

Introduction: contextualising colonial and post-colonial nursing

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Nursing history has until recently been an insular analysis whose central theme was most often professionalisation within national borders, and although a more international perspective has been emerging over the past five to ten years there is still a big gap in its literature when examining the role nurses and nursing played in a country's colonial and post-colonial past and the impact that experience of this particular form of nursing had on the wider development of nursing.¹ This omission has already been addressed in the closely related field of history of medicine through a number of publications over a long period of time,² and this book aims to help correct the balance for nursing's history.

The history of nursing presents a unique perspective from which to interrogate colonialism and post-colonialism, which includes aspects of race and cultural difference, as well as class and gender. Simultaneously, viewing nursing's development under colonial and post-colonial rule can reveal the different faces of what, on the surface, may appear to be a profession that is consistent and coherent yet in reality presents different facets and is constantly in the process of reinventing itself. Considering such areas as transnational relationships, class, gender, race and politics, this book aims to present current work in progress within this field to better understand the complex entanglements in the development of nursing as it was imagined and practised in local imperial, colonial and post-colonial contexts. In addition, taking the more global view of nursing's history not only offers new insights into what is particular and what is more universal about nursing's uptake and development in different countries, but also enables us to explore different methodological approaches

to the subject, as has already been the case with the fast-developing field of 'medical humanities' for some time. This multifaceted view of colonial and post-colonial nursing, therefore, brings together contributions from scholars working in different disciplines and from a variety of perspectives, geographical, historiographical and, to some extent, methodological, among others. Anne Marie Rafferty provides us with one example of this, noting: '[the archives of the CNA] expose the complexity of the British nurses' positions in the specific colonies, factors that motivated them to apply for overseas posts, the range of their attitudes to their colonial experiences, perceptions of their place in the imperial mission and the eventual decline in their status and the effects on the nursing profession.'³ In the chapters that follow we hope to go a step further by looking at some of these aspects of nurses and nursing viewed in a number of colonial and post-colonial settings.

Whilst we have taken pains to select chapters that incorporate nursing provided by colonial powers across Western Europe and the USA to make this as globally representative as possible, we are well aware that in the ten chapters that follow we can only touch the surface of the story. By the end of the First World War, and despite the Western nations' 'Scramble for Africa'⁴ the British Empire still covered about one quarter of the Earth's total land area and ruled a population in excess of 500 million people. The composition of this book reflects that reality.⁵

This introductory chapter provides an overview of the book's focus, structure and remit. It explains what the book sets out to accomplish and its overall structure. Here we highlight the commonalities as well as the differences between the experiences of colonial nurses as they will be presented in the coming chapters. Drawing from our own experience in researching and writing gender and racial social histories and in colonial and post-colonial nursing history respectively, our aim here is to tease out the emerging themes and place these within a clear chronological and historiographical framework. Further, we will examine how this field has developed in the history of medicine and identify questions which the current state of research still leaves unanswered, but which nursing's history is uniquely placed to answer. In particular we will be expanding upon the underlying racial and cultural tensions which existed, or perhaps did not exist, between nurses and their patients; nurses and the doctors they worked alongside; and

colonial nurses and their indigenous counterparts. This chapter asks whether the subject has not been hitherto grossly oversimplified by projecting a single image of imperial collaboration/co-operation onto all forms of colonial nursing by all countries across a long time span. In so doing, we not only hope to enhance the understanding of nursing's history over a more global scale but also to provide historical context to explain some of the problems that have faced the profession in the post-colonial era.

Structure and content

The book can be divided roughly into three sections, based on chronology: the mid-to late Victorian period, the early twentieth century and the mid-twentieth century. The first three chapters focus on the colonial experiences of British nurses between 1857 and 1902; and perhaps inevitably, as Britain becomes entangled in conflicts related to challenges to its Empire, two chapters examine the role and duties of British nurses working in conjunction with the military. They explore nursing and nurses during the Indian Mutiny of 1853 and in southern Africa during the bloody Anglo-Boer war of 1899–1902. A third chapter in this group focuses on Hong Kong and the British response to a threat of a different kind – the emergence and subsequent rampage of plague through China and beyond at the end of the century. The authors offer a number of observations, including women's reasons for volunteering to work in such challenging environments, far from home, and the personal as well as professional challenges they faced. Recruitment and the professionalisation of nursing, and of military nursing in particular, are therefore considered here, particularly focusing on themes of class and gender.

