



Disrupting dominant discourse: Indigenous women as trained nurses and midwives 1900s–1950s



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ABSTRACT

Background: The history of Indigenous nurses and midwives in Australia is yet to be fully examined. There is a dearth of Indigenous-led research that identifies the rich and complex involvement of Indigenous women in Australia's nursing and midwifery labour force.

Aim: This paper contributes to the history of Indigenous women's participation in nursing and midwifery in Australia by examining how it was possible for some Indigenous women to pursue nursing and midwifery qualifications when this was not widely acceptable. The paper specifically seeks to investigate the enablers and limitations placed on Aboriginal women in accessing training.

Methods: Underpinned by historical methods and using an Indigenous lens for interpretation, this paper adopts a descriptive case study methodology to make visible the little-known yet important contributions of Indigenous nurses and midwives before 1950. It positions the case studies within the context of the Acts of Administration that controlled the lives of Indigenous Australians.

Findings: Through three case studies, this paper exposes the consequences of the debilitating, racialised laws of the time, which rendered Indigenous people invisible. The case studies demonstrate that Indigenous women did train as nurses and midwives in the early 1900s, even though they are largely absent in the historical record.

Discussion: Writing historical accounts of Indigenous Australian nurses and midwives is challenging, partly because they are largely excluded from the historical record, and partly because of the normalised technique used to frame history in Australia. Much historical discussion fails to account for Australia's racialised biases and produces (race) obstructionist histories. An alternative approach is offered, centred on Indigenous women's work to meet the individual, institutional and ideological racialised limitations set by context (nursing and midwifery history), historical period (1900s–1950s) and place (Australia).

Conclusion: Obstructionist histories mean that the history of Indigenous nursing and midwifery in Australia has not been well researched, interrogated or published. There is a need to document these histories and recognise the Indigenous women of the era who, in spite of the challenges they faced, forged careers in nursing and midwifery and laid the foundations for the Indigenous nurses and midwives who followed.

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Summary of Relevance**Problem or Issue**

The history of Indigenous women as nurses and midwives between the 1900s and 1950s is largely unknown. There is a dearth of publication, interrogation or research outlining the important contribution they made across Australian healthcare settings.

What is Already Known

Indigenous nurses and midwives have participated in nursing and midwifery services and offered care to both Indigenous and non-Indigenous Australians since at least the 1950s. Indigenous nurses and midwives are integral to care in both mainstream and Aboriginal health service provision.

What this Paper Adds

Makes visible the contributions of Indigenous women to the nursing and midwifery professions, as an intercept to historical discourses that have rendered these women largely invisible. Outlines the enablers and limitations placed on Indigenous women in accessing nursing and midwifery training before 1950.

Provides Indigenous-led scholarship and an Indigenous lens to Australian labour force history through an investigation of Indigenous nurse and midwifery history.

Short description

The historiography of Aboriginal women as nurses and midwives between the 1890s–1950s is largely unknown. There is a dearth of publication, interrogation or research outlining the important contribution they have played across Australian health care settings.

1. Introduction and background

Most Australian historical records hold that, at least until the 1950s, Indigenous women were consigned to domestic servitude because of the segregation and protectionist legislation which applied to them (note our deliberate choice of the term ‘servitude’: Indigenous women were subject to the whims of powerful white employers and rarely received fair pay) (Best & Gorman, 2016; Best & Howey, 2013; Best, 2015; Huggins, 1987, 1995; Kidd, 2007; Scott & Evans, 1996). With the gradual introduction of assimilation policies in the 1950s, it became possible for Indigenous Australian women to make choices about their futures and some undertook training as nurses or midwives. Indigenous women who trained as nurses and midwives in the 1950s have been celebrated as ‘firsts’: that is, as pioneers in a profession from which they were previously excluded (Best, 2011; Goold & Liddle, 2005).

Research has established that these ‘first’ Indigenous nurses and midwives had predecessors. Some Aboriginal women trained well before the 1950s and gained recognised qualifications in nursing and/or midwifery. Numerous anecdotal reports and formal research (Best, 2014, 2015) have confirmed that at least five Aboriginal women trained before 1950. One example is Miss May Yarrowick from the Armidale region, who was educated as a midwife at Crown Street Women’s Hospital in Sydney.

