

**THE UNITED NORWICH HOSPITALS NURSES LEAGUE  
EXECUTIVE COMMITTEE AND TRUSTEE MEMBERS**

Charity Registration Number 290456

**2008-2009**

**PRESIDENT**

Mrs. Lavinia Gordon-Gray  
Oaklands, 66, Colney Lane, Cringleford, NR4 7RF

**VICE PRESIDENTS**

Mrs Sheilah Rengert

**HONORARY SECRETARY**

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

**HONORARY MEMBERSHIP SECRETARY**

Miss Betty Lee  
119, Cambridge Street, Norwich, Norfolk, NR2 2BD

**HONORARY TREASURER**

Mrs. Mary Dolding  
15, Greenwood Way, Sprowston, Norfolk, NR7 9HW

**ARCHIVIST**

Mrs. Margaret Allcock  
Broadlands, The Green, Freethorpe, Norwich, NR13 3NY

**COMMITTEE MEMBERS & TRUSTEES**

Mrs. M.N. Allcock, Mrs. S. Beuzekamp, Mr. D. Beattie, Mrs. D. Betts,  
Mrs. E. Blaxell, Mrs. M.R. Dolding, Mrs. A. Garner Mrs. L. Gordon-Gray,  
Miss B. Lee, Mrs. R. McNamara, Mrs. R.M. Rayner, Mrs. S. Rengert

**JOINT EDITORS**

Elizabeth Blaxell, Pinetrees, 45 Happisburgh Road, North Walsham, NR28 9HB	Doreen Betts, 4 Hall Road, New Costessey, Norwich, NR5 0LU
---	---



**Executive Committee And Trustee Members.**

Angela Garner Doreen Betts Elizabeth Blaxell Betty Lee Lavinia Gordon-Gray  
Margaret Allcock Ruth McNamara Mary Dolding Ruby Rayner Douglas Beattie  
(Absent when photograph taken Sheilah Rengert and Sylvia Beuzekamp.)

## NOTICES

### **The Reunion and AGM on Saturday May 9th 2009**

On May 9<sup>th</sup> 2009 the 79<sup>th</sup> Reunion of the United Norwich Hospital Nurses League will be held at the Norfolk and Norwich University Hospital, Colney Lane, Norwich.

Refreshments will be available at the hospital cafeteria.

The chapel service will commence at 1:45pm in the Hospital Chapel, and as usual will be followed by the AGM and afternoon tea.

The Chapel collection will be donated to the Benjamin Foundation.

It would be helpful if you could let Miss Lee know by May 1<sup>st</sup> if you are planning to attend as this will help with the catering and seating arrangements.

### **The Benjamin Foundation**

The Benjamin Foundation is a local charity that provides services to a diverse range of children and young people across Norfolk.

These services include support, accommodation and resettlement for the homeless; advice and counselling for 5-25 year olds; and after school and holiday clubs where children can learn and have fun in a safe environment.

The charity was initiated by the father of Benjamin Draper, who tragically died in a motorcycle accident at the age of 17. The Benjamin Foundation arose from this individual tragedy and has gone on to help hundreds of people across Norfolk.

Its aim is to provide high quality services and opportunities that significantly improve the lives of vulnerable children and young people and which might not be available to them if the Foundation were not in operation.

**Watch Out There's a Web Site About** to go on line.

In the not to distant future you should be able to access the League web site via [www.norfolkandnorwichuniversityhospitalnursesleague.co.uk](http://www.norfolkandnorwichuniversityhospitalnursesleague.co.uk) Give it a try.

### **Archive Material**

Don't forget if you have anything of historical interest relating to the Norfolk and Norwich Hospitals get in touch with Margaret Allcock. She already, as many of you know, has an amazing collection of history and memorabilia but there are always gaps to be filled.

## **PRESIDENT'S LETTER**

I feel honoured to be writing my first presidential letter to you and look forward to the challenges and responsibilities that the post entails. With the support of the committee I will do everything in my power to ensure that the League continues and grows in strength during the coming years.

The Charity Commission has approved the change of name for the League, to The Norfolk and Norwich University Hospital Nurses League, and we must now draw up a deed recording these changes as defined by clause 35(ii) in the Supplementary Declaration of Trust. On completion of this process copies will be available for perusal at the AGM on May 9<sup>th</sup> '09.

Mary Dolding and Ruth McNamara have been successful in claiming back tax from our investments. Although a relatively small amount, every little helps in today's climate! We also owe them an extreme debt of gratitude for their sterling work in applying for a lottery grant and being awarded £1,100 from "Awards for All", to produce a pamphlet to raise the profile of the League and bring in new members, especially younger ones.

Douglas Beattie has kindly agreed to lead a team of willing members (or knowledgeable individuals) to gather information together about the Hospital and the League to commemorate the League's 80<sup>th</sup> birthday in 2010. Anyone who would like to be involved or has material that they consider suitable to mark this momentous occasion would they please contact a member of the committee (names in the front of the journal).

Personal diaries seem to fill up rapidly with social engagements, and it appears to be the norm these days to receive cards saying "save the date". This is what I am saying to you as the League celebrates its 80<sup>th</sup> birthday on July 24<sup>th</sup> 2010 when we will have a special celebration and the AGM (so no meeting in May). If you have any thoughts on this please get in touch as the committee will be discussing this at our meetings.

League members who qualified before 1945 were contacted before Christmas by committee members so that they could receive a Christmas gift from the League. A selection of gift vouchers and flowers were gratefully received by more than thirty members.

The Norfolk and Norwich University Hospital has appointed a new chief executive - Anna Dugdale. I had the pleasure of working with Anna and feel confident that she will provide the Hospital with the stability and leadership that it needs. I will be meeting with her before May to look at ways in which the Trust can support the League.

I hope you will be able to come to the reunion on May 9<sup>th</sup> and look forward to meeting you then. May you enjoy good health and happiness in the coming months.

Best Wishes,

Lavinia Gordon-Gray

## **Editors Report 2009**

Believe it or not we have both really enjoyed putting together this journal without coming to blows!

We chose to write and encourage others to write about the Norfolk and Norwich nursing figureheads from 1772 to present day. We apologise to anyone who has been omitted and hope if there are any they could be included at a later date. We hope you find this as interesting and fascinating as we did in writing and receiving the articles.

As next year is the 80<sup>th</sup> anniversary of the League we would be most grateful for any articles, anecdotes or photographs you could send us to make the Journal for 2010 special.

Elizabeth Blaxell  
[elizblaxell@hotmail.com](mailto:elizblaxell@hotmail.com)

Doreen Betts  
[doreen.betts@ntlworld.com](mailto:doreen.betts@ntlworld.com)

**United Norwich Hospitals Nurses League**  
Registered Charity No. 290546

On behalf of the other Trustees and myself I present the League's Income and Expenditure statements for the year ending March 31<sup>st</sup> 2008.