Moving into the twentieth century the next four chapters begin to examine the embedding of Western-style nursing culture into indigenous cultures. These chapters widen our scope beyond the British Empire to include not only Australia and New Zealand, but also the Dutch East Indies and the American colonies of Puerto Rico and the Philippines. Issues such as racism and clashes of culture now come to the fore. The tensions between colonial nurses and their 'Western' culture of medicine and the traditional practices of indigenous trainees

and their patients are examined, as are issues of race and ethnicity associated with segregation and 'protection'. The discussions are then taken further into the twentieth century for the final third of the book, reflecting upon Italian colonialism in Ethiopia, guerrilla nursing in China by British and American nurses and Irish Catholic missionary doctors and nurses working in colonial and post-colonial Nigeria. In these chapters, religion and humanitarianism – as well as nursing in the face of stark inhumanity – become part of the equation, whilst relationships between colonised and colonisers is explored further, delving into the immediate post-colonial phases, again bringing race, cultural differences and gender back into the discussion. These chapters also introduce pioneering methodologies relatively new to the study of nursing history, including quantitative analysis of collective biographies.

Colonialism applied to nursing's history

In *Medicine and Colonial Identity*, Mary Sutphen and Bridie Andrews described the challenge of trying to understand and study colonialism because the 'crass lumping of colonial subjects by an imperial power and the local subjectivity of individuals are two ends of the spectrum of perceived identity'.⁶ They identify the problem of writing history whilst doing 'justice to more than a couple of strands of identity',⁷ for example region and class, gender and religion, as categories of historical analysis. They found instead that the history of medicine allowed this juxtaposition whilst avoiding the pitfalls of grand historical narrative. This perhaps applies to an even greater extent to nursing history, where we encounter clashes of gender, class, race and culture within a variety of geographical settings and yet where the broad brush of nurses' and nursing's identities may be more easily separated from those of the individual practitioners. Yet to what extent did nurses embody and present the imperial identity, and how did this vary according to time and place, group collective and individual nurses?

We are interpreting colonialism throughout this book in its broadest sense. It is a concept that may be taken to cover the European project of political domination that began in the sixteenth

century and ran through to the twentieth century, culminating with the national liberation movements of the 1960s. As it can be construed as covering such a long period of time, colonialism has been divided into several, somewhat arbitrary phases, and *Colonial Caring* will focus on the later phase, commonly recognised as ‘the modern European colonial project’ or ‘period of New Imperialism’. According to Margaret Kohn, this phase was born of and sustained by the developments in transport and communications in the nineteenth century, through which ‘it became possible to move large numbers of people across the ocean and to maintain political sovereignty in spite of geographical dispersion.’⁸ Post-colonialism will be used here to describe the period in which political and theoretical struggles of previously colonised societies broached their transition from political, military and economic dependence to independent sovereignty.⁹

Medicine’s and, by association, nursing’s role in this later colonial process may be seen as part of an attempt by the colonisers to justify the harsher sides of imperialism. These attempts at justification were taking place at the same time that political and religious thinkers were trying to reconcile post-Enlightenment views on the equality of man, justice and ‘Natural Law’, with heightened levels of imperialism throughout Europe and America which had resulted in colonisation of large parts of Africa, Asia and the Caribbean. Simultaneously, Western medicine and nursing were undergoing rapid and revolutionary developments in techniques and technology, together with a more scientific understanding of disease, hygiene and sanitation. The introduction of nursing and medical knowledge and ‘improvements’ in public health in the colonies might therefore be presented as part of a ‘civilising mission’ and therefore offer a more benevolent and positive – almost innocuous – contribution to the colonised countries. Initially the medical aspect of missions and of colonial infrastructure was aimed primarily at the white ‘European’ missionaries, colonial administrators, traders and military personnel rather than altruistically providing ‘improved’ healthcare for the indigenous population of the colonies. However, colonisation had a negative impact on indigenous populations’ traditional lifestyles, forcing urbanisation and migrant working and leading to often disastrous effects on what Howard Phillips refers to as ‘pathogenic innocence’.¹⁰ The colonial

response to disease outbreaks among the indigenous population was to introduce preventive measures such as segregated housing and vaccination so that, as Phillips says, 'it would not be far off the mark to suggest that the spread of biomedicine in the 19th century was led by the tip of a vaccinating lancet'.¹¹ In this view, the medical colonist is a key contributor to the civilising mission and is coming to the rescue of indigenous populations, but paradoxically rescuing them from situations their colonising actions have caused.

