

NORFOLK & NORWICH
UNIVERSITY HOSPITAL

NURSES LEAGUE
JOURNAL

90th Anniversary



2020

THE NORFOLK AND NORWICH UNIVERSITY HOSPITAL NURSES LEAGUE.

EXECUTIVE COMMITTEE AND TRUSTEE MEMBERS.

Charity Registration Number 290546

2019 - 2020

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A Message from the President

This is my last message to you as your President. When you read this my second term of 3 years in office will be coming to its end. I consider myself very privileged to have held this post. Thank you for giving me this opportunity. Your continued support and encouragement and the incredible work of my colleagues on the committee have seen real achievements which has made me very proud. In 2014 when elected for the first time I promised I would do my best as the 12th President of the League and in 2020 I can say that I did my best.



This is our 90th year and a time to look forward as well as reflect and celebrate being NNUH Nurses League members.

Read in your journal about the planned opportunities to celebrate our incredible 90 years. Please access the website and read our posts on Twitter if you can. Above all continue with your membership and consider getting involved in the work of the League and if you can encourage others to become members. To the next President I wish you well, you will have my full support.

Best wishes Mary Dolding.



**World Health
Organization**

**MAY 12th 2020 - The WHO are celebrating
“The Year of the Nurse and Midwife”**

Events will be held at the

NNUH on May 12th - Florence Nightingale’s Birthday

A MESSAGE FROM THE EDITORS

Ninety years ago the Norfolk and Norwich Hospital Old Nurses League was founded in 1930 by Mrs. Jackson Matron of the Norfolk and Norwich Hospital from 1926 to 1939

Mrs Jackson was President with the Countess of Leicester as Patron.

This edition of the Journal celebrates ninety years of the Nurses League and this will be the last one that we will produce.

Over the years we have enjoyed putting the Journal together and can hardly believe that this is our eleventh edition.

We would like to thank everyone who has contributed to the Journal in any way.



Elizabeth and Doreen serving out the cakes at the AGM.

Elizabeth Blaxell
elizblaxell@hotmail.com

Doreen Betts
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A few words from the Membership Secretary



Another year has flown by and it is time once more to put pen to paper. First of all may I thank you for your letters sent in with your subscriptions and donations. We love to receive them.

To quote a few:

"Lovely Journal very interesting and informative"

"Read it straight away cover to cover"

"What a fabulous magazine I stood leaning on the worktop I just couldn't put it down"

"I always look forward to the Journal especially now there are interesting photographs"

"The Journal is excellent as usual"



Memories were kindled by the article written by Pat LeGrice and the photographs of Ward 6. I feel that the above comments are a fitting tribute to the editors who work very hard to produce the Journal. Several members wished to thank the trustees for all the work undertaken.

Finally the trustees join me in thanking those members who send their subscriptions when receiving the Journal, this reduces the cost of sending reminders. The facility to pay on line via the website is available for those who may wish to use it. Also we would like to thank those members that kindly send generous donations. They are much appreciated and help us with the running costs.

Ann Copsey
Membership Secretary
g.copsey@ntlworld.com

Paying your annual subscription by standing order...

...Sondra explains all.

Why should I consider changing how I pay my annual subscription?

Many of our members pay their annual subscriptions by cash direct to Ann, by cheque sent to Ann and some by direct debit to the Nurses League.

All of these ways are fine however -:

- Money and cheques have to be sent or given to Hilary to be banked
- *Direct debit* has a charge so for **each £10 given to the Nurses League about 50p is lost as a charge by the bank**
- Time is wasted by Ann who has to chase members for late or no payments

What is a standing order?

A standing order is a way of setting up a regular, fixed payment from your bank account. You can set a payment to be taken at a certain frequency (for example, annually) and for a set amount of time, such as 5 years or chose until further notice. Your payments will consist of money set at an amount chosen by you.

What is the difference between a standing order and a direct debit?

Essentially, a standing order is an instruction to your bank, whereas a direct debit gives permission to a company to take money from you. You are the only person who can change the date or payment amount on your standing order. This is the main difference to a direct debit, where these details can be changed by the person or organisation you're paying.

How do I set up a standing order?

You can normally set up a standing order by completing a standing order form and giving it to your bank or setting up the standing order in branch, over the phone or using online banking. If you would like details to give your bank see the section below about setting up a standing order online and the details the bank require are in section v.

How do I do it by online banking?

- i. If you already use online banking log into your account in the usual way
- ii. Chose the option **'manage my accounts'**
- iii. Chose **'manage payees'** and if you have more than one account, chose the account number you want the payment to be made from.
- iv. Click on **'set up a new payee, a new person or organisation'**

- v. Complete 'name of payee' - **NNUH Nurses League**
'description' - this is optional to help you recognise what you are paying for (subscriptions could go here)
'sort code' - 20-62-53
'account number' - 80921106
'your reference' - this should be your name so the league can see who has paid.
- vi. Once you have completed these details choose 'make a regular payment'
- vii. Complete the amount 'working annual membership £10, retired £5'
- viii. Complete the first payment – 'date of your choosing, a date in March is good'
- ix. Chose – 'paid every year' and option 'until further notice' unless you wish to restrict the number of years you pay.

Well done it's all set up!

You can easily cancel a standing order at any point in branch, over the phone or via secure online banking.

Jenny Lind

**Born 6th October 1820,
Stockholm, Sweden.**

*Child prodigy, soprano, opera star, teacher,
philanthropist and founder of our Children's
Hospital*

Victim of neglect, sufferer of anxiety, home sick,
sea sick, broken, exploited and love torn.

Prepare to celebrate the

200th Anniversary

of her birth and pay tribute to
this amazing lady



A celebration of her life at Norwich Cathedral

Tuesday 6th October 2020 followed by

A Charity Jenny Lind Concert at

St Peter Mancroft **Saturday 10th October 2020**

Details to follow...Save the dates!

HERITAGE REPORT



Margaret Allcock setting up the display at the AGM.

This year the Heritage Committee have made very good progress especially with the lost years of the third and fourth Jenny Lind Hospitals.

We were asked by Richard England, Consultant Paediatric Surgeon at the Jenny Lind Hospital, Colney, if the League could put on a display for Celebrating 165 years of Jenny Lind Hospital. This created a lot of interest with staff and the general public who attended that day. Since then we have been working together with Richard to retrieve and record as much information as possible. Richard had been doing a lot of research about Jenny Lind and those items donated by her or her family to the Jenny Lind Hospital. Part of the memorabilia on display at the 1971 exhibition at the Norwich Castle Museum included her portable Harmonium, a bust of Jenny Lind, the Lübeck Carpet and a fan used by Jenny Lind.

The bust is held at the Norfolk and Norwich Hospital in storage and was on view at the display on April 3rd 2019. The Lübeck Carpet was in storage at

the Gressingham Museum but has since been transferred to the Shirehall Museum, Market Avenue, Norwich for safe keeping. Some of our committee and friends who have helped with research were privileged enough to be able to view this carpet last December which was brought out of storage and put on display for our tour of the museum conducted by Ruth Battersby Tooke, Senior Curator of the Museum. This carpet was worked in cross stitch in wool by the women of Lübeck, Germany, as a present to Jenny Lind; said to have been given by her to the Jenny Lind Hospital. As a group we are trying to ascertain where this carpet laid in the hospital.

Having viewed the carpet and seen what good condition it is in for its age I suspect it may have been hung rather than walked on. Can any member recall its position when they worked at the “Jenny”, Unthank Road?



Richard England has been researching the whereabouts of the harmonium, the oil painting portrait of Jenny Lind (a copy of the painting by Eduard Magnus), which once hung up in the Jenny Lind Hospital for Sick Children, Unthank Road and the fan, which was on display at the 1971 exhibition at the Norwich Castle Museum. Sadly, these items seem to have disappeared following the exhibition. If any members recall what happened to them then please do let him know.

Richard has also helped us by contacting present working staff for anybody who worked at St. Stephens and the transition to Colney hospital. I was delighted when Catherine (Kit) Tranter, Lead Paediatric Rheumatology Nurse Specialist contacted me to offer her help. Kit is leading with the third and fourth Jenny Lind Hospital memories. We have been able to include one member of staff, S/N Pip Pyper nee Rawlence’s memories in this edition of the journal.

Our next project is the West Norwich Hospital so if there are any members who are willing to share their memories or have any photographs we could scan our committee would be very grateful.

Margaret Allcock

Lead Archivist for the Nurses League Heritage Committee.

Lübeck Carpet

Made 1849-1850

Jenny Lind's association with Lübeck.

Jenny's stay in Lübeck came at an important time in her life.

In 1849 following her concert tours (including Norwich) earlier in the year, she was proposed to by a young Army Officer, Claudius Harris.

She had fallen in love with Claudius and he was besotted with her. However the proposal was only made after seeking the approval of his mother. Maybe a

warning sign for it soon became clear that his mother had no taste for the theatre or stage performers and fully intended that her new Daughter-in-law would not only give up the stage, but renounce it! The engagement ended rather unhappily and the Harris's sought compensation leading to a nasty legal brawl. Jenny vacillated between her desire to settle down and her love for Claudius against her own common sense and that of her closest friends and advisor.



She was near to a breakdown and was brought to Paris to rest and remove herself from the situation. In Paris she offered singing lessons to young students and was excited to meet the legendary diva Catalani. She met and sang for – Chopin who was by then very unwell. However, an outbreak of Cholera in Paris took hold and it was with sadness that they discovered the young Catalani had passed away.

From there they travelled to Germany and by November had reached Hamburg where she met again the pianist Otto Goldschmidt who was able to encourage her to sing Mendelssohn's songs again after his recent death that had affected her so much. While there she was summoned by royalty. The King of Prussia asked her to sing for the Queen's birthday and she was also asked to attend the marriage of the Crown Prince of Sweden.

She arrived in Lübeck – a port, to take the boat back to Sweden, but her companion Josephine Ahmansson fell ill and she would not leave her. So in the Hotel du Nord - with no advisors, she met with the envoy of Phineas T Barnum and signed the most important contract of all. A tour of 150 concerts in America.

Jenny spent Christmas in Lübeck and during a Christmas ball, Otto had come over and danced with her many times.

Following a short tour of concerts in Germany she returned to Lübeck and found Josephine fully recovered. The ice in the Baltic thawed by May and she returned to Stockholm.

Unfortunately Jenny Maude's biography of her mother does not mention the carpet but does say she performed a number of charitable concerts for the city while she was there, including one for the poor.

The carpet was left by Otto Goldschmidt to their daughter Jenny Maude who then passed it to the Jenny Lind Children's Hospital.

Notes by Mr Richard England

Consultant surgeon at Jenny Lind Children's Hospital, 2019.

Oh where is Jenny's harmonium?

It's not an everyday conversation to have, but unfortunately it has been keeping me rather busy recently. In fact it's not just a harmonium, but also an oil painting portrait of Jenny Lind. Both were last seen I believe in the 1971 exhibition at the Castle Museum, celebrating 200 years of the Norfolk and Norwich Hospital.

So what's the story behind these items and the quest to find them again?

The harmonium, a small portable orgue-expressif, was given to Jenny Lind by the politician Salis Schwabe in 1849. It is said that she took it everywhere on her travels and afterwards it remained in the family home. Her daughter, Jenny Maude, writes in her biography of her mother, that she would play 'Good King Wenceslas' on the little harmonium every Christmas. It was made around 1849 by the renowned harmonium manufacturer Theodore-Achilles Muller from Paris. An unusual model as it extended to 6 octaves and the bellows – pumped by foot pedals, blew directly across the reeds giving the effect of the expression stop often found on harmoniums. When Jenny's husband Otto died in 1907 the harmonium was left to their daughter, along with the portrait. Jenny Maude or Mrs Raymond Maude, as she was known, continued to have a strong relationship with the Jenny Lind Hospital for Sick Children and kept in touch with Helen Colman who was a member of the hospital committee. In 1935 she wrote quite a despondent letter to Helen, relaying that she had money issues and had to downsize. She wondered if the hospital might like some of her mother's memorabilia. Before they had arranged to receive the harmonium and portrait, Helen heard that Jenny Maude had passed away. She therefore wrote quite a courteous letter to her son, Charles Maude, of course sending condolences but also asking if his mother's wishes might be completed!

