‘BETWEEN MEDICINE AND MANAGEMENT’:
CONSIDERING REPRESENTATIONS AND
MEMORIES OF INDUSTRIAL NURSING

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‘BETWEEN MEDICINE AND MANAGEMENT’: CONSIDERING REPRESENTATIONS AND MEMORIES OF INDUSTRIAL NURSING

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INTRODUCTION

Industrial nursing has been rendered invisible in general histories of nursing and in historical treatments of occupational health and safety. To some extent this neglect can be attributed to the relatively small number of nurses practicing in this field. According to the figures held by the New South Wales (NSW) College of Nursing, in 1957, only 83 were employed in the State, 52 of whom belonged to the Industrial Nurses Branch of the NSW Nurses’ Association. Another contributing factor was their location ‘in any kind of hole-and-corner post’ in factories or other commercial enterprises. Concealed in what were generally referred to as first aid posts and ambulance rooms, they slipped easily from the historian’s gaze.

Bedazzled by the force of numbers, historians of nursing have focused on those who were employed in hospitals, while scholars interested in the evolution of occupational health and safety have focused on dangerous conditions faced by large groups of workers and legislative efforts to ensure widespread improvements. This paper presents a preliminary effort to rectify this historical omission by restoring industrial nurses to their rightful place on the front-lines of occupational health. In doing so, it draws attention to the interconnected
problems of authority and gender that faced these particular health professionals, as much as those who worked with them in non-medical settings.

Industrial nurses experienced very different working conditions and problems to hospital nurses. In part this difference related to the way that industrial nursing became associated with employers’ welfarist strategies. Partly, too, it arose from their professional isolation, often in male dominated work places. As an article on the subject in the NSW Nurses’ Association journal, *The Lamp* put it in 1952, ‘[w]herever the industrial nurse is employed she is rather a lone wolf of the profession, having contact with few others of similar knowledge and training.’

How did these factors shape the role played by industrial nurses and how were they received by their patients, the workers? To address these two questions, this paper begins with an overview of the emergence and early history of industrial nursing. It then contrasts the way this field was represented by both doctors and industrial nurses with the memories of some of the men who worked at the NSW Eveleigh railway workshops, which employed industrial nurses from 1946 until the 1980s.

A central figure in such memories was Mary Lions, the longest serving of the Eveleigh nurses whose activism rendered her prominent beyond the workshops. An official of the Industrial Nurses Branch of the NSW Nurses Association and a founding member of the NSW College of Nursing during the late 1940s, she not only took on the public health authorities in her quest to establish post-graduate studies for industrial nurses, but also the closed, masculine world of the Eveleigh Railway Workshops. Because Lions made a profound impact on the memories of those who inhabited this world, their testimonies provide a valuable tool for exploring precisely how gender influenced the way nurses performed their jobs and the way that they were treated by their erstwhile patients during the 1940s and 1950s.

**Background**

The origins of industrial nursing can be found in nineteenth century concerns about industrial hygiene and workers’ welfare. Growing attention to dangerous working conditions in

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5 ‘The Industrial Nurse’, *The Lamp*, September 1952, p. 8. This issue was also raised by the Director of the Division of Industrial Hygiene, NSW Department of Health, five years later. See: Dr. Alan Bell, ‘Industrial Nursing – Two Suggestions’, *The Lamp*, February 1957, p. 13.

6 As Agnes Mary Lions referred to herself as Mary in her own correspondence, this is the way I refer to her throughout the paper. I would like to extend my thanks to Chris Cunneen, who led me to Hazel Woolston, the
factories led some industrial employers to adopt welfarist strategies, not only as a means of promoting the health and well-being of workers, but also a conception of shared interests between capital and labour. To this end, hospitals and first aid rooms were established at the Krupp works in Germany, at Cadbury’s, Rowntree’s and Leverhulme’s enterprises in the United Kingdom, Ford and Goodyear in the United States of America (USA) and Farmer and Company, and the NSW Railways Department’s workshops in Sydney. It was during World War One, however, that such practices became more fashionable mainly in response to the problems faced by the large numbers of women who were drawn into war industries in Britain, Europe and the USA.\(^7\)

In 1915, the British Ministry of Munitions appointed the Health of Munitions Workers Committee to make special provisions for munitions workers. Two years later the French Ministry of Munitions issued instructions relating to the employment of women in munitions, while the Italian Ministry of Arms and Munitions established a Bureau of Hygienic and Sanitary Control. After America joined the war effort in 1917, President Wilson also promoted safeguards for munitions workers. Contracts for military clothing stipulated an eight-hour day, minimum wage and ‘proper factory conditions’ and government departments handling war materials required all contracting firms to establish an ‘Employment Department’. In July 1917 the Federal Public Health Service launched an investigation of labour conditions in munitions works, while the Ordnance and Quartermaster Divisions, the Shipping Board, the Adjutant-General and the Department of Labor engaged in a joint training program for managers and women health officers. Such welfarist strategies rapidly became a central feature of all government bodies and by April 1918, about 30,000 American businesses had adopted them to some degree.\(^8\)

In Australia, too, the war inspired greater interest in occupational health and welfarist efforts by employers. Immediately after the war the Federal Government’s Advisory Council of Science and Industry published expansive accounts of the strategies adopted in a wide range

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of Australian enterprises. And in 1921 the Government invited A.E. Lanza, from the USA, to set up an Industrial Hygiene and Medical Division of the Public Health Service.\(^9\)

News of international precedents also aroused interest among doctors, public health officials and nurses. But it was not until World War Two, when women were conscripted into industrial employment and particularly munitions work, that Australian nurses gained the same opportunities for employment in industry, as their counterparts in Britain and the USA. In this context, the Australasian Trained Nurses Association (ATNA) and the NSW Nurses Association were spurred into action. In response to the efforts made by the Federal Government’s Manpower Authorities to regulate the employment and training of industrial nurses, at a time of severe nursing labour shortage, these organisations rapidly mobilized to pursue better pay, conditions and training for those employed in industry.\(^{10}\) Their efforts were circumscribed by the way that the field had been construed as an adjunct to industrial hygiene and welfarism during World War One and associated with the rise of industrial medicine.