On the other hand, medical colonialism may also be perceived from a more Foucauldian perspective,¹² with doctors and nurses representing more sinister 'agents of empire'. Such activities might be overt, for example in imposing religion, language, education and a hierarchical power structure for healthcare provision or in collecting and feeding statistical information to government; or more covert, for example in gradually imposing one set of cultural standards whilst undermining another. Foucault argued that, with urbanisation the body had become increasingly a politicised object not only for the exercise of effective military force and maintenance of civil order but for the 'disposition of society as a milieu of physical well-being, health and optimal longevity' with hospitals (and nursing by association) at the core of this.¹³ In addition, it was frequently the case that colonisers inadvertently introduced diseases such as tuberculosis, measles and venereal diseases which challenged 'pathogenic innocence' and decimated the indigenous population. Sheldon Watts argues that, not only did Western medicine fail to cure the diseases that its own expansion engendered, but it effectively became an agent and tool of empire.¹⁴ Sheryl Nestel takes this argument further, claiming that, 'The motivations for colonial nurses were many, however, and all were deeply entangled in the politics of class, race and gender'.¹⁵ Africa and Africans were repeatedly portrayed as 'dirty', lacking in hygiene and devoid of well-ordered domesticity, all accusations, according to Anne McClintock, used to legitimise 'the imperialist violent enforcement of their [own] cultural and economic values'.¹⁶ Such lack of concern for hygiene and undomesticated behaviour paved the way for European nurses to enter the arena in their pristine uniforms, wielding bottles of carbolic. And such imperatives are not restricted to the African continent; across the British Empire armies of nurses were proselytising the 'new' ideals of nursing and sanitary reform.¹⁷ Who

better than they to deal with such an affront to civilised society? As Nestel continued:

Proffering middle-class hygienics against the ‘dirt’ of Africa, modesty in contrast to discourses of unrestrained African female sexuality, and the beacon of a Christian medical science in the dark face of African disease and superstition, the European nurse in the first half of this century was positioned squarely at the nexus of race, class and gender politics in the arena of empire.¹⁸

Missionary nurses unsurprisingly occupy a considerable proportion of this book as it was often the missions that first introduced and provided Western biomedical healthcare to the indigenous populations of colonies, establishing small clinics and later hospitals and nurse-training, just as they ‘insinuated new forms of individualism, new regimes of value, new kinds of wealth, new means and relations of production, new religious practices and set in train processes of class formation.’¹⁹ Yet it should be noted that the missionaries working in many of the colonies were not necessarily from, nor answerable to the colonial country – for example, medical missions working in South Africa came not only from the UK and Holland but also from Germany, Norway, Sweden, Switzerland and the USA.

Additionally, there were clearly times, particularly but not exclusively in the case of missionary nursing, where the imperial ethos conflicted with the personal and professional nursing ethos. Winifred Connerton, in her chapter on American colonial and missionary nurses in Puerto Rico, demonstrates this well, with reference to the agenda of the Protestant missionary nurses for replacing Catholicism being one that was in conflict with the American ideological goal of secularisation.²⁰

Hilary Marland argues that ‘comparing the reform of midwifery in a “home” or “overseas” context, offers a means of exploring the idea that not only charity, but also missionary enterprise, begins at home.’²¹ The language of reform when comparing the struggle experienced in the home country in seeking to supply basic trained midwifery to the poorer parts of the Netherlands in the mid-nineteenth century, and later to the Dutch East Indies, was found to be almost interchangeably one of ‘missionary endeavour’. The Dutch missionary nursing and midwifery challenge is explored in greater depth in Chapter 7 by Liesbeth Hesselink, and reveals a perhaps less than enthusiastic

response to the call for help from the colonies. However, we find throughout this book that missionary zeal cannot be established as the rule for all colonial nurses, especially in the later colonial and immediate post-colonial periods and we also often find that nursing, alongside scientific medicine, not only helped to shape colonialism but was also shaped by it.

