

## It could only happen in the North – Collecting in Darwin

[Janie] EA Mason

Senior lecturer, Health Sciences  
Northern Territory Nursing Museum

### Abstract

This is not just another crocodile story from Darwin, but an introduction to a small nursing museum with sometimes, different stories. The Northern Territory Nursing Museum at Charles Darwin University started with two vacant display cases in Darwin in 1987. With a couple of porcelain bedpans to take away their vacant look, it was off and running.

Our museum has similar problems associated with other university-based collections, from the Cinderella Collection to continuing concerns today. There are however some important differences because so many of our stories and artefacts relate to an environment of remoteness, frontier life, many cultures and lonely nursing practice.

These are some nursing stories and pictures from that “Far Country” [Powell 2000]. They are selected from stories related to artefacts, from oral histories, from our Ladies [the volunteers], from NT Archives, letters, the 2009 old Darwin Hospital reunion and visitors’ stories. New and unexpected skills are often needed, repair jobs for buffalo goring or extracting teeth. There are new patient experiences of a living, pet possum hair-do or new social and professional roles in indigenous life and in the active social life of stations and race meetings. Themes of transport and communication occur and recur, and include stories of no roads and exotic creatures.

There is the buffalo holding up the ambulance and of course to finish, a crocodile story: the home visit via dugout canoe, paddling past crocodiles basking on mud banks and hoping they will not investigate this small, flimsy craft!

This is not just another crocodile story from Darwin, but an introduction to a small nursing

museum and its different stories. The Nursing Museum in Charles Darwin University collects artefacts, historical photographs and archival material which celebrate nursing and nurses in Australia’s remote north and centre, with special focus on the Northern Territory. From the beginning, there has been an emphasis on stories in oral and written histories.

### Beginnings

The Museum started in the 1987 with two vacant display cabinets bought in the original federally funded transition of nurse education. A couple of porcelain bedpans and a urinal took away the vacant look. It was the end of the era of the change from glass and red rubber to plastics and disposables. A couple of large private collections arrived as people and organisations moved on or died. Suddenly things arrived!

The head [Kevin Davis] of our predecessor institution thought all this was a good thing and provided a large football trophy cabinet. The Museum was identified for research into university-based museums and art collections and was part the Cinderella Collections report [AV-CC, 1996] and received conservator funding through that project [DCA/AV-CC, 1998]. Now the Museum was on the museum network and the Regional Museums Officer of the Museums and Art Galleries NT found us. We were on the local regional network and introduced to Museums Australia.

### A university and community museum

Our museum has similar problems associated with other university-based collections, being continuance of the Museum and in a legally constituted governance within the University structures [MA 2008]. Exhibitions within University relate to its teaching function to show the old to the modern student, as well as displays with specific historical themes.

The 2010 International Nurses’ Day in this International Year of the Nurse was celebrated with an exhibition focused on Florence Nightingale to Territory exemplars. A volunteer is a Nightingale and her hospital badge featured.

Sometimes a modern story needs to be told, as with the nurses' memorial at the Australian War Memorial. This is not an heroic and grand depiction of striving to conquer, to win. It is a contemplative series of glass screens though it does remind one Canberra taxi driver of a shower screen!

The Museum provides permanent and temporary displays in various community sites. Too often it is found that teasing out the story related to the artefact can be difficult. Typically, names, dates, awards are provided but the humanity is lost. Sometimes the artefact can be linked to a recent issue like a huge blackout from Darwin to Katherine and built around the torch for use in the operating theatre in blackouts of the past.

### **Making change visible**

If change is to be made visible, stories of who, what, how, must be tied to the artefact. A nursing museum however has extra hurdles in collecting stories. Nurses are good story-tellers but they rarely write it. Recorded information is usually in a restricted format, like a patient's medical history. Nurses also cannot believe that what they know is of interest to others or even the next generation of nurses. They make the extraordinary seem ordinary – the “ordinariness of nursing” [Taylor, 1992]. As day to day use and knowledge of an artefact disappears, its stories disappear.

Thus, our valuable teddy bear has meaning to the midwife of an era prior to electronic scales. Weighing babies was slower because the babe had to be still for balancing the scales. The midwife used a toy or rattle to catch attention and thus the babe stared, stilled, and the scales were balanced. This well-used teddy bear with milk advertising on its feet was used for just such a purpose, while serving as passive advertising for Bear Milk [Brodie, 1998; Mason, 2009].

### **A wide museum practice**

There are however some further important differences for our Museum in its collecting and museum practices. It was very early apparent that just collecting artefacts and identifying them would not be sufficient for the collecting

environment of our “Far Country” [Powell, 2000]. There was early collection of oral histories, and later training for oral history recording. Some activities are outside the usual museum practice, such as participating and assisting in the Old Darwin Hospital reunion or organising nursing war memorials.

