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Royal Medico-Psychological Association (1939) *Education Committee Minutes Book. 1936-1951*, 17<sup>th</sup> May.

Sheehan, J. (1998) 'The role and rewards of asylum attendants in Victorian England'. *International History of Nursing Journal*, 3 (4): 25-33

Walk, A. (1961) 'The History of Mental Nursing'. *Journal of Mental Science*, 107 (446)

Weir, R. (1992) 'An experimental course of lectures of moral treatment for mentally ill people'. *Journal of Advanced Nursing*, 17: 390-395

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## **Not for God Queen or Country**

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### ***Abstract***

Much has been written about volunteers who offer nursing aid during times of conflict or natural disaster both before and since Florence Nightingale's high profile mission in the Crimean war. Adventure and travel, religious conviction, national pride and a desire to care for the wounded are cited as motivators.

Military nursing is now well established, the lack of immediate threat of war or invasion removes any perception of necessity to volunteer and the secularisation of health care minimises the presence of religion as a factor. Furthermore women can travel and seek adventure without further justification than the pleasure of doing so.

This research grew out of curiosity to understand in what ways nurses, who

volunteered for humanitarian work at the close of the 20<sup>th</sup> century, were similar to those who did so 100 years earlier.

Following ethical approval oral histories were recorded with 7 nurses, who happen to be female, who worked for Médecins Sans Frontières during the 1990s and early 2000s. Médecins Sans Frontières was chosen as it espouses a strongly secular and international philosophy. Their histories illuminate the ways in which they came to work for Médecins Sans Frontières, locating their experiences within their life story and identity as nurses and women.

Drawing on extracts from the oral history accounts, this paper will explore the extent to which motivations have remained constant over time, and the way in which their ordinary and extraordinary experiences coexist.

### ***Introduction***

There is a long historical association with offering humanitarian aid to those in need who are not family or are far from home.

Within western tradition for example in the middle ages the Knights of St John established hospitals along the route to the Holy Land for pilgrims and Crusaders<sup>1</sup>. Later, Hudson-Jones (1988) suggests that Christian ethics of service associated with the Catholic 'Stations of the cross' offer an image of people giving aid to the poor and sick as part of their devotion to Christ. However Gill (2013) suggests that humanitarianism, in the form we recognise today, has its roots in 19<sup>th</sup> century philanthropy. At that time international discussions, led by those who had a claim to be representing 'western civilisation' debated what constituted legitimate and illegitimate wars, acceptable behaviour towards combatants and the tending to military and civilian wounded. The Geneva Convention of 1864 was a pivotal moment in the development of an international agreement regarding relief in times of combat. The single minded rhetoric of this time, describing a civilised western philanthropy united to rescue the undeveloped world, is challenged by Gill's analysis of the tensions between the various voluntary and military organisations, religious movements and governments. Further, texts such as Lindquist's (2012) *History of Bombing*,

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<sup>1</sup> The Knights have a long and detailed history; their official website can be found here: <http://theknightshospital.org/history>

explore the brutality of western imperial military strategy showing the utter lack of regard for the lives of colonised peoples: God, Queen and country having unchallenged power over indigenous peoples. Notwithstanding this critique, humanitarianism was then and remains now a recognised phenomenon.

Since nursing's emergence as a distinct professional role in the 19<sup>th</sup> century, qualified and amateur nurses have played a role in humanitarian work. Nightingale's achievement in gaining agreement for a group of nurses, led by herself, to care for troops in the Crimean war (Bostridge 2009) is attributed with justifying the role of qualified nurses in the care of the military during conflict. Nurses continued to develop a military presence culminating in the formation of formal qualified and voluntary nursing roles after the second Boar war 1899 -1902 (Dale 2014). By the 1914-18 war military nursing was well established with qualified nurses playing a major part in providing acute care close to the battle field (Hallett 2009), supported by a large contingency of unqualified nurses from the Voluntary Aid Detachment (Brittain 1981).

Whilst the literature on nurses working away from their home country tends to be dominated by the development of military nursing this was by no means the exclusive role of humanitarian nursing. Many British

nurses travelled to commonwealth countries, for example in Africa following Catholic mission traditions (Abdulkadir Ali 2012) and taking espouse ‘civilisation’ to indigenous populations (Natel 1998).