Please note on the statement the following:

1. Income from Investments has again increased.
2. In line with our Internal Financial Controls Policy we have a Reserve Fund which we aim to keep at £5,000 at the start of each financial year. We closed the NatWest savings account and our one savings account is with Barclays Bank in an Instant Access Saver account which is giving an improved interest rate.
3. The work of our small charity has been maximised this year with a large increase in Christmas gifts, flowers and grants awarded.
4. Donations have increased this year so we have been able to achieve this increase in work. We thank those members who have been kind enough to make donations to the League. Please continue to support the League's work with your donations and subscriptions and help us to recruit new members whenever you can.
5. We do have a small deficit this year but have been able to cover costs by the reserve we have collected in our current account over the years.
6. Looking to the future we will have to manage the increased costs of the special edition 2008 journal with its increased postage and stationery costs. Thanks to our Editors we have already acquired some additional financial help for this.
7. We aim to apply for Grants to help with the costs of future projects.

I am so grateful for the continued support of my Trustee colleagues who have worked so hard this year to increase the work of the League as well as working on plans for the future. I do feel we are making a difference.

I am grateful to Brian Allerton who independently examined our books again this year. I also acknowledge the work of Chris Rengert who continued as our financial advisor.

Mrs Mary R. Dolding  
31/03/08

# United Norwich Hospitals Nurses League

Year Ended 31st March

2008

## Income and Expenditure Statement

<u>Income</u>	2007/08	2006/07
Bank Refund for postage	0.00	1.23
Annual Subscriptions	810.00	235.00
Donations	1026.00	218.00
Journal Sponsor Donation	350.00	0.00
AGM Chapel Collection	190.00	198.00
Sale of Membership Lists	20.00	2.00
Income from Investment	<u>810.35</u>	<u>623.25</u>
	3,206.35	1,277.48
<u>Expenditure</u>		
Christmas Benevolent	802.96	335.94
Journal	786.90	
Postage (journal)	169.11	
Other Postage/stationery	255.24	260.90
Archive/Heritage	215.83	
Catering	14.91	20.64
Norfolk Cleft Lip & Palate Assoc.	0.00	198.00
Hospital Arts Chapel Collection	190.00	0.00
Flowers/Gifts/Grants	815.29	128.90
Memorials	<u>                    </u>	<u>113.50</u>
	3,250.24	1,057.88
Surplus/(deficit)	<u><u>-43.89</u></u>	<u><u>219.60</u></u>
<b>BALANCE SHEET</b>		
<b>Funds Brought forward</b>		
Nat West Capital Reserve	3,647.00	3,595.80
Barclays BPA	2,132.67	2,111.22
Barclays Community Account	2,262.19	2,115.24
Unit trusts & investments	<u>15,000.00</u>	<u>15,000.00</u>
	23,041.86	22,822.26
Surplus (deficit) for the year	-43.89	219.60
	<u><u>22,997.97</u></u>	<u><u>23,041.86</u></u>
<b>Funds carried forward</b>		
Nat West Capital Reserve	0.00	3,647.00
Barclays Instant Access Saver	5,914.76	2,132.67
Barclays Community Account	2,083.21	2,262.19
Unit trusts & investments	15,000.00	15,000.00
	<u><u>22,997.97</u></u>	<u><u>23,041.86</u></u>

Hon.

Treasurer.....

Mrs M R Dolding

Date.....

Hon. Independent Examiner.....

Mr. Brian Allerton

Date.....

## AWARDS FOR ALL

### GRANT APPLICATION

The United Norwich Hospitals Nurses League 2008 (The Way Forward)

The Norfolk and Norwich University Hospital Nurses League 2009

Our Aim is to raise the profile of the League by attracting new members and engaging current members.

We wish to produce two leaflets

A. To create an introduction leaflet and membership form which would be available to hand out to potential new members at relevant events and through current members' contacts. Once designed and produced we may be able to set up a website for downloading forms.

"The Membership" needs to increase for the "League's" long term survival.

B. To create a more general publicity leaflet which can be used for both current members and the wider public highlighting the charity's works past, present and future. This will be more about getting people involved in projects especially relating to archive collections and of course raising funds.

#### **Awards for All England aim to fund projects that benefits people in need in our community by:-**

**Extending access and participation** (we think many potential members remain unaware of our existence so publicity leaflets are a must, meaning it could be accessible to everyone who is eligible who wishes to take part)

**Increase skill and creativity** (we are particularly keen to use archive material to record the history of nursing at the hospital. We want to encourage oral history recordings too. We also want to publish material and raise funds. We need to seek out talented members!)

**Improve quality of life** (Involve members to be more active and engaged in projects and prevent feelings of isolation. Learning from others through projects that bring different generations of nurses together. Members working together to continue to make a difference)



## DAVID PRIOR, CHAIRMAN NNUH TRUST

### A PERSONAL VIEW OF THE NATIONAL HEALTH SERVICE.

#### **Some background**

At its best, the NHS offers the fairest, most comprehensive, state-funded health insurance system in the world and delivers world-class healthcare. Its architect was William Beveridge, who produced a blueprint of a modern healthcare system in 1942 in the depths of the Second World War when the survival of the country was still in doubt. Its political champion was the post war Labour government, led by Clement Atlee, the first genuine socialist government in Britain. The NHS was unquestionably its finest and most long lasting achievement.

On April 30<sup>th</sup> 1946 Nye Bevan, the Secretary of State for Health, rose to his feet in the House of Commons to move the second reading of the NHS Bill. His peroration struck a deep chord then as it still does now with the British people: *“I believe the NHS will lift the shadow from millions of homes. It will keep many people alive who might otherwise be dead. It will relieve suffering. It will produce higher standards for the medical profession. It will be a great contribution towards the well-being of the common people of Great Britain ....”*

Just over two years later on July 5<sup>th</sup> 1948, a little over sixty years ago, he was able to announce at a new hospital in Trafford Park, Manchester that the NHS had come into being. From that date every man, woman and child in the United Kingdom was entitled to free healthcare based on need, regardless of their ability to pay. In future, healthcare would be funded from taxation and this important principle has underpinned the NHS, despite many reorganisations, ever since.

The principle has not come cheap. In 1948 the NHS budget was £248 million and most people felt that this would fall as the population became healthier. This year it will be a little over £90 billion. Incredibly, the NHS, with almost 1.5 million employees, is the fourth biggest employer in the World after the Chinese Army, the Indian railways and Wal-Mart (the US owner of Asda). Some 90% of all healthcare spending in the UK is funded by the taxpayer through the NHS. This is in marked contrast to the USA, which is largely funded through private and corporate insurance and the rest of Europe, which relies more on compulsory social insurance.