This evidence contradicts the assumption that Indigenous women were consigned to domestic servitude before 1950. The evidence also counters the broad claim that career pathways were not accessible to Indigenous women until after assimilation policies were introduced in the 1950s. There is sound historical evidence that some Indigenous women attained autonomy and agency in early twentieth century Australia, including their participation in the paid workforce and their participation in Australian healthcare.

This paper makes visible two Aboriginal women who worked as trained midwives in Australia before 1950 and a scheme in Queens-

land to train ‘native’ nurses. It applies an Indigenous lens to consider how it was possible for some Indigenous women, yet not others, to exercise agency in pursuing an education and a career. This paper also considers the enablers and limitations placed on Indigenous women in their efforts to access training. For example, we are interested in what role socio-legal structures may have played in facilitating or restricting women’s aspirations. These include protection and segregation legislation, and the policies of institutions, hospitals and organisations. Additionally, we consider the influence of powerful individuals, including administrators, religious or church leaders, matrons and doctors, and even parents. This paper does not aim to reduce the status of those Indigenous nurses of the 1950s who have been recognised as ‘firsts’. Instead, this paper extends that history, revealing and seeking to understand the pathways of their predecessors, and questioning long-held assumptions about the status of Indigenous women during the Acts of Administration.

We provide three case studies as examples of the lived experiences of Indigenous women who were nurses or midwives during the times of protectionism and segregation. We note that not all Indigenous women at the time were administered under the various Acts of protectionism, segregation and administration. However, the broader impacts of segregation still affected them. One of our case studies illustrates this: May Yarrowick, who was not administered under the New South Wales *Aborigines Protection Act of 1909* and who became a midwife at Crown Street Hospital in Sydney in 1905, endured segregation from her peers.

2. Research design

As Aboriginal authors, we acknowledge that the historical practices analysed in this paper are held within us. As with the Indigenous professional women who came before us and who share their stories through us, we enact our agency to create the historical record and highlight the lived experiences of Indigenous women in Australian healthcare. We apply an Indigenous lens to our work.

The research design was constructed through three phases.

2.1. Phase I

Phase I began with a multi-media campaign across Indigenous communities seeking stories about women who had trained as nurses and midwives between 1890 and 1950. An email address was created for community enquiries. An article was published in *The Koori Mail* (a fortnightly national Aboriginal newspaper with a readership of over 50,000). The first author was interviewed on seven Aboriginal radio stations, some of which broadcast to ex-missions and reserves, and by the National Indigenous Television Network on the nightly news program at 6 pm. A poster was developed and sent to all Aboriginal Medical Services and 200 other Aboriginal community organisations across Australia. The response was enthusiastic and provided much data for further research. Phase I resulted in six previously unidentified women thought to have trained as nurses or midwives in NSW and Queensland between 1900 and 1950.

2.2. Phase II

The authors used historical records to examine the anecdotal evidence uncovered in Phase I. Registration documentation, newspaper articles and other documentary evidence such as photographs, certificates, diaries and correspondence were collected and validated. This part of the research was complex. Many records were difficult to source and, when sourced, were incomplete, including hospital records of nurse training and employment, certificates, images, professional association registers of members, and

newspapers of the relevant period. Particularly useful were the records of local history associations in places where a nurse had trained and/or worked.

2.3. Phase III

The first author is Chair of the Indigenous Working Party of the Australian Dictionary of Biography. In 2016, the Australian National University (where the dictionary is housed and created) held a conference of global dictionaries of biography. The first author presented a paper on pre-1950s First Nation nurses and midwives. As a result of this presentation, the first author was invited to establish a project titled *Hospital-Trained Aboriginal and Torres Strait Islander Nurses and Midwives*, as part of the National Library of Australia Oral Histories Section. The project focuses on all hospital-trained Indigenous nurses and midwives. Research for that project further confirmed the data gathered in Phases I and II.

3. The acts of administration: educating the backward race

The socio-legal structures of the time are critical to understanding the limitations and enablers that influenced the lives of the Aboriginal women portrayed in the case studies.