Nursing identity in the late 19th and early 20th century was still in its infancy, characterised in the UK as a predominately female occupation and secondary to medicine (Dingwall et al 1988). Much has changed in the ensuing 100 years and whilst it remains a gendered profession, graduate status, extended clinical roles and much greater autonomy have developed its role and function (Sheer & Wong 2008). In addition the role of women in society has developed such that women in the UK are now free to choose a profession, to seek adventure and to travel without family or social restriction.

### ***Research focus and methodology***

The primary aim for seeking the oral histories of nurses engaged in humanitarian work on the cusp of the 21<sup>st</sup> century was to explore the similarities and differences from nurses one hundred years earlier. Why, in a secular society, when women are free to travel, when nursing practice has such a wide variety of specialisms and military nursing is a recognised career option, would civilian nurses choose to volunteer their services for humanitarian work.

Médecins Sans Frontières (MSF) was chosen as an organisation to approach because of its 'without borders' ethos; having no religious, national or political allegiance. Formed in 1971 by a group of French doctors and journalists who were frustrated by their experience of working with the International Red Cross in Biafra MSF holds the belief that:

“all people have the right to medical care regardless of gender, race, religion, creed or political affiliation, and that the needs of these people outweigh respect for national boundaries” (msf.org.uk).

It therefore seemed that nurses, who actively chose to work with this organisation, were most likely to demonstrate a contrast with the motivations of nurses in the last century.

Following ethical approval, MSF UK brokered contact with experienced MSF nurses who had first undertaken missions with MSF in the 1990s or early 2000s. The aim was to interview nurses who would be in a position to locate their MSF missions within the lifespan of their career, and to reflect back on their experience and its meaning for their identity as nurses. The sample was carefully selected by MSF to include nurses who they thought were representative, and who were likely to be open to an interview. The number of nurses invited to participate is unknown,

but of the 7 nurses who contacted me, coincidentally all were female, and all recorded their oral histories during 2013. There is no attempt to present these histories as fully representative of MSF nurses; however their story resonates with the comprehensive ethnographical study of MSF conducted by Fox (2014).

During recorded interviews the nurses were asked to recount their experience and motivation for becoming nurses, their subsequent encounter with and recruitment to MSF, their life on MSF missions and life after MSF. The aim was to focus on the nurses, seeing MSF and the totality of their careers through the narrative they chose to give. Few additional prompt questions were asked and in consequence the histories offer a mediated view of nursing and of MSF in what Portelli describes as:

the unique and precious element which oral sources force upon the historian and which no other sources possess in equal measure is the speaker's subjectivity (Portelli 2006, p36).

The main output anticipated from the interviews will be an oral history archive, due for completion in 2015.

In this paper quotes from the histories are attributed to the nurses chosen pseudonyms of *Chris, Jo, Sophia, Lesley, Sam, Alex* and *Bo*. Thematic analysis using the 'listening guide' (Gilligan et al.,

2003; Golding, 2011) has been undertaken. This methodology guides analysis through four 'readings' of the data including the creation of the 'plot' or story, the individual voice, social and broader political considerations. Two aspects emergent from the data are explored below. Firstly the similarities and differences the nurses demonstrate with those of 100 years ago. Secondly the merging of ordinary and extraordinary nursing lives.

### **Humanitarian work, then and now**

Gill (2013) offers a critique of the motivation for humanitarian work as it presented in her research which includes

1. Honing professional expertise;
2. Evangelism;
3. Adventure and
4. Moral citizenship.

These desires tended to coexist with documenting the experience in diaries, autobiographies, poetry music and visual arts.

The extent to which these four categories reflect nursing humanitarian motivations at the time can be analysed through the literature. Further, they offer a framework for exploring the motivations of the nurses interviewed in this study.

**Honing professional expertise:** Medical emergencies in times of war are rich grounds for developing innovations in surgery, medication and systemisation of

processes. Nurses were as keen to gain from these experiences as any other group. Writing of her work in the Franco Prussian war of 1870-1, Mrs Henry Smith states:

'there is one great advantage of my work here, viz, that I should not have seen such cases in 10 years work in London hospitals as I have seen here in the short time I have been out' (Gill 2013 p 75 )

Later oral history accounts from World Wars 1 and 2 echo this sentiment with nurses relishing the challenge of war work (Hallett 2009; Cowen 2012; Mortimer 2013). Clearly MSF follows in this tradition with significant, ground breaking research associated in particular with the management of humanitarian emergencies such as cholera, Tuberculosis, Aids and Ebola<sup>2</sup>.

