

MORE ABOUT MARY SEACOLE

On the campus of the University College of the West Indies there is a "Mary Seacole Hall". The newly-built headquarters of the Jamaica General Trained Nurses' Association has been named "Mary Seacole House". At the Kingston Public Hospital, there is a "Mary Seacole Ward". All this has been done in a conscious attempt to perpetuate the name of a great Jamaican, and an even greater nurse; one whom the Americans referred to as "the angel of mercy", the Cubans termed "the yellow woman from Jamaica with the cholera medicine", and the Crimean soldiers hailed as "the Florence Nightingale of Jamaica".

I suspect, however, that there might be many nurses to whom the name of the Headquarters House means little or nothing at all. For such nurses, the Mary Seacole House provides no "rallying point", stirs no emotions, imparts no inspiration, provokes no loyalty. It is particularly of these persons that I think as I attempt, quite incompletely, to relate the high points in the life of this great woman.

Mary Seacole was born in the early eighteen hundreds; the exact time being unknown. In her autobiography "Wonderful Adventures of Mrs. Seacole in Many Lands", she did not disclose her age, remarking that that was a feminine privilege. She did say, however, that "the century and myself were both young together, and we have grown up side by side into age and consequence." She herself said that she was born in Kingston, but in 1938 when Mr. Frank Cundall published that information, a writer to the *Gleaner* contradicted it. This writer said that Mary was born at Haughton, near Lacovia in St. Elizabeth, and as a young woman, went to live in Black River.

Mary tells very little about her childhood and early life. Her mother was a coloured woman who kept a



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boarding house in Kingston. Her father was a Scottish soldier. She often refers to her 'mother's house', and once, speaking about Black River, she mentions her 'father's house', she also tells how when a young child she was taken by an old lady and brought up as one of her grand-children. She never mentions her mother's name, nor her father's. Later in her book she speaks of a paternal cousin named Mr. Day, with whom she entered into business; thus her father's name might have been 'Day'. All these facts seem to indicate that Mary was an illegitimate child; an admission that she was not prepared to make. She had a sister (Mrs. Louise Grant) to whom she left the Blundell Hall Hotel bequeathed to them both by their mother.

Mary's mother had a reputation of

being a "doctress" because she ministered to the sick sailors and soldiers (from Up Park Camp and Newcastle) who frequented her hotel. From her Mary learnt the art of healing and the love of caring for the sick. From about the age of twelve Mary began to share with her mother the task of attending upon invalid officers or their wives. While still young, she had the opportunity of visiting England twice (for a total of three years) as travelling companion and nurse of an old lady. These trips only whetted Mary's appetite for travel, and not long after her return to Jamaica, she visited Nassau, Panama, Haiti and Cuba.

On her return to Kingston, Mary states that she nursed her old "indulgent patroness, in her last long illness," and that after her death, she (Mary) went back to live at her mother's house. There she met and married Mr. John Seacole, and took him down to Black River, where they established a store. He was an elderly man then, and very sickly, so Black River was certainly a poor choice. It is possible that Mary chose Black River because of her (alleged) earlier associations. Their sojourn there was brief; John became worse and they were forced to return to Kingston. Within a month after their return, John died. Mary states that she was "very sorrowful".

Soon after this, Mary's mother died and left Blundell Hall to her and her sister Louisa. The hotel was burnt to the ground in the great fire of 1843, but later rebuilt through the efforts of Mary. The venture met with even greater success, but Mary soon left the management to her sister, and devoted herself to "doctoring". She was particularly good at handling yellow fever cases. In the big cholera epidemic of 1850, she volunteered as a nurse, is said to have learned much about the

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The Challenge of Freedom

To continue my theme of 'The Challenge' which I discussed in our first issue, in connection with the field of nursing at the present time, I wish to develop this further and to include thoughts on the all-pervading desire for 'freedom'. The challenge of freedom is not only confined to the field of national development, it is carried through into every aspect of development, be it educational, cultural or professional.

