I have recently begun to explore the ‘worlds of nursing’ as one of the specialized fields of this ‘social domain’ that have been developed and shaped during the modern age through circulations and connections across national, linguistic and civilisational boundaries. My point is that nursing as a profession, a discipline, a know how and a segment of public health policies, was disputed and discussed across nations by its protagonists, and that the result of this conversation shaped very deeply its global, regional, national or local avatars and practices. This ‘worlds of nursing’ project has a transatlantic focus, but is anxious to place nursing intra-European circulations and connections within a wider context, by a careful attention to the bonds between the European scene and American or Asian developments in nursing. It will also have a 20th century focus, the bulk of the research being devoted to the period between 1900 and 1950 in order to capture the effects of wars and changing economic, scientific and political contexts.

Although I do not know how these will be weaved into a kind of narrative, I am focusing on six temporal knots, in order to be able to follow nurses and nursing ideas and projects where they take me. Two recent publications may provide some clues of the methods and tools I am using, as well as of the kind of narrative and issues which are being handled throughout this project.


they both can be downloaded from http://umr5600.univ-lyon3.fr/chercheur/saunier/index.htm

• First snapshot encapsulates the situation that developed around the middle section of the 19th century, when three core institutions started, willingly and unwillingly, their systematic attempt at redefining nursing as a skill, a technique and a discipline. This was when the Kaiserwerth deaconesses (Germany), the Ecole de la Source at Lausanne (Switzerland) and the St Thomas’s school created by Florence Nightingale in London (United Kingdom) began their creative destruction of the type of nurse that the major religious catholic orders had installed in Europe, the Americas and Australia (such as the Sisters of the Holy Cross or the Daughters of Charity whose international seat is located in Paris). The patterns that were developed in a competition between these three hotbeds of modern nursing did not lay the same emphasis on professionalization, feminization and secularization, but their impact irradiated Europe and the world beyond with nursing educational methods, techniques, moral values and personnel.

• Second knot gravitates around the turn of the 19th and 20th centuries. This was when nursing aspired to be identified as a profession, with professional associations taking shape through mutual support and reference in England, the United States, Scandinavia, while the nursing question was closely identified with women’s emancipation. Nursing schools popped up all across Europe, very often in practical or rhetorical connection with English experiments, but in the context of a contested appropriation of the
‘Nightingale model’. Nurses then stated their professional project, which included feminisation, specialised training and claims of executive responsibility in hospitals and nursing schools administration. At the very same moment, this project of ‘upgrading’ the profession walked into the contradictions opened by the expansion of nursing activities in Africa or Asia, where other questions of race, class and gender configurations challenged the universalization project of nurses. Discussions about the possibilities to systematize nursing as a universal profession and discipline can be captured in these occasions.

- Third knot takes its cue from World War One. Military operations and civil society initiatives brought thousands of British, Canadian and later US nurses on the Continent and in the British Islands. This also established an iconic public image for nurses, strengthening the core values of courage and dedication but creating an ambiguity as to the emancipation dimension of the nursing profession. These non-European nurses also carried different nursing techniques, values and standards with them, which confronted the existing situation in French and Belgian military hospitals, or in tuberculosis dispensaries. This confrontation was not merely passive, and American organisations such as the American Red Cross or the Rockefeller Mission for the Prevention of Tuberculosis created their own educative facilities for local personnel as they launched their children and tuberculosis programs. Such programs were not limited to France, and the developments of the military situation encouraged the extension of these nursing programs in a number of European countries, with an increased presence in Central Europe after the Armistice was signed and in the early 1920s. This makes it possible to reconstruct the forms taken by the confrontations about nursing cultures in war and peace making times.

- The fourth significant knot includes the 1920s and 1930s. This was when a major attempt was made to establish standards and norms for nursing education, technique and professional representation. This attempt was supported by nurses themselves, through their own professional groups or through institutions where they directed or shaped full fledged programs: in connection with the International Council of Nurses, the League of Red Cross Societies and the Rockefeller Foundation embarked on massive programs to create a nursing elite with common credentials and practices. One of the results was a network of nursing schools that included Hungary, Poland, France, Yugoslavia, Turkey, Romania, Bulgaria, England, Canada and the United States, within which curricula, supervision systems, textbooks and nurses themselves circulated, while a number of central and local governmental nursing agencies were subsidised by foreign financial and human capital. The Rockefeller European nursing program is an ideal place to observe how different agencies and groups of nurses then fought for their own conception of nursing, along religious, specialized or national lines. And so is the fact that this program was developed simultaneously with likewise activities in North America, Latin America and Asia. There is much more here than a story of ‘Americanization’ or ‘resistance’, then.

- A fifth knot deals with the European nursing scene revamped by World War Two. The reconstruction of national health systems in a number of European countries offers a splendid observatory for doing so. In Greece, Yugoslavia, Poland, Germany, Austria or Italy political and institutional change was paralleled by material reconstruction, and gender issues were once again entangled with the professional possibilities opened to women. National governments and foreign powers (especially in the British, US and French occupation zones in Germany and Austria) made health care provision a priority, while the United Nations Relief and Rehabilitation Agency ran an intensive nursing reconstruction program in Southern Europe.

- A last knot focuses on the European scene during the late 1950s. Though I am afraid I will find it difficult to address the situation beyond the Iron Curtain, it will be necessary to see how much closed it
was, and whether nursing circulations and connections were maintained between east and West. In the meantime, the North Atlantic exchange was still very active, but professional nursing organisations and intergovernmental organisations shifted their programs from Europe to the wider world, in an attempt to shape nursing in the new countries that were born out of decolonization. European countries were especially involved into WHO programs, or into regional organisations nursing schemes as in the Colombo Plan. French and English attempts or neglect to build a nursing heritage in their former imperial possessions (India, Tunisia) also seems to deserve special attention. At the same time, transatlantic nursing circulations were permeated by flows arriving from the former imperial lands, as witnessed by the fact that nurses were the most important group within Jamaican migrations to England: the imperial nursing labour market, that had sent thousands of English nurses abroad since the late 19th century, had reverted its flows. And soon thousands of Korean and Filipino nurses would join the US nursing workforce.