“Bads” in Healthcare

Negative Experience as an Impetus to Reform in the Nineteenth and Twentieth Centuries

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Abstracts

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“Above and beyond the Sphere of Politics”: Dilemmas of Neutrality, Care and Humanitarianism in Wartime Europe (1914-1918)

In the second decade of the twentieth century, as Europe was torn apart by the First World War, nurses of all nations volunteered in their tens of thousands to offer their services to the sick and wounded. Some found that both their loyalty to their nascent professions and their desire to adhere to the moral and ethical principles of their “calling” as nurses came into conflict with the feelings of patriotism that had drawn them into war service. Professor Christine Hallett's paper will explore the ways in which nurses dealt with these tensions, and with the dilemmas that were posed by what Dutch Philosopher Annemarie Mol refers to as “Bads” in healthcare. What happened when nurses’ anger or resentment against those they viewed as their enemies spilled over into their professional lives?

Using evidence drawn from nurses' diaries and letters – and, in particular, from their letters to their professional journals – Professor Hallett analyses the ways in which nurses not only responded personally to these difficulties, but also effectively censored and modified each other’s behaviour. Nurses discovered that the care of prisoners-of-war, whom they had previously viewed as their “enemies” had a disorientating effect both on their purpose and on their world-view. Offering “war-service” had seemed a simple exercise; for some, it soon became almost unbearably complex.

In the conclusion of her book, The Logic of Care, Mol offered the following advice to today’s health professionals: “Let us give up the illusion that ‘we humans’ rule the world… our attempts at control fail…. So let us care instead”. Almost a century before those words had been written, nurses had found their own way through the moral confusion of caring for prisoners-of-war in field hospitals close to the front lines of conflict. They often found it impossible to control the outcomes of their work. Sometimes a “friend” died and an “enemy” survived. Ultimately, the dictum “let us care instead” supported them through the anxieties and uncertainties that attended these outcomes. As one nurse wrote, they came to assert that their service existed “above and beyond the sphere of politics”. Hallett’s paper reveals both a growing sense of a coherent ethical identity within the nascent nursing profession and a developing internationalism among its members.
Karen Nolte, Professor PhD, Institute for the History and Ethics of Medicine, Heidelberg University, Heidelberg (Germany)

“Nursing Care as an Act of Love” – Ideas on the Ethics of Nursing in the Long Nineteenth Century

What kind of ethical principles were defined for the work of Christian nurses in the nineteenth century and how did these ideal notions of nursing changed during the long nineteenth century when secular “Sisterhoods” (nursing organisations) developed?

Karen Nolte will firstly reconstruct the ethical basics for nursing using the deontology of the community of deaconesses in Kaiserswerth, nursing manuals, and finally the famous text titled “What does it mean to be a Nurse?” (“Was heißt Schwester sein?”) by Oberin of the Red Cross Nurses Anna von Zimmermann. In addition she will illustrate what kind of deficiencies, social conflicts, types of misconduct and negligence prompted the need to write down what defined a “good” nurse and subsequently “good” nursing care.

Based on the letters, printed and handwritten reports by the deaconesses from Kaiserswerth, she will analyse, in a second step, the nursing ethos as it was put into practice. Furthermore, she will put these questions to some personal testimonials from the late nineteenth century, in particular the letters of Agnes Karll (1868-1927), the German reformer of nursing care, which she wrote to her mother describing her nursing work on the ward and in private homes. Particular focus will be directed to the nursing of severely ill and dying patients, and the ethical conflicts the nurses experienced in such situations with both the doctors and patients.

The analysis of the normative sources will reveal that the originally primarily Christian-religious nursing ethos coined in Kaiserswerth, which had become part of the handbooks on nursing ethics at the beginning of the twentieth century, was finally more clearly linked to contemporary constructions of gender. The doctor, who in the early nineteenth century appeared as a marginal figure in the “Cosmos Mother house”, transformed into the central authority and crucial point of reference in the deontology of secular nurses and the nursing practice for nurses such as Agnes Karll. The talk will offer some answers as to how these changed circumstances finally transformed the act of nursing and the ethical self-understanding of nurses during the nineteenth century.

Looking ahead we will ask what consequences these traditions of this nursing ethos had on the self-perception and external perception of nurses until far into the twentieth century.
Cecile aan de Stegge, PhD, Independent Historian, Bunnik (The Netherlands)

Fré Dommisse and Her Plea for Asylum Nurses as “Anti-stigma Agitants” (1929-1939)

Fré Dommisse (1900-1971) was about seventeen years old and a sensitive young woman searching for a spiritual conviction, when a nervous breakdown brought her into a psychiatric institution as a patient. One of her doctors was impressed by the eloquent way in which she could express herself and stimulated her to start writing. In 1929 she published her first novel. The book was titled “The Insane” and described the adventures of a young woman who lived through several psychiatric intakes in various psychiatric facilities. Dommisse did not silence the poverty of these facilities, and also vividly presented the behavior of doctors, nurses, the main character and all other patients, of whom some were called ‘ladies’ while others merely were ‘women’. The book attracted a lot of attention and was widely read, not only by psychiatrists and nurses, but also by other writers and the wider public. In 1933 already a third edition appeared and by 1934, Dommisse was a well-known Dutch writer who lectured throughout the whole country.

In my lecture I will present more details about Dommisse and her work, and of course I will reveal how psychiatrists and nurses took up her criticism.
Martina Blättler, MA, University of Lucerne, Lucerne (Switzerland)

Female Healthcare Professionalism in the Second Half of the 20th Century in the Perspective of Swiss German Deaconesses

In my thesis I analyzed the life stories of women in religious communities. Firstly, I studied the motivation of these deaconesses. Secondly, the interviews revealed another interesting issue for my thesis and this conference: generations. I interviewed women who were born between 1917 and 1965. Hence, I could create three different cohorts of deaconesses. The different ages and impressions of their year of birth had an impact on their formation, work perception and identity. Nevertheless, younger and older sisters lived and worked together during the 20th century. Conflicts took place and have been solved, also in the context of health care and clearly, the “bad” of healthcare had to be discussed as well. Thirdly, the professional development of women who worked in health care was investigated in this thesis, too.

