
How do We Write a Nursing History of Disease?

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Professor Patterson's question: 'How do we write a history of disease?' invokes a reflection on the perspective that someone interested in nursing history has to bring to the history of disease. Professor Patterson's paper reviewed American scholarship in the field. From the nursing perspective only *A Midwife's Tale* by Laurel Thatcher Ulrich and Susan Reverby's *Ordered to Care*¹ could be considered to be relevant in that they contribute to a social history of nursing in relation to disease and practice.

This is a lamentable deficiency in the social history of disease. There is room, therefore, for much work to be done that focuses more precisely on nursing practice in relation to disease. There has been an investigation into nursing and childhood diseases such as polio, and nurses' work in immunisation campaigns, and baby clinics. So too, nursing and public health work in the colonies (by secular nurses and missionaries) has generated a good deal of nursing scholarship and I predict good histories in these areas will be published over the next decade.²

1. Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard Based on Her Diary 1775-1781*, Vintage Press, New York, 1991; Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945*, Cambridge University Press, Cambridge, Mass., 1987. Neither of these texts is, strictly speaking, about a history of disease. However, both authors do consider the impact of nursing practice on disease.

2. There has been an increasing number of articles published by nurses on these subjects. The history of public health nursing in the United States has developed enormously over the past decade, see S. Richardson, 'Women's Enterprise: Establishing

So although some work has been undertaken, and much work is still in progress that could contribute to the corpus of scholarship in the history of disease as set out by Professor Patterson, there are major difficulties with this task for nursing historians. I would argue, for reasons that I will mention shortly, that these difficulties are epistemological.

But firstly, one point raised in the paper provides an important connection between nursing and disease — sanitarianism. Sanitarian science (perhaps sanitarian theology would be more appropriate) was the intellectual and moral space out of which professional nursing emerged in the second half of the nineteenth century. Sanitarianism, with its obsession with foul air or miasma, is the body of ideas that Nightingale did not generate herself, but did so much to make material through her blueprint for ordering hospital architecture, establishing the regimen of patients and staff and, of course, her most famous offering to us all: the trained good woman as a professional persona.

Miss Nightingale was quite clear on the subject of disease and she remained sceptical of Lister's theories throughout her life.

Is it not a continual mistake to look upon diseases, as we do now, as separate entities, which must exist, like cats and dogs? Instead of looking upon them as conditions, like a dirty or a clean condition, and just as much under our control; or rather as reactions of kindly nature, against the conditions in which we place ourselves ... nay I have seen diseases begin and grow up and pass into one another. Now dogs do not pass into cats ... For diseases as all experience shows, are adjectives, not noun substantives.³

It is important to appreciate that the moral logic of sanitarian science was undermined by disease theory. The shockingly democratic premise of disease theory meant that the parson's wife and the prostitute were equally vulnerable to puerperal fever if exposed to the same population of pathogens. Sanitarianism, on the other hand, was a form of

the Lethbridge Nursing Mission, 1909-1919', *Nursing History Review*, 5, (1997), pp. 105-30. See also 'Missionaries and the Early Development of Nursing in China', *Nursing History Review*, 4, (1996), pp. 129-40; and B. Bush, 'Conflicting Agendas: Alice Fitzgerald and Philippine Public Health Nursing', *Nursing Research*, 44(3), (1995), pp. 190-1.

3. Florence Nightingale, *Notes on Nursing, What It Is and What It Is Not*, Churchill Livingstone, Edinburgh, 1980, p. 23.

moral rescue work: through order, cleanliness and godliness, filth, chaos and the attendant moral decay were expunged and the result was health.⁴ The nursing reform movement of the mid-to-late nineteenth century was a direct product of this movement. Nursing, thus, emerged from a theoretical and discursive space antithetical to the scientific notion of disease.

So what was (and is?) nursing interested in if not disease? For nursing the focus was and is the context of cure. And that context has historically transcended science and medicine, and perhaps, eluded social history. Permit me to give a brief example of this. In the mid-nineteenth century the main hospital for New South Wales was the Sydney Infirmity. About 1866, Florence Nightingale was asked by the then Colonial Secretary, Henry Parkes, to send trained nurses to New South Wales with the object of there establishing a training centre to service the entire colony. Since Australians had been so generous in their donations to the Nightingale Fund set up during the Crimean War, Nightingale felt obliged to respond as soon as the nurses were available: 'I would fain repay part of my heavy debt to Australia'.⁵

Upon arrival in the Colony in 1868, one of the first acts of the matron, Lucy Osburn, at the Sydney Infirmity was to teach those nurses already employed there to put up their hair. Brushes and looking-glass stands were immediate acquisitions, and the predominantly Irish nurses were tutored by the English sisters in hairdressing.⁶ This was of course in the days before Lister and theories of contagion so what are we to make of this and what is its connection with disease?

