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Colonial caring

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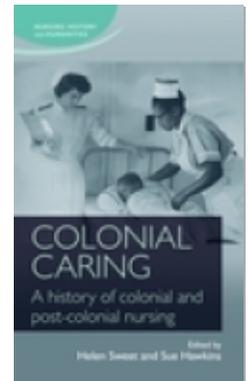
Published by Manchester University Press

Sweet, Helen & Hawkins, Sue.

Colonial caring: A history of colonial and post-colonial nursing.

Manchester University Press, 2015.

Project MUSE., <https://muse.jhu.edu/>.



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Afterword

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Nursing has been and is shaped by factors internal to the profession as well as external influences such as governmental concerns; cultural sensibilities; racism, sexism and classism; physical and geographical conditions; and economics. Viewed from the vantage point of imperialism, nurses can be seen as straddling the metropole and the periphery, or bridging the gap between Western and indigenous medicine. Nurses were both icons and actors in this world. They provided nursing care and health instruction, and in that sense their work reflected that of nursing around the globe throughout the twentieth century. However, their often iconic status and position made them critical components of the imperial project. The authors in this volume have located and mined crucial source material, including diaries, letters, professional journals, government reports, interviews and photographs and films, to present nuanced histories that disclose the complexities and uncertainties of colonial and post-colonial nursing and, at the same time, illuminate the imperial project and its aftermath.

Some of the nurses who worked in colonial and post-colonial settings did so in a search for adventure; some for humanitarian reasons; some were thrust into nursing out of necessity. Most struggled under adverse physical conditions, often with limited resources. Though some were closely supervised, others found themselves willing or unwilling independent healthcare providers with a limited or non-existent support network. All were sent as ambassadors of Western medicine and their presence was vital in maintaining the strength of empire. During war, they cared for the sick and wounded and therefore were indispensable to the strength of the military. At

other times, their essential role involved maintaining the health of the general population, both European and indigenous.

By investigating the 'on-the-ground' aspects of nursing, the chapters in this volume reveal intended and unintended consequences of the tensions, clashes and compromises between converging cultures, as well as the critical role of gender politics in the development of healthcare systems. With such case studies, we can avoid unwarranted generalisations. Yet there are evident similarities that underlie the histories related here. Whether the nurses came from a European culture or were recruited from the indigenous population; whether their initial impulses were adventure or patriotism or altruism; whether they saw their work as 'civilising' or as 'health'; whether they worked within or outside of imperial institutions; whether they were afforded autonomy in their work or were closely supervised, they all played vital roles in the delivery of healthcare and the shaping of colonial and post-colonial relations.

The authors in this volume have identified new and tantalising sources that disclose previously unheard stories of colonial and post-colonial nursing. Undeniably, sources shape the narratives they relate. Government pronouncements often must be read carefully, between the lines, if you will. Diaries and letters must be viewed in light of their production. Were they written as personal pieces intended for limited circulation or were they prepared for publication, often after the events with the benefit of hindsight and the objective to mythologise nursing care? For the more recent past, the interviews with participants and the discovery of photographic and film records provides opportunities for research that go well beyond the written record. Using sources such as these, the authors' careful and insightful analyses have found details about practices and policies that open up original interpretations of the topic.

There is no simple definition or description of colonial and post-colonial nursing. Nurses, both trained and untrained, were found in the midst of war conditions. In discussing the relationship between nurses and empire, the military aspects are unavoidable, though especially in the nineteenth century, military physicians were loath to accept women as nurses. Still, the image of the nurse during warfare served as an important reflection of national identity and citizenship. The nurses' position in defending the Empire was idealised

and their presence had significant rhetorical power, especially in the 'home country'. At the same time, these women were providing vital medical aid, often under dire circumstances. With the chapters in this book, we see a much more complex picture than that of the commonly told story of Florence Nightingale in the Crimea.