In their keynote lecture given at the nursing history colloquium 'Colonial and Post-Colonial Nursing' which initiated the publication of this volume, Anne Marie Rafferty and Rosemary Wall described how nurses were 'expected not only to "embody" empire insofar as they were often expected to accept responsibility for its safety but to manage their own bodies as well as those of fellow colonists, patients and the social and physical boundaries between them.'²² They described how nurses laboured with their bodies often under extreme, tropical or semi-tropical conditions, whilst being subject to 'regimes of regulation in terms not only of deportment and comportment but through prescriptions regarding personal, mental and moral practices of hygiene'. This theme is also taken up within the chapters contributed by Charlotte Dale, writing about nurses in southern Africa during the second Boer War, and Liesbeth Hesselink's discussion of Dutch colonial nursing in the East Indies. Foucault has argued that sanitation and medicine provide the means and mechanism to control and contain the body both morally and materially, giving it multiple meanings for the doctor, nurse and patient through their interaction with each other.²³ Rafferty and Wall argue 'the management of protocols of protection and prevention' brought colonial nursing and medicine to the centre of constructive imperialism through their 'civilising mission'.²⁴

Sam Goodman takes up this argument in the opening chapter when looking at the literature of diaries and memoirs by women who lived through the 'Indian Mutiny', facing the challenges of caring for their sick and wounded whilst under siege.²⁵ These women were not trained nurses, they were the leisured wives and daughters of colonial men, in peacetime supporting them in their colonial enterprise and in times of conflict called upon out of necessity to undertake a very different role. Yet also, following the Victorian fashion for keeping journals or diaries, they recorded their experiences in detail. Goodman argues that the Indian Mutiny diary functions as both a vital record of women's voices in the history of British colonial experience and a unique example of a

nineteenth-century practitioner narrative told from a female perspective. Angharad Fletcher and Charlotte Dale continue this examination of early nursing during situations of crisis in Chapters 2 and 3. Using the British response to a plague epidemic which originated in China and came to global attention when it hit Hong Kong in 1894, Fletcher takes a long-term view (1880–1914) and a comparative approach, arguing that although nursing practice might originate at the centre it was constituted on the peripheries of the Empire. Thus colonial nursing engendered a complex network of nursing ideas which was fuelled and expanded by the mass migration of nurses from various locations within the Empire. Fletcher argues that by using crises, such as a major disease outbreak, as a prism through which to examine historical questions, invisible or overlooked processes can be revealed. Dale also uses a crisis, in her case the Second Anglo-Boer War (1899–1902), to question the motivation, control and organisation of military nursing at the end of the nineteenth century. Her study reveals a crisis within military nursing, performed at the time by a mix of trained and lay nurses, as the army struggled to meet the demand for professional nursing in the first major conflict to involve nurses in large numbers since the Crimea. The young women it recruited came with a mix of motivations and desires, some with aspirations to improve their professional standing, some with a desire for adventure, but most reflecting the changing attitudes in English society towards women in the public sphere, which were becoming unavoidable back home.²⁶ This internal crisis in military nursing, highlighted by the crisis of war, resulted in the establishment of the professionalised Queen Alexandra's Imperial Military Nursing Service in 1902.²⁷

Gender and class are both central to this discussion in which the behaviour, expectations and experiences of these women emerge from their diaries and letters. Professionalisation was also a factor, from the early twentieth century onwards, in providing nurses with the opportunities to practise with greater autonomy, experiencing challenges not available to them at home. Nestel quotes a British colonial nurse, Bridget Robertson as remarking: 'Doctors and nurses often ... worked together on equal partnership to a very much greater degree ... than they did in the United Kingdom ... the sister acted as the doctor's "right hand man" frequently deputising for him when he went on safari or local leave.'²⁸ This was even more the case with

missionary nurses, many of whom founded and ran small rural hospitals and clinics with only occasional medical support through much of the first half of the twentieth century.²⁹ Echoing Fletcher's argument about the balance between the centre and the peripheries of Empire, Nestel argues that as a result of the thin-spreading of medical staff in the outposts, 'class and gender boundaries between doctor and nurse became increasingly blurred in the colonial climate.'³⁰