The little harmonium was delivered and as the bellows were not working, Helen arranged for Mr Howlett who ran the piano shop in Gentlemen's Walk, to repair it. She also had a 'peacock blue' cloth cover made and a plaque inscribed with words denoting its origin. It was also examined by a Mr Paget, a local expert in reed organs and church music. He commented, "*It is a most interesting possession for the hospital to have and a personal link with the great singer and foundress of the Hospital.*"

The other piece of memorabilia donated at the same time was a copy of the portrait of Jenny Lind by Eduard Magnus. This was commissioned by Jenny in 1846 as a gift to her dear friends the Wichmann's in Germany. That copy now hangs in the Alte

Nationalgalerie, Berlin. Magnus was asked to make it seems two copies. One copy was given by Otto Goldschmidt to their son Ernest. His wife Helen, bequeathed the painting to the National portrait Gallery in 1951. I visited it recently and it truly is a lovely painting of Jenny Lind. She is described as wearing an off the shoulder white damask dress with an inner lace bodice maintaining her modesty, yet portraying her elegance and beauty.

Otto apparently had a second copy made, again by Magnus and this was left to Jenny, their daughter. The hospital received it after her death and it was hung in the entrance to the administration block at Unthank Road.



The Copy of the Magnus portrait hung in the Jenny Lind at Unthank Road.



The harmonium just visible - and without it's legs extended, at the 1971 Castle Museum exhibition.

The painting, together with the harmonium are listed as exhibits in the 1971 Castle Museum exhibition – and the harmonium is just visible in a photo from the exhibition, but from there the trail unfortunately goes cold. No-one saw these items at the St Stephen's hospital after the move. The Nurses league annual reports from the 70's make no mention of them. The Norfolk museum service have checked their databases and records and find no mention of them since the exhibition and suggest they were returned to the keep of the hospital. Our current arts curator has no record of them in the current inventory and has enquired with her predecessor Richard Drew and records from Dr Batty Shaw, to no avail. They suspect they were put into

storage by the Regional Health Authority and then auctioned off.

Interestingly and perhaps confirming that the harmonium has been lost for some time is the appearance of a small article in the EDP around the 100th anniversary



of Jenny Lind's death in 1987. "Oh where is Jenny's harmonium?" 27th April 1987.

Sylvia Bishop was on the case then, a teacher from a local school. History is repeating itself.

So I have also asked help from the country's harmonium enthusiasts and word has gone out to collectors and purveyors of antique harmoniums.

A similar organ made around the same time has been noticed on the website of Simon Buser, a German reed organ enthusiast. In fact you can see him play it in the Bern harmonium festival in 2016.

https://www.youtube.com/watch?v=y_TBV9bNcIA
www.buser.org/

Chris Hampson who runs www.reedorgans.co.uk has been very helpful and placed a free advert for

me on his website. Other harmonium online databases (yes there are!) don't seem to list 'ours'.

So where next? I have had some contact with Derek James at the EDP who also has an interest in Jenny Lind and I hope to contact him shortly regarding this quest. There are a number of social media avenues to explore as well. However, I would dearly like to talk to any members of the Nurses League who remembers the harmonium and may have heard where it was to be stored following the move from Unthank Road. Or indeed anyone who happens to have an old portable harmonium in their living room!

Richard England
Consultant Paediatric Surgeon
Jenny Lind Children's Hospital



The Jenny Lind Infirmary for sick children: the first 50 years

Contributed by Bruce Lindsay PhD.

Jenny Lind, the internationally-renowned singer known as the “Swedish Nightingale”, came to Norwich at the invitation of her friend Bishop Stanley in 1849. She performed two successful concerts in St Andrew’s Hall and donated the proceeds – £1,253 – to the city’s poor. In 1853 the city finally decided what to do with the money when a public meeting agreed to establish a children’s hospital, using Jenny Lind’s donation to help with the setting up and running of the hospital in its early years. In the singer’s honour, the new charitable institution was named the Jenny Lind Infirmary for Sick Children.

The Jenny, as it came to be known, opened on 3 April 1854. The Hospital for Sick Children in Great Ormond Street had opened two years previously and so the Jenny became the second modern hospital in Britain devoted to the inpatient and outpatient care of children. This article will look at the first and, briefly, the second and short-lived Jenny, which operated between 1854 and 1900. It’s a period of mixed fortunes for the Jenny, its nurses and doctors, and its young patients.

Before the 1850s there were no hospitals in Britain caring exclusively for children, although there were at least 19 across mainland Europe. Thanks to pioneers such as Dr Charles West, who established Great Ormond Street, Victorian society gradually came to realise that children had specific needs that could not always be met in general hospitals. The Jenny was an early result of this shift in attitude towards children, but like most charitable hospitals it did not care for all of its possible patients.

To be admitted a girl needed to be aged between 2 and 12, a boy had to be aged between 2 and 10 (older boys were considered to be disruptive and troublesome). Children had to come from “deserving poor” families – children of the idle poor were sent to the Poor Law institutions, wealthier families paid for private care. Children with epilepsy or infectious disease were excluded. Except in cases of emergency – usually the result of accidents, burns or scalds – a child needed a



letter of recommendation in order to gain admission or outpatient care. These letters were given to individuals or organisations that donated money to the Jenny, as Governors or Subscribers. A farm labourer seeking admission for his child, for example, might approach the farmer who

employed him, or his parish minister, to obtain such a letter – with no guarantee that he would be successful.

The first Jenny Lind was in Pottergate, a busy part of the city which also included a boarding school, an architect's office, a gas fitter's yard, two veterinary surgeons, eight inns or taverns and four beer houses. The Jenny was small, with just twelve beds, but gradually expanded to 30 beds over the next three decades. At first, it shared the building with the Norwich Lying-In Charity and both charities shared a matron, Mrs Stannard, who had no nursing experience or qualifications. From such inauspicious beginnings, the Jenny developed slowly over the next 50 years.

The Jenny's patients could be admitted for medical or surgical care, although both were limited: repair of club feet was one of the few surgical procedures that offer a good likelihood of success (and was one of the few reasons why children under 2 years of age might be admitted). In many cases, the best treatment and care was rest, good food and cleanliness: a major child health issue in nineteenth century Norfolk was the tendency for mothers to give opium-based medicines to their children, with around 15-20% of infant deaths in 1870s Norwich being due to opiate misuse.

Jenny Lind Staff in the 1900's plus a goat.



One crucial element of modern hospitals was missing from the Jenny Lind until – a resident doctor. Most charitable hospitals employed a House Surgeon or House Physician, a junior doctor at the start of their career, who stayed on the premises at all times in an “on call” role, but the Jenny did not. The matron and nurses were expected to deliver treatment and care based on a senior doctor’s instructions and to deal with any issues that occurred. In an emergency a messenger would be sent to the honorary medical officer responsible for the child and, assuming they were contactable, they would respond. At first, the limited range of treatment options available – and the tendency not to admit children who were critically ill – meant that major emergencies were rare: the death rate for inpatients in the 1850s and 1860s was around 5-6%, low compared to general hospitals. However, as medical and surgical techniques improved and more complex health problems could be treated, the pressures on nurses increased. In 1905, the Jenny finally appointed its first resident doctor.

Mrs Stannard was succeeded by other matrons without nursing qualifications and the nurses under their control were equally uneducated in their roles. As a result, both matrons and nurses regularly fell short of even the relatively low standards expected at the time. When Anna Johnson, the matron in 1862, applied for holiday leave it was granted on condition that her mother would act in her stead: when she applied for leave five years later, her aunt took on the role of acting matron. Mrs Taylor, matron in the early 1880s, let her poultry run free in the Jenny’s grounds, despite complaints from neighbours and when her ability was questioned, declared that “the poor are often discontented and complaining without just cause”. She resigned when threatened with an investigation.

Harriet Dan took up her nursing post after leaving her job as gatekeeper at the Norwich Asylum. She was dismissed after six months having failed “to win the confidence of the children”. Mr Dalrymple, an honorary surgeon, dismissed Mrs Hunter after less than four weeks in post, having found her to be both negligent and drunk on duty (the matron was not consulted about his decision).

Nursing care improved markedly after the appointment of Miss Peter as matron in 1885: she was the first qualified nurse to be appointed as matron, having trained at Pendlebury Children’s Hospital in Manchester. Miss Peter introduced the first nurse training course at the Jenny, recruiting probationer nurses from middle class families and ensuring that all of the nursing staff could read and write. This move helped to ensure that nursing care improved dramatically: probationers were usually aged in their late-teens or twenties; had fathers who worked as army or

navy officers, doctors, clergymen, lawyers and stockbrokers; and came from as far afield as Devon, Jersey and Cork.

Unfortunately, Miss Peter left the Jenny after three years to undertake her general nurse training (her qualification as a children's nurse limited her job opportunities in the larger charitable hospitals), but after her successful tenure all future matrons were qualified nurses. Other problems arose that could not be solved by improved nursing care and education: the Pottergate building was too small to cope with increasing patient numbers and it was falling into a state of disrepair. By the middle of the 1890s the Jenny's home was too dangerous to be used as a hospital. Luckily, the Colman family donated land for the building of a new, purpose-built, infirmary on the edge of the city. While this was being built, the Jenny moved to temporary accommodation at 28 Tombland (now a bar/nightclub): the building could only hold ten patients but it did allow the Jenny's work to continue.



28 Tombland

The Jenny's first half century of work came to an end in 1900 when the new Jenny Lind Infirmary for Sick Children was officially opened by the Prince and Princess of Wales. This was the hospital that would eventually usher in the modern era of child health care in the National Health Service, serving Norwich and Norfolk for 70 years before the Jenny moved down to St Stephens, where it became part of the Norfolk and Norwich Hospital.

SANDRA FERGUSON NEE JOHNSON

TRAINED AT THE NORFOLK AND NORWICH HOSPITAL 1963 ~ 1966

STAFF NURSE AT THE JENNY LIND HOSPITAL 1966~ 1971

NORFOLK AND NORWICH HOSPITAL

NEONATAL INTENSIVE CARE UNIT

FROM 1971 ~ 2008 (SISTERS POST FROM 1987)

My days at the Jenny Lind Children's Hospital as a young newly trained Staff Nurse was exciting. Here I was a Children's Nurse at last, my life-long ambition from a tender age of four years. My starched apron, frilly hat and new black belt with a silver buckle!

Sister Shearer welcomed me to the Baby Block at the Jenny Lind Hospital, Colman Road and informed me of my duties and routine. I was given the handover report of all the little patients at her desk in her office. Hands held tightly behind my back intently listening to all she had to say. Sister would then go off duty for her afternoon break 2pm - 5pm; those split shifts! What a responsibility being left in charge of 15 babies to take care of along with the help of a Nursery Nurse. However, I enjoyed every minute of my work and the rapport was great. Nurses of all grades would meet in the dining room for afternoon tea and thinly cut sandwiches of various kinds would be prepared for us to enjoy.

The garden surrounding the Jenny Lind Hospital was an ideal place for the recovery of sick children. Even a life sized Wendy House in the garden for them to play. It was simply idyllic. I shall remember those days with fondest memories for ever.



STAFF NURSE SANDRA FERGUSON NEE JOHNSON

(TRAINED 1963 ~ 1966)

INFANT BLOCK, JENNY LIND HOSPITAL, UNTHANK RD., NORWICH.



The Jenny Lind Hospital holds so many happy memories for me. It all began when I was fifteen years old with my close friend Margaret Allcock nee Zipfel. We joined the Red Cross Cadets and spent many weekends as part of our duties helping in the small Red Cross canteen situated in the Outpatient Department. The most exciting time was helping on Colman Ward with Sister Mantripp where we bathed the children and help feed the babies. At lunch time the Sister or Staff Nurse in charge would serve the lunches from a large dinner trolley and we would help any of the children who needed assistance with their meal.

I began my S.R.N training in 1963 at the Norfolk and Norwich Hospital, St. Stephens Road. I can recall at the completion of my training the excitement when it was announced I was granted my choice of working at the Jenny Lind Hospital on Infant block with Sister Doris Shearer. As a newly trained staff nurse we had to learn fast but with sister's guidance we were soon on the road to taking charge of the ward.

The 15 bed Infant Block was comprised of individual cubicles in which we cared for babies along with infants up to one year of age. We cared for some premature babies and in those days it was unheard of for babies to survive at less than 30 weeks gestation, the ones that did were the fighters. Other patients we cared for were orthopaedic, medical, and surgical including those requiring repair of cleft lip.

There was no sophisticated monitoring equipment and any small change in the patient's condition had to be observed and reported to the doctor in charge.

Transfer of sick babies to Gt. Ormond Street was carried out by one senior nurse. This meant a train journey from Thorpe Station with the baby in a portable incubator. The train was met by ambulance at Liverpool St Station in London and transferred with a police escort to the hospital.

Parents were not allowed to stay with their babies and were only allowed during the visiting hours. It was not until I had my own daughter in 1971 that I realised how painful this must have been for the families.

