

**The Woman Who Invented Herself. An interdisciplinary exploration of
the construction of Elizabeth Kenny's polio treatment discovery story.**

Allan Laurence Hildon

A thesis submitted for the degree of Doctor of Philosophy

Department of Sociology

University of Essex

Submitted for examination March 2019

Abstract

The story of Elizabeth Kenny's discovery of a method of treating poliomyelitis is a legend which has outlived its creator and public knowledge of one of the most feared diseases of the twentieth century. Despite the absence of documentary or testimonial evidence, the story universally informs the historical, sociological, and cultural analysis of the global polio pandemic. To date, no systematic investigation has examined the origins of the story or considered its meaning and significance.

This study explores the relationship between personal troubles and public issues, the reciprocity between the individual and society within an historical context, and the ability of a personal narrative to shape the production of knowledge. Using the lens of science biography, the study examines Kenny's life to elicit an understanding of the origin and purpose of the treatment discovery story which she produced in the 1940s, whilst exploring the mutuality between her evolving personal myth and conceptualisation of her therapeutic system. The study also considers the role played by stigmatisation associated with her misandrist views and rejection of marriage in the medical profession's rejection of her therapeutic techniques.

This study considers Kenny's discovery story as a problem-resolution personal experience narrative which embodies her experiences of social stigmatisation, her metaphorical understanding of polio, and her existential quest for an identity which would give meaning and purpose to her life. The findings also indicate that she was self-aware of the social stigma associated with her gender non-conformity.

The findings of the study confirm the validity of the proposition that the narratives through which we identify ourselves with others are inextricably linked to public achievements.

Acknowledgements

My first acknowledgement must go to my supervisor, Professor Mike Roper. I feel privileged to have had such a professional and supportive supervisor. Mike's wit, forbearance, and intellectual rigour has inspired and encouraged me throughout this amazing journey. I know I have grown as an academic and a person under Mike's guidance. It just goes to show, you can teach an old dog new tricks.

I would also like to thank Dr Roisin Ryan-Flood and Professor Joan Busfield for their valuable feedback, for chairing my progress boards, and for helping me to work through my imposter syndrome. I am also indebted to Professor Naomi Rogers, Yale University, for her early encouragement of this project, and to Wade Alexander for sharing his unedited first draft of his Elizabeth Kenny biography.

Lastly, I would like to acknowledge the patience and support of my partner, Steven Pryke, throughout the years of housebound weekends that were hijacked by this thesis, and the camaraderie provided by the merry bunch of self-appointed *Kenny Tragics* I have encountered over the last two decades – most notably, my Aussie chums Graeme Tessier and Lachlan Madsen.

Table of contents

	Page
Abstract	i
Acknowledgements	ii
List of figures and tables	vi
Abbreviations	viii
Introduction	1
Chapter One – Methodology	
1.1 Introduction	40
1.2 The sociological imagination	40
1.3 Existential biography	43
1.4 Theorectical influences	51
1.5 Methodological challenges	66
1.6 Data sources	74
1.7 Conclusion	80
Chapter Two – Historiography	
2.1 Introduction	82
2.2 Deferential commemorations	82
2.3 Academic literature	86
2.4 Hagiography	111
2.5 Conclusion	114
Chapter Three – Forging a nurse identity	
3.1 Introduction	116
3.2 Ordinary beginnings	116
3.3 A nurse is born	124

	Page
3.4 War nurse	137
3.5 Sister Kenny	151
3.6 Conclusion	157
Chapter Four – A discredited life	
4.1 Introduction	158
4.2 Hidden lives	158
4.3 Changing perspectives of homosexuality	164
4.4 Sanitised memorials	168
4.5 A silent foe	173
4.6 Passionate friendships	177
4.7 A battle on two fronts	184
4.8 Passing	188
4.9 Sanctuary in the <i>clinic</i>	191
4.10 Conclusion	198
Chapter Five – Creating the Kenny legend	
5.1 Introduction	199
5.2 A story is born	199
5.3 Unravelling fact from fiction	210
5.4 The Sylvia Stretcher invention story	226
5.5 Conclusion	242
Chapter Six – Analysing the legend	
6.1 Introduction	243
6.2 Emplotment	243
6.3 Narrative analysis	246
6.4 Meaning from metaphor	255

	Page
6.5 Conclusion	268
Chapter Seven – Purpose of the discovery story	
7.1 Introduction	269
7.2 A narrated life	269
7.3 Hell is full of good intentions or desires	271
7.4 The purpose of the discovery story	277
7.5 Unintended consequences	281
7.6 Conclusion	283
Conclusion	284
Data sources	289
Bibliography	295

List of figures and tables

	Page
Figure 1 Global infant mortality and Poliomyelitis rate, 1921-1955	6
Figure 2 Child immobilised in double Thomas splint and plaster casts	7
Figure 3 Screen shot from the film <i>In Daily Battle</i>	12
Figure 4 President Roosevelt meets children with polio, c. 1934	14
Figure 5 The Elizabeth Kenny Clinic, George Street, Brisbane, 1935	20
Figure 6 Elizabeth Kenny demonstrating her technique, Sydney, 1939	21
Figure 7 Elizabeth Kenny, accompanied by Basil O'Connor, meeting President Roosevelt in 1943	22
Figure 8 Elizabeth Kenny wearing traditional nurse's uniform, Nobby c.1913	132
Figure 9 Elizabeth Kenny wearing traditional nurse's uniform, Nobby c.1911-1912	132
Figure 10 Waverton Private Hospital, Nobby, 1915	133
Figure 11 Elizabeth Kenny aboard HMAT Themistocles, 1916	146
Figure 12 Photograph of Elizabeth Kenny published in the Australian Women's Weekly, 1927	154
Figure 13 Eleanor Roosevelt and Elizabeth Kenny, 1944	159
Figure 14 Rosalind Russell, Elizabeth Kenny, and Mary McCarthy. RKO publicity photograph, 1943	180
Figure 15 Comic book portrayal of Sister Kenny's first encounter with infantile paralysis	200
Figure 16 Catalogue listing for the Sylvia Ambulance Stretcher	229