A nursing plaque at the Darwin Cenotaph was set up in 2001. Friends of the North Australia Railway, Darwin's early railway to nowhere [actually Birdum], approached the Museum for a memorial plaque for the hospital [119<sup>th</sup> AGH] railway spur line. This was originally for cattle loading but after the bombing of Darwin [19<sup>th</sup> February 1942] as the largest defence base in the southern hemisphere developed at Adelaide River, the spur line became the transfer point from hospital to hospital train. This plaque was unveiled in 2007.

### **Collecting in a “Far Country”**

Much of our collection relates to an environment of remoteness and frontier life, many cultures and lonely nursing practice. Stories attached to mundane artefacts and activities can surprise. These then are some nursing stories and pictures from that “Far Country”. They are selected from stories related to artefacts, from oral histories, from our Ladies [the volunteers], from NT Archives, letters and diaries, the 2009 old Darwin Hospital reunion and visitors' stories. They provide some of the social, cultural and political context often overlooked [Nelson & Wall, 2010], which make nursing in the north unique.

To set the context: except for improved rates of maternal and infant mortality and morbidity pre-1940s, the Territory hinterland remained little changed from the 1860s to the 1960s – cattle stations, some mines, sporadic agriculture and Aboriginal communities [Riddett, 1991]. Into the 1980s, the same main themes emerge in the stories told – of new clinical skills often practised in unusual settings, other necessary skills for survival, isolation and distance, transport, other social and indigenous cultures experienced. These very Territory themes are not just from the bush. They hold true for nurses practising in Darwin and

Alice Springs hospitals and urban clinics. Even today, acute hospital practice can have some important surprises for the new arrival.

### **New clinical skills**

New and unexpected skills are needed - from repair jobs for buffalo goring, suturing, splinting broken bones or extracting teeth. Tooth pulling remained an essential skill for the nurse into the 1970s. With the arrival of radio transmitters in the 1930s, morse code was briefly another essential nursing skill for operation of the new pedal-powered transceivers [Rudolph 2001 85]. There were also those other patients – pet dogs and cats, an occasional python or wallaby joey.

Above all, the stories indicate the loneliness of practice, deciding if help is needed, if it is available [Wood, 2009]. Standard treatment manuals did not exist - the first Bushbook only arrived in the 1980s and later in the 1990s, CARPA [Central Australia Rural Practitioners Association Standard Treatment Manual].

As late as the mid-1970s, an introductory workshop for the new nurse in an urban health centre, included two and four wheel driving skills and tests, setting up mobile radio and stringing out the radio aerial, suturing, diagnostic skills for malnourishment, child development assessment, inserting intra-venous and intra-peritoneal [abdominal] infusions, vaccinations and anti-venoms, prescribing of drugs [especially antibiotics]. These necessary skills are not on the usual list for an induction to urban clinical practice!

Often too, the practice setting even for the urban-based could be unusual and unexpected. Even within town in the 1960s, a home visit could be to a shelter “little better than a chook-pen”. Nurses’ diaries and letters tell stories of adaptation of practice and skills to the setting and to local cultural demands [Riddett, 1986, 1990; Rudolph, 2001]. Routines needed adjusting to cultural demands and tensions in order to run the clinic – even compliance in an expected order of tasks in an assessment for hookworm and anaemia could be a matter of importance.

### **Other necessary skills for survival, recreation**

There were other necessary skills for survival. The nurse had to live in various accommodation, from derelict hotels to sharing with the mission religious [Moore, 2009; Rudolph, 2001, 2002] In many places, they learnt to grow vegetable gardens, keep goats and milk them, run chickens and reap the reward for cake making and entertaining [KNHG, 2008; Rudolph, 2001]. In running the bush hospital, they managed the washing and cooking for any patients as well as maintaining food and clinical supplies and even, too often having to perform running repairs on equipment and vehicles and the radio. Into the 1980s, the bush nurse was still expected to cater for the doctor’s visit and occasional in-patient and traveler.

The bush hospital into the 1980s was clinic, hospital and social centre. Nurses, young white and single women, were an inevitable attraction [KNHG, 2008; Riddett, 1986,1990 & 1991; Ogden, 1994; Rudolph, 2001]. As Falconridge 1937-39 [Obden, 2008, p. 1] said:

... because apart from being the hospital, we had to be the sort of social part of the place as well.

Often, it also housed the only radio transmitter. Stories abound of picnics, Christmas parties for patients and locals, afternoon teas on the verandah, dinner parties, dances, the races, rodeo, sports days.

For some, the monsoon brought quiet, with little social life. Nurses made their own recreation - walking or riding through wondrous country, of at last having time to read, of letter writing and keeping diaries. They also dealt with inevitable catastrophe - chickens giving up laying or the roof leaking, floods and impassible roads.

### **Isolation and distance**

Isolation and distance dominate the stories. So - in 1924 [Ogden, 2005, p. 11]:

The greatest excitement ... on the station was ‘mail day’, without a doubt. ... It arrives once in six weeks and is a gala day, and in 1965 [KNHG, 2008, p. 63]:

Wrote a letter! That's what you did – you wrote letters ... You couldn't ring.