Our working days were usually very busy with two to three nurses, one of which was a nursery nurse and sister on duty. We would all work as a team washing and feeding the babies. Two of the nurses would then go to the milk kitchen in the ward to make up the individual baby feeds. These were stored in a large refrigerator for the next 24 hours. Other duties during the day would be medicine rounds, preparation of patients for theatre and ward rounds. The babies recovering from their illnesses were dressed warmly and placed in a big coach built pram and pushed onto the patio outside. They settled well to sleep watching the trees swaying in the wind.

At the end of the shift we would scurry off to collect our bicycles from the cycle shed at the back of the Jenny Lind.

Christmas at the Jenny Lind Hospital had a magic all of its own as many of the babies and children remained in hospital. There would be a large real Christmas tree in the middle of the ward with many donated presents for the children on Christmas day. In the early 1960's Dr Quinton, Consultant Paediatrician would don a white apron and carve an enormous turkey for everyone to enjoy.

After having my own daughter in 1971 I returned to work at the Special Care Nursery at the Norfolk and Norwich Hospital, St. Stephens Road. Over the time I spent working there I saw massive advances in the treatment and care of premature and sick babies. Technology had advanced dramatically and the use of lung surfactant, antenatal steroids and sophisticated ventilators had revolutionised the care of even the tiniest of babies. For me, the greatest reward has been to support families on a sometimes difficult journey, knowing you are part of a team that could make a crucial difference.



STAFF NURSE MONICA FROST NEE CLARK

TRAINED 1958 ~ 1961

INFANT BLOCK JENNY LIND HOSPITAL, UNTHANK RD., NORWICH.

I qualified in March 1961 and after a few weeks on medical night duty I was summoned to Matron's Office to be told there was a vacancy for me as a Staff Nurse on Baby Block. This was not what I had in mind as I was more interested in Accident and Emergency but Matron was not open to negotiation, so I duly reported for duty on a three months trial. It was a daunting prospect, everything was so different, and sister was scary but it proved to be the beginning of five very happy years. The building was unique with a block of glass cubicles joined to the main hospital by a long corridor. You could always hear footsteps approaching. There was a pram park at the end of the corridor, these prams were donations from grateful patients. Each cubicle housed two cots, some hanging metal cribs and a few larger cots for older babies.



After dark you felt very much as though you were in a “goldfish” bowl and welcomed a visit from the Bobby on the beat that came to check all was well and for a coffee of course.

These little patients were all under one year old but had a wide variety of ailments, medical, surgical, burns and plastics and in those day's premature babies in incubators. A few babies were long stay and I suppose we all had our favourites. Very sick babies were baptised, if possible the hospital chaplain usually did this unless the parents wished for someone else. If the situation was more urgent Sister Shearer would officiate. Bereaved parents took great comfort from this. Babies that sadly died were bathed and dressed in the small shrouds and we usually found a flower from the garden to place in their hands. We then carried them to the little chapel in the grounds.

Each morning feeds were prepared for the next 24 hours and bottles sterilized. All babies had their own box with teats and spoons which were renewed each day. Babies were bathed in the morning and topped and tailed in the evening.



If appropriate they went outside in the prams. Some very sick babies would be transferred to Addenbrookes or Great Ormond Street and I made several trips to London on the train with oxygen cylinders or with the blue lights flashing and a police escort to Cambridge.

The children's hospital on Unthank Road was quite separate from the Norfolk and Norwich Hospital and there was a family feel to it. We all helped each other, the theatre staff would always help with feeding in the evening if they had no cases.

The dining room was a meeting place for staff. There was a protocol with seating arrangements. Sisters would always sit on the top table.

THE PATIENT PANEL

The Patient Panel at work including League members.



Sarah Higson, Lead for Patient Engagement and Experience at the Norfolk and Norwich University Hospital would be pleased to hear from League members interested in being considered for membership of the Patient Panel. She would be happy to share information on the work of the Panel.

Contact email: Sarah.Higson@nnuh.nhs.uk

Pip Pyper (nee Rawlence)

I worked at the Jenny Lind Unit St Stephens Rd 1984-2001 and onwards till 2005 I was a Staff Nurse in Jenny Lind Outpatients 1984, Colman '84-'85, SCBU Course 405 1986, Gannon 1986-1991. The Unit reorganised to Laura Stuart East and West, Assessment Unit and Frances Ward from 1992 till the St Stephens site closed in 2001.

I trained at Great Ormond Street Hospital (GOS) and The London Hospital, Whitechapel RSCN/SRN 1979-1982

Memories of Gannon Ward

On relocating to Norwich in 1984 I was interviewed by Nursing Officer, Mike Flynn. I remember being shown round the Jenny Lind Unit and being impressed by the modernity of it all. GOS and it's training was very traditional and the facilities were so old fashioned but I hadn't realised that until I came to Norwich!

There was carpet on the floors (probably now viewed as an infection control risk) and proper 'up and down' beds for children. I had only seen these in my 'adult' training. Children at GOS up to the age of 5 years old, were nursed in cots at GOS for 'fear of falling out!'

I 'staffed' on Gannon ward from 1986 until it was reorganised in the early 1990's. Gannon was the surgical children's ward. Babies under 1 year, were nursed on Quinton ward downstairs, most having their own cubicle allowing parents to sleep at the bedside.

Upstairs was a Parents' Unit, which accommodated 8 with an intercom system to call parents whose child needed them. When children were nursed on the ward for such long periods eg 8 weeks for a fractured femur and longer for burns and scalds, parents needed to be near enough to be called but still have a comfortable bed away from the noise of the ward once their child had settled.

The 1980's saw a lot of changes in nursing but there was a lot of fun too! Shifts were split. Early shifts. 7.45 am to 16.45 and late shifts 12.45- 9.30pm. There was an overlap of staff in the afternoons, which meant that everyone had a proper break. The 'early' staff had a 3/4 hour lunch break as the 'late' staff took charge of the shift after a detailed and lengthy report (you learnt a lot in those report times) The late staff had a 1/2 hour tea break mid-afternoon, as the early staff covered the care for their patients.

That precious 'overlap' of staff meant that care that hadn't been completed in the morning could be finished in the afternoon- important tasks like checking bedside

oxygen, patient sterile supplies (CSSD), teaching students, washing children's hair who were confined to bed and taking children to X-ray (on the other side of the hospital, which would take 1 nurse off the ward for potentially 3/4 hr)

We thought the shifts were long then but we were never exhausted because of the breaks that were built in. Nothing like the 12 hour shifts of today. In the autumn and winter, the unit would come together for Halloween parties and the Christmas Pantomime organised by the Unit's wonderful Nursery Nurses.



We had the time and energy to rehearse for these in the afternoons and we all looked forward to taking part in some small way. I still remember my lines (well, one line!) as a Munchkin in The Wizard of Oz!

Christmas was a fun time with Christmas Dinner served on the ward with one of the Consultants sitting at the head of the table, carving the turkey for all the staff, parents and children. Fellow consultants would tour the wards with their own children in tow. Junior doctors often dressed up in fancy dress (see photo)

Sister's office was made into a little party house

with wine and spirits and snacks on offer which had been ordered from the kitchen. Invites went out to the Porters and other departments to come and have a Christmas drink with the nurses on the ward.

There was also a haze of cigarette smoke from Sister's Office as many of the staff smoked then. Amazingly, smoking was allowed more or less everywhere in the hospital and I certainly remember in my 'adults' training, patients smoking in bed. I'm afraid I was one of the many nurses who smoked and I cringe to think of that now!

There was also a hospital bar in those days, mainly frequented by the doctors but most Junior Doctors went to the Trowel and Hammer pub on St Stephen's Road where their bleeps still could reach them!

This was also a time of modernising the way we worked as Nurses and all our paperwork changed from the traditional Kardex system of writing up care to 'Primary Nursing' which was being used in the USA.

It changed the way we organised our care by using more of an assessment system to think how we nursed children and empowered all grades of trained staff to undertake care from the start of a child's care to the discharge. Many of the 'office' responsibilities and Dr's Rounds had been undertaken by the RSCN in charge but now, the nurse actually looking after the child saw the consultant at the child's bedside and organised discharge and outpatient appointments.

Those were the days when we had less ancillary staff and the staff grade mix was of the excellent State Enrolled Nurses, a Registered Sick Children's Nurse, one auxiliary and several nursing students (general training) per shift.

Encouraged to embrace the changes by our Sister, Julia Shirliffe, these were empowering and happy times, feeling that we could discuss and change traditional paperwork and tasks for the betterment of the child and parents' care. We all started to wear colourful child themed tabards, carefully made by the ladies in the hospital sewing room, over our National blue checked uniforms.

There was a great feeling of camaraderie and support. We worked very hard with a huge varying workload- sometimes having half a dozen children admitted in an hour with broken arms to incredibly distressing RTA's (now called road traffic collisions) and children with horrific burns, scalds as well as innovative plastic surgery. Amazingly, routine surgery was fitted in, Colman ward helping out and vice versa as necessary. Surgery was undertaken by 'adult' surgeons and we finally got our first Paediatric Surgeon, Mr Brain, in the late 1980's, swiftly followed by dedicated paediatric anaesthetists.

No nurse was left to go off duty by herself- if someone was behind, time- wise, everyone pitched in so we all left the ward together engendering a feeling of team spirit. The feeling of camaraderie must have rubbed off on the patients and parents as nearly 4 decades later, we still bump into our 'old' patients, now grown up with children of their own. And they all say what happy memories they have of their stay on Gannon ward.

Pip Pyper 2019

Johanna Maria “Jenny” Lind The Swedish Nightingale - 1820-1887

This year marks the two hundredth anniversary of the birth of Jenny Lind. Born in Klara in central Stockholm, Sweden, she was the daughter of Niclas Jonas Lind and Ann Marie Fellborg.

When she was about nine years old her singing was overheard by the maid of Mademoiselle Lundberg, a principal dancer at the Royal Swedish Opera. After hearing her sing Mme Lundberg helped her gain admission to the acting school of the Royal Dramatic Theatre. She studied with Carl Magnus Craelius, the singing master at the theatre. Court singer Isak Berg helped with her early musical training and sang duets with her at various formal and informal events. By 1837, she had appeared on the stage 111 times. She received rave reviews from audiences resulting in a meteoric rise to Prima Donna status in Sweden.

In 1847 she travelled to England. In the presence of Queen Victoria and Prince Albert, Jenny performed Alice in Robert le Diable. The audience went wild. She toured Great Britain and at each city where she performed an adoring public turned out to see the “Swedish Nightingale”.

She gave her first concert in Norwich in 1847 and returned to give two concerts in 1849 in St Andrew’s Hall. The money from these concerts was used to establish an infirmary for sick children which was eventually named after Jenny Lind.

Near the end of 1849 she reluctantly agreed to meet with John Hall Wilson, sent by the American Promoter Phineas Taylor Barnum, to bring Jenny Lind to America. Barnum had never heard her sing, but he wished to improve his own image as a crass showman to that of one of culture. Jenny gave the proceeds of her first concert there to charity and her place in American hearts was established. She gave ninety three concerts for Barnum with most of the proceeds going to charity.

She returned to Europe with her new husband, Otto Goldschmidt, in 1852. They had three children and she gave occasional concerts over the next two decades. They settled in England in 1855. Jenny became professor of singing at The Royal College of Music.

She died at Wynd’s Point, Herefordshire on 2nd November 1887 and was buried in the Great Malvern Cemetery.

Elizabeth Blaxell 2020

A Jenny Junior

My Godmother was Sister Shearer and was in charge of the Baby Block at the Jenny Lind Hospital, Unthank Road. As a young child I was always invited to the lovely Christmas parties there on Gannon ward. I think, because of her, I decided at a fairly early age to become a nurse.

So encouraged by my Godmother, I left Notre Dame High School for Girls at the age of seventeen and began working at the Jenny Lind Hospital as a “Jenny Junior” on Colman Ward (Medical). In charge was Sister Mantripp who could move at the speed of lightning and whose favourite expression was “ Oh my Godfathers”

What an eye opener! My first job of the day was damp dusting followed by sluicing the revolting nappies before they were sent to the West Norwich hospital laundry. Dr Quinton was the Paediatrician and very kind and gentle with the children.

I wore the same uniform as the student nurses and worked the same shifts. Towards the end of my time there, someone in their wisdom decided that we were not really nurses and were not, therefore, entitled to wear a nurses uniform. So we were issued with a white overall worn with a red belt. We were only allowed to work 9-5pm.

I lived in and had a small bedroom above the kitchen.

Miss Aldous was the Matron and I had to be in by 10pm.

One evening, after having spent the day with my parents, I was late in returning to the hospital as a large amount of snow had fallen during the day and it was slow driving back to the Jenny. Miss Aldous was not pleased that I was late returning. It's the first time I've ever seen my father lost for words.