	Page
Figure 17 Intellectual Patent for the Sylvia Stretcher	236
Table 1 Emplotment of actions and events	245
Table 2 Labov's schema for narrative analysis	246
Table 3 Narrative clauses within the stretcher invention story	248
Table 4 Narrative clauses within the treatment discovery story	250
Table 5 Metaphorised icons within the treatment discovery story	259
Table 6 Systematic metaphors of Kenny's method of treating polio	261

Abbreviations

AAMS	Australian Army Medical Service.
AANS	Australian Army Nursing Service.
AIF	Australian Imperial Force.
ATNA	Australian Trained Nurses Association.
BMA	British Medical Association.
CWA	Country Women's Association.
EKP-MHS	Elizabeth Kenny Papers, Minnesota History Society.
FDR	Franklin Delano Roosevelt, 32 nd President of the United States of America.
HMAT	His Majesty's Australian Transport.
JAMA	Journal of the American Medical Association.
NCSS	National Council for the Social Studies.
NFIP	National Foundation for Infantile Paralysis.
NLA	National Library of Australia
NSW	New South Wales
QLD	Queensland
RBNA	Royal British Nurses Association.
RCT	Randomised Control Trial.
RKO	Radio-Keith-Orpheum Corp.
STS	Sea Transport Service.
UK	United Kingdom of Great Britain and Northern Ireland.
USA	United States of America.
VIC	Victoria
WW1	First World War (1914-1918).
WW2	Second World War (1939-1945).

Introduction

Purpose of the study

Imagine a world in which epidemics of an incurable, painful, and debilitating viral disease are sweeping unpredictably and uncontrollably through the richest and most scientifically advanced nations. Would a fearful public expect health authorities to condemn an apparently effective treatment because its discoverer is unqualified and can't explain why their therapy is more effective than conventional medical care, which, as it happens, is ineffective and cruel? And, if the individuals most affected by this disease are children, would their parents be comforted by reassurances from medical practitioners and researchers that they were abiding by the time-honoured maxim *first do no harm* as they diligently tested and evaluated emerging therapies? Or, would those parents prefer doctors to abide by the equally time-honoured maxim *for God's sake, do something!*

As it happens, little imagination is required to consider these questions – one need go no further than the controversy which accompanied the treatment of poliomyelitis during the mid twentieth century. For more than twenty years medical practitioners in Australia, the United States, and the United Kingdom contested the efficacy of a therapy for poliomyelitis which was promoted by an unqualified Australian nurse called Sister Kenny. Kenny's opposition to conventional medical practices, especially the prolonged use of immobilisation, won her few supporters in Australia and the United Kingdom. Those medical practitioners who were prepared to overlook her ignorance of the pathology of the disease and give her the benefit of the doubt were often discouraged by her acerbic tongue and intolerance of

criticism. Nonetheless, she gained public and political support for her techniques, and despite widespread medical opposition in Australia she eventually gained fame and respect in America. Today, Kenny is acknowledged in America as a pioneer in the field of rehabilitation medicine.¹ In Australia, she is largely forgotten except among a small number of historians of nursing and the dwindling ranks of polio survivors.²

Elizabeth Kenny's twenty years campaign to convince a doubting medical establishment of the superiority of her method for treating polio is one of the great medical legends of the twentieth century. In the legend, Kenny is depicted as a lone maverick who confronts a belligerent medical establishment, and in doing so demonstrates that truth will, in the long run, always prevail over professional self-interest. The story of Kenny's first encounter with polio in the Australian outback, described in a daily newspaper in 2009, lies at the core of the legend.

In 1909, a young Darling Downs lass called Elizabeth Kenny, aged just 23, made what appeared to be a remarkable breakthrough. The unqualified bush nurse, the daughter of an Irish vet who migrated to NSW, was handed an infant girl in agony from twisted limbs. She was at a loss about the mysterious ailment the girl's father called cow disease. Kenny saddled up and rode to the nearest telegraph station where she cabled a

¹ Kenny's legacy in America is appraised in Naomi Rogers, "I knew Sister Kenny", in *Polio Wars: Sister Kenny and the Golden Age of American Medicine* (Oxford: Oxford University Press, 2014), pp.402-435.

² Despite Kenn's illustrious career in Australia, there is only one small archive of her papers held by the Fryer Library in Brisbane, Australia. See chapter two for details. Kenny's contribution to polio therapy is acknowledged in publications produced by Polio Australia, an organisation representing polio survivors throughout Australia.

*doctor friend, who diagnosed infantile paralysis and informed her nothing could be done. Undeterred, she applied warm, moist strips of cloth. The next morning the girl's limbs were better. Authorities tried to debunk the method, but after it was endorsed by US experts, her fame took off.*³

The story has a naive charm, which may account for its longevity, but, in the parlance of the antiques trade, it suffers from a dodgy provenance. Whilst there is little evidence of Kenny treating polio patients prior to the 1930s, and no record of the story prior to 1940s, almost every analysis of the Kenny polio treatment controversy starts with the assumption that Kenny discovered or developed her concepts for treating polio early in her nursing career.⁴ Furthermore, recent developments in the indexing of digitised newspaper archives in Australia has revealed evidence that the story may be recycled from an earlier story which portrays an event which was unconnected with the treatment of children with poliomyelitis. The significance of the implications of this narrative anachronism on our understanding of one of the great medical polemics of the twentieth century cannot be overstated.