For this paper, the second and the third question in combination with the oral history interviews allowed a very subjective insight into the practices in healthcare and nursing. Every mother house reacted differently to the modernism and secularization in society and healthcare. Other than catholic communities, where a very hierarchic order in organization and structure of communities can be observed, the protestant mother houses were very independent. That is why some protestant mother houses held on their old basic order from Kaiserwerth (1903) meanwhile others tried to adapt to the new image of the women in the 1960s and 1970s.

In the 60s, the second generation of deaconesses started their career and there existed consequently two different types of sisters: the modern and the conservative deaconess. The modern deaconess was very open towards new working fields like physiotherapy, X-ray formation or even educator whereas the conservative one was more focused on the traditional healthcare of the body and the mind including the cure of the soul (Interview Sr. M.L.B.,*1930). Especially the cure of the soul had to be cut out in the modern, more efficient healthcare in hospitals due to the high amount of time needed. An exception were the deaconesses who worked as nurses in the communities and had more possibilities to integrate the cure of the soul, even by the end of the last century (Interview Sr. A.G., *1935). In 1966, the mother house Riehen sent one of their formation deaconesses, Sr. Jacobea Jeltzer, as representative to the decision making process of the healthcare formation of the Swiss Red Cross in Zurich. This fact shows the importance of the pioneer work of nursing schools at the mother houses. Making accessible the mother houses’ healthcare formation in the 1960s and 70s to non-consecrated women raised the demand for it. At the same time, the number of new deaconesses dropped, leading the mother house to sell their healthcare fields to the cantons. The Neumünster on Zollikerberg in Zurich changed its name in the 1960s from “Kranken- und Diakonissenanstalt” to “Stiftung Diakoniewerk Neumünster” which points out a clear shift towards a more open and modern image of the mother house. In 1971, the Neumünster even decided to accept a new dress code. The traditional dress was replaced by a two-piece costume. A new tendency appeared in all mother houses: the deaconesses were treated more and more as individuals both, in the community and regarding their working interests and talents. The mother house Neumünster uses therefore an appropriate and contemporary quote: “Frei in gemeinsamer Verantwortung”. (“Free in common responsibility”) (Leitbild Schwesterngemeinschaft Neumünster).
Hysteric “momières” or Heroic Mothers? White Ribboner’s Mobilization, Transnational Cooperation and Temperance Education

The Swiss campaign against absinthe that resulted in its national prohibition in 1912 generated passionate debates at the turn of the century. The anti-alcohol activists were mocked, accused of being too extreme, and qualified by sobriquets such as “mômiers”. This contribution focuses on the following research question: how did the “villains” of this so-called “temperance crusade” managed to be seen as national “heroes” instead?

This idea of total abstinence, described by some historians as “an error, a political gaffe and a fiasco” (Schrad 2010) will be used in our approach as a vector to testify the importance of the “invisible relays of individual actors, (...) these small hands” (Droux and Hofstetter 2015) and, above all the women fighting for it.

In the fields of health and prevention, these activists indeed contributed to many innovations which reduced alcohol-related harm and raised a particular awareness in the public sphere. This contribution therefore wishes to shed the light on the strategies put in place in order to counter the mistrust which Swiss women against alcohol raised among their contemporaries, by acting on several levels until they were taken seriously and re-established their reputation of “good” mothers and housewives.

The selected methodology is an analysis of speeches by the Swiss anti-alcoholic women’s leagues productions between 1899 and 1917 stemming from various archives (Public University Library of Geneva, Gösteli Archives, Vaud Cantonal Archives, Cantonal and University Library of Fribourg, New York State Archives): newspapers, books of short stories or recipes, anti-alcoholic handbooks and congress reports from the famous World’s Women Christian Temperance Union (whose members were known as the White Ribboners – and joined by Swiss women’s anti-alcohol associations).

Based on a research conducted as part of a master thesis work preceding our current doctoral research, one of the main results is a discourse centered on social motherhood (Cohen 2008). It encompasses a multitude of concrete comportments and achievements such as a prolific literary production centered on the protection of children and the responsibility of mothers at home (food, education, creation of abstinent leagues for children, restaurants without alcohol). Finally, it would be linked with other consequences such as impacts on the political level (arguments in favor of female suffrage), or the rise of a transatlantic philanthropic network mobilizing a diversity of unexpected actresses still underestimated in the current historiographic field.
Charlatanry or Serious Therapeutic Practice? An “Electric Therapeutic and Lightbath-Institute” Viewed from Different Perspectives at the Beginning of the 20th Century

At the center of my research is a widow, Verena Kunz-Bernhard, born in 1848. From 1906 Mrs. Widow Kunz (as she called herself) was owner of the Electric Therapeutic and Lightbath-Institute “Hygienia” (Elektrisches Heil- und Lichtbade-Institut “Hygienia”) in Basel. According to her flyer, she offered special treatments for “female disorders without surgery, heart diseases and nervous affections, gout, rheumatism, sciatica etc.” Exactly, what kind of professional skills she had is not known. Until the outbreak of World War I, she employed a doctor as stipulated by the health laws. When she had to dismiss him because of her worsening financial situation due to the war, she came into conflict with the authorities. She was accused several times of healing without permission and of selling nostrum and she was fined. She then went through the normal legal channels, appealing up to the federal court, where she lost her case completely.

A long report by a former patient about his time of suffering and treatment with Mrs. Kunz was an important piece of evidence in these trials. Finally, the authorities prohibited the continuation of her institute specifically if she did not employ a medical doctor and threatened to assign her to the criminal court judge on the grounds of disobedience against an official order. She answered in a long, handwritten letter, explaining her difficult economic situation. That letter is the last document I could find in the file kept in the State Archive of Basel canton. Soon afterwards, about 1919, she must have closed the institute and moved away.

