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“Eliminating the drudge work”: Campaigning for university-based nursing education in Australia, 1920-1935

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“Eliminating the drudge work”: Campaigning for university-based nursing education in Australia, 1920-1935

Cover Page Footnote

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Background

For most of the twentieth century in Australia, hospital-based apprenticeship programs were the only pathway leading to registration as a nurse or midwife. Following a sustained campaign by the profession in the 1960s and 1970s, the last hospital-based training avenues closed in 1993, and all pre-registration education was transferred to the tertiary sector (Smith, 1999). The transfer was a difficult and tortuous journey (Pratt & Russell, 2002; Russell, 1990). New Zealand’s early struggle to introduce university education was similar (Sargison, 2001). Studies of nursing education elsewhere (MacPherson, 1996; Varney Burst, 2013) have reported similar challenges.

In the southern Australian state of Victoria, efforts to introduce university education before the 1960s, while acknowledged, have received brief attention from historians (Bessant & Bessant, 1991; McCoppin & Gardner, 1994; Minchin, 1970; Oppenheimer, 2019; Trembath & Hellier, 1987). These texts record Miss Jane Bell, matron of Melbourne’s largest hospital, as generating the idea of a diploma in nursing in 1928. The subsequent failure to achieve this goal by 1934 has been explained simply as a lack of support from the university sector, although Bessant and Bessant (1991) argue that the precise details “will probably never be known” (p. 6). The dominance of “success” stories in this and other histories of nursing leaves a gap in alternative realities, paths well-trodden but nonetheless abandoned. The availability of sources in recent years offers a strategy for seeing into that gap. As Hans Kellner (1987), a Canadian literary historian puts it, there is value to “getting the story crooked” in history. That is, understanding what is left out in historical accounts is key to a deeper appreciation of history as it really happened. The following analysis of the failed diploma in Victoria exposes a far more complex episode, with potential to shed light on long-held opposition to the introduction of university education in nursing.

University-based nursing education was raised as early as 1912 in an article of the *Australasian Trained Nurses Journal (ATNJ)*, the journal of the Australasian Trained Nurses Association (ATNA) a professional organisation founded in 1899 and based in Sydney. The article reported a hospital physician having declared that Auckland University in New Zealand should confer a degree in nursing to recognize nursing as a professional undertaking. The *ATNJ*’s editor concurred, posing the question: “should not the profession of nursing—the handmaiden of medicine—be considered worthy of recognition by the Universities of the [Australian] States?” (“A Faculty of Nursing,” 1912).

A subsequent editorial appeared in the *ATNJ*, authored by an Australian-born nurse, Miss Hester Maclean. Maclean had founded the New Zealand Trained Nurses Association and was founder-editor of its journal *Kai Tiaki*. Her missive rejected university-based education as being too much theory at the expense of nursing’s practical application. Maclean quoted an elder matron colleague, said to have remarked: “When nurses go to university I wonder who will do the work of nursing?” (“The University Degree for Nurses,” 1912).

University-based education remained unexplored in Australia until 1918, when it was resurrected as a possible strategy for raising nursing’s status. According to Isla Blomfield, *ATNJ* editor, university education had secured professional status for masseuses and presented a model that nursing could follow, with lectures to prepare women for the hospital workforce delivered by a “nursing college” (“Some Defects in the Training of the Nurse,” 1918). Again, the idea remained fallow. Meanwhile, in the state of Victoria, the Royal Victorian Trained Nurses Association (RVTNA), the prevailing professional organization, was pursuing statutory regulation, which had been applied to midwifery in late 1915 (Grehan, 2009). In November 1921, the RVTNA announced

that the “time was opportune for the foundation of the College of Nursing” to be commenced by “establishing a midwifery school” (*RVTNA Monthly Council Meeting Minutes*, 1921).

What prompted this proclamation with its specific connection to midwifery education is unclear. Victoria was beset with a perennial shortage of midwifery nurses (Grehan, 2009). Despite seven attempts in the parliament, nursing was not subject to statute, unlike the practice of midwifery. The RVTNA was otherwise experiencing an existential crisis. As a professional association, the RVTNA tended to avoid issues concerning nurses’ conditions. A direct threat to its dominance emerged in the Trained Nurses Guild (TNG), recently established and agitating to secure federal labour laws that would apply to nurses across Australia, irrespective of state jurisdictions. The TNG’s move had the potential to designate nursing an industry and enforce an eight-hour day, among other conditions (Trembath & Hellier, 1987). Another explanation is that the University of Leeds was to introduce a diploma in nursing program (“General Items,” 1921) and the RVTNA may have imagined they could emulate it. Plans for a diploma, however, dissipated.