³ Brendan O'Malley, "Bush nurse Sister Elizabeth Kenny beloved by polio kids", *The Courier Mail*, 3 April 2009, Trove NLA.

⁴ There is almost universal acceptance in the polio treatment corpus that Kenny developed a therapy for treating polio while working as a nurse in the Darling Downs between 1910 and 1915. Kerry Highley, an Australian researcher, is the sole dissenting voice. Highley believes Kenny probably developed her therapeutic approach while treating paralysis patients in the early 1920s. See: Kerry Highley, *Dancing in my dreams* (Melbourne: Monash University Publishing, 2015), p. 79.

This thesis will attempt to untangle the threads which constitute the fabric of the Kenny polio treatment discovery story and produce an alternative understanding of a controversy which continues to have social, clinical, and historical significance. Finding an explanation for Kenny's narration of the development of her concepts and techniques has the potential to transform our understanding of the polio treatment controversy, which, in turn, will provide an opportunity to construct an explanatory model for understanding the development of medical and nursing knowledge.

Background to the study

In 1840 a German physician, Jakob Heine, described an apparently new disease which caused paralysis in children.⁵ Small, localised, and apparently random outbreaks of this disease were recorded in Western Europe throughout the remainder of the nineteenth century. In the early decades of the twentieth century these localised outbreaks were replaced by epidemics of increasing size and intensity which eventually spread to the United States and Australia. Paradoxically, healthy and well-nourished children appeared to be most at risk of acquiring the infection. Polio, as the disease is now known,⁶ is a viral infection which is thought to

⁵ Heine was the first physician to fully describe the disease. A partial description is contained in a medical textbook published in 1799. See: Michael Underwood, *A treatise on the diseases of children: with directions for the management of infants from the birth* (London, 1799). https://archive.org/details/b21516728_0003/page/n4.

⁶ Polio is an abbreviation of *anterior poliomyelitis*, so named because the virus attacks the anterior section of the spinal cord. The disease has also been known as infantile paralysis as it usually occurs in children, or as Heine-Medin disease in honour of Jakob Heine and Karl Oskar Medin who are credited as discovering the disease, or as summer plague due to the surge in cases in summer months. A comprehensive account of the history of polio

have been silently endemic throughout the world for thousands of years. The distortion to limbs which may occur in an acute case is so characteristic it is thought that a case is depicted in an ancient Egyptian funereal stele. Most cases occur in children, and most cases are limited to a short episode of fever, but in its acute form the disease can cause death or severe disability.

Ironically, some might say cruelly, polio only emerged as a public health menace as improved sanitation impeded the acquisition of natural immunity through childhood exposure. The paradox of polio being more prevalent in populations with low rates of most infectious diseases and low rates of infant mortality is illustrated in Figure 1. This paradox baffled medical scientists for decades.⁷ The emergence of the twentieth century polio pandemic fundamentally challenged beliefs about sanitation and disease prevention and befuddled the best efforts of scientists to develop a cure or an effective therapy for its debilitating after effects.⁸

It is difficult to assess the true scale of the devastation caused by poliomyelitis as the quality and extent of public health surveillance varied enormously in the countries

may be found in John Paul, *History of Poliomyelitis* (New Haven: Yale University Press, 1971).

⁷ The impact of natural immunity on the epidemiology of polio was not understood in the nineteenth century. In 1908 a Swedish doctor, Ivan Wickman, realised the epidemic character of outbreaks was triggered by a reduction in natural immunity due to improved sanitation. Wickman died soon after publishing his findings, and his discovery was not fully appreciated until re-established in the USA in the 1930s.

⁸ An insightful analysis of the impact of polio on the public understanding of infectious disease is provided by Naomi Rogers, *Dirt and Disease: polio before FDR* (New Brunswick: Rutgers University Press, 1992).

where the prevalence of the disease was thought to be highest. The epidemiological profile of polio in Australia is well documented as routine surveillance of infectious diseases commenced early in the twentieth century. The first major outbreak occurred in 1905, followed by outbreaks of varying size and frequency between 1917 and 1965. Most cases occurred in children under five years of age, and there was a slightly higher prevalence in males and in urban areas.⁹

