

Sarah Willis

OPEN FOUNDATION - AUSTRALIAN HISTORY

Regional History Project

(1) TAPED INTERVIEW

Interview with Sr. M Barnabas, Charge Sister
Childrens Ward, The Mater Hospital, Waratah.
'Nursing at The Mater Thirty Years Ago'

(2) TRANSCRIPT

(3) SUMMARY

500 word summary of the interview.

(4) RESEARCH PAPER

'The Foundation of Nursing in NSW and at The
Mater Misericordiae Hospital, Waratah

Has?
Time?

T R A N S C R I P T

SW = Sarah Willis Interviewer

SB = Sister Barnabas Interviewee

SW 'This is Sarah Willis talking to Sr. Barnabas at The Mater Hospital, Childrens Ward on Wednesday 10th August 1988'.

SW 'Sister Barnabas I'll just ask you a few general questions to start off with. Can I just ask you in what year you were born?'

SB '1934'

SW 'Right and were you brought up in Newcastle?'

SB 'No I wasn't, no, I was brought up in eh Blanford which is outside Murrurundi and also the next part of my life outside Willow Tree, Warrah Creek...'

SW 'Right'

SB '...up near the Tamworth area.'

SW 'Yeh. When did you come to Newcastle?'

SB 'I came here in 1952, I started my nursing then, and then I entered the convent in 53, so I came back in 56 to continue on and went back here at the finish.'

SW 'Has Newcastle changed a lot since you came here?'

SB 'Yes it has. I'd say that it's become bigger, I'd say the steel works have become smaller, the work force has become smaller in those areas and there's been a lot more unemployment in the area than there has been, and of course I've no need to comment about the social fabric of Newcastle, I think it's changing from my observation here in the ward. Um we have something like a thousand children come through here in two months so we are seeing a very different clientele than we saw say 25 years ago.'

SW 'You started training in 1952 at The Mater Hospital, what qualifications were required then to get into Nursing?'

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- SB 'Well to get into Nursing you had to have, you, I had a Leaving Certificate, which I'm not quite sure of, you had to have, you could get in on a nurse's exam, you'd do a nurses exam and get in with practically no high school education whatever, but of course if you had the Intermediate Certificate you were pretty good, but if you had a Leaving Certificate you know, you were, eh really, you know sort of didn't have much problem at all getting in.'
- SW 'And how long was the course then?'
- SB 'Four years I think, four years, we did a week in eh, oh no a week to ten days in The Preliminary Training School and then we were turned into the ward and in our own time we used to go to lectures...'
- SW 'Oh did you, in your own time.'
- SB '...mm'
- SW 'And who lectured you, was it doctors?'
- SB 'Yeh we had doctors lecture us and also we had two tutor sisters who lectured us and both of those were qualified through The College of Nursing in Sydney, they did a year to get their diploma and it would have to have been a UG3 level diploma.' (1)
- SW 'Did you learn any nursing on the wards as well?'
- SB 'Very little, we learn't from one another, we taught each other, not very much no, we didn't have the tutor sister on the wards, it was just impossible, she had to spend all her time over, over in the actual eh Training School, we used to learn over there, we used to have dummies on which we practised giving enemas and all those things.'
- SW 'When you were a student what sort of jobs did you do on the wards?'
- SB 'Well for the first twelve months you were almost like a glorified pantry maid, um we did um, we took it, well everyone took it in turns to eh, to go on early in the wards, we used to sweep the wards at six o'clock and we used to give out the breakfasts and set the tables for their breakfasts, and give out breakfast and we'd gather it all up afterwards, and we used to have to, um, everyone had to squeeze orange juice, that used to be the thing squeezed orange juice daily, you squeezed orange juice till you looked like it...'
- SW 'Oh dear!'