With Chapters 4 and 5 the book's focus moves from the colonial military nursing experience to civil nursing in Australasia, considering two quite different scenarios. In the first, Linda Bryder considers the New Zealand 'Native Health Nursing Scheme', an assimilation policy by the colonial government introduced in 1911, and the experiences of the nurses who worked under it. In that the origins of the government scheme can be traced back to initiatives taken by a group of young male Māori campaigning for Māori welfare in the late nineteenth century, the discussion has resonances with Siphamandla Zondi's PhD research findings on Western medicine in South Africa.³¹ In that work, Zondi demonstrated that rather than colonialists imposing biomedicine on defenceless Africans, it was more commonly the discerning African chiefs who selectively adopted it, whilst at the same time retaining traditional practitioners and thereby increasing their pluralistic medical choice. Drawing on a rich source, a local nursing journal, Bryder is able to interrogate the experiences of these nurses and gain insight into their cultural interactions with Māori communities. In contrast, Odette Best describes the Australian system which ignored British policy and chose to recruit nurses either from overseas or from its white community. It specifically excluded the native Australian population, imposing Western biomedicine on the indigenous population whilst at the same time ignoring their own medical systems and knowledge. Her comments echo in places those of Susanne Parry, who argues that the continuing differential health problems of Aboriginal people in north Australia have their roots in a colonial path.³² Both politics and race are therefore at the forefront in these two chapters and this theme is continued and added to by Winifred Connerton in her study of American colonial policy towards missionary nurses working in Puerto Rico. She highlights a growing professional confidence amongst these nurses in their political communications with the US government and the connection between the evangelical mission goals

and the colonial goals of the US government, particularly regarding the power of nursing training to 'improve' Puerto Rican society.

In Chapter 7, Liesbeth Hesselink moves our attention back to the Far East to consider the development of nursing by the Dutch in the Dutch East Indies. Hesselink echoes the ideas of 'embodying empire' discussed earlier, describing the adaptation needed to nurse in tropical climates and cultural shifts required by Dutch nurses to reconcile their training with the realities of the tropics. These tensions are symbolised as the move away from pure white sheets and night-clothes to plaited mats and sarongs, and perhaps most strikingly, the Javanese failure to perceive nursing as a career for their women. In this chapter Hesselink introduces the concept of the male nurse training alongside female nurses and explores the reasons for greater success rates; which are built on gendered hierarchies of responsibility. In early twentieth-century Indonesia, while nursing was promoted as a suitable occupation for both indigenous men and women, it was only the male nurses who were able to progress and to take up semi-autonomous or specialist roles which resulted from the same sort of phenomenon described by Nestel in rural Africa. In the Dutch East Indies the importance of recruiting local nurses was given extra impetus by the failure of the motherland to provide required numbers of European-trained white female nurses. As one local administrator bemoaned, 'How come that our neighbours can feel a sense of vocation to go to the colonies while the Dutch deaconesses cannot?'²³³

Hesselink also takes up issues of class, already discussed in the context of British colonial nursing, but encountered again in a Dutch colonial setting. She stresses the importance of attracting women 'of good birth' from the Netherlands to nurse in the Dutch colony, as only then will the occupation be legitimated among the young women (and men) from the higher echelons of Indonesian society. Race also raises its head in this chapter, as in several others, although it is absent from the chapter on the Second Boer War. In the Dutch East Indies, white, European nurses were the prerogative of the rich white settlers, while people lower down the hierarchy, both European and indigenous, were more likely to be cared for by Eurasian or Indonesian nurses. This situation appears rather more relaxed than that described by Shula Marks in South Africa, where African doctors and nurses were trained on the assumption that they would 'provide health care

primarily, or entirely, for the Black community in the African “locations” and rural areas.³⁴

Our focus finally moves to the end of the colonial period and its overlap with post-colonial history, firstly through an ongoing topographical research study of Italian Fascist colonialism in Ethiopia by Anna La Torre, Celeri Bellotti and Cecilia Sironi. Their study again indicates a gendered differential within nursing, with male military nurses and ‘health soldiers’ being the main protagonists during periods of conflict, contrasting with the work done by women from the higher social classes: ‘Lady Nurses,’ together with Red Cross nurses and missionary sisters. In their chapter, the authors demonstrate the use of nurses and healthcare more generally, as part of the Fascists’ propaganda machine whilst the nursing provided to the Ethiopians by the International Red Cross also became drawn into the counter-propaganda as the World Health Organisation became involved. This is strongly reminiscent of the work by Wall and Rafferty on Malaysia and the ‘battle for hearts and minds’ in which nurses and healthcare provision were at the centre of an ideological battle between capitalism and communism in the 1950s and again reminds us of our earlier discussion about nurses as agents of the state.³⁵ It also finds echoes in the work of Anja Peters on midwives under the Nazi regime in Germany and of Maria Eugenia Galiana-Sanchez and colleagues on nursing and health polices in Franco’s Spain.³⁶ In both these situations nurses became fully integrated into the politics of the state, acting as emissaries and implementers of doctrine and collectors of statistics and information on their patients.