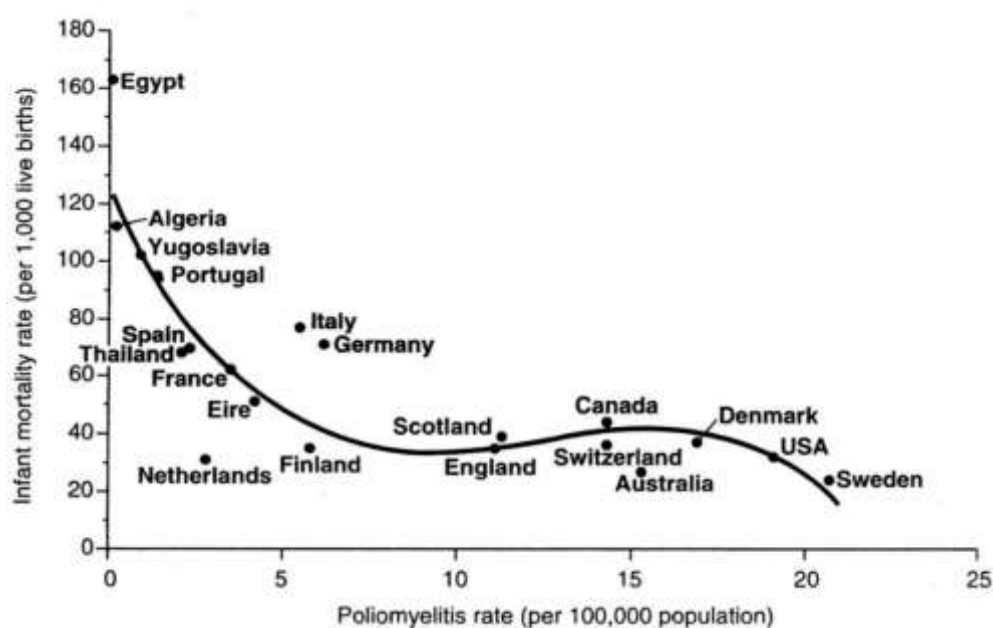


Fig. 1. Global infant mortality and Poliomyelitis rate, 1921-1955¹⁰

Surveillance records indicate at least 26,000 people were diagnosed with the paralytic form of polio in Australia between 1917 and 1960. The proportion left with residual paralysis is unknown. In 1958 American researchers estimated that approximately 300,000-350,000 people in the United States were stricken with the paralytic form of the disease between 1947 and 1956, leaving around 50,000 with

⁹ John Howard Lidgett Cumpston, "Anterior poliomyelitis" in *Health and disease in Australia: a history*, ed. Milton Lewis, (Canberra: AGPS, 1989), pp. 326-328.

¹⁰ Matthew Smallman-Raynor and Andrew D. Cliff, *A World Geography Poliomyelitis: Emergence to Eradication*. (Oxford: Oxford University Press, 2006).

'severe crippling'.¹¹ The number of cases in America since the first major outbreak in New York in 1916 could easily be in the millions. Little wonder David Oshinsky claims that, from an American perspective, polio was one of the most feared diseases of the twentieth century.¹²



Fig. 2. Child immobilised in double Thomas splint and plaster casts.

To understand the social significance associated with the polio epidemics which swept through industrialised countries in the twentieth century, one needs to consider the wider social and personal context of the disease. In the current day, most people, even students of public health, may find it difficult to appreciate why

¹¹ K. S. Landauer and G. Stickle "An analysis of residual disabilities (paralysis and crippling) among 100,000 poliomyelitis patients: with special reference to the rehabilitation of postpoliomyelitis patients", *Archives of physical medicine and rehabilitation*, vol. 39 (1958) pp. 145-151.

¹² David Oshinsky, *Polio: An American story* (New York: Oxford University Press, 2005), p 5.

polio was such a feared disease – it was, after all, a comparatively uncommon disease with a low mortality rate.¹³ Polio generated fear because it was:

Unpredictable – in the early decades of the twentieth century there was insufficient knowledge of the transmission of the polio virus to understand why a disease which was usually diagnosed in a small number of scattered cases would suddenly erupt into a large outbreak.¹⁴ Public anxiety was also fuelled by the unpredictable outcome of polio infection – some children died within a few days, most recovered fully, and some were left with crippling deformities.

Uncontrollable – public confidence in medical science had been built on the success of public sanitation in eradicating or controlling many bacterial and microbial infectious diseases, but this confidence was undermined by the inability of sanitation and quarantine to control outbreaks of polio.¹⁵ Polio also contributed to a decline in public confidence in scientific medicine as early hubris among medical researchers was replaced by dismay at the lack of progress in the development of a cure or a vaccine. Simon Flexner, the celebrated American virologist, claimed in 1911

¹³ Except for eleven epidemic outbreaks between 1917 and 1956 there were usually around 200 cases of polio notified each year for the whole of Australia. The largest outbreak occurred in 1938, with 2,698 cases of polio notified for the whole of Australia. In the same year there were 8,831 cases of diphtheria, 5,932 cases of scarlet fever, and 3,572 cases of pulmonary tuberculosis. All these diseases had a higher mortality rate than polio and were associated with serious residual morbidities. Australian Government, Department of Health, *National Notifiable Diseases Surveillance System tables (dis_austr9_91)*. <http://www9.health.gov.au/cda/source/cda-index.cfm>.

¹⁴ As an example; In the State of Victoria in Australia there were a total of 1564 reported cases between 1917 and 1937, representing an average of 20 cases per year. In 1938 there were 1369 cases. Health authorities had no idea why this occurred.

¹⁵ Rogers, *Dirt and Disease*, provides a detailed appraisal of the impact of polio epidemics on the public perception of scientific medicine in the United States prior to WW2.

*'the achievement of a cure, I may conservatively say, is not now far distant'*¹⁶.

Flexner spoke in haste and would be dead for decade before the long awaited vaccine would be ready for use.

Indiscriminate – one of the most disturbing features of polio was the apparent indiscriminate way it appeared to *choose* its victims. Many diseases have traditionally been associated with social or personal characteristics,¹⁷ but polio affected rich and poor alike. Polio was thought to be indiscriminate because, contrary to accepted wisdom, the healthy and well-nourished children from *good* families and communities appeared to be more susceptible than children who lived in dirty, impoverished, and *undesirable* communities.¹⁸ As Rogers deftly observes *'The notion that dirt could protect a child from disease was thoroughly alien to all conventional etiological explanations of the working of disease'*.¹⁹

Irrational – the unpredictable, uncontrollable, and indiscriminate nature of polio created a perfect existential storm which positioned polio as the embodiment of *the*

¹⁶ Oshinsky, *Polio*, p. 18.

