatment, not to suggest it; very few sisters would openly criticise any treatment offered by the surgeon, but there are some people who *look* their disapproval of methods to which they are not accustomed . . . Loyalty is the first of virtues, and sisters should be very careful never to give the impression that they disagree with the surgeon for whom they are working. The soldier is one of the quickest people in the world to discover any want of harmony, and certainly the feeling that the best possible is not being done for him would

react on his mental condition, retard his recovery and make him anxious and suspicious.⁸²

(emphasis in original)

Thurstan's astringent comments illustrate both the acumen of the nurse and her role in medical treatment. The power structure of the British hospital is accepted – and seen as being even more significant in a military environment. Loyalty is the primary virtue. And yet Thurstan's arguments are highly ambiguous. Although overtly asserting the pre-eminence of the doctor in decision-making, she expresses numerous views, hints and opinions that seem to imply that she believes the nurse herself carries a full armoury of judgements, which she may sometimes feel obliged to suppress. In October 1917, the *BJN* published a glowing review of the book, referring to it as “the first [book] which provides the trained nurse on war service with a professional text book dealing with the special branch in which she is engaged, which has developed so much during the present war”.⁸³

The *BJN*'s strong endorsement of *A Text Book of War Nursing* probably had much to do with the way in which the book emphasized the need for practising nurses to thoroughly understand the scientific principles behind their work. It is interesting that Thurstan also authored articles in the *BJN* that strongly endorsed nurse registration, thus aligning herself with *BJN* editor, Ethel Bedford Fenwick.⁸⁴

Conclusion

This chapter has reviewed some of the material presented during the First World War in *The British Journal of Nursing*. Alongside these materials, it has also considered what is probably the most significant and comprehensive contemporary text on wartime nursing practice: Violetta Thurstan's *A Text Book of War Nursing*. I argue that, while these writings demonstrate deference to medical authority, they also contain a powerful implicit message about the need for the nurse to base her practice on a clear understanding of science. Hence, the argument is made that nursing knowledge is scientific knowledge.

Medical innovation in the early twentieth century was highly dependent on the individualistic “trial-and-error” efforts of physicians and surgeons. Both *A Text Book of War Nursing* and articles in the *BJN* emphasize the need for both intelligent practice and loyalty to the surgeon. Professional nurses had been taught during their training to offer “intelligent obedience” to the doctor's orders. This concept is an interesting one. Such obedience was a complex phenomenon. One of the most powerful illustrations of this can be found in the way in which controversies between different medical theories were presented in detail in the nursing press. Nurses did not want to simply offer their surgeon-colleagues blind obedience. Rather, they wished to understand thoroughly any treatment they were consenting to carry out. Nursing journals did not, therefore, shy away from reporting on medical controversy. They did so in neutral or overtly positive tones; yet their willingness to engage with medical innovation was part of their own presentation of nursing knowledge as scientific knowledge, as well as

an indicator that nurses’ perception of their role went well beyond blind obedience to medical authority.

The professional writings of nurses speak eloquently of the intricacy and attention to detail with which their work was infused, and this chapter has interpreted these writings in terms of an emergent understanding of the science behind nursing work. A man with an injury was, for example, much more than a wound to be dressed. Close attention to providing cleanliness, rest and a “strengthening” diet that would enable tissue repair was an essential part of his regime and was recognized by both nurse-authors and medical writers in the *BJN* as “intelligent nursing”.

Nurses saw themselves as the guardians of their patients’ wellbeing rather than just the executors of doctors’ orders. The ways in which a small group of nurses were working to present scientific knowledge are particularly well illustrated by the ways in which they engaged with the treatment controversies of the First World War. Those controversies came at a time when nurses were not only grappling with the horrors of industrial warfare, but also consciously engaging in their own struggle for recognition, by campaigning for a professional register – a campaign that achieved its goal on December 23 1919, with the passing into law of the Nurses Registration Act. Nurses’ writings at this time illuminate not only their conscientious attention to the needs of their patients, but also their drive for professional recognition and their confident assertion of the scientific basis of their knowledge.

Notes

- 1 Quotation taken from the first issue, in July 1902, of *The British Journal of Nursing in which is incorporated The Nursing Record*, vol. XXIX, no. 744, 5 July, p. 3 (previously published as *The Nursing Record* from 1888 onwards).
- 2 C. Maggs, 1983, *The Origins of General Nursing*, Croom Helm, London; C. Davies, 1995, *Gender and the Professional Predicament in Nursing*, Open University Press, Buckingham; A.M. Rafferty, 1996, *The Politics of Nursing Knowledge*, Routledge, London.
- 3 C. Hallett, 2009, *Containing Trauma: Nursing Work in the First World War*, Manchester University Press, Manchester; K. Harris, 2011, *More than Bombs and Bandages*, ABC Press, Sydney; K. Harris, 2006, “Not Just ‘Routine Nursing’: The Roles and Skills of the Australian Army Nursing Service during World War I”, unpublished PhD thesis, University of Melbourne.
- 4 Born Ethel Gordon Manson, Ethel Bedford Fenwick frequently used the name “Mrs Bedford Fenwick” following her marriage to the surgeon, Dr Bedford Fenwick. For ease and clarity, she will be referred to in this chapter by her married surname: “Fenwick”. See W. Hector, 1973, *The Work of Mrs Bedford Fenwick and the Rise of Professional Nursing*, Royal College of Nursing, London.
- 5 V. Thurstan, 1917, *A Text Book of War Nursing*, G.P. Putnam’s Sons, London. For examples of reviews in the *BJN* see: Anonymous, 1917, *British Journal of Nursing*, vol. 59, 15 September, pp. 468–493; Anonymous, 1917, “A Professional Review of ‘A Text Book of War Nursing’”, *British Journal of Nursing*, Vol. 60, 13 October, p. 244.
- 6 The first journal devoted to nursing issues was *Nursing Notes*, founded by Rosalind Paget in 1887, but this journal came to represent the interests of midwives rather than those of nurses. The *Nurses’ Journal* was founded in 1891 to represent the interests of the British Nurses’ Association. See L. Brake and M. Demoor, 2009, *Dictionary of Nineteenth-Century Journalism*, Academic Press and the British Library, London. Because of their limited influence, these journals are not discussed in this chapter.

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- 17 M. Burr, 1908, “The British Journal of Nursing and the British Nursing Press”, *American Journal of Nursing*, vol. 8, no. 5, pp. 372–376. See also K. Waddington, 2000, *Charity and the London Hospitals, 1850–1898*, Royal Historical Society, Boydell Press, Rochester, NY.
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