The longing is to break away from tradition; to discontinue practices which our parents respected, in order that we are not considered old fashioned. What are we looking for? — "Why, freedom of course" you answer. But is freedom merely breaking away from restriction, turning away from tradition and so on? If it is, we would find ourselves in a negative state, were such a condition possible. But it is not; in place of tradition must come something else — that something must be an active building up of what we want.

What kind of nursing service are we actually building up today? Many are not at all sure — many are not concerned with what is put in, so long as what is not wanted is effectively got rid of. If we allow ourselves to become lax, weak, or unwilling to face and shoulder our responsibilities, we shall find that we are being dictated to by those who are only too willing to assume the power we have forgotten we possess.

Yes, we need to understand clearly the meaning of freedom. It is "the power of self determination". We have chosen nursing as our profession. We are collectively "the profession" and together we must work out our self determination as nurses.

May I suggest some ways in which this can be started, for it is a continuing process:

- (1) By strengthening our Association. It is collectively that we must speak for what has been fully discussed and accepted as best by the whole group. Any

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subdivision of the main group which speaks apart from the group weakens their own strength and that of the Association.

- (2) By co-operating with Island Council representatives in furthering the growth of the Association.
- (3) By a study of the economic and social development of our country, in order that our demands may be reasonable, our requests wise and helpful to the patients as well as ourselves.

In these ways, not only will our profession in Jamaica grow in stature, but it will command respect and consideration as a valuable service of a developing country.

The task is by no means easy, in fact, it means hard work and sacrifice still. Not only can freedom be impaired and even lost by encroachments and attacks from outside, but we must never forget that it may be as surely destroyed by lethargy or ignorance from within.

This is our Challenge of today. Let us meet it bravely and support our Association whole-heartedly in all its endeavours.

What's up — has she turned you down?

She has.

Rough luck, old man, but don't take it to heart too much, a woman's

"No" often means "Yes". She didn't say "No," she said "Rats!"

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disease and its cure from trained physicians, and even perfected a medicine of her own.

Later, Mary visited Panama for a second time. This was during the California Gold Rush when thousands were crossing the Isthmus to ships going north on the Pacific side. Sanitary conditions on the Isthmus were very poor; there were diseases of every kind, Mary soon rented a building and opened a lodging-house and store. Before long her chief activity was caring for the sick foreigners, and to this task she gave of her best. It was here that she earned the title of "angel of mercy" from the Americans. It was here too that a Yankee referred to her colour, and stated his regrets that he could not "bleach her white", and so be able to claim her. In appropriate language, Mary retorted that when she came across people like him, she could not but feel happy that she escaped being white.

From Panama, she went to Cuba. There she ran into an epidemic of cholera, and was again of great help. Here she was known as "the yellow woman from Jamaica with the Cholera medicine". This time she caught the disease, but cured herself and returned to Panama where she remained for a time. Early in 1853 (about April) she returned to Kingston.

Mary spent the rest of 1853 in Kingston, and was possibly still there when the Crimean War broke out in 1854. She was stimulated into action when she learnt that a regiment which had previously been stationed in Jamaica, was sent to the front. She sold property, raised as much money as she could, and went to London where she offered her services to the Medical Department, War Office, and Quartermaster's Office. At all three places, she was rejected, (allegedly) mainly because of her colour.

She went to the Crimea, however, as a "sutler", (one who follows an army and sells provisions, liquors etc., to the troops). W. H. Russell, the famous war correspondent later said of her in the London Times, "I have witnessed her devotion and her courage; I have already borne testimony to her services to all who needed them. She is the first who has redeemed the name of 'sutler' from the suspicion of worthlessness, mercenary baseness and plunder; and I trust that England will not forget one who has nursed her sick,

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too. She must see that forms and charts, reports and records are carefully kept; she must anticipate the need for this and that; order enough of everything. She must help to create a satisfactory work climate, promoting good relations with all members of the staff.

She cannot be too busy to teach mothers, new members of the staff, or pupils, if any, both by words and deeds.