The case will be analyzed from different point of views such as that of the former patient, of the healer Mrs. Widow Kunz, the authorities, the official physician and of the court. These written documents together provide insights into daily health problems and the scope of dealing with them in the first decades of the 20th century.
“Bads” in Healthcare – Women with Postpartum Psychosis and Their Babies

Background: It has long been recognised that some women experience mental distress and illness in the period related to their giving birth (Seager 1960). In the early nineteenth century severe postnatal mental disorder acquired the diagnostic label of “puerperal insanity” in the UK, a term which later changed to puerperal or postpartum psychosis. The growing institutionalisation of mental health care meant that British women with this condition were increasingly admitted to asylums during the nineteenth century where they were separated from their baby and family. Some were to endure long periods as inpatients (Marland 2004). This was to continue largely until the 1960s but changes started to occur in the preceding 20 years in the UK when pioneering psychiatrists began to admit mothers with their children. Mother and baby units were to become an established part of mental health care and remain so in contemporary practice.

Research questions: Separating a mother from her baby can be seen as a “bad” in healthcare. This paper will explore the reasons why this occurred in the UK and the rationale on which this was based. It will then discuss how and why this approach to treatment changed and the role that nurses and other health care professionals played in this.

Methods and sources: This paper takes a case study approach and focusses on the UK. It draws on an analysis of primary and secondary sources. Primary sources include hospital records situated in county archives and oral history interviews. It also utilises articles from nursing and medical journals of the period.

Results: This paper will argue that there were several interconnected reasons why this policy of separating mothers and babies was reviewed and largely rescinded. Current UK clinical guidelines state that “women who need inpatient care for a mental health problem within 12 months of childbirth should normally be admitted to a specialist mother and baby unit, unless there are specific reasons for not doing so” (NICE 2014). As this recognises, there may be cogent clinical reasons why a mentally unwell mother and baby may not be kept together and thus nursing a mother apart from her child may not necessarily be a “bad” in healthcare, either today or in the past.
Luc De Munck, MA, KU Leuven, Leuven (Belgium)

“Bads” in the Daily Practices of Belgian Nurses During the First World War

During the First World War, at least 800 Belgian nurses were involved in front hospitals in non-occupied Belgium and France. What were their daily practices as caregivers during the war? Mainly by analyzing diaries and employee files of nurses in the Belgian Royal Army Museum, this research question shall be answered for the first time in our paper. The provisional conclusion is that, by executing their war work, Belgian nurses were confronted with different ‘bads’. There were regular tensions and misunderstandings between Belgian and British nurses, who applied strict rules and regulations, and between the educated nurses and the non-educated volunteers, who were inspired by the 19th century tradition of charity. Belgian nurses suffered also physically and mentally in their contacts with wounded and starving soldiers. A lot of nurses became exhausted and suffered from illness. Some of them were even obliged to stop working due to the pressure of the war.
María Eugenia Galiana-Sánchez, Professor PhD, University of Alicante, Alicante (Spain)

Public Health Nursing and Social Control: The Health and Welfare Activities of the Women’s Section of Falange during the Franco Regime in Spain (1938-1977)

Research question: What was the evolution of the professionalization process of Spanish nursing during the Franco regime in Spain? What elements prevented the consolidation of advances in the health field and in the field of public health nursing? How these events might affect the health care received by the Spanish population?

Methods/sources: As the main sources we used the generated by the Women’s Section of Falange: Formación de Enfermeras Sociales de Falange (Training of Social Nurses of Falange) published in 1938, the text Estudios Sociales y de Puericultura para Visitadoras y Enfermeras (Social and Child Care Studies for Visitors and Nurses), published in 1942, the text Bases fundamentales para la lucha contra la Mortalidad Infantil en nuestro medio rural (Fundamental basis for the fight against Infant Mortality in our rural environment) of 1945 and Política Sanitaria (Health Policy) published in 1943. We have also consulted the Inventory of the Women’s Section (1940-1977), a collection of files deposited in the Archives of the Kingdom of Valencia. This collection basically contains the reports drawn up by the “Women’s Section Governing Body” based on the information submitted by social health visitors and rural health advisors. We also consulted correspondence (letters and official communications) between the national director and the provincial delegate of the Women’s Section in Valencia responsible for the Department of Health and Welfare.

Results: The Franco regime’s health authorities redirected health policies and the health activities of community nurses who have emerged in the inter-war period changed. The role of Social Health Visitor was created in January 1942, together with a body of Rural Health Advisors, under the sole control of the Spanish Falange and the JONS. These professionals developed their work activity in precarious conditions; their work was poorly paid and valued. Through home interventions, health visitors were expected to restore families’ morale, establish surveillance mechanisms and supply information to the authorities. Health goals were discarded, to be replaced by other issues related to political and social control. The work of nurses lost its legitimacy once it became clear that their activities served an ideological purpose.
Janet Hargreaves, Professor PhD, University of Huddersfield, Huddersfield (United Kingdom)

“A government responsible for that state of affairs should be expelled from the country”: Nurses in Rebellion

Question and focus: Codes of nursing ethics world-wide foreground the primacy of the care of the individual patient and the integrity and trustworthiness of the nurse. However, nurses frequently provide care whilst navigating difficult or ambiguous political environments. This paper will address the question ‘can nurses maintain their integrity whilst working under a political regime they believe to be wrong’. The focus will be upon the rebellion, war of independence and civil war in Ireland in the first quarter of the 20th century.

Methods: A case study approach is used to explore the lives of three qualified nurses, Aoife de Burka, Elizabeth Farrell and Linda Kearns who practiced in Ireland during this period, and who chose specifically to work with rebel fighters in opposition to British military rule.

Sources: Primary data is drawn from the Bureau of Military History, in particular the extensive archive of 1,773 witness statements from men and women involved in the conflicts in Ireland between 1913-1921. All three nurses provided statements for the archive and their experience is extensively cross referenced by other witnesses. In addition, biographical and autobiographical texts and published research are used to triangulate the findings.