Following invasion and colonisation, Indigenous Australians were administered under a number of legislative processes. In Queensland, Aboriginal people were controlled under the *Aboriginal Protection and Restriction of the Sale of Opium Act 1897 (Qld)*, known disdainfully by Aboriginal peoples as The Act (similar legislation operated in each state, and in this paper, we refer them collectively as 'The Acts'). During the era of protectionism and segregation (1890s–1950s), many Indigenous people were forcibly removed to missions and reserves across Australia. A pervasive eugenic attitude justified the mass relocation of Indigenous people. Discourses of Aboriginality were tied to 'blood quantum' – that is, whether full blood, half caste or quarter caste – which was measured and determined by white authorities. Blood quantum classifications were linked to (imagined) attributable behaviours and used to determine employment capacity. For example, the so-called full-blooded Aboriginal person was considered beyond the reach of acceptable levels of humanity, and redemption could only be found in breeding out the race (Best & Howey, 2013; Phillips & Bunda, 2018).

Prior to 1950, few opportunities were afforded to Indigenous people. White authorities were appointed to make decisions over their lives. They worked as district protectors or mission superintendents and were accorded powers prescribed under The Acts.

In Queensland, the *Aboriginal Protection & the Restriction of the Sale of Opium Act, 1897 (Qld)* enabled authorities to make decisions about:

- Where and how Aboriginal people were to live
- Where Aboriginal people were to work
- When or if Aboriginal people could practise cultural ceremonies
- Who Aboriginal people could marry
- Whether and when Aboriginal people could move on and off the settlements
- Whether wages should be removed
- Whether Aboriginal people should be imprisoned without offence.

This was an extreme period of segregation that controlled all aspects of Aboriginal people's lives. Most Aboriginal women were employed as domestic staff (servants) by white landowners. White authorities acted as a type of employment agent for Indigenous people, providing work permits and controlling where Indigenous

people were allowed to be. The Acts enabled widespread derogatory treatment of Indigenous peoples, and evidence of this is clear in the archival records of individual reserves and missions.

Exemption from the Acts was possible, but fraught and difficult. If achieved, the exempt person was prohibited from fraternising with other Aboriginal people and expected to deny their Aboriginality. Exemption could be revoked by the white authorities at any time. White parentage (usually the father) offered little protection. The ability to achieve exemption was linked to blood quantum (with lower blood quantum increasing the likelihood that exemption would be granted).

The era of protectionism and segregation saw a devastating decline in the health of Indigenous peoples as they lost access to their traditional health practices and medicines. The influence of Christianity saw healing practices redefined as the devil's work.

By the 1940s, some government officials started to record health disparities and question the administration of the missions. Visiting microbiologist D.W. Johnson, who visited Woorabinda Aboriginal Settlement in central Queensland in the 1940s and spoke with Superintendent Colledge, was damning in the correspondence he sent to the Department of Home Affairs (the overarching administration body of Queensland's Aboriginal peoples). Johnson wrote:

The appalling conditions and high death rates of Woorabinda were at least in part due to the staff and is made up of three officers of the Department who are too fond of drinking, a mentally unstable Matron and a professionally negligent Medical Officer ([Queensland State Archives, n.d., DFS File 5A/46, p.17](#)).

Many missions and reserves depended on Indigenous women's labour, particularly where small hospitals operated. When it proved difficult to recruit white nurses to these hospitals, they made substantial use of Indigenous women as nurses and midwives who kept the hospitals open (Best, 2015).

There is no doubt that The Act in Queensland (and similar legislation in other states) wielded harsh power over the lives of Indigenous people for decades, with deleterious effect. Though this period is well documented by both Indigenous and white historians, this historical record is not widely known by the Australian community. In many areas, the effects remain contested. We acknowledge that obstructionist ideologies of race underpin the history of the mission and reserve system. We also acknowledge that the many Indigenous people captured by the system were not passive bystanders in their own lives – they fought to move forward. Our contribution is to apply an Indigenous lens to historical methods and add to the historical record by providing three abbreviated histories of women who trained as nurses and midwives during the era of protection and segregation and achieved recognition for their training.

4. Case studies of Aboriginal nurses who trained between the 1900s and 1950s

4.1. Case study 1. May Yarrowick

May Yarrowick was born in February 1876, on Stoney Creek Station in New South Wales.

The diaries of May's white family (the Kellys), record that May's Aboriginal grandmother went into labour while the Yarrowick people were at Stoney Creek. With the assistance of Mrs Catherine Kelly, May's non-Indigenous grandmother, May's Aboriginal mother was born on Stoney Creek Station and given the name Peg. At 16, Peg gave birth to a baby girl with recognisable Kelly paternity. The baby was baptised and named May. They were unsure what surname to give her, as she was considered an illegitimate child. Because it was speculated that her mother was a member of

the Yarrowyck people, it was decided that Yarrowyck would be her surname (Hardie, 1992).