- SB '...you had to wash the jugs and glasses and then you'd look after the patients and then you'd go out and do the pan room after that, you used to have to wash the pans and scrub them all with Bon Ami and clean it all down.'
- SW 'Sounds like a lot of cleaning!'
- SB 'Yeh we did a lot of cleaning yeh and once a month we used to have what we called a Ward's Day and everybody got in and actually cleaned windows and overhead was cobwebbed and that was unreal!'
- SW 'Do you think the hospital was a lot cleaner than it is now?'
- SB 'I don't know, I don't think I'd like to comment, I think we've changed a lot because we had wooden boards then, whereas now they've got you know, very different, vinyl coverngs and all that sort of thing...'
- SW 'Yeh'
- SB '...sounds archaic but that's what used to happen, it used to happen, it wasn't just here it was everywhere, you learn't the first, first, first, almost the first lesson you learn't in Preliminary Training School was how to dust without making a dust and how to sweep without you know, making too much of a dust, and making sure that you swept everything up and you know cleanliness was next to godliness and you know the whole thing was sort of done neatly.'
- SW 'So was the, was the discipline a lot different than it is today?'
- SB 'Oh very different, um we never ever were allowed... (tape paused as somebody comes into office) very different, it was much tougher than it is today, as you know all nurses lived in, nurses weren't allowed to marry while they were doing their training, and that wasn't just us it was a, it was a Nurses Registration Board... I know a girl who actually married a month before she was due to finish and wasn't allowed to finish, she had to make that decision because her husband to be was in the Air Force and was being transferred to either Darwin or Butterworth, and if she didn't get married then she wouldn't have been able to get married till I don't when.'
- SW 'Sounds very unfair.'
- SB 'Yeh it was unfair, we were all hop to, if we spoke to a doctor we had to call him Sir, no such thing as first

names ever, and we had to stand with our hands behind our back when we spoke to them, we could not address a sister off duty without her speaking to us first, and it was, there was a very hierarchical sort of consciousness in the hospital, you know there was a real pecking order, and if you were a nurse, well you were a nurse, and if you were a junior nurse, well the third year nurses really could give you heaps.'

SW 'Do you think that it's a good thing that we are much more informal now?'

SB 'I think it is, I think it goes for better relations in work situations, I think now you know we call all the doctors up here, except the VMO's(2), I don't call the VMO's by their first name, on a first name basis, but the resident doctors and the registrars and ourselves, I think it's much, it sounds much better, I think it builds up um, I think it helps group cohesion to be able to talk, to say to someone you know Ann or Mary or whatever...'

SW 'Yeh.'

SB '...I think we're treating people, whereas before you just got "nurse" and "nurse" could cover anything, in other words you couldn't remember the person's name, so you'd call them nurse, it was very impersonal.'

SW 'And the patients did they call you always Nurse or Sister...'

SB 'Yeh.'

SW '...they never would call you by your christian name.'

SB 'No, you weren't even allowed to let them know what your first name was, you shouldn't have that familiarity with them, and as for ever sort of showing that you were emotionally involved if someone died that was taboo, you were not allowed to show that you were, that was deemed unprofessional or non-professional.'

SW 'That must have been a bit of a strain on a lot of the nurses...'

SB 'Mm Yeh, that's right.'

SW '...did many of them leave?'

SB 'Probably no more than in later years, I think that the turnover was probably just as much, um I think, I think because it was tough a lot of them have bothered to get

(2) Visiting Medical Officers - Consultants.

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together at our reunions and I'd still come back, and I'd still, the bonding's there because they went through tough times together, a lot of the older ones would probably find it difficult to sort of accept what I'm saying now, they'd probably think that the good old days were better, but having nursed over a span of thirty odd years I would say no, I think there's a lot of good things that's happening now.'

SW 'You said that student nurses weren't allowed to marry, did you have any male students at all?'

SB 'Oh no! I don't even know if I remember such things, I know we didn't have them here, there weren't too many male students around, and they were almost frowned upon, um it wasn't, well it wasn't until the 60's that we had our first male nurse I'm sure...'

SW 'Yeh.'

SB '...eh but before that no, male students, male nurses were unheard of, or if they were, they weren't here, a lot of them were really, I think a lot of them were in the, in the err, mental hospitals, not so much in the general hospitals.'

SW 'Once you were a trained nurse, what hours were you expected to work a day?'

SB 'Well I suppose because I was a nun I had a different set of things all together, I used to work em 7.30 to 1.00, 4 till 8 six days a week, but the 8 used to often finish at ? or 10 o'clock ? ? ?, I used to just stay on whenever there was a need and that was not a good thing, but most of the nurses in our, most of the people who went through with me would have worked a broken shift, it was expected of you to work a broken shift, there were very few registered nurses when I, there may have been only one registered nurse in a ward and the rest would be all student nurses.'