She must be dependable, courteous, kind, a buffer for the doctors, a mother to the babies, comforter, guardian, friend to the patients — a ray of light in the dark places. Isn't she a marvel? This is the role of the midwife of today. Do we measure up?

* * * *

JAMAICA MIDWIVES' ASSOCIATION

In April, 1960 a group of Midwives interested in forming a Midwives' Association met at the Victoria Jubilee Hospital to discuss the formation of such an Association.

A growing need was felt for an Association of Midwives in Jamaica. This was brought home to certain members when attending such conferences as The Triennial Confederation of Midwives. These Midwives could only attend such international conferences as observers and could take no part in discussions. This emphasized the fact that Jamaica was not eligible to send a representative to take part until there was a flourishing recognised national body in operation.

There is a recognised national and international body for the General Trained Nurses called the Jamaica General Trained Nurses' Association, but only those Midwives who are general trained nurses are eligible to join. The bulk of the midwifery work in the island of Jamaica is done by District Midwives who are not General Trained Nurses and therefore the need for a professional body here was very essential. A letter was sent out to all known practising Midwives telling them of the idea of an Association and what the aims of the Association would be. The response was very heartening and along with the replies came many helpful and interesting observations and suggestions.

The first General Meeting of the Association took place at the Victoria Jubilee Hospital on July 8th 1961. Many Midwives from all over the Island turned up and there was a great re-union of old "Jubilee girls". The afternoon began with tea and 'bring and buy stalls' to start funds. Dr. Ivan Parboosingh gave the address which was stimulating. He said:

'This organisation is undoubtedly one of the greatest steps forward for the progress of Midwifery in this country. It will afford each member an opportunity to keep abreast with obstetrics. It will also put you in a group where you can help each other to solve your problems; and needs be to assert your rights as far as terms of service, hours, salaries are concerned. There is no reason why every Midwife should not join this Association. Too often when an organization is formed, you have little groups breaking off and asking 'what am I getting out of this organisation?'; but you get what you put into it. We want you to bear that in mind, that it is you who pour flesh, blood and spirit in and you will get out what you put into it.'

At this meeting the Committee was formed:—

President: Miss A. M. Anderson, Matron, Victoria Jubilee Hospital.

Secretary: Mrs. G. Omphroy-Spencer Sister Tutor, Victoria Jubilee Hospital.

Treasurer: Mrs. M. Lawes-Daley, Sister, Labour Ward, Victoria Jubilee Hospital.

There are eight (8) other members of the Committee.

One of the principal aims of the Association is to see that each Parish has its own Branch as it is realised that it is not possible for Midwives to leave their districts and come to Kingston for meetings.

These branches will have a Chairman and Secretary and will hold meetings at regular intervals. Members of the Main Association in Kingston will endeavour to visit each Parish Branch at least once during the year. As many persons as possible should try to attend each annual General Meeting and representatives from each group should try to attend quarterly Meetings.

Those wishing to join the Associa-

tion can apply to the Secretary for application forms.

Registration Fee is 2/6
Annual Subscription is 21/-

Year ends on April 30th each year.

A great deal of work will have to be done to get the organisation in good running order and to keep it that way, and it is our earnest wish that at the next Triennial Confederation of Midwives, Jamaica will be asking to become a member of the International Confederation of Midwives.

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who sought out her wounded to aid and succour them, and who performed the last offices for some of her illustrious dead."

In her own account, Mary describes very vividly her work in the Crimean War, and her subsequent bankruptcy on her return to England. But she received many proofs of admiration in high places. She was awarded two medals, and a nephew of Queen Victoria made a small bust of her in wood. She was received by several members of the Royal Family.

Two years after her return from Crimea, Mary wrote and published her autobiography edited by a "W.J.S." who, some historians feel, may have actually written the book for Mary at her dictation. The book sold well and gave Mrs. Mary Seacole the reputation of being one of the most picturesque women of that day.

Now advanced in age, Mary Seacole kept travelling back and forth between Kingston and London. She died in 1881; some reports say in Kingston, others say in London. Her final resting place remains unknown and unmarked. But the name of Mary Seacole will live on, and posterity will remember a Jamaican, who although she may not be counted among the world's 'greats', certainly had, in the words of Adolphe Roberts, "one of the kindest hearts that ever beat in a human breast."