Results: The cases studies reveal three archetypally ‘good’ nurses who were nevertheless considered ‘bad’ by authority. They were caring, skilled, resilient and courageous: at times they nursed people, under fire and in great personal danger, who would otherwise have had no qualified nursing care. They were also unrepentantly transgressive in their behaviour: lying, violating the rule of law and using their nursing status and uniform as a cover for illegal activities with impunity. The risks they took led to hardship and at times imprisonment. They were unlike army or humanitarian nurses, who might be in a hostile environment but within the authority and protection of a military, or other organisation. Rather, they operated in their own local area, with neighbours and family members as both friend and foe.

Nurses worldwide continue to face such dilemmas. The findings from this case study offer some insight into the troublesome nature of what it is to be a good nurse in a bad world.
Anna La Torre, RN, MscN, MA, University of Milan, Milan (Italy)

“Good Nursing in Bad Times.” Working as a Nurse in Policlinico Hospital in Milan during the Nazi- Government (1943-1945)

Introduction: On 8 September 1943 the Italian King Vittorio Emanuele III and the Prime Minister Pietro Badoglio stipulated the surrender of Italy to the Allies. In Italy this armistice had generated a civil war, serious debates, tensions, cultural and social fragmentations, which still now affect Italian society.

Aim of Study: To analyse and compare the contrast between legal and ethical considerations in a unique professional contest and to study how health care professional faced the conflict between ethics and laws in certain situations.

Rationale: During the Nazi occupation of Milan, from 11 September 1943 to 25 April 1945, the Policlinico Hospital cared fascist and Nazi soldiers but even partisans, Jews and political prisoners under the Allied bombardment. Nurses, Nuns and Lays, had faced ethical and pragmatic problems in every instants during all working days, making some choices quickly that could save or lost lives.

Methodology: Analysis of the documents and records of the Policlinico Historical Archive in Milan, The National Association Partisans of Italy (Associazioni Nazionali Partigiani d'Italia-ANPI), Historical Italian Army Archive in Rome, diaries and testimonies in the Sisters of Mercy Mother House Confraternity.

Findings and conclusion: This study highlights the distinctive and unique factors, ranging from patriotism to personality, from fear to heroism that affected the nurses employed in Policlinico Hospital.

At the end of the war, many documents were destroyed to avoid that compromised people could not be reintegrated into society. The great limitation of this study is precisely the lack of documents relating to the nurses who supported the regime and who collaborated with the German Army. Even today, seventy years after the Liberation, an objective vision of the period appears to be greatly compromised.
Mary D. Lagerwey, PhD, RN, Bronson School of Nursing, Western Michigan University, Kalamazoo (USA)

Eugenics and Healthy Families: Socially Constructed Discourses of Interdependence

Research on eugenics in the United States has documented a broad positive reception to its claims and goals. Linking eugenics with better health of the population was an essential aspect of legitimizing eugenics among the general population. As recognized by the American Eugenics Society, nurses were ideally suited for bolstering such linkages.

Research question: What was the evolving nature of eugenic discourses intended for a nursing audience as found in the American Journal of Nursing (AJN) from 1900-1950, and what were their socially constructed linkages with discourses of child and family health?

Sources and Methods: Articles, book reviews, and news items in AJN from 1900-1950 that directly or indirectly referred to eugenics were identified for review, with analysis guided by a framework of legitimation and topics of child and family health. To capture changes over time, texts were initially analyzed in ten-year units.

Results: The first substantial mention of eugenics in the AJN was in 1909 in a section titled, “Foreign Department in Charge of Lavinia Dock, R.N.”. This article “The Eugenics Education Society of England”, lent authoritative legitimacy to the eugenic movement by placing it within contexts of scientific advancement and support by ICN, association with Lavinia Dock, moral goodness of fit with existing nursing practice, and cautionary tales of the impact on families of unchecked fertility among “degenerates.”

By the second decade of the twentieth century, specific references to eugenics and its ideologies were more prevalent. Physicians lent their authority to discourses of health and eugenics. Healthy children were celebrated with Better Baby Contests.

During the 1920s, texts in AJN presented eugenics as a modern science that held a promise of preventing physical and social problems. Authoritative legitimacy was granted through book reviews and numerous news articles advertising educational lectures on eugenics for the public or nursing. Healthy families were possible only through eugenic practices. Throughout the 1930s eugenics discourses were interwoven with roles for U.S. nurses in public health, nursing education, maternal child health, and visiting nurse services.

As the U.S entered WWII, much of the AJN’s attention moved to nursing’s involvement in the war effort and nursing care for patients with specific health concerns. Following World War II, the language of eugenics faded from most public and professional discourses. Today its discourses powerfully remind us of how “goods” and “bads” in health care can appear inextricably interdependent.
Memories of Abuse in Finnish Psychiatric Hospitals

This presentation is part of the Muistoja mielisairaalasta [Mental hospital memories] research project funded by the Kone Foundation in 2017–20. The memories were written by 90 people, including patients, their relatives, staff, and children of staff, from the year 1935 until the 2000. This research material suggests that even if cultural expectations of ‘good care’ have changed during last 90 years, some ethical problems remain the same. Patients from the late 1990s and the 1930s alike report a lack of good human relations and an unnecessary, violent policing, for example, in the form of punishment through dispossession or forced isolation. Many writers see the mental health system as implementing social control and stigmatization, rather than care and rehabilitation. In some hospitals, the treatment culture is described as oppressive, while in others as offering a safe and personalized treatment. In the oldest memories, the writers often associate bad care with the poor education of staff, where in the newer ones they don’t offer explanations for the differences or claim that the chief physician is alone responsible for the treatment culture.