SW 'So you actually had a break in the middle of the day and came back to work.'

SB 'Mm we had broken shifts.'

SW 'What about night duty, how often did you have to do that?'

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- SB 'Well no, once you were through you didn't have to do night duty unless you er, you know chose night duty.'
- SW 'Oh I see. Can you remember how much you were paid, I suppose it would have been different maybe for you?'
- SB 'Well we, I didn't get paid, well I can remember yes when I first started before I entered the convent, we used to get it was, it wasn't very much cos I know I, with my first pay I bought a pair of shoes and that was ten pound, ten pound I think they were and it took practically all of my pay, I had none left, and that was for the fortnight, so when you think of ten pound that was for a fortnight. Conditions were very much different, you lived in the nurses home and you paid a certain amount of board which automatically came out of your...'
- SW 'Did you get meals provided?'
- SB 'Yes, meals provided, the nurse was provided with a meal free, not free but you paid for that.'
- SW 'Yeh, what did the girls who were living in the nurses home, were they allowed to go out at all?'
- SB 'Oh yes you were allowed to, everyone had to live in, no one could live out when they were doing their training, everyone lived in, and you were allowed to go out for what they called two late passes a week and you could go out until ten o'clock every night or nine o'clock I can't remember, nine o'clock I think was when you were in P.T.S.(3) but after that it was extended to ten o'clock and every night there was a home sister who used to do the rounds to look in to see whether you were in bed, and if you weren't in bed by a certain time, or if you weren't in your room, or you weren't accounted for, you, you were reported to the matron and you got into or, or terrible problems and you could be dismissed if you weren't able to account for where you'd been. I remember one night I was in bed fast asleep, I'd gone to sleep quite early and she shone a light in on me and didn't realise I was in bed and I got reported and I got hauled over the coals and had to sort of say, well look I was there, I didn't go anywhere.'
- SW 'Mm Yeh.'
- SB 'But you had this nightly round where she knocked on the door and looked in to make sure you were there, so it was a very regimented military sort of a military style of nursing.'

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SW 'What about the uniforms, were they different?'

SB 'Yes, we had a brownny coloured uniform or a brownny fawny coloured uniform with white buttons right down the centre and we had a very stiff white collar, the whole thing was starched, it used to go down to the laundry and be starched and oh! the white collar was absolutely cruel it was so ? You had this big white peaky um sleeve turned back on the sleeve erm, we wore normal coloured stockings and we had brown shoes, we didn't have the apron and we had a cap and on the cap we had stripes which designated what year we were.'

SW 'Yeh, and were the charge sisters very particular about how you wore your uniform?'

SB 'Oh yes, if you didn't um, you didn't wear your belt right or your shoes weren't clean you could be sent home, imagine doing that today'.

SW 'Yes erm can you, what about the holiday entitlement, can you remember how much holiday?'

SB 'Yes I, I'm pretty certain that we got four weeks a year, but we only had, I think we were entitled to one day off, we used to get, we used to work broken shifts galore.'

SW 'So how many hours did you work a week then?'

SB 'Well I'd say we worked 40 hours that's right, when I came here, I don't think it was 44, but remember that we had to go to lectures in our own time on top of that and 40 hours would be eh, we might work 7 to 12.30 today and tomorrow we might work um 7 till 2, 4 till 8 and the next day we might work eh, 7 to 12.30, 4 till 8, no they were absolutely crazy hours, sometimes we worked 9.30 till 6 or it might have been 9 till 6, but they were you know, I think that's one of the best moves that came in.'

SW 'Yeh, so overall do you think that nurses have to work as hard today as you used to?'

SB 'I think they have to work hard I do think they have to work hard, I think you can harp back and say it was very different, I think we did a lot of housekeeping jobs before, we didn't have to use our brains too much, where now we have to use our brains a lot and I think the turnover is much greater. We didn't, we got to know our patients very well because they stayed in for days...'

SW 'Right.'

SB '...you had someone who had their appendix out might be in for a week or ten days...'

SW 'Yeh.'

SB '...now they are only in for two days, you get someone with their tonsils out, they might even stay for a week, you're lucky to see them in here for twenty-four hours, you know I could write a book on childrens, on what's happening in childrens, it's just so different.'