May was educated with many of her white cousins and was afforded the same privileges as them, including private tutors. May's second cousin, Ms Mickie Hardie, recalled this:

May was 16 and she was very bright and very plain. ... carrying all the characteristics of the Aboriginal people with the broad, overhanging forehead and the flattish nose, but there was also much of the Kelly in her too. At any rate, May was brilliant. She did very well at school, and they decided to give her some vocation or some training (Hardie, 1992).

May was interviewed for admittance to undertake obstetrics training at Crowne Street Hospital. May was accepted for training, but her accommodation was to be separate from her peers because of her Aboriginality. The matron wrote to the board of the hospital stating:

Matron re Pupil Nurse Yarrowyck, it was decided that the fact of her being half caste was not a valid ground in refusing to train her as a nurse, a separate room would however be provided for her' (Crowne Street Board, 1905).

May completed her training and was registered with the Australasian Trained Nurses' Association (ATNA) in 1907. While May was not technically administered under the *New South Wales Aborigines Protection Act of 1909*, she would have most likely needed protection by her non-Indigenous family to give her the permission required for both travel and education.

May worked for decades as a midwife across New South Wales, including Sydney, midwifing for many white babies and also her own white family members. She travelled by horse throughout rural communities in northern New South Wales. In a letter to her cousin, it is clear that May longed to go home. She wrote:

Dear Katie, just a line or two. I have a great wish to go back to the bush that is to stay a while with you. I have the money. My fixed term deposit opens on the 6th of June at the bank of Australasia, so what do you think? (Yarrowyck, 1948).

May did go home to Raino Tingha to live with her cousin Katie and passed away in 1949. She is buried at Bundarra Cemetery next to her white grandparents and two of her aunts.

4.2. Case study 2. Native Nurses Training Scheme of Queensland

Woorabinda Mission opened in central Queensland in 1927 with matron Hampstead establishing the hospital shortly after. Sister Joan Colledge became matron in 1943 and had grown up at Woorabinda as she was the daughter of the first Superintendent of Woorabinda, H.C. Colledge. This is noteworthy given that the visiting microbiologist, Johnson, also in 1943, described and reported Superintendent Colledge as an 'uncouth individual, fond of complaining and rather addicted to alcohol' (Johnston, 1943, quoted in Forde, 1990, p. 47). Sister Colledge left Woorabinda to undertake both her general nursing and midwifery certificates, then returned as the matron.

In the early 1940s, Sister Colledge commenced formal correspondence with the Director of Native Affairs. She outlined plans for a native nursing scheme that she wanted to introduce for Aboriginal girls who showed an interest in nursing. Her proposal was to put the girls on probation for three months then, if satisfactory, sign them on for two years of training (Queensland State Archives, n.d., SRS505/1/4501).

In her correspondence, Colledge outlined that native nurses would receive lectures by the medical officer and matron on all nursing subjects, including general nursing, obstetrics, child wel-

fare, nutrition, hygiene, anatomy and so on. The native nurses would be required to undertake periodical written and practical examinations. At the end of their two years of training, if they successfully passed the set examination, trainees would be issued with a certificate or badge of efficiency. Colledge argued that, after two years of hospital work and lectures, the girls would be a great asset to hospital staff (Queensland State Archives, 1945).

In August 1945, Matron Colledge received notification:

... that the scheme relative to the above and as outlined by Hospital Matron Colledge in the training of native nurses on the staff of the Woorabinda Settlement Hospital has been approved by the Minister, such trainees to paid the wage of 12/6 per week. Their uniform should be supplied within the exemption of their shoes and socks, these two items and their underclothing would be preferable from the wages received. The Matron is to furnish monthly reports on their progress to the Office' (Queensland State Archives, 1945).

Matron Colledge initially employed two girls in her scheme. In her correspondence to the Director of Native Affairs on 12 September 1945, she wrote:

I wish to advise that the chosen assistants are at present doing well and are a great asset to the hospital. They are at present doing alternative shifts in the Wards and outpatients Department (Queensland State Archives, n.d., SRS505/1/4501).