The emergence of industrial medicine and industrial nursing as distinct occupations during the early 1920s offered nurses new employment opportunities outside of hospitals. At the same time, however, the role performed by industrial nurses, the authority they had vis-à-vis both employers and employees, and the way they exercised it in their dealings with workers was profoundly influenced by management-directed efforts to prevent the spread of disease among workers and ‘efficient’ schemes of medical supervision in industrial enterprises which were deemed beneficial for both employers and employees.

\**Between Medicine and Management**

The gendered hierarchy that was established in the field of medicine during the late 1890s and early twentieth century constrained nursing as ‘the sole province of women’ and nurses were referred to as the ‘handmaid of medicine’ because of their subordinate position vis-a-vis


doctors in hospitals, private practice and in their own specialist organisation, ATNA. This framework ensured that industrial nursing became a subset of industrial medicine from its birth as a distinct occupational speciality during the early 1920s.\(^\text{11}\)

As a result, it was Australia’s male doctors who played the decisive role in defining both industrial medicine and industrial nursing and in establishing the boundaries between the two. In this regard, doctors drew heavily on British and American precedents in industrial hygiene, as they demonstrated in a number of articles that were published by the Medical Journal of Australia. One, on industrial nursing, which appeared in March 1920, introduced the subject by referring to the British Government’s role in supervising industrial employment from the point of hygiene and medicine. And it contrasted the measures that had been undertaken by the Home Office Factories Department ‘to safeguard those employed in industries against illness and accident’, with the sporadic efforts that had been made in Australia, which mainly relied on the appointment of commissions or committees of inquiry. The most prominent of these was the investigation of Broken Hill miners, then being conducted by Professor H. G. Chapman. In the writer’s view, Australian governments had neglected this aspect of public health because they had failed to establish medical branches in departments of labour and industry. In turn, this prevented medical officers from exercising ‘permanent control’. Those doctors who sought such greater occupational opportunities, saw in industrial nursing ‘another line of attack’ worthy of their support.\(^\text{12}\)

Industrial nursing had, according to this article, emerged in the USA as an offshoot of public health nursing as a result of the pioneering work of Anne H. Strong. And it agreed with her ‘quite sound’ argument that industrial nurses engaged by employers could ‘render first-aid to the workmen’ if they collaborated with medical officers in anticipating serious illness, preventing the spread of infections’ and watching for indications of ‘physical disability in the workers, both at the places of work and in the homes’. The only problem with Strong was that she was inclined ‘to allow her enthusiasm to run away with her’ by trying to extend the industrial nurses’ ‘sphere of action … far into the domain of medicine’.\(^\text{13}\)

In supporting the advent of industrial nursing in Australia, as long as it remained subordinate to industrial medicine, doctors established a connection between this speciality and the armed


forced by suggesting that industrial nursing offered the perfect employment opportunity for discharged army nurses who were not inclined to ‘re-enter the sphere of ordinary hospital or private nursing.’ As well, they advocated a training role for both federal and state governments, through the Repatriation Department. Such ‘a lead’, they thought, would provide sufficient encouragement to induce employers to ‘engage medical officers and nurses to carry out the duties suggested by Sister Strong.’ As Ivan Blaubaum pointed out a year later, this was necessary because few Australian employers’ had ‘seen the necessity for insuring … the good health of their employees’, although it was ‘daily becoming more necessary for medical supervision to be introduced into large industrial concerns’.14

In 1921, the Medical Journal illustrated its continued interest in international approaches to industrial health by publishing a paper that had been presented the previous year in Brisbane before the Public Health Section of the Australasian Medical Conference. In it Ethel Osborne described the industrial hygiene strategies that had been adopted for munitions workers in Britain during the war. Drawing on her own two year experience supervising night welfare work in factories for the Ministry of Munitions, her work as the Head Supervisor in National Ordnance factories, her participation in the investigations of the health, welfare, efficiency and output of women munitions workers under the auspices of the Health of Munitions Workers Committee, whose Final Report was published in 1918, and her investigations for the Industrial Fatigue Research Board, Osborne emphasized the connection between industrial fatigue and efficiency, welfare work and industrial nursing.15

By this time some Australians had already been exposed to the initial findings made by the British Ministry of Munitions through a book written by Bernard Muscio.16 But such local publicity was insignificant by comparison with international efforts to spread awareness of the Ministry’s findings. In the United States, for instance, the Final Report of the British Health of Munition Workers (HMW) Committee appeared as a Bulletin of the US Bureau of Labor Statistics in February 1919.17

13 Ibid., pp. 264-5; The Journal of Industrial Hygiene, October, 1919.
This Report was critically important in promoting the employment of ‘welfare supervisors’ and medical personnel in industries; a practice that had been encouraged by its author. For in January 1916, soon after its formation, the HMW Committee had issued a memorandum recommending the appointment of welfare supervisors to all factories employing women. This response to the ‘stress and strain of war’ and ‘the national concern to secure the personal health and physical efficiency of the worker’, rapidly extended the numbers of such staff from the handful employed in the ‘so-called model factories’ to several hundred. At the same time, the Committee encouraged employers to follow suit by commending those who had begun to appoint ‘welfare supervisors’ or ‘welfare superintendents’ because this practice helped overcome the lack of time and experience that had previously prevented them from giving ‘the requisite personal attention to the many and complicated problems affecting the health and welfare of the workers’.18

Besides legitimating such welfare work in the interests of both employers and employees, the HMW Committee played an important role in determining its specific functions and its relationship with industrial nursing. Commenting on the inability to exactly define the welfare supervisor’s duties because ‘the opportunities of useful work’ were ‘almost unlimited’, the Report did, nevertheless, identify a range of ‘principle duties’. These included: engagement of workers, record keeping, reporting on and investigating lost time, sickness, low output and incapacity; wages, dismissals or withdrawals and working conditions; responsibility for general discipline, feeding, and training and instruction arrangements, as well as the provision of rest and recreational facilities; undertaking night supervision and home visits; assisting in the promotion of thrift and benevolent schemes; recording of housing and transit arrangements.19

Such welfare duties were deemed to be distinct ‘from those usually intrusted (sic) to trained nurses and medical staff engaged to render first-aid or subsequent treatment of accident and sickness’. The Committee identified a wide variety of medical facilities, ranging from ‘a well-equipped surgery with a trained nurse in charge’ to the absence of any provisions other than ‘an open packet of absorbent wool, a few bandages, some antiseptic lotion, or an unclean pair of scissors, all kept in a dusty drawer.’ It therefore praised a recent order made by the Home Office requiring employers in certain industries to maintain first-aid posts for every

18 Ibid., pp. 203-5.
19 Ibid., pp. 204-210.
150 workers and an Ambulance Room where the number exceeded 500. Finally, the Report argued:

*The advantage, however, of bringing the work of the nurse into touch with that of the welfare supervisor is manifest, and in suitable cases the duties of a welfare supervisor ... may be properly undertaken by the nursing staff - increased and, if necessary reorganized for the purpose.*

In this way it heralded the emergence of the industrial nurse as the handmaiden of industrial welfare.