The British system has its disadvantages: it is highly political, policies change with new governments, it has been overly centralised (and thus been remote from the user) and funding is always difficult as it has to compete with political demands both for lower taxes and for higher spending in other government departments. But it has one overriding advantage: it is fair. It is available to everyone regardless of who they are or where they come from. And in an era of growing inequality that should never be underestimated. It has become part of the fabric of British society, the glue that helps hold us all together. To those who say “there is no such thing as society”, my response is “we have the NHS”.

## Some progress

It is difficult for most of us to remember what healthcare was like back in 1948 and to comprehend the extraordinary advances that have taken place in medicine, pharmacology and surgery. Wave after wave of new drugs have transformed the way we treat illnesses as diverse as cancer, depression and coronary heart disease. There are a whole range of surgical procedures from major transplant surgery to joint replacements to laparoscopic (keyhole) surgery that were not even dreamed of in 1948. If Nye Bevan was to walk through the pathology laboratories, the radiology suite, the wards and the theatres of the Norfolk and Norwich University Hospital today he would see little resemblance to the hospitals that he grew up with.

Here are just a few of the medical milestones that have been achieved over the last sixty years:

- 1949 - the discovery of cortisone and steroids
- 1952 - the discovery of chlorpromazine and other antidepressants that revolutionised the treatment of schizophrenia, depression and other mental illness
- 1953 - the structure of Deoxyribonucleic Acid (DNA) is revealed by two Cambridge scientists, Crick and Watson
- 1954 - the link between smoking and lung cancer is established
- 1950s - the birth of intensive care
- 1958 - the introduction of vaccination against polio and diphtheria is introduced
- 1960 - the first kidney transplant is performed
- 1961 - the contraceptive pill is made available
- 1962 - the first hip replacement is performed
- 1968 - the first heart transplant is performed
- 1972 - the invention of CT scanning and massive improvements in diagnostics
- 1978 - the first test tube baby is born as a result of in-vitro fertilisation
- 1979 - the first bone marrow transplant is achieved
  - the introduction of coronary angioplasty, which replaces much open-heart surgery
- 1980 - the introduction of MRI scanning to provide better information about soft tissue damage especially in the brain
- 1980s - the development of keyhole surgery
- 1987 - the first heart, lung and liver transplant is performed
  - the introduction of thrombolysis (clot busting) for heart attacks
- 1988 - the development of the national breast screening programme
- 1994 - the establishment of the NHS organ donor register
- 1996 - the development of triple therapy for AIDS
- 1998 - the introduction of Viagra for treating impotence
- 2000+ - the development of biological therapies to fight cancer, robotic surgery, gene therapy and the use of nanotechnology in medicine.

The transformation of healthcare over this period has been breathtaking. The vast majority of people now live longer and enjoy a better quality of life than at any time in

the history of mankind. There can be no doubt that Beveridge's and Bevan's dream has largely been realised.

### **Some thoughts on nursing**

What is especially interesting to me as I visit wards and speak to patients in the Norfolk and Norwich and Cromer Hospitals is that patients, by and large, take the excellence of their surgery or medicine or diagnostics for granted. Clinical outcomes are a given. They also expect nurses to be professional, well trained and technically competent. All the evidence, both systematic and anecdotal, suggests that patients judge the quality of their experience in hospital by the way they are treated as a person, not by the way their illness is treated. Thus it is qualities like compassion, kindness, cheerfulness and empathy that patients value the most. It is the nurse who holds a patient's hand at the time of great anxiety or dresses a wound with great care or gently bathes a patient when it is not strictly necessary or smiles when she asks you how you are and really means it that really makes a difference. To the patient this is more important than PhDs and degrees.

Nursing, like teaching, is a vocation first, a profession second. Nurses are caring professionals not professional carers. To be a good nurse it is probably enough to pass the exams and provide a safe, clean environment and good outcomes for the patient. To be a great nurse there must also be real, heartfelt compassion for the patient. We have some great nurses in our Trust that provide extra-ordinary leadership and are wonderful role models for all of us. They have high standards and expect high standards from others. Some may call them old fashioned. In truth they are the rock on which our hospitals are built and on which patient care is fashioned.

### **Some thoughts on the future**

But what of the future of the NHS? Are people prepared to pay ever-higher taxes to fund world-class healthcare for a population that is living for longer and longer? Or should we allow co-payments for new drugs and encourage private insurance? Should there be more competition from the private sector to ensure that our hospitals are efficient or is healthcare fundamentally different from other parts of the economy? Should patients have more choice about where to go for treatment? But do patients have the knowledge to make an informed choice? Should the NHS be more independent from politicians? In which case to whom should it be accountable?

The political debate today is no longer principally about the funding of the NHS. It is generally accepted by all political parties that it will continue to be funded by taxation with changes only at the margin, for example, to allow co-payments. The real debate is about the provision of healthcare and the balance between central control and market forces. At the moment the balance is moving strongly towards the market and is likely to continue to do so despite the recent failure of the financial markets. The reforms of the NHS are a perfect example of Tony Blair's much-maligned Third Way: the funding mechanism (taxation) securing social justice and fairness; the market (competition and choice) ensuring efficient and patient centred delivery.

### **Some conclusions**

Over sixty years the NHS has shown itself to be resilient and adaptable. It came into being in a very different era. It was shaped by the misery and grinding poverty of the 1930s Depression, the exceptional collectivist effort in the Second World War and by the

early ideals of socialism. Our era is more individual, more consumerist, more affluent, less deferential, less hierarchical and a lot more selfish. How the NHS adapts in this new era will determine whether it will be here in another sixty years' time. I think it will survive, indeed flourish, because the fundamental principle underlying the NHS that healthcare should be free to everyone regardless of their ability to pay is still as valid today as it has ever been. The NHS may not be perfect but it still embodies deeply held British values of fairness and justice. It has become part of the fabric of British Society. And there, I have no doubt, it will stay.

## Lady Superintendents 1772 - 1900

- 1772 Sarah West
- 1792 Isabella Grant
- 1810 Isabella Warcup
- 1819 Sophia Saint
- 1823 Elizabeth Worts
- 1862 Sarah Lightfoot
- 1847 Mary Cooper (paid £50 per annum)
- 1857 Elizabeth Hampton
- 1858 Mary Anne Partridge
- 1867 Jane Taylor and E Hayvaert
- 1875 Miss Barclay (elected but never assumed duty)
- 1875 Margaret Graham
- 1877 Agnes S Adams (paid £100 per annum and served for 22½ years)
- 1899 Dorothy Burroughs (still paid £100 per annum 22 years later)

In 1772 the Lady Superintendent was elected by the Board of Management and had responsibility for the management of nursing and house keeping departments subject to the control of the nursing committee, but had the power to appoint and fire nurses.