Anne Hardy and Tilli Tansy describe the post-colonial, post-Second World War situation as one in which: ‘the West’s determination to establish what it perceived as a better world order was paralleled, in many post-colonial countries, by a sense that Western aid was compensation for colonial rule. ... Health improvements, it was thought, would logically follow on improved economic performance and rising living standards.’³⁷ As the final two chapters of this book demonstrate, the NGOs were left to focus on provision of emergency aid such as civil war disasters and famine relief, whilst the World Health Organisation (established in 1948 and replacing the earlier League of Nations in this role) was left to concentrate its efforts on controlling public health problems, particularly communicable diseases.

Staying with Africa, the book's move into post-colonial nursing history is taken up by Barbra Mann Wall's chapter about the changing face of Medical Missions in Nigeria, in which she analyses the shifting dynamics of medical missionary work in Nigeria from support for French Roman Catholicism and British colonialism to humanitarianism provided under extreme hardships. She explores Irish Catholic missionaries as sister nurses, midwives and physicians from the first of their hospitals in 1937 through 1970 and the end of the Nigerian Civil War. This takes us from the more familiar picture in which Catholic nursing sisters saw Africa as a fertile ground for converts, through to a more liberalised period which Wall claims complicates Vaughan's³⁸ one-dimensional notion of a compliant indigenous population to one of an overbearing Western presence.

The final chapter is an account of 'guerrilla nursing' with the Friends Ambulance Unit – a precursor to other international humanitarian agencies such as Médecins sans Frontières – at the time of the Chinese Civil War between Nationalists and Communists. In this, Susan Armstrong-Reid follows the experiences of two female nurses – one British and the other American – proposing a re-evaluation of post-colonial scholarship 'that views nurses as agents of a top-down, donor-driven, Western humanitarian diplomacy'.³⁹ In this chapter as with many that precede it, we see nurses as individuals working through personal as well as professional experiences, difficulties and dilemmas, not necessarily following the prescribed route laid down by the government or organisation which they are seen to represent.

It is also important to consider the impact of colonial nursing on the nurses themselves: as Armstrong-Reid reflects in her own chapter's conclusion, these nurses were themselves changed by their experiences.⁴⁰ In some cases, the environment in which they worked affected their health, whilst the politics and cultures in which they were immersed changed them both on a personal and on a professional basis.⁴¹ At an earlier Oxford conference in 2001, 'Nursing Diasporas', this concept was discussed in a keynote paper by Catherine Burns, who stated that we should bear in mind the experiences of those not only going from one country to another, taking and imparting their knowledge out to the colonies, but we should look at their impact on those returning home, changed by their experiences.