It is tempting here to take a postmodern leap into bodies, race, sex and aesthetics when thinking about the points of connection between hairdressing and nursing. However, such an exercise risks diluting salient points in conceptual complexity. The key point here, I would argue, is the absolute certainty with which a nineteenth-century sanitarian understood sickness. For the sanitarian *mentalité* of new nursing, nurses did fight disease by putting up their hair. But it is only by

4. See Charles Rosenberg, *The Care of Strangers*, Basic Books, New York, 1987, for the best analysis of moral reform, Sanitarianism and nursing.

5. 24 October 1866, p. 8, Correspondence between the Colonial Government, Florence Nightingale and others with reference to the introduction of trained nurses for the Sydney Infirmity and Dispensary, Sydney 1867, unpublished collection, Mitchell Library (Sydney), State Library of New South Wales.

6. Lucy Osburn to Florence Nightingale, 4 December 1868, ADD MSS.47, 757. Mitchell Library (Sydney), State Library of New South Wales.

attempting to grasp the utter conflation of the moral and physical worlds (prior to the twentieth century) that such nursing activities become intelligible.

In 1868 the only means to reform nursing and the hospital was to restructure the nurse into a respectable reliable woman. Through this reformation the hospital, the ward, and thus the patient, fell under the power of sanitarianism. For Lucy Osburn, the training of simple Irishwomen in the grooming habits of the English middle classes was a significant step in the transformation of the hospital space into one that fostered a cure and promoted health.

What is interesting about the history of nursing is that it highlights the moral and ethical domain within which sickness was so 'naturally' situated in the past, and is so problematically situated today. If one considers the fuming of Susan Sontag⁷ against the myths and prejudices surrounding cancer and HIV, as well as the more scholarly work of Professor Patterson,⁸ one would have to observe that everyday understandings of, and responses to, disease are commonly 'unscientific'. What is particularly interesting about this observation is the fact that it continues to astound us. How is it that religious interpretations of events such as the HIV pandemic are rife? People fear disease; even the word 'cancer' is thought to hold some malignant power. Perhaps we need to remind ourselves that it is science that is the newcomer (the interloper) to the field of health and illness after all.

So here is my epistemological point: it is possible to be misled by the history of science. The fact that the history of medicine is so often in bed with the history of science is one of the field's great difficulties. This is clearly the case in the history of nursing, for nursing is not a product of the marriage of medicine and science. It comes from quite different and less well-defined fields — the history of religion, the history of charity and the history of women. In fact, the history of the hospital probably belongs at least as much in the latter group as it does with science and medicine.

7. Susan Sontag, *Illness as a Metaphor*, Farrar, Straus, and Giroux, New York, 1977; Susan Sontag, *AIDS and its Metaphors*, Farrar, Straus, and Giroux, New York, 1988.

8. James Patterson, *The Dread Disease: Cancer and Modern American Culture*, Harvard University Press, Cambridge, Mass., 1987.

In response to this epistemological confusion I would like to place a call for an *Annaliste*⁹ solution to the problem of focus or approach. By this I mean a sense of the contextual generalities that constitute events and the *mentalités* that need to be negotiated before, or at least while, one considers disease. As I have said, when thinking about the moral domain and disease we are surprised by persistent threads of quite ancient practices towards the sick — ideas perhaps long associated with pagan taboos over unlucky people or Christian penitent practices. As Professor Patterson has done in his own book, *The Dread Disease*, we need to consider Phillippe Ariès' injunction to measure history in centuries.¹⁰ Only in this way can we develop any sense of what New Age practices and clandestine prejudices in relation to health and disease are really about.

So I would have to agree that there is a myriad of ways to write a history of disease because there are as many ways again to think about it. My interest lies in professional practice and the largely unsecularised issues of care and redemption. The difficulties that exist in conceptualising these subjects within a discourse of history of science or history of medicine perhaps highlight the limitations of the frame. Diseases have long histories (or at least as Delaporte would have it — practices in relation to sets of symptoms¹¹). I think if we are to unravel the complex cultural responses to disease it would be helpful to undertake genealogies that allow the narrative to move freely from the scientific to the anthropological, to the geographic, to the religious domains — or wherever else it flows.

As for nursing history — the role of care and ideas about curative environments and restorative regimen remain a powerful aspect of nursing. The relationship between these orderings and disciplines and disease would make a great study.

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9. I refer here to the interdisciplinary scope of the *Annaliste* School, in particular, the work of J.P. Goubert, 'Twenty Years On: Problems of Historical Methodology in the History of Health', in Roy Porter & Andrew Wear (eds), *Problems and Methods in the History of Medicine*, Croom Helm, London, 1987.

10. Phillippe Ariès, *The Hour of Our Death*, [trans. H. Weaver], Oxford University Press, Oxford, 1981, pp. xvi-xvii.

11. François Delaporte, *Disease and Civilization: The Cholera in Paris, 1832*, [trans. Arthur Goldhammer], MIT Press, Mass., 1986.