In the dining room the Sisters sat on the top table. If you wanted to leave the dining room you had to raise your hand and ask permission.

I loved the children and it was a good introduction, albeit a hard one, to nursing.

Elizabeth Blaxell 2019

NB : In September 1940 during WW11, the first of the child evacuees arrived in Norwich from the London area. This meant there was acute pressure on the beds available at the Jenny Lind Hospital. The war effort in the city greatly increased the need to recruit more nurses. It was at this time that seventeen year old girls were employed to work with children. They were called “Jenny Juniors”, a terminology and tradition that lived on for many years after the conflict was over.

Treasurers Report

AGM May 11th 2019



Treasurer Hilary Barker with Michael Surkit-Parr manning the raffle at the AGM.

This is the treasurers report for the period April 2018 -- April 2019 which has been audited by an Independent Examiner and accepted as correct. We are very grateful to her as she makes no charge for this service.

We would again like to thank all those who have sent very generous donations this year and to all the members who pay their subscriptions promptly after receiving their journals.

Our outgoings exceed our income again this year but only by a small margin of £200. This is due to a few issues.

We now have a quarterly and annual website cost to pay. The website has been updated for the benefit of the members so that if you wanted to pay on line you could do so and some of you are now using it.

Postage costs have also increased and our costs for this year was very high because of the letters we had to send to every member which included a stamped addressed envelope for your return because of the new Data Protection Laws This was a legal requirement on our part and those members who did not respond meant that we had to remove them from our database which unfortunately did result in a small decrease in members.

The cost of posting the journal to you has also risen this year but we are very

grateful to the Norfolk & Norwich postal service who now take our journals and send them to you at a reduced rate to that of the local post office and therefore saving us some money.

We also continue to send Christmas gifts to our Senior members who are very grateful to receive a phone call from one of the committee for a catchup of news and also receive a voucher as a Christmas gift.

We have spent money needed on our Heritage as the history of the Norfolk & Norwich Hospital is an important issue for the League and also for Nursing and the Nurses of today.

Our AGM catering costs were fairly high last year so we have all been baking for you this year to save on this cost so we really hope you will all enjoy all our efforts at tea time. We are grateful to the Nursing Endowment Fund who has also helped towards the cost of the tea.

We have also managed this year to increase our income by holding raffles at the AGM and other events we have had such as the Betty Lee lecture in October, and by holding a tombola stall at the hospital fete. We have also sold the cotton bags you all received free last year. All this helps to increase the funds for the League.

We have claimed Gift Aid again so we are very grateful to those members who Gift Aid their subscriptions.

We still have all our Investments that are managed so well by our Financial Advisor Chris Rengert and again this year they have given us a good return even though it is 1.9% down on last year. This is because of the continued general unrest over Brexit and decline in the markets that have probably affected each one of us anyway. We are very grateful to Chris and thank him for his continued support with our Investments.

In summary our financial situation is very stable and we still have enough funds in our accounts to again be able to not have to increase your subscriptions this year. We intend to continue to provide tea at our AGM, sponsor the Betty Lee Lecture and of course send you the journal each year which we know you all look forward to dropping through your letterbox in March.

Hilary Barker. (Treasurer, Norfolk & Norwich Nurses League)



The Raffle winner at the AGM.

Our Trusty Nurses League Trustees



Mike Surkit-Parr • Jan Beart • Margaret Allcock • Jenny Cropp
Hilary Barker • Mary Dolding • Ruth McNamara • Doreen Betts
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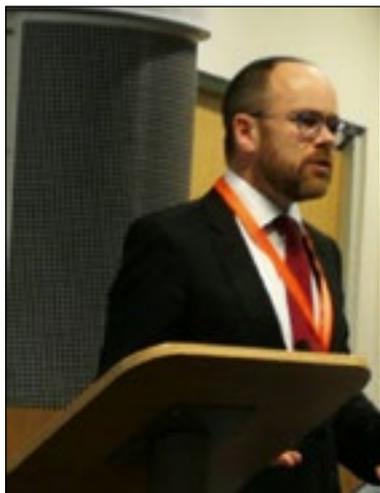
Wendy Hobbs retires as a Nurses League Trustee.

Wendy has been a trustee for the Nurses League for 12 Years. She has taken on different roles including in recent years arranging the flowers in the League's lovely silver wear for the reunion service. She trained at the Norfolk and Norwich hospital 1958-61 and among other things worked as a district nurse for many years. She has volunteered at the Priscilla Bacon Lodge for 15yrs and has visited many of the older league members in their homes on behalf of the league.



We will see her at the reunions in the future where she will be able to relax and enjoy the day.

What's new in osteoporosis?



The AGM Presentation by Professor Jeremy Turner

In his painting *The Three Ages of Woman* in 1905, Gustav Klimt clearly shows in the older woman that she has multiple thoracic vertebral wedge fractures giving her the dowager's hump and thus depicting the third age of woman.

Scale of the problem

The problem is huge, there are estimated to be 3 million people in the UK with diagnosed and undiagnosed osteoporosis. This puts the osteoporosis epidemic on a par with the diabetes epidemic. Every two minutes someone in the UK has an osteoporotic fracture. During this 30-minute talk there would have been 15 more fractures occurring resulting in a third of a million fractures related to osteoporosis per year.

Over the age of 50 one in two women at some point in their life will have an osteoporosis fracture and one in five men will. It is a very, very common problem. The costs are immense. If you are unfortunate to have an osteoporosis hip fracture there is an 80% chance that a year later you will still not be able to shop, garden or climb the stairs. There is also a massive health economic blow as well as this personal blow. It is estimated that the cost to the complete NHS & social care system every single day is £6 million from hip fracture alone. That is a combination of inpatient care & ongoing social care needed after discharge. There are 85,000 unplanned hospital emergency hospital admissions due to hip fracture alone making up for nearly 2 million bed occupancy days every year in the UK. Tragically one in four hip fracture patients will die within a year of their hip fracture. One in three will become totally dependent in terms of care needs.



Revision underlying biology

Bone is constantly renewing its self and turning itself over at the rate of about 10% per year so at the end of a decade you have actually completely renewed your skeleton. The way this takes place is that osteoclasts start to nibble old, damaged bone leaving little tiny pits on the surface of the bone, this is just maintenance. Osteoblasts then come in and lay down new bone and this whole process has to be very finely balanced otherwise you end up with too much or too little bone. This is what happens in most cases of osteoporosis, the absorption and deposition get slightly out of sync. Year by year if we resorb 1% more bone than osteoblasts lay down then we gradually get a deficit. Sadly, once over the age of 24 this is what is happening to all of us all the time and will lead to osteoporosis.

This is how most of our treatments work, by either inhibiting the resorption stage or stimulating the formation stage.

Treatments

This is a good time for the treatment of osteoporosis with a lot of new drugs currently in development or being used. In 2009 there were 8 drugs being used and in 2016 just a decade later there were 12 available. Showing how frantically the pace of research is progressing in universities and the pharmaceutical industry with many new drugs coming along all the time.

So, compared to 20 – 25 years ago (when we only had Didronel available) our armoury of treatment is much increased and we can individualise treatment so much better.



Alendronic acid is a fantastic medicine and will approximately halve your fracture risk Zoledronate or Zoledronic acid, (anti-absorptive - slows down the rate at which your



body pulls bone back during the bone remodelling cycle) is quite an incredible treatment this is given as a once yearly intravenous infusion. It is given in the endocrine or rheumatology day unit via a cannula over a half hour or so and that's your treatment done for a year. Its extremely effective, the large cohort trials show that if you are treated with Zoledronate it will halve your risk of breaking a bone due to osteoporosis. It does have one slightly troublesome side effect – some patients develop 'flu like' symptoms feeling achy, febrile with painful muscles and joints for about 48 hours after treatment.

There are two other interesting, relatively newer drugs called Teriparatide and PTH (parathyroid hormone) These drugs stimulate the body to form new bone. The only set back is you have to inject yourself using insulin pen technology daily for two years but the development of new bone in patients is really impressive. However, a full course of Teriparatide for example costs about £8k so these are

not cheap. They are highly restrictive so you have to have bad osteoporosis with a T score worse than minus 4 (that is quite a low T score), but for patients who are eligible these are very effective drugs.



The main final new drug is Denosumab which has been around for a few years now and is another anti-absorptive drug. A huge study published in the New England Journal announced its arrival from a classic mega drug trial called the Freedom trial with 8,000 60 – 90-year-old post-menopausal women randomised and placebo controlled so 4,000 got the drug and 4,000 had a placebo, they all injected themselves (this one is only twice yearly). The primary end point of the study was whether these women got new vertebral fractures. Just one data point shown during this talk indicated 264 placebo treated patients, over three years of treatment developed a new vertebral fracture (about 2.5% per annum). In contrast, those who received the drug, only 86 of those who injected Denosumab daily developed a new vertebral fracture. So, this fracture rate went down by two thirds. Even more powerful medicine than Zoledronic acid (and it does not have that horrible suffix 'acid' stuck on the end)!

Two other drugs are worth mentioning Ballicatib was almost issued with a license in the USA but despite multiple trials it was pulled due to a skin side effect called morphea. There is some optimism that a similar drug might still make it to the market.

Romosozumab only licensed in the US in the last two months acts on a hormone called sclerostin which controls bone formation. This is given by monthly injection and is a treatment for osteoporosis, but it is far too early to say how good or not this will be in the treatment of osteoporosis.

Emergence - new service provision

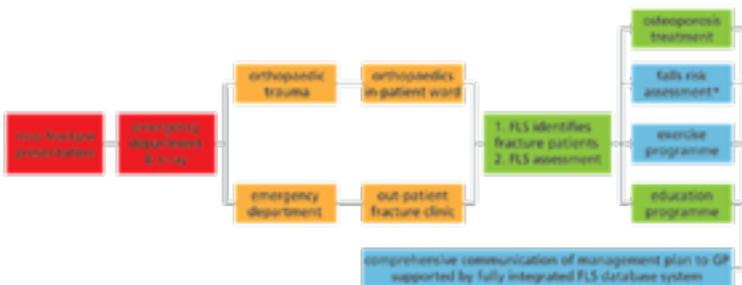
If you are admitted to hospital with a fracture it is very often pinned and plated or plastered and you are sent home. No cardiologist would admit a patient with a heart attack, look after them for a few days then pat them on the back and send them home. They would introduce prevention to stop it happening again. So, if you are a smoker, you are encouraged to stop smoking, you are started on a statin to lower your cholesterol, you are put on aspirin an anti-platelet drug to stop it happening again. So why don't we approach osteoporosis like this?

The answer is we are just beginning to. At present 1 in 5 women who have broken a bone actually broke a total of 3 bones before their osteoporosis was diagnosed. In essence if you are admitted with a Colles fracture we want to do something to prevent you progressing to a neck of femur fracture.

This is starting through Fracture Liaison Service (FLS)

The FLS will ensure all patients presenting with fragility fractures to the particular locality or institution receive fracture risk assessment and treatment where appropriate. The service will be comprised of a dedicated case worker, often a clinical nurse specialist, who works to pre-agreed protocols to case-find and assess fracture patients. The FLS can be based in secondary or primary care health care settings and requires support from a medically qualified practitioner, be they a hospital doctor with expertise in fragility fracture prevention or a primary care physician with a specialist interest.

The service structure for a UK hospital-based Fracture Liaison Service is illustrated below.



* Falls risk assessment is not a standard part of the FLS service

<https://www.capturethefracture.org/fracture-liaison-services>

The whole idea is to prevent further fractures occurring and there is a very central role for the nurse in the provision of FLS and at the moment about half the hospitals in the whole of the UK have an FLS and the majority model the delivery of this service through a specialist nurse. The specialist nurses will discuss risk factors, results of the DEXA scan, discuss treatments. They also provide lifestyle advice, education, literature, follow up, physiotherapy and select out that minority of slightly more complex osteoporosis patients who need to go on to see the metabolic or bone specialist such as Professor Turner. But the vast majority of people going through this service will not need to see the specialist.

The impact of the FLS – remember hip fractures are costing the NHS just under £2 billion per year. Data already available estimates that for every 1000 patients going through FLS about 20 fractures are prevented and just over half of those are hip fractures. So already we have a new and emerging model of how to manage the public health challenge of osteoporosis.

Early work looking at current areas that already have FLS indicate massive health economic savings. We do not have a FLS in Norwich yet, but Professor Turner is very keen to get one.

Side effects of treatment

Patients and dentists get very concerned about the risk of osteonecrosis of the jaw. The risk of this happening is to have between 10 and 100 patients on treatment and treat them for a thousand years before a single one of these will occur; like your chance of being struck by lightning.