¹⁷ For example; the prevalence of gastrointestinal diseases in impoverished communities is often attributed to poor personal hygiene rather than lack of access to clean water and sanitation, whereas non-communicable diseases like heart disease and diabetes are often attributed to affluence and over-indulgence even though these diseases are now more prevalent in low income groups.

¹⁸ The stigma and prejudice associated with infectious diseases generally, and polio specifically, in the early twentieth century is discussed comprehensively in Rogers, *Dirt and Disease*, pp. 30-71.

¹⁹ Rogers, *Dirt and Disease*, p. 13.

absurd.²⁰ The horror of the absurdity and irrationality of polio is eloquently described in a polio survivor's memoir:

For those of us who had polio, it seemed inconceivable that such a life-transforming event could be random...

*If there is no rational cause for what befalls us, if luck can begin and change and end our lives, then nothing lies beneath our feet but an abyss of complete meaninglessness: no pattern, no design, no logic, no coherence, nothing to count on, nothing to understand and master, no program to get with, no hope to share our destinies. If this is true, then we are all absolutely vulnerable – and to accept that is horrifying.*²¹

Metaphors for polio – making sense of the incomprehensible

The public discourse throughout the prevaccination era demonstrates the importance of metaphor in portraying the public and the scientific understanding of polio in the early twentieth century. Doctors engaged in a battle to defeat polio. People who campaigned for improved treatment of polio victims were crusaders. Scientists raced to develop a vaccine, and the vaccines, when they were finally available, were hailed as a miracle. Many of the linguistic metaphors associated with polio are not unique to the disease, but two groups of conceptual metaphors are deserving of closer examination due to their prominence in the polio corpus.²² These are; *illness is a being* and *medicine is war*.

²⁰ The absurd is a theme examined and debated by existential philosophers. The idea of absurdity derives from the futility of the individual's search for reason in a world which is random and meaningless.

²¹ Charles Mee, *A nearly normal life* (Boston: Little, Brown and Company, 1999). p. 77. Mee contracted polio in 1953 at the age of fourteen. His memoir offers an eloquent portrayal of the psychological and physiological impact of the disease on young Americans.

²² A detailed examination of linguistic and conceptual metaphor is provided in chapter one.

The *Illness is a being* metaphor assigns human or animal attributes – such as stealth, heartlessness or maliciousness – to the disease.²³ The prominence of the *illness is a being* metaphor in the literature relies as much on the historical context of the epidemics as the unpredictable behaviour of the disease. The discovery in the nineteenth century of the link between infectious disease and microorganisms undermined centuries old beliefs that epidemics of diseases were attributable to divine intervention or other supernatural forces.²⁴ The success of medical science in the late nineteenth century in revealing the causes of many epidemic diseases created an opportunity to produce new metaphors which could explain the transmission of diseases which were bacterial in origin. In turn, the emergence of new viral diseases required a further refinement of the metaphors which explained these new threats.

In 1947 the National Foundation for Infantile Paralysis (NFIP) produced a short film, *In Daily Battle*, which portrays polio as a shadowy demonic entity which hovers over communities seeking out its victims. The portrayal of polio as a supernatural being with the figurative form of a shadow was more than a clever cinematic visual effect; it was an example of a powerful non-literary metaphor with historical foundations

²³ Textual analysis of cancer reporting in the Guardian newspaper by Julia Williams Camus showed that metaphors which attributed human characteristics to cancer were more prevalent than metaphors which represented the experience of cancer as warfare or a battle. Julia T. Williams Camus, “Metaphors of cancer in scientific popularization articles in the British press”, *Discourse Studies*, vol. 11, no. 4 (2009), pp. 465-495.

²⁴ John Paul states that epidemic disease was attributed to “*comets, earthquakes, storms, and other absurd causes, and even to the poisoning of wells by Jews.*” Paul, *History*, p17

and political and cultural resonance in the mid twentieth century.²⁵ The *illness is a being* metaphor was ideally suited to polio because it helped to explain the irregular pattern of outbreaks and the unpredictable outcomes of infection. Polio, like humans, could be capricious.



Fig. 3. Screen shot from the film *In Daily Battle*

The pervasiveness of the *illness is a being* metaphor in polio narratives may also represent the reawakening of a narrative understanding of health and illness in the industrialised nations which were most affected by polio. Jack Coulehan proposes that a reductionist view of illness as a purely physiological process fails to appreciate that people see themselves as characters in a life narrative and understand their

²⁵ The use of shadow as a metaphor for death or for the soul of the deceased has its origins in ancient Greek culture. In the twentieth century shadow was frequently used as a metaphor for the menace presented by the Nazis and Japanese during the WW2, and by the Soviet Union during the Cold War era.

illnesses in a narrative way.²⁶ If physicians ignore or devalue that narrative, then health care is bound to suffer, and medicine is dehumanised. The corollary to this proposition is that metaphors of illness, which are often framed in malign terms, may also serve a benign purpose by placing emphasis on the relationship between the individual and illness, and enables illness to be understood in human terms even if the characteristics are not necessarily benevolent.