Additionally this Report legitimated the employment of industrial nurses in British industry. By 1955, the Chief Inspector of Factories was able to report that one in four of that nation’s 21,693 factories, or 5,079, employed nurses, 4,437 on a full-time basis. By contrast, in Australia, in the same period, health professionals were still condemning employers’ reluctance to do the same.

**The Lone Wolf in nurses garb**

In 1923, two separate articles published in *Health* further emphasized the connections between industrial hygiene, industrial medicine and industrial nursing. Written by A.J. Lanza and Frank R. Kerr from the Commonwealth Department of Health, both drew attention to the causes of occupational diseases and emphasized the need for improvements in medical science in order to enhance public health and benefit both employers and employees. In addition, Lanza personally acknowledged recent developments in industrial nursing by stating:

*The introduction of the trained industrial nurse into the industrial establishment marks one of the great forward steps in the alleviation of illness incident to occupation and the prevention of sickness and disability. Industrial ambulance rooms or relief stations are not only of the utmost importance to the welfare of the individual establishment, but*

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they are our main hope of ever securing adequate information as to the influence of occupation upon health.\textsuperscript{24}

Such interest in industrial nursing was followed by an article specifically on this subject by Janet Sorley, the Senior Sister-in-Charge employed by Farmers Company in Sydney.

At a time when the number of industrial nurses ‘known to be definitely thus employed in Sydney’, was fourteen, of which more than half had begun such work during the preceding twelve months, Sorley demonstrated the way that these nurses were sandwiched between industrial medicine and industrial management. In regard to the latter, Sorley adopted a somewhat evangelical tone in her effort to promote the nurse’s potential value to employers. By controlling epidemics through continual medical examination, and treating minor wounds ‘during business hours’, she argued that industrial nurses had a ‘direct bearing upon the efficient working of a business concern’. Not only were they able to reduce the danger of disease among workers, but also to minimize the likelihood of their ‘absence from duty’. In other words, nurses helped management because they maintained ‘the smooth running of the working system’. It was a role that Sorley thought could be extended beyond disease prevention to recruitment if nurses could be involved in the medical examination of new employees.\textsuperscript{25}

According to Sorley, however, ‘the most satisfactory means of proving the value of the nurse to the management’ was ‘the systematic keeping by the nurse … of complete records.’ As she elaborated:

\begin{quote}
To the industrial nurse herself the records are indispensable. They show her what she has accomplished ... They ... prevent duplication of effort, and make changes of personnel possible with the minimum of confusion; they make her work intelligent by giving her a picture of the worker in connexion (sic) with his environment at home and at work.\textsuperscript{26}
\end{quote}

This was particularly important because the nurse’s work in industry was not simply preventative but also ‘educative’; every patient was ‘a pupil - conscious or otherwise - of

\begin{footnotes}
\item[26] Sorley, \textit{ibid.}, p. 163.
\end{footnotes}
general principles of hygiene and healthful living.’ Sorley therefore concluded that ‘the nurse in industry is going to form a strategic point’ in the realm of health education.27

Sorley’s willingness to extend industrial nursing into the spheres of management and education contrasted starkly with her reticence in regard to industrial medicine. As she put it, nurses in industry had to make sure that they engaged in ‘disposition work, not in diagnosis and treatment’. In cases where a consulting medical officer was employed, she advised nurses to take instructions for ‘the relief of immediate pain’. However, in those cases where a doctor was not immediately present, she referred them to Florence Swift Wright’s Industrial Nursing, which stressed that:

\[
\text{the industrial nurse, working often without the immediate presence of the doctor even though under his directions, ...should protect herself from unjust criticism by limiting her supplies so that it is quite clear that she cannot take upon herself a physician’s duties.}^{28}
\]

This issue was as much about gender as professional expertise. It foreshadowed problems of authority that would continue to face industrial nurses, not only in relation to doctors but also managers and workers.29

More specific articles on industrial hygiene that appeared in Health in 1924 indicated that some of the earlier published exhortations had been influential. The first focused on the conditions required to maintain workers’ health that had been elaborated in the printing industry award, handed down earlier that year by the NSW Court of Industrial Arbitration.

The second was written by Dr. W. Creswell Howle, the Medical Officer employed by Messrs. James Stedman-Hendersons Sweets Limited at Rosebery, better known as ‘Sweetacres’. Here Dr. Creswell Howle described the medical ward that had been established to ‘attract and retain healthy and satisfied workers’ and to attend to ‘many slight cases of accident and illness “on the job”,’ with the aim of preventing suffering and lost time and also eliminating friction in workers’ compensation claims. The trained nurse who was engaged to work here was also required to examine new employees in order to help in the use of tests to aid in the selection process. The nurse’s duties were not defined. Instead she was advised to read Janet

27 Sorley, ibid., p. 165.
28 Sorley, ibid., p. 162.
Sorley’s article.\textsuperscript{30} The stage was thus set for a more formal merger between industrial welfare and industrial nursing in the pursuit of industrial hygiene.