Nursing at Universities in America

A possible solution for nursing’s various woes appeared in October 1923, when the Rockefeller Foundation’s (RF) 1922 *Report of the Committee on Nursing Education in the United States of America*, known as the Goldmark Report, reached Australia (Barrett, 1923). Goldmark advocated university education for nurses who aspired to leadership and senior positions in health care administration, dietetics, teaching, and public health. Training of nurses at universities was said to be achievable in 28 months, in entrants with high school education, by “eliminating drudge work” (Barrett, 1924).

The Goldmark Report piqued the interest of Sir James William Barrett, a medical doctor and consultant at the Melbourne General Hospital, a lecturer in the special senses, and member of the University of Melbourne’s governing council. Barrett had eclectic interests. A eugenicist, he was committed to promoting national health and vitality, improved maternal and child health, and lifelong learning, and expanding education at universities. He was a founder of the Workers’ Educational Association, by which University of Melbourne staff delivered lectures to working men via an Extension Board scheme (Roe, 1984). Barrett was a founder and continuing secretary of Victoria’s Bush Nursing Association (VBNA), which promoted geographically isolated communities’ employment of a nurse with general and midwifery qualifications to provide a basic health service (Grehan, 2009). Barrett thus opined regularly about workforce issues and what he claimed were deficits in nursing education and training.

While well-connected with circles of political, cultural, and social influence, Barrett was openly disliked by colleagues in the Faculty of Medicine at the University of Melbourne. In World War I, he served in the Australian Imperial Force in Egypt and had oversight of Red Cross Comforts. Disputes about the distribution of Red Cross supplies and the management of nurses resulted in Barrett and Miss Jane Bell, then a senior army nurse, being recalled to Australia. Barrett simply resigned his commission and joined the British Imperial Force (Roe, 1984). As Sherson (2005) has noted, this professional hostility between Bell and Barrett was to play out, long after the war, back in the city of Melbourne where Bell was RVTNA vice-president and Barrett was VBNA secretary and a senior administrator of the University of Melbourne.

In late 1923, having received a copy of the Goldmark Report from Rockefeller Foundation (Williamson, 1923), Barrett put the case for university-based education in Australia. In newspapers and nursing journals, he argued that a higher level of education would reduce the shortages of nurses

in rural and remote areas, particularly midwifery nurses. He pointed out that a training school which was part of a hospital service was permanently conflicted, quoting Goldmark:

the nurse "may have learned in a week to mend rubber gloves or learned in a day to wash lettuce for private patients, [but] if gloves are to be mended or lettuce to be washed, to these [hospital] services she is assigned for additional weeks." (Barrett, 1924)

Barrett praised American universities that offered education in nursing: Minnesota, Cincinnati, Colorado, Indiana, Michigan, Missouri, Nebraska, the North Western University and others. More than 20 others provided postgraduate courses in public health nursing education, among them Wisconsin, Pennsylvania, Michigan Ann Arbor, and Berkeley, California. Candidly, he pointed out that each "Department of nursing has a Dean of its own . . . the curriculum leads to a degree in nursing or in science" and that "it may come as a surprise to Australian medical practitioners to meet a nurse who signs after her name the letters B.N." (Barrett, 1924). Late in 1924, Barrett received the *Yale Bulletin School of Nursing 1924-1925* from James Angell, Dean of the Medical School. Angell explained that the Yale School was an experiment to combine nurse training with a brief apprenticeship. The scheme "excluded all purely manual labour, and drudgery which can be cut out. The ordinary hospital procedure uses its apprentice nurses to do a good deal of the rough work of the hospital, which would normally fall to the charwoman" (Angell, 1924).

Barrett subsequently corresponded about the program with Angell and Annie Goodrich, inaugural dean of the Yale School of Nursing. Curiously, Barrett does not appear to have connected with the RF's then secretary, Edwin Embree, who toured the Pacific region in 1925, visiting New Zealand prior to Australia. In New Zealand's south, Embree met Miss Edith Tennent, superintendent of nurses at Dunedin Hospital. In his diary, Embree recorded that he was careful not to offer any "help in nursing," observing an apparent "clash between p.h. [public health] training in proposed Univ. course and the Plunkett [*sic*] School" (Embree, 1925, October 19-20).