The opportunity to do different work and the excitement of the challenge was evident in a number of the oral histories. *Bo* recounts arriving in Somalia for her first MSF mission being dropped off from a Hercules aircraft which stopped just long enough for her to climb off due to the risk: *'And the next day me and [a doctor] had to set up a field hospital. And there were meant to be four nurses and two doctors and there was me and [him] for six months. And so we literally had patients in*

*states of collapse, waiting to be treated and we put the tents up and I had thirty, I can't say they were nurses, they were willing individuals, men and women that had never nursed before because all of the nurses left the country that I had to train to look after the patients. So I very quickly set up a training programme.'* [*Bo*]

**Evangelism and proselytising** were implicit aspects of much philanthropic relief work. The International Red Cross was based on an essentially Christian ethic but with an explicit acceptance that there could be just wars and treating 'our' soldiers was an important aspect of their work. In contrast the Quaker Friends Famine Relief had a strong aversion to war and thus never offered relief to troops. In earlier years they were distributing Bibles as part of their mission and they developed processes for assessing the need for relief to avoid dependency for example through setting up self-help groups, rather than offering mass aid (Gill 2013).

Nursing work in this period was strongly linked to religion. Early pioneers such as Sister Dora ( Manton 1971), claimed that offering of nursing as Christian charity, made giving intimate care to men who were not their kin respectable and 'holy' rather than it being a simple act of service. MSF by contrast is fiercely secular. I did not explicitly ask any of the nurses about religion, but for some this aspect of MSF

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<sup>2</sup>MSF engages in a wide range of research, facilitated by its unique access, examples can be found at: <http://www.msf.org.uk/msf-research-commitment-improving-lives-our-patients>

was an important reason for choosing to work with them. Several of the nurses mentioned their own religious affiliations in passing, and spoke with respect of the role of religious organisations' work in the field. Some were clearly influenced by formative Christian ethics and by their continuing faith. However they clearly saw their role, and the value of MSF, in not having any such links, thus being able to offer aid in any situation and to work respectfully with any indigenous population. Thus whilst 'God' may remain a motivating factor for their humanitarianism, for these nurses the proselytising of their beliefs was not included.

**Adventure:** A thirst for adventure and excitement is a theme that is evident throughout Gill's work. She describes volunteering for humanitarian work as 'on a par with soldiering or the Grand Tour' (Gill 2013 p 63). The grand tour was an opportunity for respectable well to do women to travel within the support of family. Florence Nightingale toured Europe on a number of occasions (Boswell 2009), it was on such a tour that she encountered the sisters at Kaiserswerth and spent time training with them. Grand tours were thus the preserve of more wealthy women.

Soldiering was potentially more democratic with humanitarian nursing

offering a wider range of women the opportunity to take their place on the world stage to participate in, witness and record world events as they happened. Indeed Hallett suggests of nursing in World War 1 that:

becoming a nurse meant a woman could make her own adventures (Hallett 2009 p149)

It may be argued that nurses no longer need such an excuse to seek adventure however Fox (2014) reflects on MSF workers' need for more than what a comfortable safe life can offer, and this accords with my interpretation of the life histories. Happenstance played a part for some nurses where divorce or other life changes created an opportunity to volunteer. For others such as Alex they systematically planned to include humanitarian work in their careers, choosing the nursing experiences and additional courses that would strengthen their profile. Further, MSF mission work allowed their love and respect for the otherness of continents such as Africa to be channelled through a more authentic and engaged experience to that of being a tourist.

**Concept of moral citizenship:** Gill (2014) suggests that the Balkan unrest of 1876-78 and the later Boer war of 1899 - 1902 were examples where moral citizenship was a motivation for

supporting people who were seen to be ill-treated, for example the women and children housed in the south African concentration camps. It may be argued that nursing in any setting embodies moral citizenship. Respectable Victorian lady nurses remaining 'untainted' by caring for the poor and destitute (Brooks 2001) had a responsibility to instil moral as well as bacterial hygiene.