The rules for 1782 stated that:

- The lady superintendent would take care of the household goods and furniture according to the inventory and be ready to give account thereof to the board.
- She would visit the wards and offices every day and take care that the chambers, beds, clothes and linens and all things within the hospital were clean and in good order.
- She would keep a daily account of provisions ready to lay before the board, attend to the distribution of them and never suffer any to be carried out of the house.
- She would keep a diet book by which the diet of each patient be known.
- Cause the nurses of the patients in each ward to be called every morning and evening and enter into the house book those absent.
- She takes care of the keys of the doors and that the outer gates are locked by 9pm. and not opened before 7am. Michaelmas to Lady Day and 10pm. and 5pm. Lady Day to Michaelmas.
- She sees that nurses, servants and patients observe the Rules of the House and do their duty and acquaint the board of misbehaviour or neglect.

The reassessed hospital laws for 1900 stated:

- The Lady Superintendent who was elected by the Board of Management should be not less than 30 years of age and not more than 45 years.

The main laws were similar to the previous ones but the superintendent whilst responsible to the board was allowed a little more autonomy.

- She was to reside in the hospital and devote her time and attention to its affairs.
- She was to instruct nurses in various branches of their duty.
- She could not leave the hospital without informing the Resident Medical Officer and the Hall Porter nor could she be absent for the night without the permission of the board.
- She would give 6 weeks notice of her intention to resign.

The first Lady Superintendent's salary was £15 per annum with a gratuity of £5 if she continued for a year and behaved to the satisfaction of the Governors.

In 1875 the Hospital Laws stated that the formation of a training school and home for nurses should occur and that the Matron in charge should be a trained nurse.

Miss Margaret Graham was the first "Matron" but still referred to as the Lady Superintendent and head nurse. At the same time a Housekeeper was appointed to serve under Matron.

Miss Agnes Adams was appointed in 1877 and stayed for 22½ years, at a salary of £100 per annum and followed in 1899 by Dorothy Burroughs. Despite the passage of time she was also employed at £100 per annum.

In 1895, seven Head Nurses were appointed to be in charge of each large ward at £15 per annum and under the supervision of the Matron. Forty-five nurses were employed for day and night.



Senior Nurses in 1864.

**List of Matrons since 1900:**

1903 Miss D Burroughs, appointed in 1899, resigns.

Miss B C Davis appointed.

1904 Miss Davis resigns to get married.

Miss F A Cann appointed.

1906 Title changed from Lady Superintendent to Matron.

1926 Miss Cann resigns.

Doreen Betts 2009

*Ref: The Norfolk and Norwich Hospital. 1872-1900. Sir Peter Eade.*

## **Miss F A Cann Matron 1904 - 1926**

Unfortunately not much is known about Miss Cann especially since she served as Matron not only through the First World War, but also the dreadful influenza epidemic of 1918. Looking at the 1881 census we find a Fanny (maybe short for Frances) Cann born in Barnstaple, Devon in 1859. It is not known where she trained or to which place she retired.

Miss Cann was appointed after the resignation of Miss Davis in 1904, as Lady Superintendent; the title changing to Matron in 1906.

In February 1907 and 1909 Miss Cann was sent to London, expenses refunded, to interview candidates for Private Staff.

On the 20<sup>th</sup> March 1909 "Miss Cann that with the permission of the Nursing Committee had joined the Committee of the Nursing Service of the Territorial Force of Eastern District."

Matron reported to the Nursing Committee every meeting. Never mentioned by name but she was always fighting for extra staff. Matron reported to the Committee misdemeanours and probationers who resigned with ill health or were not willing to continue, as the work was too hard! Parents paid the hospital a fee for the training. They were often refused a refund if the daughter resigned before completion.

During the First World War the Norfolk and Norwich was a military base hospital to which from October 1914 to the end of the war, convoys from France were regularly admitted.

The award of one Red Cross decoration of the first class to the Matron and seven of the second class to sisters and nurses was an expression by the authorities of their appreciation of the services of the nursing staff during that very difficult time.

In 1918 in the influenza epidemic Matron reported to the Board that forty four of the nursing staff were off duty; and one probationer and one resident medical officer had died.

During her time in charge many changes took place to which she must have had some input.

1909 - The foundation stone was laid for the King Edward Ward by H M the King.

1919 - 1920 - The Contributory Scheme in which patients were asked to contribute towards their costs in hospital.

1920 - Matron reported that she had considerable difficulty in getting enough nurses to allow of their weekly hours on duty being reduced to sixty.

1922 - Day nurses were to have one day off a week and night nurses one night and there was also a general increase in salaries. Matron's was raised from £250 to £300.

1923 - She told the Board that 23 extra bedrooms were required. Windsor House, 3 Newmarket Road was purchased and adapted for housing twenty four night nurses.

1924 - the first Government examinations were held by the General Nursing Council, Norwich being one of the elected areas.

1925 - The Norfolk and Norwich and the Norfolk and Norwich Eye Infirmary amalgamated.

1927 - A Sister Tutor was appointed. Until then the nurses were taught their theoretical work by the medical staff and Home Sister.

1930 - The Norfolk and Norwich Old Nurses League was formed with Miss Cann as President. She resigned from that in 1943.

The Nursing Committee sadly never thanked Miss Cann for her efforts on retirement and no pension was ever mentioned. Several other senior sisters of long standing were mentioned by name, thanked and given a pension in the reports over the years. There is no record of her leaving - only records of a new matron appointed in 1926.

We believe that Miss Cann died in Plymouth in 1945 aged 86 years.

Elizabeth Blaxell 2009

*Ref: Norfolk and Norwich Hospital, A Cleveland 1948.*

## **Mrs E O Jackson Matron 1926 - 1939**



Mrs Jackson had a distinguished nursing career. A war widow, she began her training at Kings College Hospital in 1917 and rapidly rose to the rank of Sister. Her first appointment as Matron was at St Peter's Covent Garden, which she left after two years to become Matron of Norfolk and Norwich Hospital.

At the end of the First World War, as at that of the Second, there was much to be done to make up for time lost; and although there was not the same structural damage suffered, the ever growing demands of new methods of diagnosis and treatment meant that many additions and improvements were essential if the Hospital were to maintain the leading position it had gained. When Mrs. Jackson took up the appointment in July 1926, much had to be done - some of the plans made were nearing completion; many were still in the blue-print stage.

During the time she was in charge the Norfolk and Norwich had to undergo considerable extension and modernisation including the Queen Alexandra Memorial Home for Nurses.

Mrs Jackson soon showed that in addition to a sound grasp of the technical side of her profession she possessed a flair for administration which led those in authority to seek her advice and guidance.