Some of the memories are very traumatic: The hospital is described as a concentration camp, or a waste dump. The main complaints are a lack of listening, empathy or respect, strict arbitrary rules, and the unnecessary use of force and medication. Positive memories have also some common elements, for example, supportive staff, availability of creative therapies and discussions, and a general feeling of safety. Among the most relevant, general facts is the lack of a single reference to nurses explaining their use of force to the patient, during this event or afterwards, or apologizing. This stands in contrast to studies showing that posterior staff–patient discussions facilitate the recovery from traumatic situations (Holmes et. al 2004). Some recent efforts to develop psychiatric care in Finland include the Mieli [Mind] 2009–15 project, aimed to improve the status of the patient, diminish forced isolation and other restrictions. There has also been an increasing number of studies on experiences of psychiatric care, and a greater appreciation of the knowledge offered by clinical service users: collecting their stories, the training of ‘experience experts’ and their use for the development of health services and for research. The health care model known as ‘open dialogue’ has given promising results (Seikkula et al. 2011), changed the treatment for psychosis and the way in which the afflicted person is met. These changes might offer solutions to the lingering ethical problems exposed by the present study.
Neither Angels nor Devils: Actions for Normalization and Resistance of an Australian Nurse During the Spanish Civil War (1936-1939)

There are numerous testimonies from nurses during the contemporary wars. These nurses have been listed as heroines, or executioners (in concentration camps) in relation to their ethical positions and actions.

The work of Michel Foucault, which analyzes the relationships of power goes into reality, as a complex and social construction and explains that any process is always accompanied by actions of resistance and factors of standardization or oppression, that they depend on the subject, the group factors and/or the institutional ethics. Therefore, power and resistance are two sides of the same coin that need to be explored simultaneously.

Research question: the aim of this work was to make visible, through the analysis of the diary of the Australian nurse Agnes Hodgson, the actions of standardization/oppression and resistance during her service in the Spanish Civil War to appreciate the complexity of the ethical conflicts that these nurses faced during periods of war.

Methods and sources: we had conducted a reading in depth of Agnes Hodgson diary. Subsequently, a critical analysis of the discourse text became from the theoretical framework of Michel Foucault, especially concepts related to normalization and resistance actions.

Results: After a process of triangulation (data and researchers), the results suggest that Agnes Hodgson’s decision is one of the examples of moral courage common to nurses who came to Spain to collaborate with the “anti-fascist” people. However, during her stay she carried out actions that we could classify as “bad”, such as breaking free from workloads or pre-judging patients, actions that were surely the result of high levels of moral distress suffered by nurses in war hospitals. Simultaneously, she carried out resistance actions to defend her rights, as woman an as nurse, under difficult relations of power among the nurses themselves.

Conclusions: Michel Foucault provides a theoretical perspective that helps us to understand the complexity of actions of nurses during war conflicts and to demystify extreme ethical models of their actions, emphasizing the micro-practices of nurses as real references for understand their everyday reality.
In 1947 Norwegian resistance pioneer Silvia Salvesen (1890-1973) published a memoir, *Tilgi – m
glem ikke* (Forgive – but do not forget), in which she wrote about her experiences as detainee of
Ravensbruck concentration camp. Salvesen memorialised “Fini”, an Austrian midwife, whom she
described as an angel who saved hundreds of lives. Many pregnant Polish women were imprisoned at
Ravensbruck. They were forced to deliver their babies under horrific circumstances. According to
Salvesen many of these detainees would have died if Fini had not been so skilful and helped her
patients with the very little medical equipment available in Ravensbruck.

After the liberation of the concentration camp Fini was lost. Salvesen's memoir is the only source of
her heroic deeds at the Ravensbruck memorial site. Nothing could be told about Fini's life before she
was imprisoned, whether she survived or – if she survived – how her life was after 1945. “Fini”
became a synonym for the ultimately good healthcare professional – a faceless and more or less
nameless angel, a symbol for strength and kindness in a cruel and evil surrounding.

What can the biography of “the midwife of Ravensbruck” tell us about the narrative that underscores
nursing professional standards? In my paper I present the identity of “the midwife of Ravensbruck”, her
biography before she became a Ravensbruck detainee, and her fate.

I do not question that many women owe their lives to Fini and her skills as a midwife. I do, however,
question the narrative around her. I ask who Fini was, how she came to Ravensbruck and what
happened to her.

Was Fini the angel Salvesen suggests? Can “bad” also be “good” and who defines what is good or
bad? Asking these questions, I discuss whether categories like “good” and “evil” should be used with
midwives' and nurses' biographies.
“Moral Mistakes” and “Professional Failure” in Healthcare: Evolution of Common Complaints from Patients, Families, Physicians or Hospital Directions and the Development of Ethical Discourses about Care between 1890 and 1970

Based on a research financed by the Swiss National Fund for Scientific Research, this paper aims at analysing the changing views about ethical issues, looking more precisely into what was considered as bad or good with regard to evolving professional standards. Our study is investigating the long time history of the making of the nursing profession through one of the oldest professional reviews, the *Journal Source*. This exceptional corpus of archives dates back to 1890 and is still published nowadays. It was created by the founders of the first lay nursing school in the world, La Source, which opened in 1859 in Lausanne (Switzerland). This publication was notably designed to give moral and professional advice to students as well as to nurses once they had taken their degree; it regularly refers to values and knowledge which concurred to shape the ideal of the perfect nurse, while also sometimes revealing usual fails or lacks that had raised complaints from patients, their families, or less often from physicians.

Our methodology consists in a critical analysis of the main themes tackled in the *Journal Source*, which we extensively digitalised in order to select discourses thanks to different key-words such as “mistakes”, “complaints”, “failures”, “vocation”, “moral injunction”, etc. Whenever a particular mistake or case was mentioned, we also studied secondary archives – such as students’ files, epistolary pieces, institutional reports etc. – to examine which measures had been taken.