While Australia lagged behind other nations in the employment of industrial nurses throughout the 1920s and 1930s, the situation altered markedly during World War Two. Even before the outbreak of hostilities, in January 1939, the Royal Victorian College of Nursing (RVCN) requested expressions of interest in industrial nursing as part of its effort to launch post-graduate training, and it scheduled a course in occupational therapy to begin on 31 December 1941. Instead in June 1941, the College launched ‘A War Emergency Industrial Nursing Training Course’, which lasted for 3 months and trained 18 nurses. Generally focused on the health of the industrial worker, the diseases prevalent in industries and the duties to be undertaken by nurses in factories, it also covered management issues. In a section on ‘The Scope of Welfare Work’, attention was given to the growth of welfarism in Great Britain as a ‘factor in industrial organisation’. Lectures also considered democratic control in modern industry, accident prevention and ‘scientific approaches to working problems, as these involved ‘psychological aspects of industrial welfare and social work in industry’. But because of the increased demands of the war on nurses, the College was unable to offer any further training.\textsuperscript{31}

Later that year a proposal for a similar training scheme was presented to and accepted by a Council Meeting of ATNA’s NSW Branch. By December, the Association’s journal announced that a course would begin in Sydney during February, 1942. Like its Victorian forerunner, it was to ‘be in the nature of a war emergency course’ of three months duration. Also like its counterpart, the course was short-lived.\textsuperscript{32} This outcome was not due to lack of interest but rather the increased demands on nurses caused by the extension of the war to the Pacific in 1942, which exacerbated the shortage of male labour and led to the employment of increasing numbers of women as munitions workers and also of nurses in munitions factories.\textsuperscript{33}


\textsuperscript{31} \textit{Australasian Nurses’ Journal (ANJ)}, 16 January, 1939, pp. 8-9; 15 January 1940, p. 16; Royal Victorian College of Nursing, War Emergency Course in Industrial Nursing, 1941; First Aid In Industry Training Course 1945; J. Gray Robertson: Re: Royal Victorian College of Nursing Course in Industrial Nursing, 4 June 1945, National Archives of Australia, B 3533/1, 1624/4/2.

\textsuperscript{32} \textit{ANJ}, 15 October 1941, p 188, 15 November 1941, p. 209; 15 December 1941, p. 233.

The Federal Government responded to these circumstances by introducing a variety of measures as part of its general policy of providing good working conditions for war workers. On 1 March 1943 the Director General of Manpower issued an order that required all nurses under the age of 60 to register under No. 17 of the National Security (Manpower) Regulations. The Minister for Labour and National Service also authorized the issue of National Security Regulations for the provision of first-aid facilities in the metal trades to ensure that all firms employing over 500 people would have a fully equipped room and a trained nurse available on a full-time basis. At the same time the Industrial Welfare Division of the Department of Labour and National Service Manpower Directorate argued that a nurse should be employed where more than 250 women were engaged in the metal industry, and further that these regulations should gradually be extended to the textile, chemical and food production industries. Drawing on evidence from Great Britain and the USA, which indicated that the replacement of first-aid attendants by nurses had helped to reduce absenteeism and to co-ordinate medical treatment, it stressed that the ‘employment of trained nurses in industry’ was ‘essential in order to maintain and increase war production’. By August 1943, 137 trained nurses were employed in NSW by 64 private firms, the Department of Aircraft Production and munitions undertakings.

World War Two effectively legitimated the Australian industrial nurse and enabled her to emerge from the shadow cast by industrial medicine. It formalized her role as a handmaiden of industrial welfarism, in precisely the terms proposed by Janet Sorley twenty years earlier. This was particularly evident in the list of duties and responsibilities that was drawn up by a sub-committee of the Public Health Section of the Royal College of Nursing to guide industrial nurses. These involved the maintenance of the Ambulance Room, responsibility for any other first-aid arrangements operating in factories and the treatment of sick and injured workers. As well they included a range of managerial duties. Industrial nurses had to keep records of all cases of injury and sickness, and ‘confidential records’ of workers’ physical condition. They had to educate ‘the workpeople collectively and individually’. But most significantly, they were required to co-operate ‘with the personnel officer or welfare

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In 1943, the NSW branch of ATNA established an Industrial Nurses’ Section and during the ensuing year five lectures were given to the thirty-three nurses who joined the section. At the same time the NSW Nurses Association circularized industrial nurses as part of its effort to obtain an award for those working in this field. The following year, ATNA reproduced an article entitled, ‘Principles and Ethics of Industrial Nursing’ by C.L. Potts MD, the examining Factory Surgeon and Medical Referee for the Minister of Labour and National Service in England. Here Potts gave industrial nurses ‘a clear picture of the scope and limits’ of their work, alerted them to problems they might face and provided them with ‘some food for discussion and thought’ in regard to their ‘relationships with the worker and with some of those concerned with his health and welfare’. As he informed industrial nurses, the worker:

\[\text{may criticize your work or resent what he considers interference with his work, and at the outset he will almost certainly be suspicious. There is a very real and deep-rooted suspicion among the workers that no one appointed by the management can be there for their own good.}\]

Such suspicion, asserted Potts, was ‘particularly marked in connection with anything in the nature of welfare’. And since they could not ‘solve the difficulty’, he advised them to work ‘in close harmony with everyone concerned with’ the worker’s ‘health and welfare’. This advice, however, created its own problems for industrial nurses. For as Potts himself admitted, ‘One of the major tragedies in industrial medicine is the conflict between Welfare and Medical Departments’. Accordingly, he told nurses:

By sticking to your own job and giving the Welfare Department all the help you can, you will show them that you are not competing against them, but that you can help them, and they can help you, and that you are both very important members of the same team.

This advice echoed that which had been given by Sorley some twenty years earlier regarding professional demarcation with doctors. Likewise, it reflected the problem of authority that beset industrial nurses.

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36 ANJ, December 1944, p. 149.
38 Ibid., p. 36.
Caught between employer and employees

The increasing association between industrial nursing and management was clearly evident in subsequent published accounts of the nurses’ duties. Those outlined in an article published in the Australian Nurses’ Journal in January 1945 by Miss I.H. Charley, the Chair of the Public Health Section of the Royal College of Nursing in London, included the ability to recommend ‘the suspension of an employee known or suspected to be in a state of health dangerous to the well-being of others in the factory’, to assist with medical examinations of applicants for employment and to ‘co-operate with the labour or personnel department’. Another article in July of that year, also included giving attention to and teaching personal hygiene and keeping records ‘so that lost time for accidents, illnesses and industrial diseases could be discovered.’