The most prominent conceptual metaphor in the polio corpus is the *medicine is war* metaphor. The *medicine is war* metaphor frames the disease as an enemy which must be defeated through battle.²⁷ The ubiquity of war metaphors in the polio corpus is due to several intersecting factors. First, the polio corpus overwhelmingly portrays an American experience of the disease and reflects narratives which are embedded in American culture.²⁸ Few non-American voices are represented in the sizeable body of survivor memoirs or the academic appraisal of the cultural response to polio in the twentieth century.²⁹ Daniel Wilson observes that polio challenged

²⁶ Coulehan cites the mistaken analysis of Susan Sontag as the evidence for this claim. Coulehan claims that Sontag lacked an evidence base to support her claim there was a monolithic response to illnesses like cancer or tuberculosis and lacked awareness of the diversity of cultural understanding of disease and recovery. Jack Coulehan, "Metaphor and Medicine: Narrative in Clinical Practice", *Yale Journal of Biology and Medicine* vol. 76, (2003), pp. 87-95.

²⁷ There is no definitive typology of metaphor, hence the labels applied by different authors will usually reflect the subjective framing of the inferred metaphor. As an example: illness is a battle may be labelled as the body is a battleground without changing the underlying conceptual framing.

²⁸ The historiography presented in chapter two shows the dominance of the portrayal and analysis of the American polio experience in the polio corpus.

²⁹ *A Summer Plague*, by Tony Gould, is a rare example of a memoir written by a polio survivor who is not American. Gould contracted polio while serving in the British Army in

public faith in the ability of science to eradicate disease, and undermined public confidence that the American dream of peace, progress, and prosperity was within the grasp of ordinary families.³⁰ By adopting a rhetoric of war in the face of this existential threat Americans could show the world that they would not submit passively to the tyranny of a virus.



Figure 4. President Roosevelt meets children with polio. c. 1934.

Malaya. Tony Gould, *A Summer Plague* (New Haven: Yale University Press, 1995). Alan Marshall's autobiography, published in 1955, is the sole published personal account of polio by an Australian polio survivor. Alan Marshall, *I can jump puddles* (Melbourne: FW Cheshire, 1955).

³⁰ Drawing on the testimony of 150 polio survivors, Daniel Wilson constructs a social history of the polio epidemics which swept across America from the 1930s until the 1960s. Wilson argues that the unique epidemiologic profile of polio meant that middle class American families were the most susceptible to the disease. See: Daniel J. Wilson, *Living with Polio: The epidemic and its survivors* (Chicago: University of Chicago Press, 2007), p. 17.

War metaphors are also prominent in the polio corpus due to the enormous influence of polio's most recognised victim; Franklin D. Roosevelt, President of the United States of America from 1933 to 1945. Roosevelt employed the rhetoric of war against polio throughout his political career for the benefit of fundraising and his presidential campaigning.³¹ In 1944 Roosevelt published an open letter which unmistakeably frames the eradication of polio as a war.

*Not until we have removed the shadow of the Crippler from the future of every child can we furl the flags of battle and still the trumpets of attack. The fight against infantile paralysis is a fight to the finish, and the terms are unconditional surrender.*³²

These words were skilfully crafted by Roosevelt to exploit growing public confidence that victory was within reach in Europe and the Pacific due to America's intervention in the WW2. Roosevelt's words were unambiguous; if America could win the war against fascism, it could win the war against polio.

The final critical element in the pervasiveness of war metaphors is the role of the NFIP in framing the American response to the care of polio patients and the development of the polio vaccines. The NFIP was established by Roosevelt and his former law partner, Basil O'Connor, in 1938. O'Connor's plan was straightforward; emphasise the threat of polio to innocent children, collect small donations from a lot of people, and fund medical research to find a cure. O'Connor's plan proved to be

³¹ Retrospective analysis of Roosevelt's medical records suggests that his paralysis was probably not caused by polio. For an analysis of the causes of Roosevelt's paralysis see: Armond S Goldman, Elisabeth J Schmalstieg, Daniel H Freeman, Daniel A Goldman, Frank C Schmalstieg, "What was the cause of Franklin Delano Roosevelt's paralytic illness?", *Journal of Medical Biography* vol. 11, (2003), pp. 232–240.

³² Roosevelt's words are quoted by John Paul in Paul, *History*, p. 319.

pure genius; the NFIP became the largest single philanthropic charity that has ever existed. Oshinsky observes that O'Connor's framing of polio as "*uniquely dangerous on the one hand, eminently beatable on the other*" made the defeat of polio "*America's greatest medical crusade*".³³

Whilst there is widespread agreement that fundraising and the dissemination of public health propaganda in the United States was assisted by the exploitation of metaphors of war their use was not universally beneficial to the lived experience of polio patients. Gary Reisfield and George Wilson observe that war metaphors resonate with many patients and physicians, but also observe that they are "*inherently masculine, power-based, paternalistic, and violent*" and are of little value to patients who do not cope with illness or adversity through confrontation.³⁴ The negative implications of the cultural framing of patients as victims or casualties, and the medical profession as generals or heroic warriors, has been discussed in a number of polio memoirs.³⁵ Recently it has been argued that the military metaphors may be counterproductive in framing the patient's experience of diseases which are degenerative or incurable as the *war* will inevitably be lost.³⁶ This observation is

³³ Oshinsky (2005) p. 53.

³⁴ Gary M. Reisfield and George R. Wilson, "Use of metaphor in the discourse on cancer: When the tumor is not the target", *Journal of Clinical Oncology* vol. 22 no. 19, (2004) pp. 4024-4027.

³⁵ See chapter two for an appraisal of the cultural analysis of polio by polio survivors.