Ten times more common is atypical femoral fracture (AFF), and is thought that these fractures are caused by taking bisphosphonates like Zoledronic acid, but this is if you take it for too long. That's why, increasingly the time is limited for duration of treatment with some of the osteoporosis drugs. This is still a very rare occurrence.

Is there a risk of oesophageal cancer from taking osteoporosis drugs? - probably not. Does taking calcium and vitamin D supplements very slightly increase your heart attack risk? Again, probably not, one paper said this but only just got published and nothing has been heard for the last 10 years.

Marking the centenary of

Edith Cavell's final journey home to Norfolk.

Edith Cavell was executed by a German firing squad on October 12th 1915. Her crime? Hiding British soldiers in her hospital in Brussels and arranging for them to be taken over the border into Holland. She was buried in a makeshift coffin at the Tir National.



After the war her body was brought back to England and taken on a gun carriage to Westminster Abbey. On the 14th May 1919, a special train left for Norwich, Thorpe Station, where the cortege, escorted by nurses and soldiers of the Norfolk Regiment, proceeded to the Cathedral.

Alice Ottaway was one of the N&N nurses who followed the cortege. A service was held at the cathedral and Edith was buried in an area called Life's Green.

In May 2019 several Nurses League members attended a service of commemoration which was held at Norwich Cathedral to remember Edith's final journey home to Norfolk.

The Dean of Westminster, the Very Rev Dr John Hall, preached at the service, part of which took place beside Edith Cavell's grave.

Dawn Collins, a League member and Deputy Nursing Director of the region's Mental Health Trust, said "The reason it's important to come for me, is because it often gets lost in all the military stuff, despite the fact that Edith was a nurse. For Norfolk nurses she is better than Florence Nightingale, she did more for us. She set up the first nurse training school. If we had not had Edith we might not have been here." Dawn Collins went on to say that it was poignant for nurses as it was not just a job but part of who they were, as it was for Edith Cavell.

Elizabeth Blaxell 2019



Memorial Service 2019

Due to the inclement weather, the annual service commemorating the death of Edith Cavell, was held in the Chapel of St Saviour, Norwich Cathedral.

Standard bearers from the Royal British Legion together with four senior nurses and several League members attended.

Wreaths were laid at the altar by various dignitaries including the Belgian Military Attache who laid a wreath on behalf of the Belgian people.



Ann Cosey laid a wreath on behalf of the London hospital and the Nurses League



Kay Marrison laid a wreath from all Norfolk Nurses.

Elizabeth Blaxell 2019

NB

The Chapel of St Saviour is the chapel of the Royal Norfolk Regiment and the Royal Anglian Regiment. The Chapel was built in the 1930's as a memorial to those who died in WWI. The door on the right at the back leads to the grave of Edith Cavell.

NORFOLK & NORWICH HOSPITAL BADGES



The Nurses League committee have unexpectedly come into the possession of

Six 'certificated nurse' Norfolk & Norwich Hospital badges.

All appear to be new so possibly not collected by the person to whom they were awarded. The badges date from 1933 – 1952. It has been agreed these can be offered for sale to Members with dates and names erased before sale. This can be done by a sealed bid donation to the Norfolk & Norwich University Hospital Nurses League funds to be used in our 90th anniversary celebrations 2020.

To place a sealed bid for one of the remaining hospital badges the cheque with your donation including postage should be sent to:

Ruth McNamara, Secretary NNUHNL.
9 Highlands Old Costessey, Norwich Norfolk NR8 5EA.

With your full name, present address and dates of training please.

The highest bidder will be sent the relevant Hospital badge and the unsuccessful Members will have their cheque destroyed unless requested otherwise.

Strict closing date is 30th April 2020

Ruth McNamara



To celebrate our 90th year NNUH Nurses League
invite you to join us for

An afternoon of Songs from the Shows



With a
Class Act

Saturday 20th June 2020

2.30pm

at The Benjamin Gooch Lecture Theatre NNUH

Tickets £10 each

From

01953 600896

In aid of NNUH Nurses league

Charity number 290546

The accomplished and versatile partnership of Mezzo Soprano Susie Turner & Pianist Annette Jude bring you an afternoon of music and song featuring songs from many of the well known and the not so well known musicals from the past 90 years.

A Teaching Situation. 1968.



Karen Thompson nee Nieuwenhuis, Jan Beart nee Blunsden,
Elizabeth Blaxell nee Blowers
This was taken in the Alexandra Home Lecture Hall.

Walking with Nana.

I like walking with Nana
Her steps are small like mine,
She doesn't say "now hurry up"
She always takes her time.

I like to walk with Nana
Her eyes see things like mine do,
Wee pebbles bright, a funny cloud
Half hidden drops of dew.

Most people have to hurry
They do not stop to see
I'm glad that God made Nana
Unrushed and young like me.

Anon.

Over Seas Cohort Education (OSCE)

We have been running the Over Seas Cohort Education (OSCE) preparation programme at the Norfolk and Norwich University Hospital (NNUH) since August 2016. We have had a total of 70 overseas nurses complete our OSCE preparation programme and are very proud of all of their achievements.

It is a very lengthy process for these nurses from the start of their application to complete English based tests in their home country before being invited to sit their OSCE exam here in the UK.



process for these nurses from the start of their application to complete English based tests in their home country before being invited to sit their OSCE exam here in the UK.



At the NNUH Practice Development and Education Department (PDE) run a 4 week programme to help them prepare for their OSCE and learn the UK ways of nursing. The NMC OSCE consists of stations of patient assessment, care planning, implementation (safe drug administration) and evaluating the care of a patient. They will also be tested on 2 clinical skills.

The programme consists of 3 weeks teaching of skills workshops and simulation based activities that mimic the test centre OSCE stations, run by a team of 4 clinical educators. Their OSCE will be arranged at week 4 of the programme. They have to complete their registration process within 8 months of being in country or they could face deportation back to their home country before having to start the process again.

A lot of our overseas nurses have never been away from home before and they leave their families back home, and will look into bringing their spouse and children over once they have their NMC Pin. They are under a lot of pressure to pass their exams as they have given up so much in their home country to be here and it is very humbling to be part of their journey.

We at PDE provide lots of pastoral support. We network them to existing overseas nurses, help them prepare for their OSCE, induct them into their clinical areas and generally support them in any way they need once they are in working in their clinical areas.

So far we have recruited overseas nurses from the Philippines, India, Australia, America, Africa and the Caribbean.

Article by Lisa Dennis, Clinical Educator (PDE) May 2019



Jenna's Story

Four things about success: Work, Pray, Think, and Believe.

Every Filipino nurse my age would want to go abroad and leave the country's comfort for financial and professional reasons, helping our families and advancing our careers. Mine included personal reasons. I wanted to start anew. I needed that new environment, new people, and new workplace. I needed that breath of fresh air. My uncle living in the UK had emailed me that a hospital in the UK is opening their gates for new nurses and that the interview will be held in Makati, Philippines.

I hadn't taken any exams attended any interviews before. Nobody knew that I was going to an interview and I just tried my luck. During the orientation, everyone got excited hearing all about the UK, the benefits and the opportunities that we will be able to have if we pass the interview. Fortunately, I was one of the lucky people that got in.

The next step was to pass the International English Language Testing System (IELTS) exam. It was one of the most difficult exams I have had to take in my nursing career. I'm not very good at writing especially academic writing. However, the Norfolk and Norwich Hospital University Hospital (NNUH) didn't let us down with our IELTS review, they were very supportive.

We were enrolled on an online one-to-one tutor with an IELTS expertise. I took the earliest exam in July as it was convenient for me since I was still working at that time. Unfortunately, I flunked my exam on the first take but it didn't stop me in pursuing my dreams. I set my priorities straight and reviewed my situation. Three months later, I took another set of IELTS exams. It just seemed so unlucky for me to fail the second one as well. I became less optimistic about my situation and went for a vacation to think about my future. After thinking hard, I decided to take one last IELTS, and if I failed may be the UK was not meant for me.

**"Every
Filipino nurse
my age would
want to go
abroad"**

Nobody at work or in my family knew that I was taking the last IELTS exam of the year. I felt it was a bad day on the exam day, the train's engine broke down in the middle of my journey to the exam and my shoes broke on the same day. I was very anxious about the results.

January 3, 2017 at 10am, while at work, with cold, clammy hands, I checked my online results and I knew that I passed. The happiness I felt that time was so immense that I could not stop telling everybody about it. Believe me when I say that every Thursday, I was at St. Jude praying the novena to help me pass that exam. It was two months before I had my next exam which was the Computer Based Test. I had to teach myself how to do this. The Royal Marsden was the basis for the exam. It was a lot of reading and I had to discipline myself to read every night. I was used to American based nursing and the British one was quite difficult to take in especially with only two months to prepare. On the 6th of March I found myself sitting in front of a computer desk and clicking possible answers to the questions. Honestly speaking, I wasn't able to finish the whole book. It was too much for me. I finished the whole exam at 1 hour and thirty minutes, rushing to get out of that cubicle; I went downstairs and waited for my friend to finish hers. Exactly an hour later the results came out and I had passed. Oh! What joy it was, I felt really hungry when I was done! Of course, we treated ourselves with a sumptuous meal to celebrate.

Since I don't have a computer and printer in my flat, I had to download papers required by Nursing and Midwifery Council (NMC) through a computer shop.

Completing the papers made me a bit anxious as errors were not acceptable. We had to make sure it was correct when we sent it because it'll cost us about £25. It took the NMC 55 days to email me back on June 15th 2017 to say I had met all requirements.

I emailed the recruitment manager and the agency to say that I had the letter from the NMC on Wednesday. I received the Certificate of Sponsorship on Friday and I proceeded with the application for a visa. By the end of the week, on August 20, 2017, we left for the United Kingdom.

It was a long journey from the Philippines to the United Kingdom. It was all worth it. We were met by the agency at Heathrow who escorted us to the hospital and gave us a little tour around Norwich. The second half of our UK nursing career had just started.

The first two days, we were just familiarizing ourselves with the area and completing papers for our entry here. On August 23, 2017, we were welcomed by Lisa Dennis at our lovely East wing in front of the shop. (Forever favourite meeting place.) She gave us a lot of papers (I'm not joking), our badge, library cards and a guide of the program and a short guided tour of the hospital.

What I liked most about the Over Seas Cohort Education (OSCE) were the Skills preparation. The materials we needed were provided. Every day, we practised with the skills and there is also free time for us to practice on our own. Luckily three of us lived in the same house so we had a chance to practice at home. For Basic Life Support (BLS,) we had the resuscitation dummy to practice on and if we were not confident, Lisa would provide us the sensor to make sure we have the right depth and the right pace. We learnt to do dressings and injections, catheterisations. We were able to use the skills on the wards where we were now working.

OSCE week had come and we all felt anxious but we were well supported by our mentor Lisa Dennis. We had to wait two days for our results and were all convinced we had failed but on the Monday morning at 8am we received the results, we had all passed. It was the happiest moment of my life. I could thank my clinical educators. My friends and family for never doubting that I could achieved what I set out to do.

Now, I am working in the Neurosciences ward as a Staff Nurse and give thanks to all of the people at the Hospital for making my dream to be a United Kingdom Registered Nurse (UKRN) come true with their support and guidance along the way on one of the most difficult journeys I had ever had to make.

Jenna Roudrigeuze (July 2017 Overseas Cohort)

NORFOLK & NORWICH STAFF AWARDS.

Each year the Norfolk & Norwich Hospital hosts an Awards evening to recognise staff members and teams that have performed well and who have been nominated by individuals or patients. This year our President and I were invited to join in

the celebrations. It took place on November 8th at the Open in Norwich hosted by Johnathan Wills from ITV Anglia News.



Some of The Award Winners.
Rachel Cocker with her award and her very proud Mum Mary. (see next article)

It was a lovely evening recognising the long service of staff who had given 25 or 40 years working at the hospital. Winning Individuals who led teams all recognised the importance and dedication of their team members so that patients receive good quality care.

Hilary Barker (League Trustee)

A PROUD MOMENT FOR OUR PRESIDENT (AND THE LEAGUE)

Edith Cavell Award

WINNER: Rachael Cocker, Nurse Director for the Emergency Department.

Rachael is calm, professional and non-judgemental in all her actions yet it is continuously evident that the patient is paramount in every thought she makes and decision she takes. Rachael is a visible presence in the Emergency Department, ensuring that patients are safe and staff are happy and she extends this beyond the weekly staff "open hour" she holds, often popping on an apron and gloves to help with tasks around the department.