From 1947 into the 1950s, Native Nurses Training Schemes were consistently reported to the Director of Native Affairs in Queensland. An ongoing problem was a lack of white staff to provide lectures to the students. However, the successes of the scheme were reported in mainstream media and was consistently noted by the visiting medical officers. In a 1949 report, a visiting medical officer wrote, 'Another encouraging thing is the high results obtained in the examination papers to test their knowledge of nursing subjects. The teaching follows closely the curriculum of the great teaching hospitals' (Director of Native Affairs (Queensland), 1948).

4.3. Case study 3. Muriel Stanley

Muriel Stanley was born on 6 April 1918 at Yarrabah Mission in Queensland (Huggonson, 2002). Muriel decided that she wanted to train as a nurse, because she felt it would enable her to do more for her people. However, no hospital in Queensland would accept her for training. Muriel during the 1950s and 1960s was interviewed several times for Dawn Magazine, the New South Wales Aborigines Welfare Board publication. In her 1962 interview entitled *Sketches of Outstanding Aborigines*, Muriel noted '... there was a colour prejudice in the north of Australia against aborigines' (Bacon, 1962).

Muriel decided to move interstate and was eventually accepted by the South Sydney Women's Hospital where she completed an eighteen-month obstetrics course. She passed the final examination in November 1944 and was registered as an obstetric nurse in March 1945 (Huggonson, 2002).

Muriel's successful completion of her nursing training was widely reported in newspapers in New South Wales and Queensland. In one story, which appeared in the *Daily Mercury*, Matron Keable was quoted saying, 'I was very impressed by her character and determination and general bearing and felt it a privilege to be able to train her at the hospital'. The article stated that Muriel was the first 'full-blood' Aboriginal girl to qualify as a midwife (Daily Mercury, 1944) – a statement that embodied racism and the imagined link between intelligence and blood quantum.

In 1945, Muriel received exemption from The Act in Queensland (Queensland State Archives, 1947). Exemption was occasionally granted for Aboriginal peoples who were seen as noteworthy.

Exemption gave Muriel some freedom to travel, allowing her to travel from Sydney back to Yarrabah Mission without being arrested or locked up.

Muriel did return to Yarrabah as the Matron and provided nursing care for the Yarrabah Mission. She often rode throughout the community on horseback. Valerie Griffiths, a student nurse from Sydney in the 1950s, travelled to Yarrabah and spent five weeks nursing with Muriel. She described Muriel as 'this round faced, cheery woman with laughing eyes' (Griffiths, 2006, p. 66). Griffiths wrote about her time working with Muriel (who was affectionately called Stanley):

The biggest part of a hospital day was the morning clinic attended by all mission people who needed medical attention. Sister Stanley was their combined nurse, midwife and sometimes their doctor (Griffiths, 2006, p. 66).

Reflecting on completing her registered nurse training, Sister Valerie Griffiths commented: 'I hoped that I would eventually be useful as a registered nurse as Stanley. What a wonderful character' (Griffiths, 2006, p. 70).

The 1955 article in the *Dawn Magazine* about Muriel, titled *Aboriginal Nurse Honoured*, outlines her journey from Yarrabah Mission to being trained in Sydney then returning to her much-loved Yarrabah Mission as matron. Muriel had this to say:

You are always reading and hearing that we are a backward race, I felt it was time some of us pushed forward and let the world see what could be done. I do think it's time the White Australians realised what they owe the Australian Aborigine (Rowe, 1955).

Muriel eventually left nursing and took up work as a missionary, serving throughout Queensland. She passed away in 1979.

5. Discussion

Race laws within Australia were complicated and, between the 1890s and 1950s, imposed an abusive system of protectionism and segregation on Indigenous people that could be seen as a template for South Africa's subsequent apartheid. The laws restricted employment opportunities and made it impossible for Indigenous people to travel without permission. Most Indigenous women worked in domestic environments. Few received training to undertake a career. However, there are clear examples of Indigenous women being trained as nurses and midwives and navigating a career in their chosen professions. In an era of extreme race-based legislation, these women demonstrated agency over their careers.

May Yarrowick, the first Aboriginal nurse registered with ATNA we have identified, was not administered under The Acts and lived with a freedom denied to most other Indigenous people at the time. Her acceptance by her white family and her upbringing at Stoney Creek Station afforded her with privileges and protection. She was educated alongside her white cousins and educated to a level not common for Indigenous people (even though missions and reserves offered education for Indigenous children, it was very basic). May's education made it possible for her to enter midwifery training. However, she was unable to escape the haunting effect of eugenic attitudes when she was labelled as a half-caste and segregated from other trainees. In spite of this, she completed her training, worked throughout a long career and achieved financial independence.