³⁶ Heather Lane and colleagues appraise the negative impact of the medicine is war metaphor in the treatment of incurable diseases like dementia. See: Heather Lane, SueAnne McLachlan, and Jennifer Philip, "The war against dementia: are we battle weary yet?" *Age and Ageing* no. 42, (2013), pp. 281-283.

especially salient to polio given the absence of a cure, and the emergence of post-polio syndrome for the so-called survivors of polio.

A new approach from an unlikely source

The current conventional treatment for the debilitating effects of all stages of poliomyelitis is a refinement of techniques promoted by Kenny during the 1930s and 1940s.³⁷ Whilst Kenny's approach to physical therapy is conventional in the current era, in the 1930s many Australian medical practitioners considered it unorthodox or potentially harmful.³⁸ In part, opposition to Kenny's approach to the treatment of paralysis derived from its unlikely provenance.

Elizabeth Kenny was born in rural New South Wales in 1880. She had very little formal education, and no recognised qualifications. She occasionally worked as a bush nurse in the Darling Downs region of Queensland before opening her own private hospital in 1912.³⁹ During the First World War (WW1) she served with the Australian Army Nursing Service (AANS), earning the rank of Sister. Kenny was unable to work as a Registered Nurse after the war as she lacked the qualifications required for nurse registration, but she retained the title *Sister* for the rest of her life.

³⁷ Frederick C. Robbins and Thomas M Daniel, "A history of poliomyelitis" in *Polio*, (ed.) Thomas M. Daniel and Frederick C. Robbins (Rochester: University of Rochester Press, 1997), pp. 5-22.

³⁸ This was the conclusion of three official government appraisals of her methods between 1934 and 1938.

³⁹ The term bush nurse was used to describe a woman, usually unqualified, who worked as an independent nurse practitioner in rural areas of Australia.

In 1922 Kenny found employment as a private nurse for Daphne Cregan, a child who suffered from cerebral diplegia. For three years Kenny treated Cregan's muscle paralysis with a regime of hot sulphur baths, massage, exercise, and nocturnal immobilisation with bark splints.⁴⁰ The extent of Cregan's apparent recovery earned Kenny a reputation within her local community as a healer of crippled children. Nevertheless, despite episodic involvement in the care of a small number of crippled children during the 1920s, she showed little interest in pursuing a career in the rehabilitation or care of disabled children.⁴¹

Kenny's first opportunity to demonstrate her rehabilitation methods to a wider audience came in 1932 when Queensland experienced the largest outbreak of infantile paralysis since records began.⁴² The owner of the Queen's Hotel in Townsville allowed Kenny to conduct a clinic in the hotel for children with various forms of paralysis. Although Kenny had not treated acute cases of infantile paralysis, her apparent success in treating children with paralysis offered a glimmer of hope to

⁴⁰ Kenny was employed by the Cregan family for nearly three years. The methods she used to treat Daphne's paralysis are described in a letter Cregan wrote to Victor Cohn in 1956. Daphne Cregan to Victor Cohn, letter, 18 May 1956, 146.K.8.6F EKP-MHS.

⁴¹ In 1926 Kenny stopped working with private patients to concentrate on marketing an ambulance stretcher she had designed and patented. She spent five years marketing her Sylvia Stretcher in Australia, America, and the United Kingdom before returning to private nursing in 1931.

⁴² A total of 284 cases were reported in Queensland in the 1932 outbreak. There had only been 182 cases reported in the preceding decade. Source: Australian Government, *Diseases Surveillance*.

parents who were growing impatient at the lack of progress in the development of treatments for the disease.⁴³

The therapy was laborious but required little specialised equipment.⁴⁴ Her techniques quickly gained public approval and political support in Queensland, but prominent members of the Australian medical establishment disputed the aetiology and clinical effectiveness of her techniques even though they were not especially radical. Her opposition to the prolonged use of immobilisation was the feature which set her therapy apart from conventional practice and garnered disapprobation from medical practitioners. An official evaluation of the Townsville clinic in 1934 concluded her techniques produced results no better than conventional methods.⁴⁵

The gradual evolution of her techniques, and the language she used to describe her concept of the disease, did little to assuage entrenched medical scepticism in Australia. The report of the Queensland Royal Commission on Modern Methods for the Treatment of Infantile Paralysis, published in 1938, was harshly critical of her

⁴³ The opening sentence of a newspaper report published in 1930 sums up the level of public anxiety which was associated with the threat of a polio outbreak: '*Infantile paralysis - the arrow that flieth in darkness - is one of the most dreaded of diseases*'. "Infantile Paralysis", *Brisbane Courier*, 5 July 1930, p. 22. Trove NLA.

⁴⁴ In the early 1930s the Kenny system combined three basic principles; the use of moist heat to relieve pain and muscle tightness, passive exercise to re-educate muscles, and the avoidance of prolonged immobilisation of limbs.

⁴⁵ Raphael Cilento, "Report on the muscle re-education clinic, Townsville (Sister E Kenny) and its work", (1934), Box 13 Elizabeth Kenny Collection, Fryer Library, University of Queensland.

techniques.⁴⁶ Despite the lack of medical endorsement, Kenny received substantial political patronage in her home State of Queensland. By the end of the 1930s, government sponsored clinics utilising Kenny's methods were established in most State capital cities. These so-called *Kenny Clinics* received broad public support and are now viewed as representing the most significant, albeit short-lived, challenge to medical dominance of health care in Australia during the twentieth century.⁴⁷



Fig. 5. The Elizabeth Kenny Clinic, George Street, Brisbane, 1935.