By contrast, Embree's Australian diary entries do not list a nurse or even nursing. Rather, they signalled investigations into Australian Aboriginal peoples, surveys of human biology in universities, and possible fellowships in biological sciences. Embree did visit the city of Melbourne twice, during November and December 1925, meeting university and health department luminaries. He toured the Melbourne General Hospital with superintendent Dr. J. R. Williams and inspected the University of Melbourne with Professor Frank Longstaff Apperly, a pathologist (Embree, 1925, November 15-21, December 1-3). Why Barrett was not party to Embree's visit is yet to be established.

Divergent Paths

For the next four years, Barrett continued his evangelism on the advantages of the US system, attracting firm support from influential groups. A key ally was the National Council of Women (NCW), which campaigned on women's issues, including health care. Just as vigorously, the RVTNA critiqued this model. The editor of *Una*, the RVTNA's journal, was a medical doctor, a lecturer at the University of Melbourne, and a member of Victoria's Branch of the influential British Medical Association (BMA). In July 1924, he credited the Goldmark Report as a "great and epoch making contribution to nursing education" yet predicted that shortened training of 28 months would result in "loss of practical efficiency" in Victoria ("The Training of Nurses," 1924). Just a month later in August 1924, the RVTNA announced its future policy focus to be postgraduate education, via a university diploma in nursing, leading to administrative or teaching posts, along the lines of that being formulated in New Zealand ("A Diploma in Nursing," 1924). Created as a scheme of University of Melbourne Extension Lectures given by medical staff, these eventually began in early

1926. The first was delivered by surgeon Dr. Bernhard Zwar, immediate past president of the RVTNA, chairman of the Nurses Registration Board, and a BMA member. Despite the title of his lecture, Zwar made no mention of aspirations for university-based education (“The Progress of Nursing,” 1926).

The reasons for RVTNA opposition to the US model of education were myriad. Some nurse members of the RVTNA Council owned private hospitals; others such as Jane Bell were matrons of large public hospitals, all relying on the cheap labour that trainee nurses supplied. Any external threat to supply was resisted. Mutual recognition of qualifications around Australia was another aspiration of the RVTNA, with three years the standard training (Grehan, 2009). The introduction of the Yale model of theoretical education of two years and 15 weeks would destroy that goal. The RVTNA was unrelenting in its critique of Barrett and of the NCW, which, it reported, had “arranged themselves in favour of American methods—notwithstanding the discredit attached to easily-won American degrees.” The NCW also stood accused of failing nurses because it allegedly disapproved of reciprocity arrangements (“The Status of Our Nurses,” 1925).

Barrett ignored his critics. He remained concerned about the status of midwifery education, given the VBNA’s needs, hoping that it could be part of general training. He wrote to Yale University to establish how its nursing education experiment handled midwifery. James Angell asked the Dean of Nursing, Annie Goodrich, to “Please write a page to this seeker after truth” (Angell, 1927). Goodrich explained that midwifery was not included in basic training because it would add another six months to the course (Goodrich, 1927). Barrett then posed another question: “Can . . . the ordinarily educated, intelligent girl enter a course with you and become a bedside nurse in 28 months?” (Barrett, 1927).

Convinced of the US model, during 1926 and 1927 Barrett canvassed universities and institutions in the English-speaking world, printing this as *Epitome of Information Available Respecting the Modern University Movement for the Better Training of Members of the Nursing Profession* (Barrett, n.d.). He concluded that three groups of nurses were being trained in the world. The bedside nurse he classed as an “ordinary” nurse. The second type were public health nurses, essential for preventative medicine. The third group were “Graduates in Science or Arts in Nursing, who will be Teachers of Nursing, Matrons, Secretaries and Superintendents of Hospitals, and in general leaders in their profession” (Barrett, n.d.).