Mrs Jackson had total charge of the nursing side and had complete control of its efficiency. She arranged the whole routine of hospital life, believing in the personal touch. Every day at 10.30am her office was open to any member of staff from the newest probationer to the most senior sister. Her days were extremely long and full starting at 8.30am when she received a report from the senior night sister. Following this she conversed with the housekeeper regarding menus for the day, before discussing the progress of her pupils with the sister tutor. Her next task was to see the home sister to enquire how many were off sick. Finally there was a daily discussion with the house governor after which she was free to make her first round of the wards.

Her afternoons were usually free but she often had to give up her spare time for meetings with the committees of the Board, and attending to her correspondence. In the evenings she did another ward round and went off duty at 10.15pm.

Mrs Jackson implemented the preliminary training school in July 1933 and she inaugurated the Norfolk and Norwich Old Nurses league in 1938 with the Countess of Leicester as Patron and Mrs Jackson as President. The objects of the League were to keep former nurses in touch with each other and the hospital through a magazine and an annual reunion.

She supported the student nurses in activities such as swimming, tennis and hockey and was an ardent supporter of fund raising activities, an example being the Annual Garden Fete.

In 1939 Mrs. Jackson was appointed Matron of University College Hospital London, a compliment both to her and to the Norfolk and Norwich Hospital.

During the war she was frequently consulted by Government departments, travelling extensively on inspections of nursing and hospital services. Recognition of her work was made by the bestowal of the Royal Red Cross Decoration (1<sup>st</sup> Class).

During her 13 years as Matron, Mrs Jackson showed that she possessed the necessary qualifications, and the Norfolk and Norwich owed her much for her work during a difficult period of its history.

Elizabeth Blaxell 2009

*Ref Eastern Daily Press Articles undated*

## Miss K E Stolworthy Matron 1939 – 1947



Kate Elizabeth Stolworthy was born in Yarmouth on December 5<sup>th</sup> 1891.

Miss Stolworthy had been first Assistant Matron at Norfolk and Norwich Hospital for four and a half years before she was appointed its Matron. This appointment entailed acting as Principal Matron of the Territorial Army Nursing Service.

Miss Stolworthy received her children's training at Queen's Hospital for Children Hackney Road and completed her general training at the Norfolk and Norwich Hospital in 1925. She was a staff nurse and ward sister at Queens's Hospital for over four years and did her housekeeping training. Then she became ward sister and home sister for three years at the Norfolk and Norwich.

These war years brought a heavy toll of work and additional anxieties for the safety and welfare of all staff and patients.

The hospital suffered a big incendiary raid in April 1942. Fortunately no one was injured in the hospital in this or further raids. Evacuation of patients had to be arranged on more than one occasion. In all 1,443 raids were alerted in the Norwich area.

Miss Stolworthy was of a shy and retiring disposition, but with a very keen sense of humour and those people who were privileged to know and work with her during her term of office found her to be an extremely kind and helpful person, ever ready to listen and advise her staff with wisdom and understanding.

On her retirement Mr. Richard Jewson then Vice-President of the hospital wrote of her example in war-time “ I am sure the nurses themselves would be the first to admit that they were inspired and encouraged in their great ordeal by the example set them by the Matron of calm courage and unselfishness”.

Mr A J Blaxland wrote “ As Chairman of the Nurses Committee all through the war and also being the surgeon responsible for carrying out the wartime emergency management, I saw the Matron nearly every day and I can thoroughly endorse everything said about her courage and calmness. There must be still be nurses who served under Miss Stolworthy during the period of the devastating air raids, who are grateful to her and will agree that her fine example had no small bearing in keeping up the high morale which existed among the entire nursing staff of the hospital”.

In the 1947 Old Nurses League Journal she wrote “I should like to thank all the old N & N nurses who so kindly subscribed to my presentation on my retirement as Matron - I was delighted with the very beautiful gold watch given to me and I much appreciate the generous cheque accompanied by their good wishes”.

Miss Stolworthy died aged 71 years at her home in Eastbourne on February 20<sup>th</sup> 1963.

### **Reminiscences of Miss Stolworthy**

Mrs Ann Dickinson nee Gibbs

Miss Stolworthy was always sending me back to my room to tidy my hair, as it was very bushy. We had few clothing coupons during the war and these we tried to save for mufti. We had to buy our black, lyle stockings though for work. Matron was always looking at our heels to see if we had any holes in our stockings. Every ward had a fire so we would blacken the holes with coal.

Mrs Barbara Hedley nee Watson

She was a wonderful Matron and very strict on uniform and looking your best. She had a Scottie dog called “ Scotty” who used to follow her around. If one was returning to the wards from X Ray or Path Lab and saw Scotty sitting in the corridor outside a ward, you knew she was on her rounds and one would quickly get back to your own ward and warn the staff “Matron is on her rounds”

Rhona Drew nee Ash

My most vivid memory was on the night of one of the Baedeker raids on Norwich. We had to get the patients out onto the front lawn. I turned round and in the light from many fires from the bombs there stood Matron in full uniform, not a hair out of place, looking very calm with her dog at her feet and her golf clubs in her arms.

Elizabeth Blaxell 2009

*Ref Eastern Daily Press articles and Archive material.*

## Jean Watson Matron 1947-1964



Miss Watson did most of her training at Glasgow Royal Infirmary and held the Diploma of Nursing from the University of London. Before coming to Norwich Miss Watson held several provincial appointments including Sister Tutor in charge of Aberdeen Royal Infirmary and Night Sister at Nottingham General Hospital before going to the West London Hospital as Assistant Matron.

It was soon after the end of World War 2 when Miss Watson came to the Norfolk and Norwich. The Hospital had been severely damaged by enemy action and major areas were in ruins including the training school and the Leicester Nurses Home.

Undaunted Miss Watson worked to better the lot of the Nursing staff.

Speaking 6 months after her appointment at the National Council for Women Miss Watson spoke of the need for rigorous nurse recruitment to fill the staffing discrepancies created by the reduction in the working hours from 80 hours per week to 48 hours per week, and also the opportunities for women outside the hospital which had not existed before the war. She felt strongly that nurses should not do domestic work on the wards. Nurses with School Certificate qualification were preferred for the training program but Miss Watson described ways of helping would be nurses to reach the educational standards required.

Miss Watson was described by some as a Matron from a past era. She set high standards and therefore commanded respect and loyalty. She was interested in all the happenings at the hospital and had a human approach to all problems. She had a keen sense of humour and enjoyed all social functions. At the annual Christmas Dinner Miss Watson would address the Haggis in true Scottish style.

My personal memory of Miss Watson was when I went to the Norfolk and Norwich Hospital for my interview for entry into the training school. It was January 1963, my mother had bought me a new coat and I had saved for new shoes. They were brown, pointed and kitten heeled, very 1960s. I thought I was the bee's knees.