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(the 3rd alternative found Together

Not authority Not compromise

Shared power through shared planning. Good human relationships require mutual respect. In addition, factors needed for organic unity or integration (harmony) are inclusion (everyone taking part), co-ordination, reciprocal co-operation (2-way), adequate communication (both trickling down and bubbling up!).

LEADERSHIP

The administrator or leader, then needs to be a real person, to think freely and independently, but needs to perceive rightly, to relate his feelings and emotions to reality, and has to have the ability and yet humility to inspire confidence. He has to be able to help each member of his group to meet his own basic needs and share in the leadership. In each member the leader sees a "mirror of the world", and seeks to create some kind of real freedom for them to be themselves, and so to bring some order out of the chaos and inner conflict within each one.

He has to recognise the inter-dependence of all mankind, and that each one has basic human needs which have to be met if we are to be ourselves and to be real people. We all need:

- (1) affection (affirmative mutual respect)
- (2) sense of belonging
- (3) sense of adequacy and security (psychological more than physical)
- (4) sense of opportunity to express ourselves and to be creative.

The leader has to remember that human beings are not simple or mechanical but are really pretty complex beings. He has to learn to listen warmly, attentively and sincerely. He does not seek to punish but to create the climate or situation in which each member of his group exercises self-discipline. He dares to make mistakes himself; he is not a perfect or unrealistic idealist, even though his aims and ideals are high. He needs to be permissive, understanding and accepting, without trying to remake people, and to have enough self-respect and self-love to respect and love others. Mutual respect leads to co-ordination and to mutual adaptation, which is the essence of good leadership.

The administrator has to bear the responsibility for final decisions after

he has learned with his group the decision which the group as a whole can accept, and the decision which the particular situation demands, in spite of his own personal feelings about the matter.

The leader is not the sole authority, but the one who can evoke and use to the full all the creative contributions of every member, so as to achieve the integration, mutual adaptation, co-ordination and fruitful interaction upon which all successful human relations seem to depend.

Thus it appears that the good administrator is an enabler. He creates the climate in which others can work and express their capacities to the full. He has to plan, organize and execute the business in close collaboration with his group. He must recognize the importance of good human relationships, and he must possess the qualities of good leadership.

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Communication and You

THE REFERENDUM

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On the night of Tuesday, 19th September, the flags flew at half mast throughout the island. They had been flying that way from morning as a symbol of mourning for the death of the United Nations' Secretary General, Dag Hammarskjold.

That day was also the day of the Referendum on which Jamaicans voted to decide whether or not to remain in Federation. Later that night as the news came over the radio that Jamaica had decided to abandon her West Indian colleagues and "Go it alone", hundreds of bells — the symbol chosen by the Jamaica Labour Party, the Peoples' Progressive Party and other "Go it alone" groups — started ringing.

To many of us they seemed to be tolling: something of great value and beauty had died, and it was fitting that the bells should toll and the flags fly at half-mast.

Yet in that moment something with tremendous potentials had been born! Premature and delicate, the would-be nation presented himself, weak and naked, and dependent on each and every one of us to nurture his growth to strong, sturdy manhood. Whether wanted or unwanted, expected or unexpected, provided and prepared for or not, he cannot be allowed to die, nor to grow up as a delinquent among the nations of the world.

Upon whom will the burden of his care fall, and what type of man do we wish to produce? Can the masses who were mainly responsible for his birth, provide him with the essentials for continued growth and the development of his potentials? Do we wish him to grow into the image of our Rastafarians or of our largely unconcerned and indifferent upper and middle class groups, concerned with and owing allegiance to no man but themselves?

Surely it is imperative that each and every one of us make of himself or herself a fit guardian of the child. His dreams, his hopes, his very life is in our hands, and in him is our future. Soon if given the right care, affection and love he will be strong to shield and support us. If we fail him now, we fail ourselves.

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