The arrival of the radio in the 1930s significantly eased the isolation and the radio became the nurse's and the housewife's new tool [Rudolph, 2001]. There were difficulties with reception, with transmission and even, with having enough pedal power. Sometimes the black staff did the pedaling [Ogden, 2008] or it was another nurse [KNHG, 2008, p. 62]:

To pedal the wireless and speak to the operator for a lengthy period, such as when giving a medical report, was like pedaling a bike uphill and talking at the same time, so usually one sister pedaled while the other spoke.

and when in 1952-62 [KNHG, 2008, p. 62], pedal power was no longer needed, power could still be problematic:

We had a pedal wireless in the office of the manager's house. You wound the handle and when the lights [of the mission settlement] were all out, we had enough power to use [it].

## Transport

In the early days, horse riding or driving the horse and cart were necessary skills [Riddett, 1990; Rudolph, 2001] for the home visit! In the Centre, camels were used. There are extraordinary stories of travel and sometimes, lonely deathbeds, of days on the road to get to a birth or to an injured man [Riddett, 1990, 1991; Rudolph, 2001].

Ambulance stories as more patients were evacuated also provide surprises. Travelling on the bitumen [Stuart Highway] between early dry season fires on both sides, the ambulance had to slow down as it fell in behind fleeing animals along the road – buffalo, dingo, wallaby, goanna. There is more than one story of a buffalo challenging an ambulance. Then there is breakdown on a lonely stretch of bitumen. Removing the patient to shade by the roadside, his attendants, driver and nurse, tried to thumb a ride back to Darwin from the infrequent passing traffic.

Some transport stories are of driving to get to a radio or telephone. The telephone after work hours was only available at the mine gate house, some fifteen miles from the town. Or where after floods, the town was re-built a couple of kilometres distant from the radio shack. Transport can be put to unusual uses. After a heart attack on an early tourist bus, the now-dead tourist was moved to the luggage boot until delivered to the nearest clinic, some miles further on.

## Other social and indigenous cultures experienced

A final dominating theme in these nursing stories is the experience of other social and indigenous cultures. Many nurses found themselves in a new social role. The position as a nurse did not finish with close of business and small communities could have specific expectations of the nurse's role and behaviour outside the hospital confines. Then too, they could be seen as suitable dinner guests when the station manager entertained [Riddett, 1990; Ogden, 1994, 2005].

There are new patient experiences of learning to deal with Aborigines, to communicate and sometimes understand. From the living, pet possum hair-do of the patient in for a dressing to occasional difficulty in knowing who is the patient in the giggling, shy cluster of children sent over by the school during recess. There was [and still is] the first experience of appalling material poverty, of strange and exotic diseases, and of feeling alien in another culture [Riddett, 1996].

In the days before standard treatment manuals, nurses learnt as they went. There are stories telling of different midwifery and maternal practices and learning how to assess Aboriginal children. Child development and rearing could be surprising as the black child developed early in motor skills and often seemed unprotected and less, cuddled. Women's business for Aboriginal patients was a learning experience for the new bush nurse.

The stories tell of strangeness and frustration in working with Aboriginal staff and patients. As with the early Australian Inland Mission [AIM] Sisters however, they also show Aborigines emerging as "real" people. Riddett [1986] found:

For the most part, letters written by intelligent, articulate and sensitive women ... provide a ... real source of contemporary comment

And often show loving and caring relationships with Aboriginal staff and patients [Falconridge diary 1937 in Riddett, 1996, p. 119]:

Maybe, they all cared for each other and were as Sister Stewart had said "all sisters under the skin".

### And a crocodile story to conclude

This has been a story of a nursing museum in remote Australia which as an important part of its museum practice has a focus on oral histories and written stories. The dominant themes of the stories, whether town or bush-based, emphasise frontier nursing practice in a "far country". Many stories make what is the extra-ordinary of nursing into the ordinary. Of course to finish, it must be a crocodile story. There is the home visit traveling via dugout canoe around the coastal mangroves, as there is no road. Two Aboriginal men paddle the small and flimsy craft past crocodiles basking on mud banks and the Sisters hope they will stay there!

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## About the Author

Janie Mason worked for over twenty years as a nurse in acute care [surgery and urology], renal nursing, midwifery, and in Aboriginal settlements, mining communities and urban community health clinics. She has taught variously in a hospital nursing school, in a local high school and at Charles Darwin University in nursing, biology and social sciences.

She is responsible for the NT Nursing Museum at the University and is Honorary Secretary of the Historical Society NT and local branch of Museums Australia. Janie has been active in professional organisations and the trade union movement for over forty years. She became a life member of the National Tertiary Education Union in 1997 and was the first woman President of the NT Trades & Labor Council 2000 – 2004. She was awarded the Centenary medal for community service in 2003 and honored in the 2005 Tribute to NT Women.