I was called to her office and she met me at the door. She looked me up and down and said in her lilting Scottish accent "They are a very uncomfortable pair of shoes you have on there girl." Somewhat deflated I entered her office but she obviously didn't hold the shoes against me as that was the beginning of my nursing career.

Doreen Betts 2009

*References. Eastern Daily Press reports (undated)  
Journal entries including her obituary.*

## Priscilla Joyce Cooper Matron 1964-1969



Miss Cooper was appointed Matron at the Norfolk and Norwich Hospital in February 1964 (coincidentally the month I started my Training).

Miss Cooper began her nursing career in 1944 at the Middlesex Hospital where she did her general training and then qualified as a midwife at Warnford General Hospital, Leamington Spa. In 1958 She took a Nursing Administration Certificate with distinction in Training School Administration and endorsements in Psychology and Ethics.

Her first appointment as a staff nurse was on a surgical ward at the Middlesex and during the next three years she became a night sister and then a relief sister. Following a three month course for ward sisters organised by the King Edward's Hospital Fund for London, Miss Cooper was appointed ward sister at the Middlesex in October 1953. After 3 years as ward sister Miss Cooper then went on to be Administrative Sister in the Matron's Office at the Middlesex and in 1957 took a nursing administrative course with the RCN.

In September 1958 Miss Cooper became Assistant Matron at the Middlesex. It was then that she went to the United States of America to study hospital and training school administration, an interest which finally brought her to the Norfolk and Norwich Hospital in 1964. Miss Cooper followed Matron Jean Watson who had served the Norwich Hospitals during a period when there had been a revolution in medical treatment and thinking. Miss

Cooper was to carry on the revolution of change in the approaches to nurses and the care they gave to their patients.

Miss Cooper did not conform to the typical idea of a matron of a large hospital. She presented as friendly rather than formidable, she dressed fashionably and was communicative with those around her.

When asked in an interview with an Eastern Daily Press reporter in 1966 if her uniform of a neat grey Worstead dress and small lace cap was the uniform of the modern matron she replied that it was her own idea. She said she had never liked stiff collars and cuffs for nurses or out of date uniforms (I'm sure we all remember the sore necks we suffered wearing those starched collars!). Miss Cooper went on to say that she would like to modernise the uniforms throughout the whole hospital, and that she was in favour of nurses wearing their own clothes in study blocks at the School of Nursing.

Miss Cooper introduced the regular Ward Sisters meetings which were held in the Board Room. She would start the meetings off by saying "Good morning Sisters. Lift up your hearts". This seemed a strange way to behave to some of the "old school" sisters but the meetings continued to become a new trend. Another "modern" idea which was championed by Miss Cooper was to build a residential block of flats and bed sits where nurses could be entirely free of hospital rules and regulations. (What an eye opener this project was for many of us.)

Miss Cooper left the Norfolk and Norwich hospital to become Chief Nursing Officer in Oxford until she took early retirement in 1978. She returned to Norwich where she has enjoyed many happy and active years to date.

*References. Eastern Daily Press articles (undated)  
Journal articles.*

## **Douglas Beattie Principal Nursing Officer 1970-1982**

I became Assistant Matron – Operating Theatres in the United Norwich Hospitals in September 1968 at a time when the decision to rebuild the Norfolk and Norwich on the Newmarket Road site had already been taken. My responsibility was to work towards a unified Operating Theatre service that would apply when the surgery being carried out in six different locations at the Norfolk and Norwich Hospital would move to new Operating Theatres in one area and be joined by the Operating Theatre services from the Jenny Lind Hospital for Sick Children and to which the Operating Theatres services of the West Norwich Hospital would also transfer.

This was clearly a time when changes were to be made, but the changes to be made locally in Operating Theatre services were nothing more than minor adjustments when compared to the major changes that were ahead for the profession of hospital nursing to be brought about by the implementation of the Salmon Report.

The government established the committee to consider the Senior Nursing Staff Structure in 1963 under the chairmanship of Mr Brian Salmon whose qualifications for the appointment appear to be based on his successful family business, that of the Lyons grocery empire. The committee reported in 1966 and the report was ever after known as the Salmon Report, it was not immediately popular with the profession and, at one time, was strongly opposed by the Royal College of Nursing.

Salmon highlighted anomalies within the profession and gave as examples the title of Matron which applied to the senior nurse in a cottage hospital of twenty beds as well as to the senior nurse of a city hospital with several medical and surgical specialties, Casualty and Outpatient Departments who was also most likely to be the Superintendent of the Schools of Nursing and of Midwifery. Salmon was also sensitive to the fact that many larger hospitals had Nursing Committees attended by members of the medical staff and administrators assisted by non-elected do-gooders (e.g. a retired Matron from a large hospital and the Headmistress of a local girls' school) but of which the Matron of the hospital was neither a member nor even 'in attendance'. Salmon also recognised that an increasing number of men had entered nursing and were progressing to senior posts for which the title Matron was inappropriate. Salmon was very much in favour of Nurses managing Nursing; the misfortune is that at the time of the report few nurses had any training in the management of either staff or resources.

Brian Salmon was a prominent member of the Jewish community in London and it is, perhaps, not coincidental that the principle suggested for the structure of nursing in the Salmon Report is to be found in the Old Testament; Exodus Ch 18 verses 13 – 27.

In accepting the recommendations of the Salmon Report the government established a number of pilot districts to test the effect of the changes in the structure. It is unfortunate that in its enthusiasm for change the government gave the green light for the implementation of the recommendations of the Salmon Report across the United Kingdom before the pilot districts had opportunity to report back on the effect of the changes.

In this pre-Salmon era the Matron was the head of the nursing service and gave opinion, made decisions and was the final arbiter on matters all affecting nurses and nursing, everything from the number of nurses employed in a Ward or department to the distance from the floor to the lower hem of a nurse's dress and when and if the nurse could take annual leave. The Matron

was supported by a Deputy Matron and a number of Assistant Matrons. The Assistant Matrons were exactly that – assistants to the Matron implementing her wishes and in the manner she prescribed; they were often allocated a section of the hospital to monitor but without any continuing management responsibility. A nurse wishing to leave her appointment would write a letter of resignation addressed to the Matron, and often deliver it in person. The Matron would determine whether or not the nurse was to be replaced and if so by what grade of nurse, and possibly suggesting, by name, a candidate soon to qualify from the School of Nursing. There was consternation and dismay in my colleagues when they realised that as an Assistant Matron I was writing to Surgeons and Chairmen of Medical/Surgical committees seeking or giving information and signing the letter myself whilst my colleagues had to submit their letters to the Matron for signature.