Initially it was the ATNA that showed greatest interest in defining the duties and preparing nurses for jobs in industry. But as the numbers of industrial nurses increased, so too did the attention they received from the NSW Nurses Association, particularly after an industrial nurse was elected as one of the union’s vice-presidents and another was elected to its Council. The influence of these women was immediately evident in The Lamp, the editor of which was also an industrial nurse. Indeed, in the face of competing expectations of their role and concern about their industrial conditions, this journal became an important conduit for disseminating information on industrial nursing. In October 1944, it reproduced an article from the U.S-Office of War Information entitled ‘How U.S. nurses are trained’, which explained that industrial nursing had ‘recently become a well defined and specialized field’. As well, it described how the growth in the number of such nurses from 3,000 to almost 14,000 since the outbreak of war, had resulted in efforts by the American Nurses' Association to investigate the question of training. In this context, preventive medicine, personnel relations and training in social services were among the subjects considered.

Within a short time, the NSW Nurses Association began promoting precisely such training as part of its increasing concern about members’ working conditions and pay. And it formed an Industrial Nurses Branch in January 1946 because, according to Mary Lions, industrial nurses were dissatisfied by the inactivity of the ATNA’s Industrial Branch. The Lamp also published reports on the union’s efforts to obtain an award and numerous articles that

39 ANJ, January 1945, pp. 6-7, July 1945, p. 100.
40 The Lamp, October 1944, p. 5, p.15.
acquainted nurses with the nature of working conditions in industry. As J. Angas-Murray told them:

*If you are a person who is greatly repelled by black grease, noxious chemical fumes, and dirt generally, never enter industry, as unless your Clinic is exceptionally well-situated in the factory, you will be thoroughly sickened trying to maintain hospital-like cleanliness.*

But this was not the only problem that faced industrial nurses, whose association with welfarism placed them in an ambiguous position vis-a-vis management. Angas Murray put it succinctly in 1945:

*It is sometimes necessary to make the Management understand the nursing attitude. I was told I was appointed to deal with absenteeism and combat it. I explained that I was not an efficiency expert, but merely a nurse, and I had been trained to treat people on humanitarian principles ... and that was the way I intended to work.*

Often, too, the awkwardness of their position was exacerbated by their proximity to and sympathy for the plight of employees.

Industrial nurses, according to Angas Murray were ‘probably more closely in touch with the rank and file than anyone else in the factory’ and their first hand experience with the ‘appalling cruelty’ of modern industry enabled them to comprehend ‘how so many millions of factory workers all the world over, think, act, and live’. This understanding, she argued, gave industrial nurses an opportunity to ‘take an active part in the broad process of social amelioration’. This, however, raised the additional problem of having to combat ‘mediaeval superstitions regarding health that clutter the mind of the layman, such as cobwebs on cuts, the application of wedding rings to "styes", that boils are healthy, and so on’. Dealing with this problem often involved face-to-face combat with:

*the man out in the factory with a first-aid certificate, the bit of knowledge that may be a dangerous thing, as almost without exception, he is highly confident because he knows how to put on a "beaut" bandage, and considers himself capable of dealing with anything; his specialty is probably removing embedded foreign bodies in eyes with a*

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41 Transcript of an Interview with Mary Lions conducted by Dawn Springett in Alice Springs on 31 August 1981, courtesy NSW College of Nursing Archives; *The Lamp*, February-March 1946, p. 14.
42 J. Angas-Murray, ‘What is This Industrial Nursing?’, *The Lamp*, January 1945, p. 10.
sharpened match stick! He probably did the first-aid work before a nurse was introduced, and resents her presence, as his prestige rapidly wanes. So a problem is provided for the nurse on how to neutralise his enmity.\textsuperscript{43}

This conflict tarnished the sheen of the nurse’s humanitarian, welfarist intentions and efforts, as the relations between Mary Lions and the men who worked with her at the Eveleigh workshops from the late 1940s demonstrate.

\textbf{Industrial nurses and male bodies at Eveleigh}

Prior to the WWII all the major railway workshops in NSW had a first aid room and they employed first aid officers who had completed the St. John’s Ambulance Course and first-aid training that was regularly conducted within the railways. This training formed part of management’s welfarist policies and stretched back to the formation of the NSW Railways Ambulance Corps in March 1886.\textsuperscript{44} And while these officers were, in Frank Bollin’s view, ‘very genuine and quite capable … the amount of service and the facilities available was very, very limited’.\textsuperscript{45}

In order to rectify this state of affairs the Eveleigh rank-and-file shop committees ‘raised the whole concept of improved and more adequate first aid facilities’ as part of their struggle to improve working conditions. During the late 1930s, their officials lobbied to have an ambulance constantly on-hand at the workshops to take injured workers to hospital and also for fully-qualified medical assistance to be present in the first aid rooms. Their proposal was printed in ‘a clearly legible form’ and circulated ‘amongst the workers’ who endorsed it at a series of mass meetings. This aspect of the committees’ campaign was ‘the most successful’, thought Bollins, because it ‘fell in line with what the railways may have had in mind for the future of the medical service’. The result was the full time appointment of industrial nurses. As subsequent developments indicate, the men had incorrectly assumed that qualified medical personnel meant male doctors, rather than female nurses.\textsuperscript{46}

\textsuperscript{43} Ibid., pp. 10-11.
\textsuperscript{44} 1885-1985 - Centenary Railway First Aid Corps, State Rail Authority, Sydney, p. 3.
The first nurses were employed at Eveleigh in April 1946. Heather Duffy lasted only four months before being transferred to a First Aid Station outside the railways, while the services of Winifred Williams were terminated in May the following year ‘owing to her recent marriage’. Her replacement in February 1947 was Mary Lions, who was soon promoted to Senior Industrial Nurse. In March, Jean Burnett Smith was also appointed and in 1948, this contingent was augmented by Eveleine Alice Bailey who resigned in March 1949. Lucia Anna Nardi transferred to Eveleigh from the Chullora workshops between March and April to cover for Mary Lions during a short period of leave, but stayed on as Bailey’s replacement. In 1968 Miriam Edwards replaced Lions who retired in that year. Lucia Nardi retired in 1973 and Edwards followed suit in 1974. Subsequently, Sisters Wheatley, McEvoy and Meikle worked in the three first aid posts at Eveleigh until the 1980s. Of these nurses, only Lions and Nardi had a major impact on the memories of the male workers at Eveleigh probably because their tenure was the longest.\textsuperscript{47} I will, however, concentrate on the former because she was a central figure in the men’s memories of industrial nursing.