Taking up a leadership post in an area you are not familiar with is something that Rachael has taken in



her stride – her altruistic nature and organised manner are characteristics that many nurses would do well to adopt – if the ED nursing team can

be influenced by, and learn from, her example, then we are closer on our #journeytooutstanding than we realise.

Rachael Cocker (Mary Dolding's daughter and League Member.)



The Leagues Secretary Ruth McNamara and Trustee Jan Beart entertaining members at the AGM.

Sondra Gorrick.

Specialist Nurse and Campaigner.

Sondra Gorrick League member and trustee was chosen from 500 women as one of

“The 100 most inspiring women in Norfolk.”

Sondra Gorrick is a senior endocrine specialist nurse at the Norfolk and Norwich University Hospital who has dedicated her career to working with patients with lifelong and often complex conditions. She is known for being vibrant, enthusiastic and committed to whatever she takes on and has been instrumental in helping to set up self-help and support groups for her patients.

Sondra is also a member and trustee of the Norfolk and Norwich University Hospital Nurses League, which aims to educate the public about the history of nursing in the area and offer support to nurses working today.

Her colleagues, patients and fellow NNUHNL members agree that her dedication to her department is a true inspiration.

*Nominated by:
Archant staff.*

Sondra with Chris Parfitt spreading the word about the Nurses League.





A chance meeting at Palma Airport.

Pat George and Elizabeth Blaxell had a chance meeting at Palma Airport when on holiday.

Pat is proudly displaying her 70th Anniversary Nurses League bag.

The Plant Doctor:

Do you have PLUMBAGO
Is your back a little sore
Or perhaps its PYROCANTHUS
Which you caught in Singapore
You've a nasty little HOSTA
Which I think I'll have to lance
And I notice a SPIREA
Has been leading you a dance
Does your ANTIRRINUM pain you
When you walk outdoors
You've had SKIMMIA RUBELLA
I can hardly see your nose
And CORNUS CAPITOSA
Has played havoc with your toes
How is your VIBURNUM TINUS
Have you lost your sense of smell
Use a SYRINGA REFLEXA
That should help you keep well
I'm afraid your MACROCARPUS
Isn't really up to scratch
Still I think you're doing nicely
Watch the QUERCUS in your knees
Take your BERBERIS twice nightly
Cheerio! Next please.
Anon.

THE SECOND ANNUAL BETTY LEE LECTURE

Thursday 10th October 2019

Topic: Antibiotics: before now and in the future.

Approximately 70 attendees, members of the League and other Trust nursing staff and nursing students from the UEA attended this event in the Benjamin Gooch Hall to hear Dr Ourania Kakisi, MBBS, PhD DIC, Consultant Microbiologist -Antibiotic Stewardship Lead NNUH and Lecturer Medical Microbiology UEA Medical School, deliver a most enlightening and thought-provoking presentation on the highly topical issue of antimicrobial resistance (AMR)



Dr Ourania Kakisi
with Betty Lee at
the 2019 Lecture.

At last year's inaugural Betty Lee Lecture reference was made to some of the wonderful documents that the League Archivists have collated across many years; one extract really struck me – it was an account of a nurse who was training at the N&N in the early 1930s, and she spoke of a fellow student nurse who developed a septic finger and because there were no antibiotics she developed septicaemia – what we would now call sepsis - and died; an almost unimaginable situation for us to comprehend today in this country.

The recently retired Chief Medical Officer for England, Dame Sally Davies, said in late 2019 that 700,000 people a year across the world including 60,000 new born babies in India alone are dying of sepsis because they can't be treated by the antibiotics they need; these figures are both staggering and shocking.

There can't, surely, be any of us who haven't been made better and probably had our life saved by the administration of antibiotics at some point in our lives. Consequently, the idea that, in the words of Dame Sally Davies, "Antibiotic resistance (AMR) could spell the end of modern medicine" must surely urge us all to take this matter most seriously. The World Health Organisation (WHO) has identified antibiotic resistance "as one of the biggest threats to global health, food security and development today."

Antimicrobial resistance arises when the bacteria that cause infection evolve ways to survive treatment. Once standard treatments are ineffective, it is easier for infections to persist and spread. These resistant organisms can be found in people,

animals, food and the environment. The science of the mechanics of antimicrobial resistance is fascinating, complex and moving at pace, but explanations are beyond the scope of this article, which will focus on the practical aspects that can be addressed in every day clinical practice in wards and departments.

Public Health England have circulated widely a patient friendly leaflet that is prominent in many health care environments, particularly GP surgeries and Health Centres that urge us to accept that antibiotics are not always appropriate for illnesses and symptoms that we may previously have thought as requiring a prescription for antibiotics; it also details the signs and symptoms of the potentially more serious illnesses that should be assessed urgently. More information is available at www.nhs.uk/keepantibioticsworking

It was against this background that Dr Kakisi delivered her thought-provoking lecture and began by outlining the challenges that face good antibiotic stewardship: Infections have no boundaries, and this is of significant relevance on two fronts; firstly, the rise in frequency of international travel and on a more 'local' level the frequent movement of patients between community and hospital settings. These points, along with changing epidemiology and increased medical and surgical intervention, often in elderly and immunocompromised patients pose significant challenges to the safe and effective use of antibiotics.

Key points from the lecture:

Main causes of antibiotic resistance are:

- Over-prescription of antibiotics
- Patients not finishing the entire antibiotic course
- Overuse of antibiotics in livestock and fish farming (2/3 of the world's antibiotics are used in livestock and 75% of this is non-therapeutic)
- Poor infection control in health care settings
- Poor hygiene and sanitation
- Absence of new antibiotics being discovered. In the 1980s there were 42 new antibiotics; this figure halved up to the year 2000 when there were 21 new antibiotics and in 2018 there were just 9.

However, there is some progress on some of these issues, e.g. English GPs cut antibiotic prescriptions by 2.6 million in 2015 and antibiotic use in poultry was cut by 50% between 2012 and 2015.

Reasons for poor antibiotic prescribing include:

- Lack of appropriate knowledge
- Untrained sources of advice
- Incorrect norms / models
- Economic factors and incentives
- Fear of poor clinical outcomes
- Marketing incentives
- Patient / customer demand
- Unstable drug supplies
- Poor supervisory systems

The UK Government has long been an advocate for tackling AMR and there has been a strategy in place since 2000. In 2013, the approach was reinforced the first fully integrated five-year strategy and plan for tackling resistance across human and animal health was published, the key recommendations of which included:

- A massive global public awareness campaign;
- Improve hygiene and prevent the spread of infection;
- Reduce unnecessary use of antimicrobials in agriculture and their dissemination in the environment;
- Improve global surveillance of drug resistance in humans and animals;
- Promote new, rapid diagnostics to cut unnecessary use of antibiotics;
- Promote the development and use of vaccines and alternatives;
- Improve the numbers, pay and recognition of people working in infectious disease;
- Establish a Global Innovation Fund for early-stage and non-commercial research;
- Better incentives to promote investment for new drugs and existing ones; and
- Build a global coalition for real action – via the G20 and the UN.

These recommendations still form a major plank in the local work undertaken with individual healthcare organisations to address this serious issue and key elements of local action include the following, all of which have a significant role for nurses and nursing to play:

- Minimise unnecessary prescribing of antimicrobials
- Ensure adequate timing of antimicrobial administration
- Adopt necessary infection prevention and control measures
- Obtain samples for microscopy, culture and sensitivity testing
- Therapeutic drug monitoring, following adequate and / or adjusted dosing
- Intravenous administration only in severely ill patients or those unable to tolerate oral administration
- Review microbiology results daily, de-escalate to narrow spectrum
- Review intravenous treatment daily switching to oral route promptly
- Require single dose surgical prophylaxis regimens as appropriate

‘Good nursing care is good stewardship, and good stewardship is good nursing care’

Dr Kakisi concluded the lecture by encouraging us all to sign up to become an Antibiotic Guardian and help to protect ourselves, family and friends against the spread of antibiotic resistance.

Further information is available at www.nhs.uk/keepantibioticsworking

Next year’s Annual Betty Lee lecture will be held in the Benjamin Gooch Hall on Thursday 8th October 2020 at 6pm.



NORFOLK AND NORWICH UNIVERSITY
HOSPITAL NURSES LEAGUE

The Annual Betty Lee lecture

8th October 2020, from 5pm

Benjamin Gooch Hall,

Norfolk and Norwich University Hospital NHS Trust

HOLD THE DATE

The topic for this year is being finalised but is likely to be centred around Jenny Lind and will be of relevance and interest to both retired and practicing nurses

This is a free event and refreshments will be available

AN AUSTRALIAN EXPERIENCE.



Visiting Sydney, Australia, in a year when the temperatures were in the 40s for six or seven consecutive days, we had an unexpected journey to an Australian Hospital.



On this occasion we were visiting Hertz in order to hire a car to drive to Melbourne later in the week.

Having completed our business in Hertz showroom, we stepped out into the blazing sunshine and commenced our walk back to our apartment. I suddenly felt unwell but was unable to describe exactly how I felt.

It was a Friday afternoon and we had no doctor so I suggested we rang the local hospital for advice. I tried to describe how I felt and was put through to a doctor who after asking me a few questions, told me to go straight to the hospital where they would see me.

I was seen in A&E by a delightful young doctor who, after several procedures,



said I would be seen by a consultant cardiologist. When the consultant arrived he was a charming elderly gentleman (one of the old school) and having looked through my notes and studied my ECG and other results, sat on the bed and said that he wished to admit me to HDU.

I might be a nurse but I am a dreadful patient and I dreaded being transferred to another ward and having to recount all my details yet again.

I was very impressed with the hospital's lines of communication. By the time I arrived on the ward, around 10-00 pm, the staff greeted me and recounted to me all the information I had given them on arriving at the hospital. I was not asked any questions which was a huge relief. I was monitored throughout the night and although sleep evaded me I felt comfortable.



By the next morning I was feeling my usual self and after being seen by the medical team was told I could be discharged. I left the hospital at lunchtime with a typed three page letter for my GP.



I was very impressed with the care received and especially the fact that when I arrived in HDU the staff were aware of me and knew all my details. Their communication was first rate.

The hospital in question is the first purpose built medical unit after the original convict settlement. Built in the 1830's and probably with convict labour, it survives as a small specialist eye hospital and equally small emergency unit, serving the city area of Sydney. Beautifully designed, it remains a heritage building, protected for it's historic background. The treatment and care that it delivers are thoroughly modern.



Sheilah Rengert
2019

Anna Blackler nee Capps (1957-61) wrote to the Editors

I reckon the best day of the year is the day the Journal arrives. There is so much in it that fascinates my age group. A really happy read, full of lots of memories. I feel the same excitement as my mother and her friends used to feel on Reunion Day. Its going to be wonderful this coming year as Mummy finished her training in 1930 and was a League member for the rest of her life.



Anna and Louie enjoying the Journal.

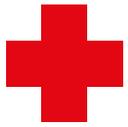
Anna is very proud of her Mothers long history in Nursing and followed her to train at the Norfolk and Norwich as her Mother had done. Her mother was a Sister in theatre at the Jenny Lind and Anna enjoyed working at the Jenny as well.

This photo of Anna was taken during her time at the Jenny Lind.

Regrettably, this winter has been one where my mobility has declined very much due to my spondylosis but don't feel sorry for me I am very happy at home pottering in my garden and being on my own. I feel less comfortable moving about in public.

I do have lots of company, my daughter and my lovely little dog Louie. I will not be able to get to the Reunion this year but my thoughts will be with you all.





The Hospital Fete.

Our attendance at the Hospital Fete was very successful. The prizes were a hamper including all the things you would need for a successful party, and a basket of fruit.



We had a great time meeting members of the public including these visitors and selling lots of tickets.

We made £115 towards League funds!

MEMORIES OF MY TIME AT THE WEST NORWICH HOSPITAL NOVEMBER 1962-JULY 1963

Immediately following my three months in Preliminary Training School (PTS) I was sent to the West Norwich Hospital.

We were a small set of eighteen, so only two or three of us were sent to the West and I must confess I wasn't best pleased as I was leaving the N&N and most of my set and friends. Bowthorpe was a long way from the city, which I had looked so forward to being part of. We could get a bus, but in trying to eke out our small salary, there was little left for bus fares so most trips to the City were by foot. I settled into a small but cosy bedroom in the Nurses' Home and was there for the next nine months.

My first ward was Burns & Plastics. This really was a specialised ward staffed by trained nurses and just two students. Plastic Surgery was in its early stages. Not sure what I was expecting but soon found I was experiencing sights and situations I had never dreamed. Burns from accidents which caused such bad scarring ; also the plastic side of surgery. Skin grafts, skin pedicles. The patients were amazing as most procedures required multiple operations. They experienced a lot of pain; then there was the wait to see if grafts had taken, scrupulous care was taken to avoid infection. As a first year student, I was not involved in dressings or pain relief. We were expected to do the first year student stuff; bed pans, pressure care, bed making etc.