Notes

- 1 See for example: P. D'Antonio, J. A. Fairman, J. C. Whelan (eds), *Routledge Handbook on the Global History of Nursing* (Abingdon and New York: Routledge, 2013); E. Fleischmann, S. Grypma, M. Marten and I. M. Okkenhaug (eds), *Transnational and Historical Perspectives on Global Health, Welfare and Humanitarianism* (Kristiansand: Portal Forlag, 2013).
- 2 See for example: R. MacLeod and M. Lewis (eds), *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion* (Abingdon and New York: Routledge, 1988); D. Arnold (ed.), *Warm Climates and Western Medicine* (Amsterdam and New York: Rodopi, 1996); M. P. Sutphen and B. Andrews (eds), *Medicine and Colonial Identity* (London and New York: Routledge, 2003); M. Harrison, M. Jones and H. Sweet (eds), *From Western Medicine to Global Medicine: The Hospital beyond the West* (Hyderabad: Orient Blackswan, 2009); A. Digby, W. Ernst and P. B. Muhkarji (eds), *Crossing Colonial Historiographies: Histories of Colonial and Indigenous Medicines in Transnational Perspective* (Newcastle upon Tyne: Cambridge Scholars Publishing, 2010); P. Chakrabarti, *Medicine and Empire 1600–1960* (London: Palgrave Macmillan, 2014).
- 3 A. M. Rafferty, 'The seductions of history and the nursing diaspora', *Health and History*, 7:2 (2005), 2–16.
- 4 In particular, France, Germany, Belgium and Portugal – for more detail on this see: T. Pakenham, *The Scramble for Africa* (London: Abacus, 1992) or P. Brendon, *The Decline and Fall of the British Empire 1781–1997* (London: Vintage, 2008).
- 5 Nevertheless, we recommend the work of others in this field, see for example the work by S. Malchau Dietz on Danish deaconesses in the West Indies, and I. M. Okkenhaug on Norwegian nurses in the Middle East.
- 6 Sutphen and Andrews, *Medicine and Colonial Identity*, pp. 4–5.
- 7 Sutphen and Andrews, *Medicine and Colonial Identity*, pp. 4–5.
- 8 M. Kohn, 'Colonialism', in Edward N. Zalta (ed.), *The Stanford Encyclopedia of Philosophy* (spring 2014 edition), <http://plato.stanford.edu/archives/spr2014/entries/colonialism> (accessed August 2014).
- 9 For a lengthier discussion on the theory of colonialism and post-colonialism see: M. Kohn with K. McBride *Colonial Critique and Post-colonial Foundations* (Oxford: Oxford University Press, forthcoming).
- 10 H. Philips, *Epidemics, the Story of South Africa's Five Most Lethal Human Diseases* (Athens, OH: Ohio University Press, 2012), p. 48.
- 11 Philips, *Epidemics*, p. 56. See also: M. Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine, 1859–1914* (Cambridge: Cambridge University Press, 1994).
- 12 M. Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (London: Tavistock, 1973) stresses the significance of power relationships

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expressed through language and behaviour, including institutional, racial and political categorisations and relationships.

- 13 Foucault, *The Birth of the Clinic*, p. 170.
- 14 S. Watts, *Epidemics and History: Disease, Power and Imperialism* (New Haven: Yale University Press, 1997).
- 15 S. Nestel, '(Ad)ministering angels: colonial nursing and the extension of Empire in Africa', *Journal of Medical Humanities*, 19:4 (1998), 262.
- 16 A. McClintock, *Imperial Leather: Race, Gender and Sexuality in the Colonial Context* (New York: Routledge, 1995), p. 226.
- 17 H. Sweet and A. Digby, 'Race, identity and the nursing profession in South Africa, c. 1850–1958', in B. Mortimer and S. McGann (eds), *New Directions in the History of Nursing: International Perspectives* (London: Routledge, 2005), pp. 109–24.
- 18 Nestel, '(Ad)ministering angels', 258.
- 19 J. and J. Comaroff, 'Cultivation, Christianity and colonialism', in J. de Gruncky (ed.), *The London Missionary Society in Southern Africa* (Cape Town: David Phillip, 1999), p. 81.
- 20 The comparative differences between nurses working for the 'colonial enterprise' such as the Colonial Nursing Association (CNA, later the Overseas Nursing Association) and those working as missionaries has been explored elsewhere, see: H. Sweet, "'Wanted: 16 nurses of the better educated type": provision of nurses to South Africa in the late nineteenth and early twentieth centuries', *Nursing Inquiry*, 11:3 (2004), 176–84. With missionary nursing it was common for nurses to stay with their mission, sometimes remaining for the rest of their lives, as with Norwegian Lutheran nurse Petrine Solveig in KwaZulu Natal, South Africa. This was not the case for nurses working for most other non-governmental agencies such as the CNA.
- 21 H. Marland, 'Midwives, missions and reform: colonising Dutch childbirth services at home and abroad ca. 1900', in Sutphen and Andrews, *Medicine and Colonial Identity*, p. 62.
- 22 A. M. Rafferty and R. Wall, "'Embodying nursing" in the British Empire, 1896–1946', presented at Colonial and Post-colonial Nursing History: History of Nursing Annual Research Colloquium, held at University of Oxford, 4 July 2013.
- 23 Foucault, *The Birth of the Clinic*.
- 24 Rafferty and Wall, "'Embodying nursing"'.
25 Christine Hallett has discussed later examples of the nurse's diary and memoir as a source – see for example: C. E. Hallett, 'Portrayals of suffering: perceptions of trauma in the writings of First World War nurses and volunteers', *Canadian Journal of Medical History*, 27:1 (2010), 65–84; C. E. Hallett, 'The personal writings of First World War nurses: a study of the interplay of authorial intention and scholarly interpretation', *Nursing Inquiry*, 14:4 (2007), 320–9.

