Historical Research and WOC Nursing: 
A Strange and Wonderful Relationship

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The United States is at war, and once again dramatic photographs of wounded soldiers and citizens flash across the evening news and the covers of Time and Newsweek. War and the call to provide care for the wounded inevitably evoke images of nurses. Indeed, caring for the sick and wounded has historically been what nurses do. WOC nurses, perhaps unfamiliar with their heritage, might find the history of nursing the wounded particularly interesting. Although it is beyond the scope of this article to provide an in-depth history of wound care, I hope to stimulate interest in this topic by providing some glimpses of the past. Furthermore, I will briefly describe historical research methods to provide the reader with an introduction to the conduct of historical research in nursing.

Historical research is a type of qualitative research that is guided by research questions and is dependent on the historic materials available to the researcher. Essential to the process of historical research is the determination of the validity of the data source (external criticism) and the reliability of the data within the source (internal criticism). Determining the validity of the source is often the easier of the two, especially if the primary source is held by a reputable national or state archive. Determining reliability of the content is a bit more difficult. It is generally agreed that data can be corroborated by their confirmability in another primary source or in two or more secondary sources.

In the centuries that preceded the establishment of professional nursing, both male and female nurses attended to the wounds of soldiers after battle. Well-known examples include Nightingale’s work in the Crimean War in the mid 19th century and the work of men and women during the American Civil War, from 1861 to 1865. In the Crimea, Nightingale and her small band of nurses made significant improvements in the hospital environment and obtained the supplies they needed to care for the wounded and ill soldiers.

To conduct a historical investigation on Nightingale’s work in the Crimean War, one might first examine secondary sources, such as a biography about Nightingale, to become familiar with what has been published about her and her work. In doing so, the well-known biography by Cecil Woodham-Smith, published in 1983, comes to the forefront. In it, the author provides an interesting overview of Nightingale’s life and work in the Crimea. The following passage contains one example of her work in the Barrack Hospital in Scutari:

At the beginning of December, when the Barrack Hospital was filled to overflowing, a letter from Lord Raglan announced the arrival of a further 500 sick and wounded. Miss Nightingale took matters into her own hands. She engaged on her own responsibility not 125, but 200 workmen, and paid for them partly out of her own pocket and partly out of The Times fund. The wards were repaired and cleaned in time to receive the wounded. Not only did she repair the wards; she equipped them. The Purveyor could provide nothing. “Orderlies were wanting, utensils were wanting, even water was wanting,” she wrote to Sidney Herbert on December 12, 1854. “I supplied all the utensils, including knives and forks, spoons, cans, towels, etc. and was able to send on the instant arrowroot in huge milk pails (two bottles of port wine in each) for the 500 men.” The number of sick and wounded finally received was 800.

The content of secondary sources such as Woodham-Smith’s biography often helps in identifying primary sources (original diaries, letters, etc), which are the most important data sources for historical research. After reading the aforementioned passage, for example, the researcher might wish to locate the original 1854 letter from Nightingale to Sidney Herbert (the Secretary to the Admiralty in Britain). After some exploration, the investigator finds that it is located in the Nightingale papers at the British Museum, a fact that facilitates the process of external criticism.

To continue the study on wound care, the researcher might examine women’s activities in caring for the wounded during the American Civil War, from 1861 to 1865. In that war, dressing wounds was one of the major tasks of women in both the North and the South.
After every battle, they spent long days and nights washing bloody skin, assisting with amputations, changing dressings, and observing the wounds for “laudable pus.” According to an 1866 book entitled *Women of the War*, Mrs Byckerdyke, a matron from Illinois, worked in the field for 30 days after the battles of Mission Ridge and Lookout Mountain. Then, during the Atlantic Campaign, she “followed the army with a laundry and had daily from 1500 to 2000 pieces washed, besides the bandages and rags used in dressing wounds.”

Numerous accounts such as this one can be found in the literature on the Civil War. Some of these accounts are narratives of events. Others, like Brunk’s article “Caring without Politics: Lessons from the First Nurses of the North and South” in the *Nursing History Review*, contain critical analyses of the women’s activities within the historical social, political, and economic context. Both types of accounts provide the researcher with valuable information.

Pursuing the investigation, one might ask how nurses managed wound care during the first and second World Wars, after nursing had been established as a profession. Again, primary sources, including nurses’ diaries and journals, and other original documents such as licenses, certificates, and correspondence, serve as the main data source to answer the research question. Note, for example, the description of wound care given to soldiers in World War I, found in the published diary of a young army nurse in France. In it, she mentions irrigating wounds with “Dakin’s solution.”