In June 1928, Barrett submitted his *Epitome* to the BMA for comment (Bainbridge, 1928) and to the University’s Council, and penned a newspaper article about it which reads, in part:

Much interest centred on the experiment being conducted at Yale University where, with the aid of the Rockefeller Foundation, the University was seeking to shorten the time necessary to train nurses by employing proper educational methods—in other words, a return to the method originally adopted by Florence Nightingale. (Barrett, 1928)

Earlier in 1928, the RVTNA had announced a plan for a diploma in nursing and invited the University of Melbourne to consider it (*RVTNA Council Minutes*, 1928). The university’s registrar was in sympathy with the idea but made it clear that a diploma was not a degree and that any diploma was “granted by resolution” of the University, so not an award of the University per se, recommending that a concrete plan be devised and submitted (*RVTNA Subcommittee Minutes*, 1928). The BMA, with many members in the Faculty of Medicine, rejected the RVTNA’s idea for a scheme, concluding that “it was neither necessary nor desirable that such training should be carried out at the University, nor that a University diploma should be granted” (Stanton Crouch, 1928). Barrett

recognized that his proposal could not proceed without Faculty support (*University of Melbourne Council Minutes*, 1929). Even so, he continued to argue the benefits of university-based education (Barrett, 1930).

A new advocate for university-based education emerged in 1930 when Barrett received a plan for nursing education in Australia, sent by his good friend Mrs. Ivy Brookes (Barrett, 1930). The plan's author was Sister Stella Pines an Australian nurse and World War I veteran. With qualifications in general nursing, midwifery nursing, and infant welfare, in 1926 Pines embarked on four and a half years self-funded study in Canada, the United States, Europe, and England. She studied public health nursing at McGill University School for Graduate Nurses, teaching and administration at the University of Toronto, and public health at the Royal Sanitary Institute (Grehan, 2014). She attended conferences, met numerous medical luminaries, and visited as many schools of nursing as possible, giving lectures and observing, including Yale in 1929.

Pines explained to Dean Annie Goodrich that she wanted to establish education in Australia, and that her nurse training school in Sydney was applying for a Rockefeller Fellowship to support her studies (Pines, 1929). In New York in early 1930, Pines met Ivy Brookes. Brookes was a daughter of Alfred Deakin, Australia's second prime minister and married to Herbert Brookes, Australia's commissioner-general to the United States and from 1933 a member of the University of Melbourne's council. Brookes was an active member of the NCW campaigning on women's issues (Wilkinson & Lemon, 2003). Brookes and Pines, together, inspected nursing schools in the United States. Impressed with Pines's intellect, Brookes asked her to write a report of her experiences and suggestions for nursing education in Australia (Brookes, 1930a). Pines devised a national scheme for university-based graduate schools in Australia, coordinated by a body that she called an "Australian college of nursing" (Pines, 1934).

In October 1930, Brookes visited New Haven to investigate the Yale experiment. With her was another Australian nurse, Miss Grace Wilson, CBE, RRC, FNM. Wilson was in Canada and the United States to make "a special study of hospital work" ("Social Notes," 1930). In Melbourne, Wilson owned a private hospital, was matron-in-chief of the Australian Army Nursing Service, and was a member of RVTNA's council. The Yale experiment impressed both visitors. In thanking Annie Goodrich, Brookes wrote "the Freshman Class comprising such a fine body of young women-hood of this Country was in itself an inspiration to urge us to work even more enthusiastically for a similar school of Nursing in Australia" (Brookes, 1930b). Brookes also consulted Mary Beard, assistant director of the RF's International Health Division. They discussed "nursing education and practice" with the aim of improving conditions in Australia because, as Beard recorded in her diary, "They need it" (Beard, 1930).

Having returned to Australia, Pines promoted university-based education (Pines, 1932), yet she failed to convince government authorities of its merits, being dismissed as an earnest individual but "lachrymate" (McCallum, 1932). To be fair, the Australian federal government could do little about Pines's plan because how nurses were educated and training was a state-based matter. In 1932, Brookes returned to Melbourne from the United States, and Pines relocated there from Sydney. Joining forces with Barrett and Wilson, the group approached the University of Melbourne's Chancellor. He ruled out helping to organise a diploma in early 1933 but recommended they consult the acting principal of the Teachers Training College, who welcomed the idea. Brookes and Pines then met the RVTNA Council to apprise them of developments (*RVTNA Council Minutes*, 1933a).