Our major finding lays in the fact that there used to be a very clear distinction between moral and professional fails, persisting until the late 1950s: the former mostly referred to a way of being expected from the nurse, partly because of the alleged qualities of women such as patience and abnegation. This moral dimension, often encapsulated by the word “vocation”, stood as extremely crucial, especially during the first part of the 20th century, in a society where religious legacy in care was still envisioned as fundamental. By contrast, the professional value was more linked to the qualifications a good nurse should acquire; the emphasis on knowledge and skills was progressively accentuated, in parallel with the progress and specialisation within medical sciences and therapeutics from the 1950s.
Kristina Popova, Associate Professor, PhD, South-West University Neofit Rilski, Blagoevgrad (Bulgaria)

The “Curative-Protective Hospital Regime” Concept in the Medical Practice in USSR and in Eastern Europe in the 1950s

The paper presents the impact of the so called “Pavlov’s Session” in Moscow (1950) over the medical practice in the Soviet Union, Bulgaria and other East European countries as an important part of the process of the transformation of the public health system exercising a strong political and ideological control not only of the medical science but also of the everyday medical practical work in the 1950s. The political, ideological and scientific influence of the “Pavlov’s session” is not ignored in the recent historical research of the Stalin era but its strong impact in the practical medical work remained out of the mainstream attention except of its implementation in psychiatry in the Eastern countries.

One of the main practical inventions which followed the session was the elaboration of the so called Curative-Protective Hospital Regime in USSR (first experimented in the small Komarov hospital) which was proclaimed as a norm and introduced in the hospitals in an administrative way. The hospital staff was instructed to implement it as a part of the ideological as well as of the professional preparation. This regime was based on the explanation of the etiology of deceases according to the official interpretation of the Ivan Petrovich Pavlov’s theory about the High Nervous activity. Important social diseases like hypertonic disease, ulcer and others were seen as caused by a misbalance between the cortex processes of excitement and inhibition. The idea was to support the so called protective inhibition as a tool to minimize this imbalance. This concept led in the practical medical work to wide implementation of the sleep therapy as well as of the elaboration of the so called Curative-Protective Hospital Regime which was introduced in the hospitals in the early 1950s and determined to a great extend the obligations of the medical staff (especially of nurses) to maintain this regime.

The paper tries to find out also how those concepts, prescriptions, practices and norms of the Curative-Protective Hospital Regime were spread in the Soviet medical education and in the everyday professional work in the hospitals in the 1950s. The aim is also to see how the Soviet medical prescriptions and practices were introduced in the Schools for nurses in Bulgaria, and how the new Regime practices were propagated and implemented intersecting with the medical situation in Bulgaria in comparison to other Socialist countries. The main sources for the research are the medical periodicals, practical instructions and guides, educational programs for nurses’ schools, personal archives of nurses in the State archives as well as hospital archives from the 1950s.
“Inaccurate Treatment and Negligence”: A Widow’s Experience with the Fatal Naturopathic Cure of her Husband in 1868

On May 5th 1868, the 48-year-old Swiss peasant woman Elisabetha Angst, born Angst, visited the mayor of Wülflingen (Gemeindeammann) to deposit a complaint against the teacher and naturopath Heinrich Trachsler, living in the nearby village of Veltheim. The widow expressed profound indignation. She was convinced that due to “inaccurate treatment and negligence”, Trachsler was responsible for her husband’s death three days before. With this, she initiated a forensic and judicial investigation, which resulted in the accusation of the said naturopath. Yet in November 1869, the jury decided not to convict the accused.

Based on the files of this process preserved in the Zurich State Archives, my paper focuses on Mrs. Angst’s testimonies of how and why Trachsler was responsible for the death of her husband. Along the narratives that shaped her complaint I come to the result that Schroth’s cure under the teacher’s advice and in the teacher’s household gradually marginalized and devaluated the self-help practiced in the marital household so far and, particularly Elisabetha Angst as a wife taking care for her husband. She had given to the records how Ulrich Angst suffered of “rheumatisms” for many years and that he never before had spent eight weeks in a treatment and suffered a decline of health condition, as was the case when staying at the teacher’s house. Schroth’s dietetic regime of fasting and of packs with cold water, which the chronically ill man had chosen requested a strict observance of the rules and a robust, continuous commitment by the patient. This was common for water cures and other unorthodox therapies in the 19th century (e.g. Marland and Adams 2009). Initially Mrs. Angst shared with her husband’s Ulrich his hope for complete recovery. She and other visitors had observed that he found support within a naturopathic community and experienced moments of manly self-care. In the course of her visits Mrs. Angst was confronted by the effects of the cure and by Heinrich Trachsler’s behaviour. According to her statements the teacher inhibited her efforts taken to bring her husband home. Even as he did return in his house after all Mrs. Angst could not find an agreement with the naturopath who criticised her for acting against his prescriptions.

My paper ends with reflections on the risks of spouses and relatives who take a negative experience with a therapist to court: After the jury’s verdict Elisabetha Angst had not only lost her husband but also the public acknowledgement of her concerns in the process of care for her deceased husband.
Modern Doctors vs the Old Regime: Debates about the Decriminalization of Abortions in the Late Russian Empire and Early Soviet Union

The history of abortion policies in the late Russian Empire and early Soviet Union often focuses on doctors’ arguments about women’s biological and social needs and interests, an opposition between either women’s emancipation or state pronatalism. From the late 19th century abortion had been the key topic of medical debates, and it also provided a way to explore what being “modern” and “Soviet” meant for a medical professional. Both pre-Soviet and Soviet doctors perceived abortions as consequences of modernity, first of all, urbanization and industrialization, but at the same time, of education, female emancipation, women’s willingness to control reproduction, to choose a life trajectory, and to participate in public life. At the same time, abortions were the dramatic achievement of the modern medical science, when a surgical method of abortion, i.e. curettage, scraping and scooping the uterus, was developed, described, tested and improved, and later became a part of the doctors’ training and practice. As the doctors debated abortion policies, their harm and legalization, they were gradually introducing the new abortion methods that were heralded as the ultimate achievement of modern medicine in contrast to the “old,” “barbaric,” and “backward” methods of babki, (lay midwives or witch doctors) who used various “non-scientific” methods, such as herbs and other oral abortifacients, as well as vaginal injections and douches. Yet the dramatic scenes of suffering and deaths that they described were not only in the past, so they wanted to change the situation both through adopting new laws (e.g. criminalizing the “non-professional” abortions), but also through implementing large scale social changes that would give all women access to the fruits of modern medicine, which until recently had been available only to the women who resided in cities and could afford it financially. As published sources (brochures, medical press, and textbooks) demonstrate, the early 20th-century doctors were united in their absolute rejection of the “old” “barbaric” laws that made their new expertise and skills useless or at least under a threat of criminal prosecution. Comparing their training, skills, drugs, instruments, and sterilization methods to the figure of an uneducated lay midwife, the doctors drew the line between the old and the new, making a clear connection between the old political regime, its social ills, and backwardness, and the premodern knowledge of babki.
Life Stories of Nurses of the Franco and post-Franco regime in Catalan-speaking territory: Barriers to Professional Development

Febe Association has the task to investigate and reach consensus on the learning of the History of Nursing. This motivated the study of the nursing care experience that was developed in Spanish democratic transition (1960-1990) in which the demand was increased for immigrant population from different areas of Spain. This regime marked and limited professional development because of the economic context and androcentric vision. In this period the nursing education went from a field of technical training to university.