SW 'The sort of illnesses that you see today, are they any different from what you would have seen thirty years ago?'

SB 'I would say there's been a bigger increase in motor vehicle accidents, we are now seeing many more cancer patients, I don't know whether that's because we are now the referral centre and we're getting or rather the children's things we're getting now is because we are a referral unit, that gives it rather a warped idea of what we get, we used to get a fair bit of surgery before which was sort of mundane, not mundane but sort of the easiest of the surgery, we don't see that sort of thing as much now, we do in the children's ward but not in the rest of the hospital, because they can go to, they tend, those people tend to go to private hospitals, it's more the complicated cases we do here. I think that, I think, I think nurses work harder than ever, and I don't think you can equate what we did thirty years ago with what we do now...'

SW 'Yeh.'

SB '...see you know you sort of think well, take for example there weren't too many antibiotics around when I started training, or even as late as the sixties there wasn't much in the way of antibiotics.'

SW 'What about intravenous infusions? (4)

SB 'No intravenous infusions were very rare, em a lot of it was given sub-cutaneously (5) to children, imagine what that was like, the other thing was that we didn't have disposable, we didn't have disposable I.V. giving sets (6)

(4) Fluids that are infused directly in to veins.

(5) Injection under the skin.

(6) Apparatus for giving intravenous infusions.

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it was all done, made up around in C.S.D. (7) and it was a real business every time you gave someone an I.V. you had to clean the whole thing up before you sent it back, now of course it's so much easier people, and we used to have these needles that we, every cleaned and used over and over again and they were metal needles that we used, whereas now it's all throw-away thank-heavens, and the number of children, and the number of well, the number of children I can speak from experience here that now have I.V.'s would be almost probably, probably close to 50 to 60% of the patients who come through here have an I.V., years ago it was rare and they used to have cut-downs (8), children used to have cut-downs, whereas now you tend to give them, put an I.V. in and the children are getting home much easier, take the gastro's (9), I mean they get an I.V. in much earlier.'

SW 'Do you think that the survival rate sort of overall has got better?'

SB 'I would think so yes...'

SW 'Yeh.'

SB '...sort of even harping back to, to antibiotics, the antibiotics would all have been given either orally, we used to have a tremendous oral round um, or they were given intramuscularly (10), we had this awful intramuscular round even when I did my paediatrics at Camperdown...'

SW 'That must have been painful.'

SB '...in 71, we had this big round of I.M. (11) now there is not a single solitary child in this ward at the moment, nor in the last umpteen weeks have we had anyone having I.M. antibiotics, it just isn't done.'

SW 'It must have been very painful...'

SB 'Yeh.'

SW '...for them.'

(7) Central Sterile Department.

(8) I.V. infusion where the needle has to be inserted by surgical dissection of the vein.

(9) Patients that are dehydrated from diarrhoea & vomiting.

(10) Into the muscle by injection.

(11) Intramuscular.

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- SB 'There's no one having I.M. treatments, all either I.V., a few that are having oral and the few that are having oral, usually are just before they go home.'
- SW 'So nursing's got much more technical really'.
- SB 'Technical and I think the turnover's much greater...'
- SW 'The turnover of the patients?' Well looking back what do you think have been the most important changes in your career in nursing that you've seen?'
- SB 'When I think of some of the important things and I guess they are important, are the personal relationship area where are being able to, people are allowed to be as people, I think that's important and I think that you know to live under that regime that we had say thirty years ago was stifling, people weren't able to show their, weren't able to grow as people, I think that's important I think, I think there is more emphasis now on people, on staff as people on the carers...'
- SW 'Yeh.'
- SB '...that's an important thing, I think the other thing is that there's more emphasis now on the educational side of nursing, I think nurses are now realizing that to be a nurse now, you really do have to have a little bit of grey matter, whereas before it didn't matter as long as you had, you were big and strong and you...'
- SW 'Could follow orders?'
- SB '...follow orders, but now you can make decisions, you're left in a very, you've got some very big decisions to make and I think there's a better rapport now with doctors, we can now say to doctors what about doing this that and the other, you wouldn't dare say that before, they were the semi-gods, and I think our intravenous therapy and our drug therapy is so much better nowadays and I think the people who pine for the past is totally inappropriate.'
- SW 'OK, thank you very much.'