Mr Innes was one of the Consultants; the Sister was Sister Thompson, and there were two senior full time staff nurses; Angela Boston and Jill Carpenter.

My next ward was Men's Surgical at the West. This ward was a long ward with a glass partition half way along. There were also some side rooms off the corridor on the approach to the main Ward. Sister Rush was in charge; a tall attractive lady with beautiful auburn hair, and she always wore make-up. As students, we knew not to cut corners; otherwise we would end up in her office for a "Quiet word". I always found her fair as well as being strict. I enjoyed my time there and felt I had learned a lot.

The last ward I worked on while in my training at the West was the Medical Ward. Sister Rustead was in charge; a slim white-haired lady with a small bun in the nape of her neck. She could walk very fast!. The ward was a newer one which had been built above the Burns & Plastics Ward. There were six bedder bays. Again, I enjoyed my time there.

I soon settled into life at the West and found that there was a really friendly atmosphere. Miss Waldron was the Matron. Mr Chapalaz was the tutor designated to the students there. I will always remember one of his little mantras; it was "come along Nurse;

peg on or peg out". The food was excellent and there was quite a communal feeling in the large sitting room. A Hospital Ball was held at Christmas. We all planned our dresses (mostly cocktail in 1962/63) and brought our partners along. That was never a problem as many young men wanted to enter the hallowed rooms of the Nurses Home as normally they were excluded. There was a strict code of behaviour. I don't think it was late ending as we had to be up and on duty the next morning.

To reach the wards we had to cross the yard in all weathers. Our lovely navy blue and red cloaks were good weather beaters.

While at the West the City Hall held a reception for health staff. Names were put into a hat and I was fortunate to have mine pulled out which meant a trip to the reception. I wore my best dress and felt very special as I walked up the stairs and had my name announced. I was pleased to see some students from the N&N and enjoyed some lovely canapés and a glass of wine.

I returned to the West about 1980.

I worked as a part time staff nurse on Crome Ward. This was then called an acute medical geriatric ward. Care for the Elderly was not then in use. It was a female ward; no mixed wards and the term geriatric embraced the age of sixty five upwards. Crome ward was a Nightingale ward with two side rooms. We could watch the squirrels in Bowthorpe wood and see the most amazing sunsets from the windows at the bottom of the ward. Dr. Adams, Dr. Beattie and Dr. Naguib were the consultants. A block of wards e.g. surgical, medical geriatric, was overseen by a nursing officer. Many things had changed. There were now more enrolled nurses, auxiliaries and students.

Each week we had a case conference with all disciplines e.g. Physiotherapist, occupational therapists and members of the ward team.

Some days ladies with long term leg ulcers would come for part of the day. We would dress the ulcers and the ladies would enjoy lunch. Crome was hard work but really rewarding.

Our ward became involved with the Hospital review (concert). Annette Jude as pianist and one or two good singers and actors, encouraged us to put on a sketch or musical number which had a medical slant. After rehearsals (when we could) a show was staged and seemed to be enjoyed by all including the invited audience.

I have fond memories of the West and those who worked there. We know changes have to be made, but the West will not be forgotten as it was an important part of our nurse training and a legacy to the City of Norwich.

Hilary Last nee Crane 1962-65

The original mobile

THE HOSPITAL TELEPHONE TROLLEY

How many of you remember the telephone Trolley?

I was a telephonist at the Norwich Exchange in the late 1950's to 1963 where we would volunteer, two of us, to go after our duty had finished, to take the Telephone Trolley to the patients on the Wards.

We would walk or cycle from St. Andrew's to the Norfolk & Norwich Hospital where we would make our way to the big corridor near Ward 7? The trolleys would all be lined up; a row of black boxes with buttons A & B and a long lead.

We would make our way to the Women's Ward, past the queue waiting at the door, then onto the Ward, which was invariably smelling of what the patients had just had for their evening meal!

The trolley was taken to the patient's bed, where, if necessary, we helped them to make their call, once we had found the socket to plug the box in and they had found their money.

While the trolley was in use we would chat to the other patients who did not have visitors.

Other local companies also provided volunteers for this service. Several other hospitals participated, including Aylsham Hospital, where the volunteers, included my mother and father in law.

So you could say that we were the forerunners of the mobile phone!

Jean Thompson



A similar, later model hospital telephone trolley.

We asked and you've answered...

We asked for information to solve the mystery of the Photo of Ward 6. Gillian Mickelburgh, Jenny Campling and Wendy Hobbs contacted us and were able to tell us the names of the nurses in the photos.

In photo 1 from left to right Dr Asalkar, Sister Johnson, Jenny Adams (Campling,) Maureen Kemp, Elizabeth Jones, and Gillian Roper (Mickelburgh)

In photo 2 from left to right Jenny Adams, Maureen Kemp, Wendy Seely (Hobbs) and Sister Johnson.

**It's a Mystery, Ward 6...
Does anyone know the story behind
these photos?**



All of the people who contacted the Editors described Ward 6 as a very happy busy place to work.

Graham's Ankles (Introduction)



Mr David Loveday FRCS

My husband was referred by his GP for a consultation with Mr David Loveday FRCS, Orthopaedic Consultant at the Norfolk and Norwich Hospital because his ankle was becoming increasingly painful and it was giving way.

He was given two options, ankle fusion or an artificial ankle joint. Graham had a good pulse in his foot and movement so he was told he was a candidate for a replacement but the choice was his to make. I am pleased to say that following the replacement ankle joint he is now free from pain and walking normally without a stick.

Mr Loveday has kindly agreed to write the following article for our journal.

Margaret Allcock.

Artificial Ankle Joint

Norwich was at the forefront of joint replacement surgery in the 1960's. Mr Ken McKee and Mr John Watson-Farrar successfully developed an artificial hip joint for disabling hip arthritis. Many people have had hip replacement surgery since and most people know someone who has had one. Artificial joint surgery has continued to develop and now in Norwich Mr David Loveday and his colleague Pre-operative



Mr George Smith are implanting artificial ankle joints in patients with arthritis. Many patients assume little can be offered surgically and are pleased to be told of such an option.

Post-operative



Ankle arthritis is a lot less common than other lower limb joint arthritis. Unlike hip or knee arthritis most cases are related to previous injuries to the joint including ankle sprains or fractures. The incidence of ankle arthritis in the population is also lower than hip and knee arthritis. For most patients in the earlier stages of the arthritis their symptoms can be managed with painkillers, altered activities and an ankle brace. As symptoms worsen then the option of surgical treatments arise. The two main options for pain relief are either an ankle fusion or ankle replacement surgery. An ankle fusion takes away all the movement from the ankle whereas ankle replacement surgery has the advantage of retaining the joint movement.



Norwich continues to be at the vanguard of joint replacement development. Recently, Norwich with 16 other centres has been involved in a national trial comparing ankle replacement and ankle fusion surgery.

This has involved expert surgeons across the country at hospitals from Aintree to Wrightington. This exciting trial has recently finished recruiting patients and the patients are currently being followed up to learn more on the outcomes of these two different operations.



FLORENCE NIGHTINGALE

1820-1910

Florence Nightingale was born two hundred years ago on 12th May 1820 in Florence, Italy. She was the youngest of two children.

Her father was an affluent landowner and gave Florence a classical education. She spoke German, French and Italian and from a very young age was involved in ministering to the ill and poor people in the village neighbouring her family's estate. By the age of sixteen it was clear that nursing was her calling.

When Florence told her parents about her desire to become a nurse they were horrified and forbade her to pursue nursing, but despite her parent's objections, in 1844 she enrolled as a nursing student at the Lutheran Hospital of Pastor Fliedner in Kaiserwerth, Germany.

In the early 1850's Florence took a job at the Middlesex hospital for ailing governesses. She was soon promoted to superintendent and had to deal with a cholera outbreak. She made it her mission to improve hygiene practices, lowering the death rate therefore at the hospital. This took a considerable toll on her health.

In 1853 the Crimean War began. The British Empire was at war against the Russian Empire for control of the Ottoman Empire. Thousands of British soldiers were sent to the Black Sea. By 1854 18,000 soldiers had been admitted to military hospitals. The conditions were atrocious. There was a lack of sufficient medical attention, no female nurses as they had such a bad reputation and the soldiers languished in appalling unsanitary and inhumane conditions.

Sydney Herbert, Secretary of War, asked Florence to organise a group of nurses to sail to the Crimea. She quickly assembled a team of thirty four nurses a few days later.

When they arrived at Scutari, the British hospital in Constantinople, they were horrified at the conditions. The hospital sat on top of a large cesspool which contaminated the water. Patients lay in their own excrement with rats and bugs crawling over them. Basic supplies such as bandages and soap were in very short supply. More soldiers were dying from infectious diseases like typhoid and cholera than from their injuries.

Florence soon organised the least infirm patients to scrub the hospital from floor to ceiling with hundreds of scrubbing brushes. Florence spent every waking minute caring for the soldiers. In the evenings she moved through the dark wards carrying a lamp. The soldiers took to calling her “The Lady with the Lamp”. She reduced the hospital’s death rate by two thirds.

Florence not only improved the sanitary conditions , but also the quality of the food; she established a laundry so that the patients would have clean linen and a classroom and library for patients’ intellectual stimulation.

Based upon her experiences in the Crimea, Florence wrote an 830 page report called “Notes on Matters Affecting the Health, Efficiency and Hospital Administration of the British Army” This book would establish a Royal Commission for the Health of the Army in 1857.

After a year and a half in Scutari Florence returned home to a hero’s welcome. The Queen gave her a considerable sum of money from the British Government and an engraved brooch that came to be known as the “Nightingale Jewel”. With the money Florence established the Nightingale Training school for Nurses at St Thomas’ Hospital. Thanks to her nursing was no longer viewed as something the lower classes did and was seen as an honourable vocation attracting even those women from the upper classes.

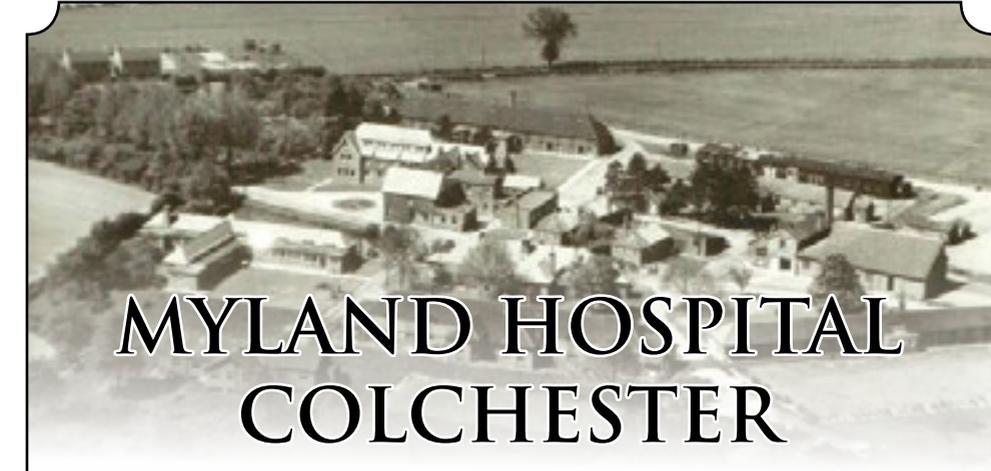
Florence had contracted “Crimean Fever” while at Scutari and she never fully recovered. At the age of thirty eight she was bedridden and remained so for the rest of her life. She remained though, an authority and advocate of health care reform, interviewing politicians and welcoming distinguished visitors from her bed.

In 1908 King Edward VII conferred on her the Merit of Honour.

Florence died on the 13th August 1910. Her family declined the offer of a state funeral, but agreed to a memorial service in St Paul’s Cathedral. She is buried in the family plot in St. Margaret’s Church, East Wellow, Hampshire.

International Nurses Day is observed annually on May 12th to commemorate her birth and to celebrate the important role of nurses.

Elizabeth Blaxell 2020



MYLAND HOSPITAL COLCHESTER

During the 1980's I was transferred from Severalls General Unit in Colchester, to Myland Hospital, which was nearby. Like SGU, it was old and really no longer fit for purpose.

Two of the wards were actually portacabins. Their names were Joffre and Jellicoe, which may give you some idea of the age they were 'assembled'! During the night, we could hear noises from behind the large cooking range... We knew it was rats/mice. When the building were demolished some years later, apparently there were dead rats and mice and fauna/flora various under the floorboards.