Aim: To visualize personal development and professional impediments of anonymous reference nurses that practiced from the Franco stage to the post-Franco period (60-90) that with their work have contributed to improve the health of the population.

Methods: Qualitative ethnographic study. Contextualization of life stories of retired nurses with a professional career of excellence barely recognized by institutional organizations. Snowball technique sampling. Personal biographical interviews and iconographies of personal documentation were used and recording, literal transcription of the interviews was applied.

Data analysis: Reconstruction of life stories and analysis of individual contexts carried out by peers. Once the stories were made, they were sent to the interviewees to obtain their approval. Finally, a complete analysis was made of the different significant categories that emerged. All based on the criteria of Lincoln and Guba methods. Data saturation was reached. Written informed consent was obtained of the participants and it was approved for the Research Ethics Committee of the San Juan de Dios Center. The subjective personal perspective of the experience could limit the results.

Results: The nurses came from different parts of the territory. The reasons for choosing the studies were social (sometimes the opportunity) and economic. The historical contexts of Spain (Republic, Spanish Civil War, Franco and democracy) marked labor conditioning factors of gender, being found at times both structural inequality and discrimination that limited the processes of educational change. This could be seen both in their qualifications (practitioners in front nurses) and in their areas of work (intra or outpatient health sittings, including military). At this time, we found simultaneous jobs in many of the nurses. Most of them were nonconformist and held positions of responsibility. They contributed to the profession by managing teams or developing new health structures including through participation in teaching. These visions also influenced his perspectives about nursing care from more utilitarian or technical views to verifiable paradigmatic visions with theorists of the nursing school of transformation.
Bad Nurses on the Move

Movies as a source for historical analysis are still widely disregarded. Usually, their entertainment character is put forward as an argument against their usability; the general view is that they present an over-simplified picture that is exclusively bound to fulfil the viewers’ emotional longings. However, this is a particularly strong point from a methodical point of view: movies were produced for the masses so that one can learn by their analysis which narratives were commonly accepted and therefore repeated time and again. This relates to the representation of nurses in movies as well.

By comparing the representation of nurses in movies from Germany, Great Britain and the USA from the 1930s to 1950s, my aim is to highlight the features of an “ideal” nurse in national context. Against this backdrop, the moves of “bad” nurses are of particular interest: how was this behaviour motivated, judged or even excused? In which cultural and social setting was the “bad” or “incapable” nurse presented? Which specific notions of “good care” can be derived from the representation of “bad” nursing in the movies?

It will become apparent that there exists a discrepancy concerning the national judgment on professional nursing, which to this day affects the professional relationship of doctors and nurses and the public recognition of the nursing profession.
Regrettable Moments in Healthcare Reform: The Medicalization of Childbirth and the Elimination of Midwifery in the United States

Research Question: How did positive 20th-century health care reform efforts, such as the Flexner Report, the Sheppard-Towner Act, and the Hill-Burton Act, negatively impact midwifery and maternity care in the United States?

Methods: Traditional historical methodology was used to examine healthcare reform efforts in the United States during the 20th-century. A social history framework using a feminist lens provided insight into the negative impacts of the Flexner Report, the Sheppard-Towner Act, and the Hill-Burton Act on midwifery and maternity care in the U.S.

Sources: Primary sources included the 1910 report on medical education in the United States and Canada written by Abraham Flexner with support from the Carnegie Foundation, the 1921 Sheppard-Towner Act of the U.S. Congress, and the 1946 U.S. federal law known as the Hill-Burton Act. Secondary sources include professional journals, newspaper articles, and scholarly writings of the period.

Results: Midwifery in the United States was influenced by midwifery in Europe but took a very different path. The profession was vulnerable because of racism and sexism. The juxtaposition, in the late 19th-century, of social reforms in maternal-child health brought about by strong, well-educated women and medical education reforms brought about by male-dominated academia, resulted in regrettable effects on the profession of midwifery. Critical to this “bad” was the Flexner Report which studied medical schools in the U.S. and Canada. The report recommended that medical schools enact higher admission and graduation standards, and adhere strictly to the protocols of mainstream science. Flexner’s report represented welcomed progress, as the medical profession needed reform. However, the negative effects on midwifery were two-fold. First, to meet the report’s standards, medical students required more hours in hospital-based obstetrics and more patients having hospital births. Second, was an accompanying campaign to discredit and eliminate midwives. This campaign was funded by the Sheppard-Towner Act which provided federal money for maternal and infant care projects. So effective was the campaign that births attended by midwives decreased from 50% at the turn of the century, to 3% by the early 1960s. The medicalization of childbirth and the elimination of midwifery was ensured with the passage of the Hill-Burton Act in 1946, which funded the construction of hospitals throughout rural areas of the U.S. Midwives were pushed out of caring for women by academia, governmental legislation, and the medicalization of childbirth in the United States in the 20th-century.
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Too Pious, too Political, too Mad. Disobedient Nursing Staff Employed at the Epileptic Asylum of Uchtspringe (1894–1933)

At the turn of the 20th century, psychiatric nursing staff had a bad reputation: usually, it was said to be uneducated, uncouth and brutal; it worked and lived under worst conditions and payment and missed a social-professional organization. On the other hand, more and more asylums were interested to implement the non-restraint system in their daily hospital routine. Therefore, there was a need of dedicated and specially educated permanent staff. One of that progressive asylums was the “Landes-Heil- und Pflege-Anstalt Uchtspringe” in the Prussian province of Saxony under direction of the psychiatrist Konrad Alt (1861–1922). Throughout his life, Alt promoted the professionalization of psychiatric caretaking and the founding of a social-professional organization. Furthermore, he was founder and long-standing editor of the monthly journal “Die Irrenpflege”. By publishing in this journal, psychiatric caretakers got an opportunity to discuss issues of their professional life across the borderlines of the asylums they worked for. On the other hand, membership in a labour union, as well as in an “association under social democratic direction” or in a religious union was strictly permitted for nursing staff. Director Alt did not tolerate any outside interference into hospital affairs.