Miss Priscilla Cooper resigned from the post of Matron of the United Norwich Hospitals in favour of a Chief Nursing Officer appointment in Oxford and some months after this the implementation of the Salmon Report began in Norwich with the appointment of Miss Jean Fairs to the post of Chief Nursing Officer. Miss Fairs, soon to be Mrs Wyatt, was appointed from the post of Assistant Matron and Superintendent of the School of Midwifery at the Norfolk and Norwich Hospital. After taking up her appointment and drawing a draft management structure Miss Fairs appointed three Principal Nursing Officers, Gillian Barnard to Midwifery, Monica Adcock later Mrs Steel to Education and me, Douglas Beattie to the General Acute Unit. My area of responsibility was the Norfolk and Norwich Hospital (excluding Maternity and Gynaecology services) the West Norwich Hospital, the Jenny Lind Hospital for Sick Children, Wayland Hospital, Attleborough (just 4 x 22 bed Wards and one operating theatre at that time), Whitlingham Hospital (a long stay geriatric unit), Dereham Hospital, a pre-convalescent and geriatric unit and later, and for a short time only, Wicklewood Hospital a long stay geriatric unit before it was closed and eventually became a school and later still apartments. My first visit to Dereham Hospital was very interesting, the Matron, Mrs Joan Highett, her rich auburn hair complimented by the shade of green she had chose for her uniform dresses, conducted me round the three wards and made me aware that not only did she manage the nursing service but also the catering service buying meats and fish from local merchants and vegetables and potatoes from local farmers at prices better than if she had used the catering contract issued from Norwich. At one stage on this visit Mrs Highett took me into a wooden shed much larger than an average garage, it smelled like a glorious harvest festival, this was the apple store and there were trays on each side of apples and pears from trees in the hospital grounds, each fruit wrapped individually in tissue and waiting to be used in the hospital menu.

It may interest you to know that at the time of taking up this appointment, November 1970, my salary for this full time post (42 hours a week) was £2,160 rising to £2,610 by annual incremental over five years. I lived in a small apartment in the Alexandra Nurses Home for which I was charged £381 a year and I also had use of the only individual garage on site for which there was a separate charge of £26 a year. My apartment overlooked Newmarket Road, the rooms, a tiny bedroom, small sitting room and a combined bathroom and lavatory opened off a wide hallway that had French windows opening onto a spacious balcony which was the roof of the bay window in the Staff Nurses Sitting Room on the ground floor, sometimes called the Blue Sitting Room. The charges for accommodation, for meals and refreshments, laundry and room cleaning were included in the £381 annual charge and, Oh yes; a maid brought a tray of tea to my room every morning at 7 o'clock. Becoming non-resident some years later was a shock to the system!

It is unfortunate that shortly after her marriage Mrs Wyatt resigned from her appointment. This had the effect of putting a brake on any further implementation of the Salmon recommendations in Norwich until her successor was appointed and commenced duty.

Miss Mary Cossey succeeded Mrs Wyatt and became Chief Nursing Officer in what was still the area of the Norwich, Lowestoft and Great Yarmouth Hospital Management Committee, taking up her appointment in April 1971. Miss Cossey was appointed to Norwich from the post of District Nursing Officer on the Isle of Wight, which was a pilot district testing the consequences of the implementation of the recommendations of the Salmon Report. This appointment was immediately interesting to me as I had known Miss Cossey as Matron of the Royal Victoria Hospital, Bournemouth in 1961 when I was a Staff Nurse in the Operating Theatres of that hospital. When I declared my acquaintance with this lady I was asked "What is she like?" to which I replied, respectfully, "She is upright, downright and outright and will be very good for us". Today, forty seven years later, I have not changed my opinion and I am pleased to record that I continue to see Miss Cossey from time to time.

The implementation of the Salmon recommendations was a protracted affair and not received with universal acclaim. The Ward Sisters did not care for the abolition of the role of Hospital Matron, the status of the Matron had reflected across the entire hospital and those Matrons who held the post with panache were admired and respected if not exactly loved. The idea of a Unit Matron or Nursing Officer for a group of four to six Wards did not go down well; when the Nursing Officer had done a Ward round how would they occupy their time, they were no longer managing the Linen Room or the Domestic Staff as they did when Assistant Matrons and Student Nurse allocation for Ward experience (the Change List) had been devolved to the School of Nursing. What was this about managing a Unit establishment? Interference in Ward affairs seemed likely and the further outlook unsettled.

Assistant Matrons were usually happy with the prospect of becoming a Nursing Officer, an increase in salary applied for most and the idea of a unit of personal responsibility was not unattractive. Managing resources was more difficult, ideally each Nursing Officer should have had a financial budget for staff and the opportunity to negotiate with the Ward Sister and, if significant numbers were involved, the Senior Nursing Officer about how it would be used. At best Nursing Officers were given an 'establishment' based on staff in post plus vacancies and had to learn how to calculate part-time hours as a whole time equivalent. Attendance at a Management Course became a requirement for those appointed to Nursing Officer posts and later for Ward Sisters who were likely to seek promotion.

Hospital Treasurers did not like the implementation of Salmon recommendations because for years they had regularly used the unspent portion of the nursing budget, and there always was an unspent portion, to finance the purchase of furniture and equipment for the hospital generally towards the end of the financial year.

About this time Miss 'Masie' Waldron, Matron of the West Norwich Hospital retired to her apartment in Spain, Miss Winifred Andrew former Deputy Matron was assimilated into the post of Senior Nursing Officer at the Norfolk and Norwich Hospital and Graham Archard became Senior Nursing Officer, Operating Theatres.

As you will be aware, many of us survived to tell the tale. I do not believe that the implementation of the Salmon recommendations caused any deterioration in the standards of

patient care and for many nurses it opened career pathways that are still, more than thirty years later, being developed.

Douglas Beattie  
2009

## **Margaret Coomber Director of Nursing 1988 - 2004**

I commenced my nurse training in 1960 when the role of Matron was very much in evidence, as a student nurse you soon became aware of the scope of her role. Matron seemed to see everything that moved in the hospital. It could be the patients, nurses, doctors, cleaners or laundry staff, e.g. when things went right or wrong and especially when student nurses climbed up the fire escape at night and had trusted friends at the top to open doors, oh yes you were requested to visit matrons office for a few words the next morning, but we all respected her and her role and knew the hospital was in a safe pair of hands.

During my career I often thought back to my student days with pride and knowing that all the hard work both physically, (months spent in the sluice cleaning bed pans), and academically had been very worth while and I would not have changed any part of it.

As the years went by I still kept in touch with Matron and watched her career change when hospitals were amalgamated and her role became different but she still kept that air of being in charge with her until she retired. I don't think she ever realised how many people's lives she had influenced, as far as she was concerned she was just doing her job. I know she still did her daily patient rounds right to the end, perhaps not bothering about the wheels being in a straight line or the corners of the bed linen going in the right direction (I am sure she thought about it but never mentioned it).