In the meantime, the RVTNA's inaugural president, Dr. John Springthorpe, had devised a scheme based on the University of London diploma and aligned to local conditions. This raised the possibility that a diploma might be conferred by an institution other than the university (*RVTNA Council Minutes*, 1931). Thus, two distinct camps were promoting education models of different sorts. Outlining her scheme to the RVTNA Council, Pines suggested that the profession might link the establishing of a college of nursing with Victoria's centenary celebrations in 1935. The idea was to build support and raise funds. Brookes had already recruited women to assist her on a "Citizens Committee," which included nurses and influential members of the NCW Mrs. May Moss and Mrs. Lillias Skene MBE (*RVTNA Council Minutes*, 1933a). The RVTNA president, Jane Bell, was suspicious, telling her council that "there was fear of political control" of the venture (*RVTNA Council Minutes*, 1933b). But with in-principle support forthcoming, and a sense of optimism, the Citizens Committee and the RVTNA Committee amalgamated as the Temporary Conjoint Committee of the Proposed College of Nursing. An executive was elected: Grace Wilson as provisional chairwoman, Alice Moss as vice-president, Sir James Barrett as honorary treasurer, and Stella Pines as honorary Organiser ("College of Nursing," 1933a).

Overnight, this cooperation unravelled. A gulf of difference emerged between the factions over the fundamentals of the proposed college and who "university" education was for. The executive made critical errors of judgement. First, they bypassed the Teachers Training College and approached the University's council again ("Items of Interest," 1933). This time, the chancellor welcomed what he called "Barrett's formulation" and the proposal went to the University's Professional Board ("Training of Nurses," 1933). Second, Barrett drew up a draft constitution for the proposed college. It allowed laypersons, NCW members for instance, to purchase membership and take seats on the college's governing body, which Bell claimed would be "detrimental to the nursing profession and misleading to the public" on the basis that it would not be run by nurses for nurses (*RVTNA Council Minutes*, 1933c). Third, Barrett's group still wanted education for aspirant nurses who had secured a training place; the RVTNA saw the education as postgraduate ("College of Nursing," 1933b). Put to a vote, the RVTNA membership roundly rejected Barrett's constitution and the RVTNA formally withdrew from the Temporary Conjoint Committee (*RVTNA Council Minutes*, 1933d).

The university also bristled. The Professorial Board Committee determined it could not advise on Barrett's "formulation," citing several reasons. First, the course required a college to run the scheme and one did not exist. Second, the course was too short and its content below university-sanctioned diplomas in music, commerce, journalism, and public administration. Third, the scheme did not feature subjects with a "distinctive "nursing" character" to justify offering a "distinct" diploma. Last, "embarrassment was caused in a similar case recently by failure to deal comprehensively with the matter in the first instance" (*Professorial Board Committee Minutes*, 1933). This may have referred to a new diploma connected to the Board of Social Studies, which the University had not wanted to endorse. But even in the face of overwhelming objections to, and rejections of, their respective schemes, neither Barrett's group nor the RVTNA would give in. Both resumed their lobbying.

The RVTNA announced that it would establish a college as a "Centenary effort on behalf of the nursing profession," with a goal of raising £20,000 via the "Nation's Fund for Nurses" (*RVTNA Council Minutes*, 1933e), likening its crusade to the 1855 effort which raised money as a tribute to Florence Nightingale (Bell et al., 1933). The RVTNA asked the university to resist approaches from any committee claiming to represent nurses (Anderson, 1933).

A Melbourne Innovation

Barrett's supporters, perforce, re-formed as the Provisional Committee for Postgraduate Studies in Nursing. Chairman Grace Wilson notified the University of Melbourne's Chancellor that her committee intended to grant certificates to nurses who completed "a curriculum of advanced studies" (Wilson, 1933). Just before Christmas 1933, Barrett's group met members of Melbourne University's Council, to seek cooperation on establishing the curriculum for girls who had the intermediate certificate, that is, education to around age 15. Contradicting its advice given in September 1933, the Council determined that the university "should give the assistance requested" (Agar, 1933).

Thus, at its final meeting for the year, the University's Council agreed that "steps should be taken for teaching the subjects necessary for a diploma of nursing," along the lines of the newly established diploma in social studies (*University of Melbourne Council Minutes*, 1933). Teaching of anatomy, physiology, and bacteriology, among other things, were placed in the hands of Sir John McFarland, chancellor; Sir James Barrett, vice-chancellor; Professor W. A. Agar, president of the Faculty Board; Professor W. A. Osborne, dean of the Faculty of Medicine; and K. H. Bailey, professor of law. Barrett told local press that this Melbourne "innovation" had been crafted by a committee consisting of Grace Wilson, Stella Pines, Ivy Brookes, Alice Moss, and Lillias Skene ("Diploma of Nursing," 1933a). It seems that the university believed the education would be offered by some organization with input from the university, nothing more.