But imperial work was not limited to military campaigns. These chapters reveal the many other facets and versions of nurses' work within the imperial project: crisis intervention, public health, hospital building, health education for the subaltern, and the like. The conditions nurses faced were highly varied. Western nurses often found themselves in strange and difficult physical surroundings and living conditions, such as the heat and humidity of the Dutch West Indies, the cave hospitals of China, the poverty of Māori in New Zealand and the isolation of Aboriginal settlements in Queensland. These situations were distinctly and often uncomfortably different from those in which the European nurses had trained and previously practised. Many faced unfamiliar languages. Some of the nurses learned the languages of their clients and their students; others struggled with and even without translators. Many faced unfamiliar local customs. Some were so convinced of the superiority of Western medicine and the imperial culture that they dismissed practices that were inconsistent with their own. Others learned from local practices or at least accommodated them. Nurses with the Society of Friends Ambulance Unit learned from the Chinese healthcare workers how to make do in the harsh environments of caves. Nurses of the New Zealand Native Health nursing scheme sometimes acted as go-betweens when their Māori clients were negotiating with New Zealand officials. The racial, gendered and classist hierarchies of the Empire were often imposed on the raced, gendered and classed hierarchies of the local population. The apartheid imposed by Fascists in Ethiopia constrained the work of the Italian Red Cross. With nursing in low esteem in the Dutch West Indies, it was difficult to recruit local women, especially upper-class, educated women (the preferred group) to the profession. But it did attract men who saw nursing as a step up the ladder to better occupations. Another significant aspect of colonial and post-colonial nursing that drew women out of the home country was the possibility of greater autonomy. The lay women who attended the sick and wounded at Lucknow were thrust into the situation simply because

they were there, and they did not remain in the profession after the end of military actions. But the nurses in New Zealand's Native Health nursing scheme often worked without direct supervision and revelled in their independence. And British nurses during the Anglo-Boer War, freed from the constraints of respectable behaviour in the home country, enjoyed a spirited social life in South Africa.

Underlying these stark differences among colonial and post-colonial nurses, one commonality emerges. From the perspective of the Empire, the nurse was the paragon of Western medicine and Western life and as such she was expected to play a significant role in bringing these virtues to those less fortunate. In some circumstances, the nurses attempted to blend with local norms and practices, but in others, they simply ignored and trampled them. When Puerto Rico became a United States colony, the US overtly aimed to radically alter local society by Americanising the government, education and healthcare on the island. Nurses came to Puerto Rico with the goal of rewriting the role of women in civic and professional society. They trained nurses who wanted not only to work in healthcare but also to serve their country. Protestant missionaries set up hospitals and training schools on the island in part to undermine the position of the Catholic Church. Thus in this case, for better or for worse, nurses served to transform healthcare and society. In Australia, the goal was to 'civilise' the Aboriginals, who were described as 'savages'. Aboriginal healthcare and midwifery practices were discounted. With the presence of plague in Hong Kong, British doctors and nurses insisted that only European nurses could provide the necessary care, though local nurses could be utilised in closely supervised positions. But bringing Western ideas and medicine to colonial and post-colonial locales did not always mean a conscious or inadvertent erasure of the indigenous perspective. The Catholic sisters in Nigeria were missionaries; but within Biafra, conversions were less important than preparing the native population to take over healthcare and healthcare institutions. As a result, though eventually the sisters were forced to leave the country, the structures they had organised remained vital elements of the community.

The conjunction of colonial and post-colonial history and the history of nursing enables us to better appreciate the multiplicities of colonialism and post-colonialism and the diversity within

the nursing profession. By bringing together studies from around the world from the mid-nineteenth to the mid-twentieth century, *Colonial Caring: A History of Colonial and Post-colonial Nursing* allows us to untangle the complications inherent in any historical study of nursing. The overlapping foci of these chapters enrich our understanding of the role of healthcare provision in the social and cultural developments in the Empire and its aftermath. The nurses in these chapters represent a new image of woman. Whether nursing is considered an extension of woman's domestic role or as entrée into new arenas, both of which are depicted in this volume, nursing enabled women to act differently from their predecessors as they engaged in a realm beyond the generally accepted sphere for their gender and class. The essays in this volume comprise a complicated and cogent picture of the reality of nursing in colonial and post-colonial settings. They are an important opening for the study of nursing and the study of healthcare provision in imperial projects. Most significantly, they stimulate under-researched issues and broaden our perspective on these vital components of global history.