All of the oral histories demonstrate a strong ethic of moral citizenship, perhaps even stronger because this, above country, politics or creed, is MSF's ambition. Their twin goals of the relief of suffering, and 'témoignage'<sup>3</sup> or the bearing of witness means that the histories record archetypal examples of nurses who have chosen to enact moral citizenship in the way they have lived and continue to conduct their lives. Two such extracts from the data are included later in this paper.

In summary, it would appear that the nurses interviewed share some, but not all of the motivations of nurses from 100 years before. This analysis is supported by Fox (2014), who in a detailed ethnographic study of MSF which overlaps with the time period of these oral histories,

identifies reasons people give for working 'in the field' for MSF as:

idealism, altruism, moral indignation, a commitment to social justice, a sense of adventure, the desire to 'escape an uncomfortable situation back home' or to put the past behind' one, a search for self-fulfilment and a 'because we can' spirit of pragmatism (Fox, 2014 p19).

There are many ways in which the oral histories illustrate the motivations of MSF nurses. One way of presenting the data is to identify examples of 'doing ordinary things in extra ordinary ways' and of 'doing extra ordinary things'.

#### ***Doing ordinary things in extraordinary ways***

All of the histories included examples of the ways in which the ordinary, everyday aspects of life and of nursing practice were transformed by the situation.

*Lesley* offers one of many examples of the marvellous experience and of helicoptering to work:

*'it was like the dream job and I'd just walk to the helipad in the morning and get on my helicopter and off we'd go into the mountains, and beautiful scenery, lovely people the Kashmiris' just fantastic. And ..., you know, and another time I was camping up there for about six weeks, getting a health centre running, and it was lovely. It was a great job'. [Lesley]*

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<sup>3</sup> Témoignage is a core concept of MSF. They see speaking out about suffering and inhumanity as of equal importance to the giving of aid: <http://www.msf.org.uk/advocacy-and-t%C3%A9moignage>



There were also many examples of the camaraderie [and it has to be said the tensions and difficulties] of working as a close knit community far from home. Here *Sam*, is on mission in Tanzania

*'it was over the period of the millennium so I can distinctly remember the millennium night, the new year's night.., which was spent swimming in Lake Tanganyika which seems to be quite a strong memory of mine' [Sam]*

*Bo* was one of several nurses who wove academic achievement into her work. MSF were quick to capitalise on her new skills and draw her back into the field:

*'I mean I did, during that three years [whilst competing a BSC in Social Anthropology] MSF would knock on, well phone up and say can you go to Palestine for your Christmas break and can you go to Congo during your Summer and, and then, I was doing sort of evaluating or assessing needs in Palestine, in Gaza and the West Bank'. [Bo]*

Not all of the nurses talked in detail of the actual work that they engaged in, but when they did it was revealing. Here *Alex* explains how she drew on all of her skills to come up with innovative ways to integrate into the hospital management role she was assigned to:

*'but I did sort of play therapy so just went in and played with the kids and did painting and stuff like that so they were*

*entertained essentially but it also meant that I could see what care was being given and how to do it rather than going in with a clipboard and watching everybody'. [Alex – in Siri Lanka]*

Finally, there is something, in all the histories, that leads to understanding that MSF plays to the strengths of the volunteers, shrewdly guiding them to the areas of work they are best suited to. *Sophia*, who came across and the embodiment of MSFs 'can do' attitude thrived on missions in many difficult stressful setting:

*'I love it when things are chaos, just send me in ...if things are too organised I don't know where to put myself...Yeah, so, I'm a creature built for chaos'. [Sophia]*

### **Doing extraordinary things**

In addition to what might be seen as meeting the 'everyday' needs of a population all of the histories included examples of the extraordinary. The two extracts chosen here represent the two core aims for MSF of meeting immediate humanitarian need, and bearing witness.

*Chris* spent several years in Bangladesh. Her combined nursing, organisational skills, networks and knowledge of cholera research meant she was ready when the threat of an epidemic arrived:

*So we really enabled things to happen. ..we knew that, you know, the history is that as the waters recede then you get the*

cholera, .. one of the places I'd worked for a short while between VSO.. and MSF was at the International Centre for Diarrheal Research, Bangladesh, the cholera hospital, which is where the field research is done for places like John Hopkins and.. the London School of Tropical Medicine. It is the place that, where they started using oral rehydration.. pioneered all of that so it's, kind of is, is a very ... big player. So because I'd .. worked there for a little while I went and talked to some of the key academics there who were using .. satellite imaging as a predictor of .. cholera epidemics 'cos they were looking at algae in the waters and various things and it was all very ... fascinating. The academic side of it was.. uppermost for most of the people there and, so the intellectual property rights were really really important, so this Professor couldn't tell me anything, or wouldn't, tell me anything [about where they thought an outbreak would be] but he was Bangladeshi and I spoke Bangla, I wore the local clothes, I'd been in the country quite a while .., and he, and he said, [Chris] if you, if you say where you think the next epidemic might be I'll erm, hmmm, hmmm. [Laughs]. So ...we identified between us where it might be and ..that's where we targeted and .. so we were all ready when the flood waters receded. .. of course the irony was that we'd done such good work, our

paramedics had done such good work with , hygiene education and ..all the things that were needed that we had a nice area with no cholera and all around it, the people were dying of cholera. So we ended up having built this fantastic cholera treatment centre [and then] having to rapidly set up six satellite treatment centres around the edge, because the travel time was too long.. to get into our centre. so .. so all of that was going on and it just all felt that ..the word I used to my VSO friends was it was a luxury working for MSF because ... you could actually make a difference straightaway , ... I don't mean a luxury in terms of your conditions, living conditions and all of that .. but that wasn't what interested us, it was, it was about being there, making a difference .. so that was great.. [Chris]

This extraordinary experience illustrates some of the similarities and differences between Humanitarian work in the 1890s and 1990s. The opportunity to work at the cutting edge of practice and to pioneer new techniques, the ability for a nurse to have a position of significant authority plus the adventure and excitement of being able to make a difference are enduring features. The respect for local knowledge and the working with and through the country are perhaps more closely aligned with MSF's desire to move away from the post-

colonial influences of humanitarian history.

Jo had two tough missions in Africa during and after the Rwandan genocide in the 1990s. In this extract she and others go on a fact finding drive over the border in Interahamwe territory. Throughout a kidnap incident and a tense wait to get back to safety, Jo keeps a camera with documentary evidence quietly in her pocket:

*I'd taken my camera with me .., which I didn't normally, I just had a feeling to take this little camera with me and so I was taking some surreptitious photographs .. then we got into the car to drive back and we were stopped and everyone had to get out of the car and they took us, at sort of gunpoint and made us walk for about an hour and a half, nearly killed me going [laughs] up this mountain.... then fortunately one of the logisticians there who'd come out with us he speaks really really good French, people always seem to sort of respect him a bit 'cos he's tall and got grey hair and he kept up a good chat with this guy and [they were] talking, talking and really after about four or five hours of talk, they took us to the boss, the chief of Interahamwe of that area, .. they decided they'd let us go if we took this injured, soldier back to Goma with us, which is a real problem in itself to get*

*back past the Zairian police.. So anyway we said we would, it was the only way we were going to get out .. and we drove to the border but of course it's closed for the night by then ..... but the next day .. we managed to get back through with this guy and ... I had these photographs now and this was really the first documentary evidence of atrocities going, still going on in Zaire and so MSF were pretty interested in that and it was ..just luckily in about two or three days' time they were having a big convention at the UN about what was going on in the area .. so we all flew back to Amsterdam and had a week back there and got the photographs developed and that was quite useful to send to Geneva for the conference so they could actually see what was going on, 'cos plenty dead bodies I'd photographed and .., that it wasn't by any means all over. [Jo]*

Gill (2013) indicates that journalism and diary keeping were interconnected with medical and aid work in 19<sup>th</sup> century humanitarianism. Through her work with MSF Jo spends much of her time in close contact with people in dire need, for example with Rwandan refugees but sees 'témoignage' as an equally important part of her role. This abridged account illustrates the enduring relevance of humanitarian workers giving eye witness accounts, which might otherwise be hidden.

## **Conclusion**

Nurses working with MSF in the late 20<sup>th</sup> and early 21<sup>st</sup> century demonstrate the enduring magnetism of humanitarian work. A borderless, global, moral citizenship has replaced the more partisan motivators: ‘God, Queen or country’ of their 19<sup>th</sup> century equivalents. However the adventure and excitement remains constant, as does the opportunity to develop skills and responsibilities unprecedented in most nursing roles. These 7 oral histories offer a small but illuminating window into the ordinary and extraordinary nature of humanitarian nursing and its place within the career span of each nurse.