May's experience was very different from the experiences of women trained under the Native Nurses Training Scheme, who achieved career opportunities with defined boundaries. As such, the Native Nurses Training Scheme was both an enabler and a limitation for Indigenous nurses and midwives. The scheme made visible

the contribution the nurses made to healthcare in Aboriginal communities but maintained the system of segregation. Native nurses ad hoc training and restricted them from nursing outside their communities and unable to apply for work in mainstream hospitals. The Native Nurses Training Scheme was seen as progressive, but it reflected the racist beliefs of the time. Aboriginal people were seen as unreliable and incapable of achieving high standards of education.

Muriel Stanley's story adds depth to the history of nursing in Australia. She succeeded in defying the restrictions imposed by The Act and challenging the racist ideologies that considered her untrainable. Her contribution to the Aboriginal midwifery labour force within Aboriginal community contexts is unquestionable. However, she was released from the limitations of The Act once she was granted an exemption – which she received because of her noteworthy achievement of being registered as a midwife. The fact that a 'full-blood Aborigine' could be trained as a midwife was considered as exceptional. Muriel demonstrated her agency by her persistence in seeking a way to achieve training and registration. She marked herself as an activist, not a passive bystander, when she demanded that 'white Australians realise what they owe Aborigines'.

The Colonial Nursing Service, which recruited nurses to work throughout the British Empire, had three strands to its work: 'expanding the colonial nursing service through the work of nurses in government hospitals, providing nursing services for private institutions, and contributing to the development of so-called 'native' nursing services' (Rafferty & Solano, 2007, p. 150). However, there is little evidence of widespread development of 'native' nursing services in Australia. In a report about the Colonial Nursing Service (Colonial Office, 1945), there is no mention of the various Acts that controlled Indigenous people in Australia or of the way those Acts impacted on potential training opportunities for Indigenous nurses and midwives. Recommendations in the report about the training of native nurses fell on deaf ears. There was a clear disconnect between the Colonial Nursing Service's endeavour to train Indigenous nurses for the colonies and the practices of the Australian Government that severely limited the opportunities available to Indigenous women.

6. Limitations of this research

The media campaign conducted in Phase I of this project focused mostly on the east coast of Australia and identified four nurses/midwives from NSW. Only one was alive to be interviewed for the National Library of Australia Project. There is scope to repeat Phase I with a wider focus, particularly in Western Australia, Tasmania and Victoria. It is possible that our Phase I research missed Indigenous nurses trained in these states. The oral histories project of *Hospital-Trained Aboriginal and Torres Strait Islander Nurses and Midwives* continues but holds records about only one Aboriginal nurse who trained between the 1890s and 1950s.

Historical records of the Boer War present an opportunity for further research. Aboriginal men have been identified and verified as participating in this conflict. Anecdotal evidence suggests that Aboriginal women may have been involved as nurses. It is possible that the Boer War provided a means to escape administration under The Acts. Anecdotal evidence from Western Australia, in particular, suggests that Aboriginal women who trained as war nurses may have been exempt from The Acts.

7. Conclusion

Internationally, there is a growing research interest in Indigenous women's history, particularly in identifying individuals who

overcame constraints applied against them by protectionist and/or segregationist legislation. Researchers have identified Indigenous women training as nurses and midwives in the early twentieth century in New Zealand, the USA, Canada and Australia (Best & Gorman, 2016; Cook, 2011; Logan McCallum, 2014).

This research is adding to the historiography of Indigenous nursing and midwifery and providing insights into the development of the professions. Prior to 1950, Aboriginal women in Australia are historically represented as subjugated and working in colonial servitude (Huggins, 1987, 1995). In giving voice to Indigenous women who pursued education and a career in nursing and midwifery, this research helps to reposition and extend the discourse about Indigenous women in Australia. This research creates new insights about nursing and midwifery in Australia before 1950. It also contributes to Australia's labour force history. For Indigenous Australians, this research offers capacity building and strength, as the early contribution of trained Indigenous nurses and midwives gains recognition.

Ethical statement

There was no ethical endorsement required for this publication.

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Credit authorship statement

The paper properly credits the meaningful contributions of co-authors and co-researchers.

Conflict of interest

None.

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