When I came to the Norfolk and Norwich Hospital in January 1988 I was appointed as Patient Care Manager for the Medical Unit. I very soon became absorbed in the very professional and caring ward teams. I enjoyed the pride everyone had for their hospital with many traditions still carried on, it is a fact that some hospitals have that feeling and others do not. I have worked in both over the years and know everyone feels happier, works better, and patients recover quicker in a caring atmosphere which is exactly what I found at the Norfolk and Norwich Hospital and I knew I would be happy working here.

In November 1988 I was appointed as Director of Nursing. It had all happened very quickly, hardly time to breath. One day I was walking around the wards and a Charge Nurse said to me "So you are it", I asked what he meant and he said "Matron", and followed it by saying "I don't expect we will see you on the wards much now, you will be too busy", how wrong was he. I always remained very involved with the clinical areas. During the following years whilst my title changed several times with the appointment of different Chief Executives and the change from Hospital to Trust my main aim was still to develop nursing and ensure that patient care was utmost in everyone's mind.

When times were difficult I left my office and visited the clinical areas to remind me of the reason I was in my post, and to ensure that I was always kept up to date with the latest developments, this enabled me to fight for resources to constantly improve patient care and conditions for the staff.

Although I had different responsibilities I always felt that my role was not too different from that of the Matron, I am glad to say. I still saw most things that went on or if not I certainly heard about them.

I know that some of the values of the “Matron” role will always be carried on with pride and enthusiasm by the Modern Matrons and the Sisters.

Margaret Coomber. RGN, O.B.E.  
Former Director of Nursing. 1988 - 2004

**Changes to Membership.** (since publication of 2008 Journal)

Mrs J E Bond nee Smith 1960-64  
Mrs A Boyd nee Wright 1951-54  
Mrs S Bryce nee Shrubshall 1964-67  
Mrs J Burrows 1959-62  
Mrs M Chettleburgh nee Parnell 1961-64  
Mrs A R J Fromow nee Saywood 1964-67  
Mrs M Hall nee Vernon 1977-79 Conversion course 1998.  
Miss F B Hardy (Service)  
Mrs A Hare nee Mylcrest (Service)  
Mrs E Harrison nee Innocent (Service)  
Mrs C McGuire nee Inkson 1965-68  
Mrs A K McKay nee Myles (Service)  
Mrs B Odendaal nee Manning 1952- 56  
Mrs R Perfitt nee Tuckwell 1956-59  
Mrs R Ramjeet nee Murphy (Service)  
Mrs H Ruddock nee Foster 1964 –67  
Mrs H Scotton nee Foyster 1964-67  
Mrs J Spinks nee Allcock 1965-68  
Mrs D M Todd nee Oates 1948-51  
Mrs K J Wright nee Hack 1984-87

Deceased Members.

Mrs S C Boyd nee Woodcock 1963-66  
Mrs E Collyer nee Leveridge 1934  
Mrs P I Dowling nee Branch (Service)  
Mrs S Harry nee Todd 1971-74  
Mr J Hickling 1960- 63  
Mr B A Hume (Service)  
Miss J M Near 1935-38  
Mrs E M Roy nee Howlet 1931- 34

If any member has information re Mrs L H Grice nee Farr whose Journal was returned please let me know.

Also please inform us of any changes so that the membership list can be amended. A revised list will be published after the AGM and copies can be requested from me at a cost of £2. Cheques made payable to the Norfolk and Norwich University Hospital Nurses League.

Thank you.

Betty Lee Membership Secretary

119 Cambridge Street  
Norwich  
NR2 2BD

## **Obituaries**

### **Stephanie Boyd nee Woodcock 1963- 1966**

We were all saddened by the untimely death of Stevie Boyd.

She was admired and respected by colleagues and friends within the nursing fraternity. Stevie combined her nursing career with bringing up her two children Sarah and Alistair with her husband Doug.

When she retired from the Special Care Baby Unit she took on the task of proof reading for neonatal publications.

A long-term member of the League Stevie served as a trustee with inspirational enthusiasm and wit.

Friends and colleagues alike will miss her.

### **Thought's of Stevie by Sandra Ferguson**

Stevie trained as an RGN at the N&N in the early 1960's. I first met her in training school study block in the Alexander Nurses Home. We were being taught by Miss Hale. During coffee breaks I remember Stevie being surrounded by nurses as up to date chat was shared as well as ward experiences. She had the sparkle of a young nurse starting out on a new adventure. Stevie continued her studies at Great Ormond Street Children's Hospital and returned as Sister on the Special Care Baby Unit until the birth of her own children in 1977 when she had a break in her career.

Our paths crossed again when she returned to work on the neonatal unit. I enjoyed many years of her loyal friendship and enthusiasm. Her warm personality and commitment to nursing made Stevie a remarkable mentor and colleagues and families she supported will always remember these attributes.

Thank you Stevie for all you gave to nursing - you were a well loved friend and colleague. S F.

### **Mrs E Collyer Nee Leveridge 1930-1934**

A very senior and long-time League member Elsie was at one time a committee member and was very supportive of the League

After her training in the 1930's she continued her career and was a Ward Sister for a number of years.

Able to stay in her own home until the last year or two when she moved to a nearby nursing home. Elsie was pleased to receive flowers and a visit from our trustees. She much enjoyed chatting about "old times"

### **Mr J E Hickling.**

Together with a few fellow psychiatric trained nurses, Jack was one of the first male students to enter the School of Nursing for General Training.

We remember him as a kind conscientious and valued member of staff

Eventually he returned to Hellesdon Hospital as a Charge Nurse.

An enthusiastic gardener he is much missed by his wife Irene and daughter Jane who are both League members.

### Mr B A Hume.

On joining the United Norwich Hospitals School of Nursing Staff Brian, his wife Audrey and their family settled in Norwich. As the school was extended, becoming the Broadland School of Nursing, his duties widened as Senior Tutor leading a teaching team.

Much respected he was quiet and unassuming.

Brian was a long-time member of the Norwich Barber Shop Singers. Fellow members attended and participated in the Requiem Mass at St Giles on the Hill Parish Church, Norwich where he had been an active member.

### **1962 - THINGS DON'T CHANGE!**

#### NURSES' PAY

I am no glamstar angel,  
My tastes are not expensive,  
But when it comes to salary  
It could be more extensive.  
“And what has nursing done for you?”  
You hear the people say.  
“Given lots of satisfaction.  
But very little pay”.  
Four years ago as a student nurse  
I set out full of keenness,  
Not at all discouraged  
By the Government and its meanness.  
Money was not my chief concern -  
For this I had no cravings -  
Till later on at 21  
I found I had no savings.  
If we could live on sympathy  
And everyone's good wishes,  
There'd be no need for such a plea -  
We'd be overwhelmed by riches.  
But wealth as such is not our wish  
We'd rather do the giving.  
So all we ask is adequate pay,  
To meet the cost of living.