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## **References**

Abdulkadir Ali, A. (2012) The history of nursing in the Islands of Zanzibar, Tanzania, East Africa. *The Bulletin of the UK Association for the History of Nursing*. 1, 2, 38-43.

Bostridge, M. (2009) *Florence Nightingale: the making of an icon*. London: Penguin.

Brittain, V. (1981) *Chronicle of Youth: Vera Brittain's War Diary 1913 -1917*. Ed Alan Bishop. London: Victor Gollancz.

Brooks, J. (2001) Structured by Class, Bound by Gender: Nursing and Specialist Probationer Schemes 1860 -1939 *International History of Nursing Journal*, 6, 2, 13 -21.

Dale, C A. (2014) Raising professional confidence: The influence of the Anglo-Boer War (1899 - 1902) on the development and recognition of nursing as a profession [Thesis]. Manchester, UK: The University of Manchester.

Dingwall, R., Rafferty, A M. and Webster, C. (1988) *An Introduction to the Social History of Nursing*. London: Routledge.

Gill, R. (2013) *Calculating compassion. Humanity and relief in war Britain 1870-1914*. Manchester: Manchester University Press.

Gilligan, C., Spencer, R., Weinberg, M.K. and Bertsch, T. (2003) On the Listening Guide: A Voice-Centered Relational Method. In: Camic, P., Rhodes, J. and Yardley, L. (Eds.) *Qualitative Research in Psychology: Expanding Perspectives in Methodology and Design*. Washington: American Psychological Association,157-172.

Golding, B J. (2011) *Exploring the lived experiences of egg share donors: can women consent to share their eggs?* [Thesis]. Huddersfield UK: University of Huddersfield.

Hallett, C, A. (2009) *Containing Trauma: nursing work in the First World War*. Manchester: Manchester University Press.

Hudson Jones, A. (Ed) (1988) *Images of Nursing*. Philadelphia: University of Pennsylvania Press.

Lindqvist, S. (2012) *A History of Bombing*. London: Granta Books.

Manton, J. (1971) *Sister Dora: the Life of Dorothy Patterson*. London: Methuen & Co.

Médecins Sans Frontières (n.d.) Founding of MSF, Available at: <http://www.msf.org.uk/founding-msf> [Accessed 14th June 2014]

Mortimer, B., in association with the RCN (2013) *Sisters*. London: Arrow Books.

Nestel, S. (1998) (Ad)ministering angels: Colonial nursing and the extension of empire in Africa. *The Journal of Medical Humanities*, 19, 4, 257-277. doi:10.1023/A:1024908110021

Portelli, A. (2006) What makes oral history different. In: Perks, R and Thomson, A. (Eds.) (2013) *The oral history reader*. Second Ed. London and New York: Routledge.

Sheer, B., and Wong, F K Y. (2008) The development of advanced nursing practice globally. *Journal of Nursing Scholarship: An Official Publication of Sigma Theta Tau International Honor Society of Nursing / Sigma Theta Tau*, 40, 3, 204-211. doi:10.1111/j.1547-5069.2008.00242.x

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## ***‘Le temps des cerises’*: The Ambulance Women of the Paris Commune**

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### ***Introduction***

In 1885, Jean-Baptiste Clément, songwriter and elected delegate of the Montmartre district during the Paris Commune, dedicated the words of a song entitled *Le temps des cerises* ‘to the brave citizen Louise, the ambulance woman working in the Fontaine-au-Roi street, on Sunday the 28<sup>th</sup> of May, 1871’ (Clement 1885: 234). This waltz, which evoked the memory of ‘an open wound’, caused by a story of lost love, was to become one of

the most famous French songs of all times, making cherries an emblem of the blood spilt by the communards during the government offensive led by Adolphe Thiers from Sunday 21<sup>st</sup> until Monday 29<sup>th</sup> of May 1871, this being the tragic episode also called the bloody week that put an end to the revolutionary rule of the Commune (Clement 1885: 234; Tillier 2005: 15).

Beyond the revolutionary hymn that it represents today, *Le temps des cerises* also reveals an interesting historical phenomenon: the scale of feminine involvement in the socialist uprising led by Parisian workers against the authority of the French government provisionally based in Versailles from March 18 to May 28, 1871, also known as the Paris Commune.