October 2, 1915: Work has begun in earnest. I believe I told you this is a field hospital. I have the operating ward, and have assisted the surgeon at 22 cases in two days. Yesterday the head surgeon told me he wished me to take charge of the seriously wounded of the celebrated Dr. Tuffier. He arrived yesterday with his ten cases which he had picked up off the battlefield; and he claims, with his system, to avoid amputation by constant irrigation of the wound from the start. As soon as possible (it must be within 12 hours), Tuffier begins his work, extracts the debris, introduces drains, several in each opening, and into these every two hours is pumped a dark liquid, “Dakin”—the idea being, as you see, to keep the wound in a constant bath of antiseptic.

Playing the role of detective, one must now find a source that explains exactly what Dakin’s solution is (for those of us who are not WOC nurses) and how it was used during the period under investigation. No doubt a description of the popular solution can be found in numerous textbooks and, in fact, on the Internet. However, in this case, we are interested specifically in how the solution...
was used in World War I, so the researcher consults a nursing textbook of the era. The *Textbook of Material Medica for Nurses* contains the following description of Dakin’s solution:

> With the chlorine group belong the antiseptics that were made famous in war use, as worked out and perfected by Dr. Dakin and Dr. Dunham. Dakin’s solution is a neutral solution of sodium hypochlorite... Dakin’s solution is used in a steady and continuous flow, directed by special apparatus upon the surfaces being treated.7

This description of Dakin’s solution not only informs us of the composition of the solution but also describes how the solution was to be used during this period of history. This information, plus the statement that the solution was used during war, corroborates the data found in the diary.

Photographs and sketches of events under investigation also serve as a source of data and often corroborate the data derived from text. Note the photograph of Red Cross nurses in France during World War I (Figure 1). It provides the reader with additional information about the work of nurses in field hospitals during the Great War, and supplies the reader with visual images to complement the text data. Such photographs are available in various archives across the United States, including the US Army Center of Military History, the Center for Nursing Historical Inquiry at the University of Virginia, the Center for the Study of the History of Nursing at the University of Pennsylvania, the Mugar Library in Boston, and the National Library of Medicine, among others.

Tracing the question about wound care to World War II, one can find interesting information in Elizabeth Norman’s recent book, *We Band of Angels*. For her investigation, Norman synthesized data from numerous World War II nurses’ diaries, letters, and interviews with the survivors of Bataan and Corregidor. Describing how the nurses managed wound care in the jungle hospital No. 2 on Bataan, she wrote:

> Each day they carried out the banal duties of battlefield nursing. They washed their patients down, scrubbing off the dirt and sweat of war with water from the Real River. Then they cleaned out the abrasions and lacerations, scrubbing the men with green soap before they sprinkled sulpha powder on their open wounds.

> They changed thousands of dressings, often giving morphine shots beforehand to ease the pain they would inflict when they lifted bandages from incisions and burns—bandages bound to raw flesh by blood and pus dried hard as glue.8

Having read this secondary source, the researcher would again want to investigate the original data sources. Consulting maps, general history textbooks, and medical textbooks specific to the era also might be appropriate.

After immersing himself or herself in the wealth of historical data that have been collected, the researcher begins the process of analyzing and synthesizing the data and writing a narrative. The history of nursing is composed of more than interesting narratives, however. Analysis of the data within the historical context is critical. As nurse historian Diane Hamilton has written: “Nursing history is not only a story of what happened to whom and when; it is also an analysis of who we are, why we think the way we do, and how the ideas of ‘what nursing should be’ and ‘what nursing is’ changed over time.” Applying these ideas to the subspecialty of WOC nursing, even from the few examples cited here, 3 ideas emerge that could develop into themes related to wound care: (1) the need for a structured system of support to allow nurses to effectively care for the sick; (2) the acceptance of the need for cleanliness and antisepsis in wound care; and (3) the attempts by nurses to promote comfort during the procedure.

The history of any one of the subspecialties of nursing, including WOC nursing, is useful in providing advanced practice nurses with a sense of professional identity, as well as a sense of perspective on current issues. Today, for example, short staffing may be identified as a problem in the structure that would allow nurses to provide optimal care for those who are wounded, and the overuse of antibiotics may be an outgrowth of the emphasis on controlling infection, while the need to promote comfort may be identified as an enduring theme in our profession. Overall, studying one’s history provides self-awareness. As nurse historian Joan Lynaugh has noted: “History is our source of identity, our cultural DNA...”

Further information on historical research methods can be obtained from the Web site of the American Association of the History of Nursing (http://www.aahn.org/methbib.html) and the references cited here.2,11-13

REFERENCES