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Rituals & Myths in Nursing brings occupation-lore once more into focus. The book itself is a social history covering hospital nursing during the mid-to late 20th Century. Part Personal Experience Narrative, part Oral History project and part biography, the book provides a lively insight into informal nursing customs and practices during this time period. It’s worth noting that this is not an academic book, but is rather born out of intergenerational and experiential knowledge of the author and her family. Methodology is glossed over and there is no theoretical contribution to the field. As readers we are not offered a definition of ‘myth’ or ‘ritual’, concepts which have generated much academic discussion over the years. However, as a broad readership book, Laurent’s enthusiasm is evident throughout. The chapters cover general themes such as uniform, hierarchy, domestic rituals, and the chapters are peppered with anecdotes, often humorous, sometimes emotive.

The first few chapters chart the history of nursing – a traditionally female role and route of employment for women in the early 20th Century. Initially following a military model of support for doctors in the field, this evolved into the medical model of care - a paternalistic model where the medic, (patriarch) is supported and obeyed by female nursing staff. Training was undertaken vocationally, on the job. Later, the P2K (Project 2000) saw nurses required to undertake a university degree. This route encouraged research-based practice and arguably this critical thinking and led to the questioning of ritual repetition of the status quo. This changed nursing practice in the later 20th and early 21st century (Laurent 2019, p. 10-11), and shifted towards the ‘gold standard’ of evidence-based practice employed today.

Laurent explores the transitions between these two approaches to nursing and describes the tensions between past traditions and forward momentum. This is particularly evident in vernacular remedies for common ailments – pressure sores, and traditional treatments such as leeching and cupping, which do not have an evidence base backed by a RCT (random control trial) expected of good clinical practice today. As a reader would expect, there are many stories and anecdotes about bodily functions - enemas for bowel surgery and delivery (ibid, p.67), unexpected erections (ibid, p.50), the emptying of catheters (ibid, p.69). Also, supernatural tales told between staff nurses of occupational ghosts who walk the old hospital corridors (ibid, 90-94).

What is striking in Laurent’s book are accounts of the very gendered nature of interactions. Some practices demonstrate the upkeep of ‘feminine’ values, and within this women’s subordination (for example, not talking to the doctor when not wearing uniform cuffs) (ibid, p.15). Ward round rituals in chapter 3 touch upon a theme running throughout book of nurses as fair game (for unwanted sexual behaviour). These anecdotes demonstrate the treatment of young nurses, by consultants, and medical students, as teasing at best, bullying at worst. For example, a senior registrar requesting a student nurse to hold a dish under a penis during surgery and passing comment about her needed to get closer because it ‘wouldn’t bite’, leaving the student nurse feeling ‘mortified’ (ibid, p.120). It appears that the rituals and customs around nursing, as so colourfully described by Laurent in the book, also helped to gel a nursing team and provide sense of collective belonging, to a ward team, to a hospital such as Barts (for example wanting to be a ‘Pink’ – a junior sister at Bart’s, who wear a pale pink uniform ibid, p.15), and to the larger nursing community as a whole.
As I write this review in 2020, we are experiencing the global pandemic of Covid-19. Pandemic nursing is not new (RCN, 2019). However, this current situation, which has changed our experience of living beyond recognition, will again provide new customs and rituals associated with nursing the sick, and has shown to ignite in communities a recognition for the nursing profession and caring professions more generally. As Key Workers, these groups continue to work on the front-line, putting themselves and family members at risk. Folklorists have already touched on Covid-19 and fake-news (Deutsch 2020) but beyond this, pandemic folklore will manifest itself in so many ways. The need for Personal Protective Equipment when nursing the sick may provide new rituals around robing and disrobing. The shortage of PPE nationally has given rise to material culture practices and community efforts to make PPE and face masks out of various household items or from repurposing other equipment such as sports goggles. These initiatives are bringing communities together. New customs, for example, collective community clapping for NHS and care workers from the doorways of houses during isolation on Thursdays from 30 March 2020 at 8pm.

Laurent’s book is an interesting read. It does not make a great contribution to theoretical or methodological debate, but nor does it attempt to do so. Instead, it provides a personal recollection into informal customs of nursing. In this respect it puts the personal at the centre of the book – much in the same way as nursing as a discipline strives for person-centred care. The book concludes with a chapter on death, following a life course trajectory.

My only criticism would be that the book lacks a final chapter and instead ends rather abruptly, with an account of a pensioner’s death on a coach that was headed for the airport. The narrative is as comic as it is tragic and demonstrates nurses going above and beyond to accommodate compassionate dignified care to the very end of life.