They were geriatric wards and also there was a ward for physically and mentally handicapped patients.. usually as a result of an accident, rendering them para or quadriplegic.

Also we had patients who had moderate to severe mobility as they had varying degrees of MS, MND, Huntingdon's Chorea...

It was so difficult for these patients ... as in the main they were quite young and for long term care. They needed a tremendous amount of Basic Nursing Care. Hoists were only just being introduced and specialised rehab units were not yet available. We had a water bed on one of the wards. I tried it one night and couldn't get out! Water moves you see.... But they were brilliant for pressure areas.

Saunders was the eye ward ...In the past it had been a TB ward, and therefore at least 200 metres from the main hospital. It was at the end of a narrow concrete path in the middle of a field. The porter used to trundle nurses up and down for

meal breaks, in what looked like an ancient 3 wheeler passenger vehicle from the far east. It probably was!

When I was acting night sister ... I would drive up to Saunders ward in my car to do the rounds.... it was pitch black... no lighting... so scary..

Then there was the time 'Travellers' moved into the field next to the hospital. I got the shock of my life in the early hours once, when I was diving up to Saunders and this big black shape appeared! It turned out to be a horse...their dogs foraged around the dustbins. They and their zoo were eventually moved on....

There were old plum trees and apple trees in the grounds that produced loads of fruit. We used to go out in the middle of night, with a torch and a walking stick and pick the fruit as best we could. One night I lost my stick... it got stuck in the tree...somewhere...

The fields (long gone to make way for housing), also produced beautiful field mushrooms. They seemed to spring up overnight. That was for early morning forays.

As with Severalls, the mortuary was outside. Anyway, we had this night sister who was quite elderly, thin but very wiry and energetic....her black hair tied back in a bun. When she rushed about outside, her cloak billowed out behind her and she resembled a vampire, like something out of a Dracula film!

Well, one night I was accompanying her to the mortuary. The trolley was a long wooden affair; an open ended board on two wheels.....which behaved rather like a seesaw! Sister was pushing it with her usual enthusiastic vigour, cloak flying. (I have no idea why it wasn't the porter), when the wheels hit something and the body shot off the trolley at some speed, landing quite a few feet away. We picked up the poor unfortunate... popped it back on the trolley and trundled it back to the ward to rewrap it in a clean sheet, as there were grass stains on the underneath.

I know, I know... I shouldn't laugh... gallows humour I guess.

Myland hospital has long gone but the memories remain.

THE BEGINNING

I think I always knew I'd be a nurse.

My father was Dutch and had met my mother during the war when the Dutch regiment he was in, was stationed at Walton on Naze... my mother lived in Frinton on Sea.

Nearly all the female members of my father's side of the family were or had been nurses. The male side of the family, had more often than not married nurses. My father was very keen that at least one of his two daughters would follow in the family tradition and become a nurse. My sister would never have made a nurse and she wouldn't have wanted to anyway.

And so it fell to me.

Dad was a nurseryman, (well he was Dutch) specialising in bulbs, flowers, tomatoes...and with 2 younger brothers roaming over 7.5 acres, there were always minor injuries. Nothing gory bothered me and I was able to practice nursing skills from quite an early age!

I did a pre nursing course at the local college after leaving grammar school. Just filling time really.. I 'studied' Human Biology and Hygiene and spent a good deal of the spare time I had, in the pub next door with students various. We were all under age.

We used to drink half a light or Watney's Red Barrel? and play darts. I now had the required 'O' levels, but where to train?

My close friend at that time had a sister who was a staff nurse at the N & N. (Pat Seaborn.. for those with long memories).

“Come up here, she said... “ Great hospital, great City, great pubs, great men, great fun... you'll love it”..

So.. I applied... was interviewed by the late Matron Cooper (so scary), and was accepted, and the rest, as they say, is history.

Over the past 6 years I have produced an article for the N & N Nurses League Journal, for my close friend and fellow Oct '65 colleague, lovely Elizabeth Blaxell. Elizabeth, Mary Dolding and myself trained together and have never lost touch.

We remain the best of friends to this day.

I hope you have enjoyed reading my ramblings as much as I have enjoyed writing them.

Karen Thompson

TANNERS AND BOBS

Back in the days of tanners and bobs,
When Mothers had patience and Fathers had jobs.
When football team families wore hand me down shoes,
And TV gave only two channels to choose.

Back in the days of threepenny bits,
When schools employed nurses to search for your nits,
When snowballs were harmless; ice slides were permitted
And all of your jumpers were warm and hand knitted.

Back in the days of hot ginger beers,
When children remained so for more than six years.
When children respected what older folk said,
and pot was a thing you kept under your bed.

Back in the days of Listen with Mother,
When neighbours were friendly and talked to each other.
When cars were so rare you could play in the street.
When doctors made house calls; Police walked the beat.

Back in the days of Milligan's Goons.
When butter was butter and songs all had tunes.
It was dumpling for dinner and trifle for tea,
and your annual break was a day by the sea.

Back in the days of Dixon's Dock Green,
Crackerjack pens and Lyons ice cream.
When children could freely wear National Health glasses,
and teachers all stood at the FRONT of their classes.

Back in the days of rocking and reeling,
When mobiles were things that you hung from the ceiling.
When woodwork and pottery got taught in schools,
And everyone dreamed of a win on the pools.

Back in the days when I was a lad,
I can't help but smile at the fun that I had.
Hopscotch and roller skates; snowballs to lob.
Back in the days of tanners and bobs.

Anonymous

2019 AGM SNIPPETS



† *Obituary*

JANET (KITTY) HARDINGHAM 1938 -1941



Janet in the Casualty Department at the Norfolk and Norwich Hospital.

Members will be sad to learn that Janet passed away on July 12th 2019.

Janet worked in the N.H.S for many years as a Nurse. She commenced her training at the Norfolk and Norwich Hospital, St Stephens Road on September 30th 1938. She excelled during her training and received the Silver Alice Long Medal for General Proficiency. Following her State Registration Janet worked as a Staff Nurse at the hospital before deciding to start a Midwifery Course. She applied and was accepted for a course at the Queen Charlottes Hospital in London which she commenced in June 1943 for six months. In January 1944 she worked at the Drayton Emergency Hospital as a Staff Midwife for 2 years before successfully obtaining a post as Assistant Night Sister at the Norfolk and Norwich Hospital. She did this for a year before becoming a Casualty Sister from 1947 and worked there for the next twenty years.

After Janet's mother passed away she looked after Ella, her sister with Down's Syndrome and moved into a flat. She changed jobs and was successful in obtaining a post in 1967 as a Practice Nurse at Drs Brittain and Watkins Surgery on Newmarket Road partly because of the hours and the location made it easier for her to look after her sister. Ella passed away in 1990 and she then moved to the beautiful setting at the Great Hospital. She lived in several flats there until a bungalow became available.

Janet, along with Betty Lee was interested in the heritage of the Norfolk and Norwich Hospital and used to store items of interest under Betty's bed until I said I could store them for her, as I had a spare bedroom. So you could say they were both the founder members of our group. I often used to ask Janet things that needed accurate information. Betty has a wonderful memory and our heritage committee often ask her questions too.

When Graham and I visited her at the Great Hospital we worked around her busy schedule of clubs, one being bowls. She always looked forward to her visits from Peter, her nephew. Janet had been an active member of Surrey Chapel for 52 years. She was a long time member and past president of the Norwich and District Branch Retirement Fellowship. Her friend said she loved knitting, tatting and was a clever needle woman.

Janet donated her memorabilia, certificates and badges to the Nurses League which included her Alice Long Medal.



Janet at the AGM 2018.

Margaret Allcock (nee Zipfel)
23/12/2019

† *Obituary*

BETTY SILVESTER NEE LARTER 1941-45

Betty died on September 13th 2019 at the grand age of ninety six. She was born in Bacton and attended North Walsham High School for Girls, cycling the seven miles from home each day.

After leaving school at sixteen Betty went to North Walsham Cottage Hospital as an auxiliary nurse before commencing her training at the Norfolk & Norwich Hospital.

Betty met her husband, Vic, when he was a patient on Orthopaedic ward and married him after he was demobbed in 1946. They moved to Yorkshire and had three boys. After the children had grown up Betty became a part time community nurse.

When Betty retired she enjoyed bird watching and painting with water colours. In her latter years, Betty moved back to North Walsham to the Salvation Army Home, Furze Hill House.

I will miss her fantastic sense of humour and tales of her days in training.

Elizabeth Blaxell

† *Obituary*



Julia Spinks (nee Allcock) 1965-68

Julia, sadly passed away on November 8th at her home in Stonham Aspal, near Stowmarket.

She attended the local village school in Haverhill and then transferred to Sudbury High School for Girls. Julia followed in her mother's footsteps and decided to go into the nursing profession. She commenced her training at the Norfolk and Norwich Hospital on June 1st 1965. After passing her finals in 1968 she staffed on the Male Orthopaedic Block for two years.

She married Roger on October 3rd 1970 and moved to Corton, Lowestoft. Julia then worked at the Gorleston Cottage Hospital as a Staff Nurse on the male and female orthopaedic wards.

Following the birth of her son Tim in 1972, she took a career break for four years. Her husband Roger was promoted in his job and they moved to Capel St Mary near Ipswich. She worked at St Mary's Hospital Tattingstone initially starting as part-time and later full time Staff Nurse. Julia then obtained a post at Hartismere Hospital, Eye as a senior Ward Sister. She later took up a post in the Community before retiring to look after Roger who passed away earlier this year.

Although she was unable to attend the AGM's due to caring for her husband she always looked forward to receiving her journal.

Margaret Allcock (sister-in-law)



Changes to Membership 2019

New Members

Mrs Roslyn Atmore, nee Yarham, 1972-75
Miss Elizabeth Brown, 2000-03
Mrs Lois Clements, nee Barass, 1979-82
Miss Jude Ditton, Service 1998
Mrs Sue Edwards, nee Taplin, 1984-86
Mrs Caroline Ferrari, nee Robertson, 1982-85
Mrs Jane Fraser, nee Harris-Curtis, Service 1979
Mrs Karen Hall, nee Loades
Mrs Anita Hastings, nee Chaplin, 1965-68
Mrs Mary Kelly, McCarthy, Service 1977
Miss Hannah Lambert, 2015-18
Miss Heather Moss, 2006-09
Mrs Mary Mace, nee Athisayam, 2007-10
Mrs Lorraine O'Brien, nee Riches
Mrs Wendy Parsk, nee Sparkes, Service 2004
Mrs Linda Ranjit, nee Robinson 1975-78
Miss Georgia Robinson, 2016-19
Mr Christopher Sparks, Service 2001
Miss Sian Taylor, 2013-16
Mrs Ruth Whitlam, nee Conway, Service 1991
Mrs Julia Watling, nee Gribble, 1979-82
Mrs Michelle Wigger, nee Naomi, 2006-09

Mrs Sara Bland, nee Snowdon, 1969-73
Mrs Samantha Browne, nee Whiddett. 2001-04
Miss Esther Cockram, 2003-06
Mrs Jane Douglas, nee Dixon, Service 1993
Ms Lyn Everson, Service 1997
Professor Nancy Fontaine. (Honorary Member)
Mr Dave Guttridge, Service 2000
Mrs Jacqueline Harris, nee Roberts, 1973-75
Mrs Margaret Hodge, nee McGann, 2005-08
Mrs Julie Keeling, nee Fox, 1995-98
Ms Debra Laws, Service, 1998
Ms Lynette Morgan
Miss Patricia Newman, 1957-60
Mrs Madeline O'Keeffe, nee Billington, 1963-67
Mrs Wendy Phillips, nee Scrivener, Service 1970
Mrs Sally Ramsay, nee Nethercott 1969-73
Mrs Carmel Sayer, nee White, Service 1990
Ms Lisa Sant, Service 1986
Mrs Lucy Weavers, nee Brown, 1993-96
Miss Yasmin Weatherstone, 2017-19
Miss Joanne Walmsley, 1984-87
Ms Mary Wood, 1976-79

Re-instated Members

Mrs J Butcher, Mrs Jenny Campling, Mrs P Hollis, Mrs M Swan

† Deceased Members

Mrs Meta Douglas-Jones, nee Points, 1943-46
Miss Janet Hardingham, 1938-41
Mrs Julia Spinks, nee Allcock, 1965-68

Mrs Ruth Eglington, nee Howlett, 1941-44
Mrs Elizabeth Silvester, nee Larter, 1941-44
Mrs Margaret Spray, nee Miller, 1950-53

Resigned

Mrs Esther Boar, nee Woodward, 1951-54