But what happened, if a nurse disregarded or even undermined the hierarchical structure of the institution while justifying it with her own political or religious conviction? How it was handled with such kind of delinquency against the background of continual hospital overcrowding and high (staff) labour turnover rates? What kind of punishment was handed out, which educational measures were introduced? Which ways and means were used by dedicated nurses to resist controls and to make their concerns public? Were political or religious attitude misused for blackening each other? How asylum superiors, nursing staff, provincial government and union management interacted and made agreements with each other? It is testified, that the hospital management in Uchtspringe not rarely casted doubts on the mental state of disobedient caretakers. Some nurses even became patients. On the contrary, there were also employees like the social democrat, caretaker and departmental head August Barth (*1879), who worked for several decades despite of operating in the shadows and repeated revolting against asylum regime. In my speech I will highlight some chapters of the nursing history of Uchtspringe against the background of changing asylum concepts and political systems from 1894 to 1933.

As primary sources of this article are serving mainly publications in the journal “Die Irrenpflege” as well as several documents of the provincial government (e. g. annual reports and personnel files of the epileptic asylum Uchtspringe). Finally, some questioning records from 1933 concerning Nazi opponents under the employers of Uchtspringe will be presented.
Speakers (in alphabetical order)

Nannie Wiegman, MA, Florence Nightingale Institute, Culemborg (The Netherlands)

“Bads” in Nursing: A century of Decubitus Treatment (1890-1990)

My paper focusses on “professional standards” in nursing practice. This concerns certain procedures which well-trained nurses used to execute with the best intentions, but which now, in view of new medical and nursing findings, appear to have been detrimental. The nurse therefore did not help the patient, but harmed him or her. As an example, I will treat one of the big issues in nursing practice, i.e. the prevention of decubitus or pressure ulcers. For bedridden patients, pressure ulcers seriously hamper the healing process. Over the course of the twentieth century, a number of methods have been conceived to prevent decubitus. From ointments to massages, from sheepskins to spirits of camphor, from ice cubes to blow drying. Nurses, having learned these treatments in training, applied them in good faith. But by the year 2018, research shows them to be bad. What were nurses taught about the prevention of decubitus? Who determined these treatments? How was the introduction and transfer of new treatments arranged? And why did it take so long for these “bads” in nursing to be abolished?

Methods and sources: To get an answer to these questions, firstly, text books for nurses, from 1890 up to 1990, have been consulted. Special attention has been paid to treatments prescribed for the prevention of decubitus, e.g. the use of sheepskins. Subsequently, the Tijdschrift voor Ziekenverpleging (Journal of Nursing Care), the most important and oldest Dutch nursing journal, was checked for the transition from one treatment to a new treatment. Finally, 75 nurses with experience in the treatment of decubitus were asked whether they were familiar with one of the seven treatments and whether they still used it.

Results: With the 1992 official directive for the treatment of decubitus, the treatments mentioned were no longer applied. Evidence Based Nursing demonstrated the treatments to be bad for the patient. Yet from interviews it appears that some of the treatments are still in use. Especially older nurses find it hard to say goodbye to some of the treatments. The reason for this is the limited theoretical reflection in Dutch nursing, which only became a regular feature in the 1980s. The consequence is that nurses have trouble abandoning treatments they were trained in. For the future, communication on the ward is vital for training in new nursing treatments. Evidence Based Nursing should be part of the curriculum, but also of daily practice.
Reforming Bad Care in the Workhouse: England 1834-1914

Workhouses were significant places in the history of health care in England. As a requirement of the 1834 Poor Law Amendment Act, they were expected to accommodate all those who had insufficient resources or ability to feed, clothe, house or care for themselves. Very quickly workhouses became places populated by the infirm and sick, and many examples of poor, cruel and scandalous care came to light. This paper examines the suitability of the workhouse and its sick wards for the care of the ill, infirm and injured. It also charts the success of movements which advocated reform, in particular the improvement of nursing in the workhouse.

Questions: In what ways was the health and safety of the sick poor threatened by admission to a workhouse? Did campaigns to reform the care of the sick in workhouses lead to better care and provision before 1914?

Methods and Sources: This research is based on documentary analysis of official papers of the English Poor Law authorities, workhouse and poor law hospital records in archives, letters, accounts in professional journals and newspapers, as well as the secondary literature.

Results: Examples from a number of locations are utilised to identify the dangers that threatened the sick, particularly from the system of utilising pauper inmates as carers. The workhouse was depicted as a dangerous place through indifference, incompetence, neglect or cruelty. The public availability of information about the management and mismanagement of workhouses at national and local levels, following evidence from coroners’ inquests, local and national inquiries, investigations by The Lancet and the British Medical Journal, and newspaper reports, was seized upon by reformers such as Louisa Twining and Florence Nightingale, in order to further their aims for reform and to provide qualified nurses for the sick poor. In part, this lead to changes in national policy. The involvement of middle class women as visitors to workhouses and guardians of the poor and the entry of working class people into the political arena also had some effects on improving the staffing of the workhouse. However, by 1914 it is still far from certain that the workhouse infirmaries and sick wards were safe places for patient care, particularly in rural areas, as compared to their charitable sector counterparts.