Unsurprisingly, this news was explosive. The University of Melbourne's registrar clarified the position immediately: nursing students would attend some classes at the university, but any qualification would be awarded by an outside voluntary committee on which the university would be represented, and would not be a university diploma ("Diploma of Nursing," 1933b). Dr. Bernhard Zwar, Barrett's old adversary and an RVTNA former president, was indignant. Zwar's held that the faculty had already rejected the proposal; the unchanged proposal was resubmitted without faculty consultation; nurses were divided on the plan and the university would be seen as aligned to one faction; and the university should not be represented on a committee issuing diplomas because it would infer that testamurs were granted by the university. Zwar intended to see the decision reversed but his Faculty of Medicine colleagues on that occasion did not agree (*Faculty of Medicine Minutes*, 1934).

Two weeks later, Barrett's group advertised a forthcoming postgraduate course at the University of Melbourne. The first year was open to women who had a nurse training place but were too young to take it up; trained registered nurses joined the second year ("Education of Nurses," 1934). A subsequent article in *Una* labelled Barrett's group a "subversive movement," making "a new and insidious attack on our [nursing's] unity and common purpose" ("College of Nursing," 1934). It seemed that Barrett had won the race, installing a form of study to prepare non-nurses for conventional training, theoretically avoiding the "drudge work" just as the RF model did at Yale. How many students undertook the course in 1934 and in what category they enrolled is not known.

With the course started, Barrett's group again approached university staff with "the nurses of the Committee" requesting that the course be conducted "under the auspices" of the University (Agar, 1934). A one-page summary of that meeting bears an addendum signed by Chancellor McFarland the next day that reads, "Cannot use expression under the auspices etc" (Agar, 1934). The registrar confirmed that the expression "under the auspices of the University could not be used" (Bainbridge, 1934) because it implied that the university sponsored the program. It transpired that the Board of Social Studies had incorrectly applied the phrase to its new diploma, without the university's

permission or the awareness of university representatives on the relevant Board. Having inadvertently auspiced one new vocational diploma, the university did not want to repeat the mistake. Even as the course work started, opposition remained fierce, courtesy of Zwar and others. The RVTNA accused the NCW of allowing its members to interfere in the affairs of another organization, in contravention of Article III of the NCW's constitution (*RVTNA Council Minutes*, 1934). Ultimately, however, the RVTNA was a step ahead. In July 1934, it changed its name and legal status to be an incorporated association not for gain called the Royal Victorian College of Nursing (RVCN) ("Articles of Association," 1934).

With the creation of a "college," courses could be delivered in this forum, just as was the case in England. In a letter to the Australian prime minister, Pines credited the "untiring efforts of Mrs Brookes, Mrs Moss and Mrs Skene" with the college's foundation because many of the nurses had "tried to pull down all that was being built up" (Pines, 1934). Towards the end of 1934, Barrett's committee and the RVTNA settled their differences and amalgamated. The university was pleased that the rift had been resolved and appointed four supportive staff to the RVCN's Educational Committee (Bailey, 1934). Even so, the dean of law penned a letter to the Registrar, noting that there was a:

fresh effort by a disgruntled minority to destroy or defer the settlement now in process of being completed . . . I may say that I am myself tackling the leader of the disruptive group on Monday in the hope of securing some kind of agreement. (Bailey, n.d.)

Exactly to whom Professor Bailey was referring is unclear. In any case, the course underway at the University of Melbourne was adopted by the RVCN in 1935 as a two-year scheme for postgraduates only: Part A comprised "the study of the scientific basis and general principles of nursing, and includes the elements of physics, chemistry, anatomy and physiology, hygiene and bacteriology, elementary psychology, methods of teaching and elements of educational psychology"; Part B comprised:

the study of the history of nursing, a special study of the principles relating to one branch of nursing selected by the candidate herself, from amongst a list of special subjects which include general nursing, obstetric, and gynaecological nursing, the nursing of children, public health, and hospital administration. ("College of Nursing," 1935)

The University and Teachers College issued a certificate that was expected to be recognized throughout the world ("College of Nursing," 1935), but the course was only moderately embraced with only five students completing by 1939 (Smith, 1999). Such study was costly and not necessary for career advancement. The RVCN courses ran until 1950 when there were enough students to enrol. The program was later reformatted by the College of Nursing Australia, established in 1949 (Smith, 1999).