S U M M A R Y

Sr. Barnabas is a Roman Catholic nun, a member of the order of the Sisters of Mercy. She has been nursing since 1952 at The Mater Misericordiae Hospital and is now the Nursing Unit Manager of the childrens ward, a position she has held for the past 17 years.

Sr. Barnabas was born in 1934 and brought up in Blanford outside Murrundi, spending part of her childhood at Willow Tree near Warrah Creek in the Tamworth area. She started her nursing career in 1952 and entered the convent in 1953, returning to The Mater in 1956 to finish her student nurse training.

She feels that Newcastle has changed substantially in her time here and has seen the steel works decline and unemployment increase. Referring back to her student nurse days she remembers that the training period was four years and that students had to go to lectures in their own time, on top of forty hours a week spent in the wards. There was very little tuition in the ward areas and for the first twelve months of the training she remembers being 'almost like a glorified pantry maid', doing mainly housekeeping tasks.

Discipline was a lot tougher and there were strict rules as to how you could refer to your superiors. Doctors had to be called "Sir" and student nurses were not allowed to speak to sisters even off duty, unless they were spoken to first. Marriage was forbidden during the training period and nurses were not allowed to get emotionally involved with their patients, it being thought unprofessional to show emotion when somebody died.

Other changes Sr. Barnabas has seen during her thirty year career have been a reduction in working hours and the abolition of broken shifts. Pay and conditions generally have improved and the uniforms are now much more comfortable to wear, now they are no longer starched.

On the clinical side of nursing Sr. Barnabas has seen many changes in treatments, especially with the administration of antibiotics and the increased use of intravenous infusions. She feels that due to the advances in medicine and technology nurses now have to use their brains more, whereas before they merely had to follow orders.

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Looking back over her nursing career, Sr. Barnabas feels that the major changes have been in three areas. Firstly she feels that there is now more emphasis on staff as individuals as well as a better relationship with doctors. Secondly she realizes that education has become more important now that nurses have to think for themselves and make some important descisions. Lastly she has seen vast changes in the treatments available to patients and consequently a quicker turnover. Overall she feels that nursing has improved in many areas and thinks it is totally inappropriate for anyone to pine for the past.

R E S E A R C H P A P E R

The Foundation of Nursing in NSW and at The Mater Misericordiae Hospital, Waratah.

Nursing in Australia had its beginnings in the First Fleet as upon arrival in NSW a bad case of Scurvy and Dysentery broke out among the convicts and a hospital was hastily erected on the west side of Sydney Cove. It was only a small hut and the patients had nothing to cover them and were without medicines as these had been used during the voyage.

During the next two years the hospital grew and could accommodate 60-80 patients, but the conditions were still no better. When the Second Fleet arrived in 1790 a new portable hospital was established but was soon overflowing due to the poor conditions of the convicts aboard the Second Fleet. There were often as many as 500 patients with only five surgeons; and convicts acting as nurses. These early nurses apparently had little compassion for their patients and treated them very badly (1).

When Lachlan Macquarie took over as Governor, things improved slightly as a large new hospital was built; but the patients were still lucky to survive as all illnesses were nursed together. As well as this, the patients were locked in the ward at night with no one to look after them and during the day were 'nursed by drunken, callous, illiterate, untrained convict "nurses" ' (2). The practice of 'cupping' usually hastened their demise, and it was reported that at the Sydney Hospital 'one man had two pounds of blood removed in the morning and in the evening three pounds more' (3).

Sir Henry Parkes, who was then Colonial Secretary realized something needed to be done and wrote to Florence Nightingale in England with the result that in 1868 Miss Lucy Osborne and six nurses arrived in Australia to start work at the Sydney Hospital. After a lot of resistance from the untrained nurses, and the medical staff, it was seen that the 'Nightingale' system of nursing was a great improvement; and it was as a result of Lucy Osborne and her nurses that a formal system of training was introduced in Australia.