A short time before she began at Eveleigh, in 1946, Mary Lions helped to form the Industrial Nurses’ Branch of the NSW Nurses’ Association and became one of its stewards. During the next two years she collected information for a Log of Claims for an award. And in 1948, when she attained the position of Branch Secretary, her efforts were rewarded when the first Award was handed down, giving coverage to 120 nurses who were employed in the Sydney metropolitan area. Describing these developments in \textit{The Australian Hospital}, Lions demonstrated that despite their effective industrial mobilisation, industrial nurses still relied on their association with management to legitimate their status and authority. ‘While doctors recognize the status of the industrial nurse as a matter of course,’ she noted, some firms ranked ‘their nurses somewhere between employee and executive’, some considered ‘them as executives, and others’ gave ‘them the status of personnel officers.’ Moreover, she pointed out that in recent times many Sydney firms were overcoming their initial reluctance ‘to employ a nurse at their works’ because they had come to realize that ‘she was not only an economic asset but contributed something special to the welfare and happiness of the employees.’\textsuperscript{48}

\textsuperscript{47} SRAA Personnel Files; General Information, Locomotive Workshops Eveleigh, 1975-80, SRAA - R154; Interview with Elizabeth Wheatley conducted by Lucy Taksa on 28 September 1999 for the Work, Technology, Gender and Citizenship at the Eveleigh Railway Workshops Oral History Project.

This sort of contribution came under the guise of what Lions called ‘social service work’, which included home visits to sick employees, assisting those with personal defects, like speech impediments, ‘listening quietly to an employees’ accounts of his troubles and giving advice, providing referrals to specialists in hospitals and to social service agencies. Work of this nature not only prevented ‘loss of production’, but also helped employees to ‘recognize the nurse as a friend’. Yet this rosy picture obscured underlying tensions, which were hinted at by Lions herself. For in arguing that one nurse could attend to 1,500 visits per 1,000 employees, she added that ‘if the number of the visits to the nurse … per month’ was less than this then the nurse was ‘either neglecting her work or her efforts’ were ‘being sabotaged.’

Such sabotage figures prominently in the testimonies of those men who remember Lions at Eveleigh. What was its cause? As will presently be seen, their resistance and opposition was not due to a suspicion of the industrial nurses’ welfarist ideals and associations with management functions per se. Rather, it centered on the apparent superiority of nursing qualifications over the men’s first aid training, the nurses’ power to approve absence from work and perhaps, most importantly, to expose weaknesses in men’s bodies in ways that undermined their masculinity.

As was the case in other enterprises, the employment of these women closed off an avenue for promotion at Eveleigh for those who wanted to advance to the salaried position of full-time First Aid Officer. Mary Lions told her interviewer in 1981 that ‘a lot of the first aid men’ were demoted by the hiring of the nurses. They were, she said, ‘robbed of the job’. In addition, the nurses challenged the skills the men had acquired through their first aid training, exams and competitions. Such activities had been entrenched in the work culture of the railways through the activities of the NSW Railways Ambulance Corps.

Before the war, in 1939 the Railways Department reported that 20,019 men belonged to this body, which fulfilled its aim of ‘having at least 50 per cent’ of its staff ‘trained and certified as competent first-aiders’. In that year alone 2,021 new employees qualified for the Corps’ entrance certificate, while 5,901 became proficient in a higher grade. In total, 7,922 employees received instruction and passed their exams. By the time that Mary Lions came to

50 Interview with Elizabeth Wheatley, 1999.
51 Interview with Frank Bollins, 1987; Interview with Mary Lions, 1981.
Eveleigh in 1947, the number of men who belonged to the Corps had grown to 29,740 or 58 per cent of Railway staff.52

Those, like Bob Matthews, who had a long association with the Ambulance Corps remembered Mary Lions in terms of a struggle over expertise. In recalling an incident when she ‘had a go at’ him, even though he ‘wasn't very ferocious sort of bloke’, Bob stressed that he had gone to first aid classes all his life, beginning in childhood when he accompanied his father, who had attended classes ‘every Sunday morning all his life’. This involvement had produced a continuing interest in first aid. Bob had received a gold medal and many proficiency awards, which legitimated his knowledge and provided the background for the following account of his animosity towards Mary Lions:

and when I went over one day to get a sore finger done up or something, she said, "How do you justify yourself in diagnosing an injury or condition of a patient? You're not trained for that". I said, “I'm trained in first aid”. So she was very adamant that I shouldn't be diagnosing … She said I wasn't authorised to do that because I wasn't a nursing sister … But it didn't stop me.53

Bob’s individual defiance was supplemented by a more broadly based opposition.

Frank Bollins recalled being ‘on a platform at a mass meeting in the carriage works, defending the right for the nursing sisters to be there and arguing with some of the male workers as to why they should be retained.’ This ‘was quite an interesting fight’, led by those workers ‘who could see a little sinecure they had an eye on for a number of years going down a spout’. But the hostility was more pervasive. There ‘was an immediate reaction’ to the women’s appointment, asserted Bollins, mainly because of ‘the absolute conservatism’ of ‘the old… railway workers’ whose usual practice’ had been to ‘go to the first aid room whenever’ they felt ‘so disposed, have a bit of a yarn with the first aid officer’ about ‘any personal problems’ including ‘hemorrhoids or piles and a few other male problems,’ which they found too embarrassing to ‘talk to a female nursing sister about’. In a subsequent interview a decade later, Bollins commented that the ‘old blokes’ refused to be treated by the nurses and

53 Interview with Bob Matthews, 1996.
54 Interview with Frank Bollins, 1987.
he mentioned one who said that he couldn’t allow Sister Lions to ‘dress me piles’. But this was not the only problem. The presence of women in the Ambulance Room also affected traditional patterns of interaction that sustained Eveleigh’s masculine culture because it prevented groups of men gathering in this space for what Bollins referred to as ‘a bit of a gossip’.56