- 26 For a discussion of the ‘almost universal spirit of restlessness and discontent’ which was pervading nursing at the end of the century (according to a writer in *Nursing Mirror*), see S. Hawkins, *Nursing and Women’s Labour in the Nineteenth Century: A Quest for Independence* (Abingdon: Routledge, 2010), p. 167.
- 27 For more on nursing in the Anglo-Boer War see: K. Spires, ‘Nurses in the Boer War’ (PhD thesis, University of the South Bank, 2013); E. van Heyningen, *The Concentration Camps of the Anglo-Boer War: A Social History* (Cape Town: Jacana, 2013).
- 28 B. M. Robertson, *Angels in Africa: A Memoir of Nursing with the Colonial Service* (New York: The Radcliffe Press, 1993), quoted in Nestel, ‘(Ad)ministering angels’, 263.
- 29 H. Sweet, ‘Mission nursing in the South African context: the spread of knowledge during the colonial and apartheid periods’, in Fleischmann *et al.*, *Transnational and Historical Perspectives*, pp. 137–55.
- 30 Nestel, ‘(Ad)ministering angels’, 263.
- 31 W. S. Zondi, ‘Medical missions and African demand in Kwazulu-Natal, 1836–1918’ (PhD thesis, University of Cambridge, 2000).
- 32 S. Parry, ‘Tropical medicine and colonial identity in Northern Australia’, in Sutphen and Andrews, *Medicine and Colonial Identity*, pp. 109–10.
- 33 L. Hesselink, ‘The early years of nursing in the Dutch East Indies, 1895–1920’, in this volume.
- 34 Sweet and Digby, ‘Race, identity and the nursing profession’. See also Shula Marks, *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession* (New York: St. Martin’s Press, 1994).
- 35 R. Wall and A. M. Rafferty, ‘Nursing and the “Hearts and Minds” campaign. The Malayan emergency, 1948–1958’, in D’Antonio *et al.*, *Routledge Handbook on the Global History of Nursing*, pp. 218–36.
- 36 M. E. Galiana-Sanchez, J. Bernabeu-Mestre and P. García-Paramio, ‘Nurses for a new fatherland: gender and ideology in the health policies of the early Franco regime in Spain (1938–1942)’, *Women’s History Magazine*, 68 (2012), 33–41 and A. Peters, ‘Nanna Conti: the Nazis’ *Reichshebammenfuehrerin* (1841–1951)’, *Women’s History Magazine*, 65 (2011), 33–41.
- 37 A. Hardy and E. M. Tansy, ‘Medical enterprise and global response, 1945–2000’, in W. F. Bynum, A. Hardy, S. Jacyna, C. Lawrence and E. M. Tansy, *The Western Medical Tradition 1800 to 2000* (Cambridge: Cambridge University Press, 2006), p. 519.
- 38 M. Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Oxford: Polity Press, 1991). In her discussion of Africans’ encounters with Protestant missionary medicine (pp. 55–76) Megan Vaughan criticises missionaries of the early and mid-twentieth century and ‘the popular representations of Africa and Africans [that] came via the accounts in missionary journals of the woes of the “sick continent”, and the trials, tribulations, and triumphs of heroic medical missionaries’ (p. 56).

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- 39 S. Armstrong-Reid, 'Two China "gadabouts": guerrilla nursing with the Friends Ambulance Unit, 1946–1948', in this volume.
- 40 This concept has been explored elsewhere, see: H. Sweet, 'A mission to nurse: the mission hospital's role in the development of nursing in South Africa c. 1948–1975', in D'Antonio *et al.*, *Routledge Handbook on the Global History of Nursing*, pp. 198–217; Sweet, 'Mission nursing in the South African context'.
- 41 Perhaps an extreme example of this is a retired American Lutheran missionary nurse, Nurse June Kjome, who was so profoundly affected by the injustices of South African Apartheid that she says she returned home a changed person, '[under apartheid] it became intolerable not to be able to speak out for the oppressed Zulu people' – see S. T. Hessel and G. Holinagel, *Justice: Not Just Us. June Kjome and the Making of an Old Lady Activist* (Mishawaka, IN: Lessons from Life Publishing, 2008).