- (1) A.T.N.A. 'Nursing in early Australia' The Australasian Nurses Journal, May 1950, p.85.
- (2) E.J. Bowe 'The story of Nursing in Australia since Foundation Day, College of Nursing Australia, Fifth Annual Oration, Sept 1960, P.79.
- (3) A.T.N.A. 'Nursing in early Australia II' The Australasian Nurses Journal, July 1950, p.120

By 1906 The Australasian Trained Nurses Association (est. 1899) had control over the training programmes, but it was not a legally recognized organization. It was realized that nurses needed legal status and in 1909 a campaign was begun to obtain State Registration. After much opposition, registration was finally obtained in Queensland in 1912, S.A. 1920, W.A. 1921, Vic. 1923, NSW 1924, and Tasmania 1927. The responsibility for nurse training now lay with the registration boards and the minimum training period was set at three years.

Despite legal recognition, conditions for nurses were very poor. They worked long hours for a very low rate of pay. These complaints led to the formation in NSW of the NSW Nurses Association which was registered as a trade union in 1931. The Union was successful in achieving an award for the standardization of working hours and pay, as well as a uniform allowance, and one and a half days off per week. The Second World War caused severe staff shortages in the hospitals as large numbers of nurses were needed for the forces, but in 1945 conditions and pay were further improved after a comprehensive list of claims was made to the Court.

Nursing in Australia also had its beginnings in the religious institutions. In 1845 six Sisters of Mercy from Dublin travelled to Australia and started doing missionary work in Perth. They gradually branched out to other parts of the country and in the early 1870's established themselves in Maitland. In 1875 a new convent was built at Singleton and the Sisters started a school for girls as well as forming branch convents throughout New South Wales. This expansion of the Order was to lead them to one of their largest undertakings.

Early in 1920 a building known as 'Enmore Hall' in Edith Street, Waratah was offered for sale and a suggestion made to Mother Mary Magdalen, Superioress of Singleton community of Sisters of Mercy that it would be ideal as a hospital. It was therefore purchased for the sum of 2,200 pounds, renovated, and opened on December 8th 1921 as The Mater Misericordiae Hospital. Five nuns commenced nurse training under the instruction of Dr. S.A. Gardiner and Matron Short, a graduate of Sydney Hospital; and qualified in 1926 after a training period of five years. The hospital was then recognized by the Nurses Registration Board. Three lay probationers were accepted into the training programme in 1921 and by 1926 the number of lay staff had grown, so that a building in Lorna Street was purchased for use as a nurses home.

During this period, lectures were given to the student nurses once or twice a week, as well as bedside and theatre demonstrations. Dr. Gardiner did most of the teaching assisted by his pathologist and pharmacist. Invalid cookery was taught in the kitchen and general nursing was taught by Matron Short and the other trained nurses.

In 1927 a donation was received that allowed an extension to be built onto the hospital. This was known as the Longworth Block and was used to accommodate sick children. This was desperately needed as the hospital was beginning to become congested, and it was realised that a new larger building would be needed to accommodate the increased numbers of patients. Therefore in 1933 the foundation stone for the new present building was laid and the work completed in 1935 at a cost of 78,000 pounds. The hospital was said to be of very modern design, equipped using the latest American ideas (4). The opening of the hospital on the 7th April 1935 attracted tremendous public interest and The Newcastle Morning Herald reported on the 8th April that there were 6000-7000 spectators at the ceremony (5).

The nursing staff had also grown by this time to a total of 15 trained nurses, including 9 Sisters of Mercy and 34 student nurses and the number of beds had increased to 155. A Preliminary Training School was established in 1939 so that student nurses received some of their instruction out of the ward areas. Student numbers continued to increase and in 1956 a new study syllabus was introduced, increasing the number of study hours and allowing eight weeks full-time study in the Preliminary Training School prior to commencement on the wards. By 1955 trained nurses were also being sent to the NSW College of Nursing in Sydney to undertake post-graduate courses.

Over the years many more additions and improvements have been made to The Mater, bringing the number of beds to over 300. Only this year the new villa units were opened to accommodate cancer patients undergoing treatment at the hospital. From its beginnings as a 34 bed hospital in 1921 The Mater has grown to become one of the major referral centres for oncology and paediatrics in the Hunter region

(4) The Newcastle and Maitland Catholic Sentinel, 1 October 1934.

(5) The Newcastle Morning Herald, 8 April 1935.

B I B L I O G R A P H Y

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Interviewer 