In effect, the industrial nurses prevented the men from continuing collective practices that enabled them to conceal threats to their bodily strength and endurance, the very things that provide male workers with the means of survival, in exploitative class relations, and of asserting superiority over women. In this light the industrial nurses’ role in dealing with the workers’ ‘fatigue, injury and mechanical wear and tear’ drew added attention to the vulnerability of the men’s bodies and masculine identities. They challenged what Williams refers to as the ‘powerful gender binary’ implicit in the protectionist orientation of occupational health discourse and remedies, which construed men as protectors and women as in need of protection.57

Mary Lions epitomized this challenge. For although she operated from within a feminized profession, she used her nursing expertise to authorize her medical interventions in a way that prevented her patients from denying their vulnerability. As she pointed out in a Women’s Weekly article on nurses in industry in 1949, ‘When nurses check up on workers’ health in factories, they find that many who think they are perfectly well are not well at all. Some serious complaints are discovered and checked before they develop further.’58

Eveleigh’s workers responded to Lions’ interventions and attitude by emphasizing her lack of femininity. Bill Leech said she was:

rather a big, fat lady. A horror to deal with. If you had splinters or anything in your fingers she got them out, no worries at all. ... but you dreaded getting anything wrong with you so you didn't have to go and see her. She was particularly vicious on apprentices.59

55 Group Interview with Jack Bruce, Bill Driver, Bob Matthews, Bob Rhymes, Frank Bollins and Bill Leech conducted by Lucy Taks on behalf of the NSW Department of Urban Affairs on 23 October, 1996.
56 Interview with Frank Bollins, 1998.
59 Interview Bill Leech conducted by Joan Kent, 17 April 1996, for the Eveleigh Social History Project; Interview with Bob Matthews, 1996.
Bill Driver, who was an apprentice during the early 1950s, described the effect that Lions had on him at the time by referring to an episode when he had to see her about ‘a boil on my bum’.

As he put it, ‘She said, “Get in here, I know what you got, I’ll fix it and drop your daks, I’m not frightened”.’ He, on the other hand, commented that he ‘was petrified’ because she ‘was a huge woman, very domineering’.  

Military Associations and Gender Warfare

Besides emphasizing the different ways Lions’ transgressed accepted codes of feminine behaviour, the Eveleigh workers’ also invoked a collective narrative about all the nurses which associated them with the armed forces. According to Bollins, ‘the first two sisters that were appointed … were former army sisters and they in turn brought into the railway first aid situation’ a military discipline that was ‘very obnoxious and objectionable to the average railway worker’. In his view, the nurses maintained ‘their superior position’ in the face of ‘male chauvinism’ by ‘imposing a somewhat military attitude towards the workers’.  

Numerous interviewees refer to this association between the nurses and the armed forces, even though only the very short-tenured Heather Duffy served overseas with the 6th AGH during the war years. Lions and Nardi were only tangentially involved with the military forces. During 1945 and 1946 Nardi was the Industrial Nursing Sister with the Royal Navy Stores in Sydney and between 1946 and 1948 she worked as a ward Sister with the Papua New Guinea Administration. Lions, on the other hand, joined the Allied Works Council in February 1941, working at the Captain Cook Graving Dock in Sydney. In 1946 she worked for Qantas Empire Airways before moving to the railways.

What then can be made of this repeated refrain about the armed forces and military attitudes? If, as Wajcman suggests the armed forces ‘underwrite the ideology of hegemonic masculinity’ by representing and defending ‘the masculine ethic’, then this aspect of the collective narrative can be interpreted as a ‘formal marker’ that reflects how men who were forced to spend the war on the home-front, because the railways were a protected undertaking, continued to negotiate their experience of the war’s destabilising effect on gender categories,

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60 Bill Driver in Group Interview, 1996.
61 Interview with Frank Bollins, 1987.
62 ANJ, 15 January 1941, p. 8; Nardi, Lucia Anna: Application for Admission as a Fellow of the NSW College of Nursing and Agnes Mary Lions, Curriculum Vitae, Agnes Mary Lions Papers, Courtesy NSW College of Nursing Archives.
well after it was over. At the very time when efforts were being made to re-establish the old order through an insistence on sexual difference, these industrial nurses presented the living embodiment of the war-time disruption and concomitant entry of women into industries in which they had not previously worked. Further, while the intimacy inherent in nursing work was acceptable in hospitals and on the warfront, in places not traditionally associated with nursing, such as industrial sites, it had to be actively negotiated in a way that downplayed sexuality. The armed forces narrative provided Eveleigh’s male workers with a useful device for explaining and minimizing the humiliation that accompanied the nurses’ power to expose their fears, vulnerabilities and bodies.

As Katie Holmes has pointed out about the army hospital wards during World War One, the Eveleigh nurses’ authority over their male patients reversed traditional gendered power relations. And Mary Lions was especially assertive in the way she exercised her authority. Bob Rhymes described how ‘a fella went in and he’d cut his thumb and he was chewing gum and Sister Lions, ex army and no question about treating the thumb’, told him, ‘to stop chewing’ immediately. In a similar vein, Frank Bollins described one incident when Lions ‘administered the local anesthetic’ to his eye, by recalling that when he responded to her questions with curt ‘yes and no’ answers, ‘she turned on me and said, “You use my correct title”. She said, “My title is Sister, when you answer me you say, “yes Sister, no Sister”. And with that I said “yes Sister”.’

From this account, it is evident that Mary Lions adopted what the men referred to as a ‘somewhat military attitude’ as a way of enhancing her authority in situations which implicitly challenged her status, perhaps even subjected her to mild ridicule. But her strength and fearlessness in the line of duty also defied expectations of femininity and so transgressed gender stereotypes. Jack Bruce commented:

_That Ambulance Room was in existence when that fearful foundry accident occurred and it was under the command of a Sister Lions. Sister Lions had been an Army Sister._

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64 Damousi and Lake (eds), _Gender and War_, pp. 5-6; Strachan, _Labour of Love_, p. 151.
65 Katie Holmes, ‘Day mothers and night sisters: World War I nurses and sexuality’, in Damousi and Lake (eds), p. 57
66 Bob Rhymes in Group Interview, 1996.
... She was a very, very efficient woman but not terribly popular .... You stood to
attention .... I’m given to understand that her work with those fellows was absolutely
unbelievable. Her ability to cope was what was needed at the time and she sure did it.  