It must have disappointed James Barrett that his ideal of scientific education to prepare novice nurses for practice in the RF vein was so obstructed. Right to his death, he believed it was an appropriate path and ultimately Barrett left a legacy to the University of Melbourne, named in memory of his first wife, Marian Barrett. The terms of the 1945 bequest read, in part:

whereas my experience of American Universities is of such a nature as to influence me towards providing for the foundation of a School of Nursing now I hereby express my desire that the aforesaid legacy of Seven hundred and fifty pounds to the University of Melbourne shall be applied in or towards the foundation and/or development of a School of Nursing or

if insufficient for such purpose shall be used as the nucleus of a fund for that purpose. (Marian Barrett Bequest, 2010).

Alerted to the bequest, the university took advice from the Professorial Board, which did not favour establishing a school of nursing. Instead it recommended that "the income of the request be devoted to providing . . . an annual course of lectures to registered nurses on an approved subject of interest to the Nursing profession" (*University of Melbourne Council Minutes*, 1945). The university consigned the money to the investment pool, funding just two lectures in the 1950s through its Extension Board program. In 1996, a School of Post-Graduate Nursing, however, was established at the University of Melbourne and the fallow bequest was revived to support an annual memorial lecture in Marian Barrett's name, delivered by a scholar at the forefront of nursing research. Nursing at the University of Melbourne is available today as a master's entry to practice program and the Department of Nursing offers postgraduate research programs, with an emphasis on impact at the bedside.

Conclusion

James Barrett and his supporters' conception of "higher" education in Australia consistently was education imagined on a higher plane, that is, using university-delivered nursing programs to expose intelligent novices to science and public health matters early on, just as US models were said to do successfully. It is fair to say that Barrett's campaign for university-based education in Victoria underestimated its opposition, and it had a different goal, being pre-registration education. The RVTNA through Jane Bell had a valid point, wanting a nurse-run organisation that would allow entry to the International Council of Nurses. Bell and her colleagues were perennially concerned about attracting enough pupils to supply their hospitals with staff, while Barrett thought that if nurses were educated in science they would want to stay in practice. Yet it was almost impossible for nurses who married to remain working at bedsides in hospitals in Australia at least until 1947.

In this respect, it is possible to argue that Barrett held some aspiration for women's autonomy in his vision, for more intelligent nurses to be emancipated from the drudge work of nursing, but clearly not for all nurses. Barrett still expected a hierarchy of nurses, that "ordinary bedside nurses" would be necessary one way or another, and that would-be leaders needing different training. This is not so far removed from Nightingale's two-tier model in which head nurses of good upbringing modelled behaviours to lower-class pupils. Herein lies the benefits of "getting crooked" the history of university-based education in nursing in Australia. Through a more full and frank exposition, it is possible to see that the diploma in nursing was not a triumph conceived of, or achieved by, one individual as most histories report. It was a shared vision working towards different ends, nonetheless hard fought and hard lost. Surprisingly enduring, the elements that dogged Barrett's aspirations and obstructed Bell's visions were well beyond their control. Doctor members of the RVTNA, being members of the BMA and members of the Faculty of Medicine at the university were completely opposed to any advance in nursing education, unless they controlled it.

Sustained opposition from medicine and other quarters persisted in Australia as nurses fought to move all nursing and midwifery education into the tertiary sector in the 1960s and 1970s. Even now in Australia, concerns prevail about who is to do bedside nursing and what preparation they require, reflecting the question reportedly asked by an elder matron in 1912: "When nurses go to university, I wonder who will do the work of nursing?" The transition to university-based education was just as difficult for the Yale experiment, seen in the words of Yale's dean of nursing in early 1936:

How quickly this evolution will come will depend largely on economics and upon public education and understanding. . . . We are convinced that no real solution will be found for the ills of nursing and its inadequacies until we differentiate between nursing education and nursing service. (Dean of Nursing, 1936)

It took another sustained effort by the profession in Australia, combined with changes in government policy, to remove nursing education from its bondage to hospitals. The “drudge” work of nursing, however, is not something that can be eliminated. The struggle to value every element of nursing practice, drudge or otherwise, in Australia is an ongoing exercise.

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