In recognizing her immediate treatment of the victims of this tragedy, her ‘efficiency and
sympathy… and of the manner in which she moved among them’, the foundry employees
made her ‘a gift of a beautiful Bouguet (sic) of Flowers’, an event that was reported in the
Eveleigh locomotive shop committee newsletter. Unlike the medals and certificates awarded
to male employees for excellence in first aid, this gift cut Mary Lions down to size by
invoking the symbols of femininity and fragility. Her own query, ‘Should I express gratitude
for these good wishes, please?’, which she inscribed on her own copy of the article gives us
some indication of the ambivalence she felt about receiving a gift for fulfilling the
requirements of her job.

In effect, Lions’ efficiency and control problematized the discourse of protection that
underpinned popular gendered understandings of occupational health and safety. Her strength
and endurance marked a stark contrast to the men’s physical vulnerability and the constant
threat posed to their masculinity by the possibility of accidents. Hence, in order to resolve the
conundrum posed by her ostensibly masculine approach to danger, they renamed her, as
Frank Bollins elaborates:

On one occasion … I got a foreign body in my eye … and I certainly have some
reservations in saying this because it was very cruel at the time, but she was a former
army nursing sister and she was certainly not the most attractive looking women and as
a consequence she had been given the name of ‘the Beast of Belsen’.

Frank was not alone in mentioning this nickname. Bill Leech used it when he described
Mary’s size and treatment of apprentices, Bob Matthews, in his account of the conflict he had
with her over his diagnostic skills, Bob Rhymes in regard to the gum chewing incident and
Bill Driver in relation to her treatment of his boil. In a group interview, these men agreed with

68 Interview with Jack Bruce, 1996.
69 ‘Eveleigh News: Fortnightly Newsletter of the Eveleigh Loco Central Shop Committee’, 3 September 1958;
Leonore Davidoff and Catherine Hall, ‘The Architecture of Public and Private Life: English Middle-class
Society in a Provincial Town, 1780 to 1850’, in Derek Fraser and Anthony Sutcliffe (eds), The Pursuit of Urban
History, Edward Arnold, London, 1983, p. 335; Mary Lions Personal Papers, held by her niece Ms. Jenny
Hawkins.
70 Interview with Frank Bollins, 1987.
Frank Bollins and Jack Bruce that Mary Lions ‘was referred to as the Beast of Belsen because she was a very aggressive person’ and ‘very abrupt’.  

What are the gender implications of this title? It is worthwhile considering the source of this appellation before exploring its association with Mary Lions because this in itself raises issues about the attribution of gender identity. Contemporary newspaper accounts of the Luneburg Belsen trial from September 1945, used this byname to refer to Josef Kramer, the Nazi German commander of the Bergen-Belsen concentration camp between 1944 and 1945 who was known for his cruelty. Yet, Kramer was not the only SS official to be associated with a bestial metaphor. In November, following evidence of her sadistic exploits, Irma Grese, one of Belsen’s female SS guards, emerged as ‘the Beastess of Belsen’. Later she was also called the ‘Beautiful Beastess’ and ‘Belsen Tigress’. By the time they were being sentenced in November 1945, Kramer had become the ‘Black Beast of Belsen’, Grese the ‘Blonde Beastess of Belsen.’

Those who called Mary Lions ‘the Beast of Belsen’ consciously chose and retained the masculine version, even though a feminine equivalent was available to them. In this way they effectively redefined her sexuality, while capturing something of the ambivalence and even fear she generated by challenging assumptions about gender-appropriate behavior and sexuality. Yet this particular narrative device not only tells us about the men’s attitudes to women who transgressed the public/private dichotomy, but also illustrates how they negotiated the resulting challenge to their masculinities.

As a number of scholars have pointed out nick-naming is a critically important facet of masculine cultures, particularly those associated with industrial workplaces. This nicknaming reflects a renegotiation of Lions’ authority. Its association with the war indicates that the handmaiden of industrial welfare was seen to be an armed combatant intruding on the men’s territory and their bodies. In order to deal with her interventions, particularly her

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71 Interviews with Bill Leech, Bob Matthews and Group Interview, 1996.
efforts to educate them in better eating habits and sexual hygiene, Eveleigh’s male workers masculinized Lions. By relying on a language that maintained a sense of unity and community against a hostile world, their ‘intimidatory humour’ defined their own masculinity, while also excluding outsiders. As importantly, it prevented industrial nurses like Lions from providing what the Director of the NSW Department of Health’s Division of Industrial Hygiene referred to as ‘good relations between management and men’. In short, they were unable to fulfill one of the fundamental goals of welfarism.

CONCLUSION

Industrial nurses faced numerous challenges in performing their duties. The greater freedom they had to exercise their discretion in factory Ambulance Rooms came at a price. Not only did they have to avoid encroaching on the expertise and authority of (male) doctors, but they also had to deal with being isolated from other nurses. In Australia, they engaged in a protracted struggle to legitimate their value to employers and in doing so accepted a role which construed them as handmaidens of welfarism. Being an adjunct of management, did not, however, prevent them from becoming active unionists in their own struggles to obtain better working conditions and pay, as well as recognition of their professional expertise and status. Yet, such industrial activism did not smooth their relations with other workers. Rather, its emphasis on qualifications and skills, helped to drive a wedge between them.

As ‘the meat in the sandwich’ between management and workers, industrial nurses not only closed promotion opportunities for a few first-aid officers, but also exercised power over male bodies. Far from becoming ‘friends’ with the workers, as Lions had proposed, their daily encounters involved them in armed combat. In Elizabeth Wheatley’s words, ‘going to work was like going to war’.

75 Green, “The “Double-edged sword”, p. 126; Interview with Mary Lions; ‘Address Delivered by Miss M. Lions, Secretary of the Industrial Nurses’ Branch of the NSW Nurses’ Association at the General Meeting of the Royal Sanitary Institute, on 3 September, 1948’, The Lamp, November 1948, p. 7; Bell, ‘Industrial Nursing’, p. 13.