The rapid decline in cases after the 1937/38 outbreaks, and the advent of the WW2 in 1939, diverted public and political attention from Kenny and her clinics.⁴⁸ In 1940

⁴⁶ Queensland Government, "Report of the Queensland Royal Commission on Modern Methods for the Treatment of Infantile Paralysis", (1938), Queensland State Archives, A/73214.

⁴⁷ Evan Willis, *Medical dominance: the division of labour in Australian health care* (Sydney: George Allen & Unwin, 1983).

⁴⁸ In 1937/38 there were 4,555 reported cases nationally, whereas in 1939 there were 109 reported cases. There was a corresponding decline in media interest in Kenny. In 1937/38 there 1,372 newspaper articles which featured Elizabeth Kenny, whereas there were 255 the following year. Source: Allan Hildon, "A war of words", *Paper presented at*

Kenny was encouraged by the Queensland Minister for Health and Home affairs to take her campaign to the United States in the hope of finding a more receptive response from American medical practitioners.⁴⁹ Kenny's journey to America proved to be her salvation. Within months of arriving in Minneapolis her approach to treatment was endorsed by respected medical practitioners, and her work was being sponsored by the NFIP, America's most influential polio charity. In 1941 the NFIP officially endorsed the Kenny method as the most effective system for the treatment of polio.



Fig. 6. Elizabeth Kenny demonstrating her technique. Sydney, 1939.

14th Biennial Conference of the Australian and New Zealand Society of the History of Medicine, Sydney, 1-3 July 2015.

⁴⁹ E.M. Hanlon, Minister for Health and Home Affairs, encouraged the Queensland Premier, William Forgan Smith, to pay for Kenny's journey to the United States. Their altruism was underpinned by a desire to rid themselves of an outspoken antagonist. Victor Cohn, *Sister Kenny: The woman who challenged the doctors* (Minneapolis: University of Minnesota Press, 1975) p. 120.

Whilst Kenny's techniques for treating paralysis and her concept of the pathology of the disease were not universally accepted by the American medical profession,⁵⁰ she is recognised as having made a profound impact on the treatment of paralytic polio and the rehabilitation of patients with paralysis. John Paul, the renowned historian of polio, claimed Kenny was singularly responsible for challenging the medical profession's '*fetish*' for the prolonged use of immobilisation of limbs, and pivotal in producing an '*about-face in the aftercare of paralytic poliomyelitis*'.⁵¹



Fig. 7. Elizabeth Kenny, accompanied by Basil O'Connor, meeting President Roosevelt in 1943.

⁵⁰ A comprehensive appraisal of the medical profession's response to Kenny's ideas can be found in Oshinsky, *Polio*, pp. 73-78.

⁵¹ Paul, *History*, p. 340.

It is difficult to overstate the esteem in which she was held by the American public. On her death bed in Townsville in 1952 Kenny was visited by the American Consul. His accent is said to have cheered her.⁵² Admirers in America arranged for her to be administered trypsin, an experimental drug which was so rare it had to be flown from New York to Brisbane before being delivered to her bedside under police escort. The drug arrived too late to be of benefit. Her death was international news.⁵³

The global polio pandemic was eventually brought under control through the introduction of mass vaccination in the mid-1950s. Notwithstanding the success of global polio eradication campaigns, the disease is still present in countries with ineffective vaccination programs.⁵⁴ As the wild polio virus survives in the human population, and there is still no pharmacological cure for the disease, vaccination remains the frontline defence against future polio epidemics.

A neglected legacy

Elizabeth Kenny has been dead for more than half a century, yet the polemic associated with Kenny's contribution to the treatment of polio continues to be salient in the twenty first century. In the early days of her polio career health care

⁵² Cohn, *Sister Kenny*, p. 237.

⁵³ Kenny's death was reported on the front page of The New York Times on 30 November 1952. Tributes from across the globe to her life and work are reported in "Thousands Mourn at Funeral of Sister Kenny", *Canberra Times*, 2 December 1952, p. 4.

⁵⁴ These include Afghanistan, Cameroon, Equatorial Guinea, Ethiopia, Iraq, Nigeria, Pakistan, and Syrian Arab Republic. Source: The Global Polio Eradication Initiative, "Polio Eradication and Endgame Strategic Plan 2013-2018". <http://polioeradication.org/who-we-are/strategy>.

professionals were quick to dismiss her ideas and practices because her techniques lacked an empirical evidence base and her ideas were expressed in a language they did not recognise. Subsequent analyses have interpreted the response of the medical profession to Kenny and the Kenny Clinics as a case study of the medical profession's organised response to the perceived challenge to its dominance of health care professions.⁵⁵ Little has changed in the last sixty years. When UK health authorities proposed in 2000 to allow Registered Nurses to prescribe drugs, medical leaders warned of the dire consequences of allowing nurses to perform a task which historically had been the exclusive privilege of medical practitioners. Nurses, according to the BMA, could not be trusted to prescribe drugs as they lacked the extensive training of a doctor.⁵⁶ The BMA's warnings have proved to be unfounded, and non-medical prescribing is now widespread in primary care settings.⁵⁷ The objection of the medical profession to the introduction of non-medical prescribing in the United Kingdom is a contemporary example of the profession's continuing readiness to claim authority and sovereignty even where there is no evidence to support such claims.

⁵⁵ See: Evan Willis, "Sister Elizabeth Kenny and the Evolution of the Occupational Division of Labour in Health Care", *Australian and New Zealand Journal of Sociology* vol. 15 no. 3 (1979): pp. 30-38; Willis (Medical Dominance); Claudia Thame, "Health and the state", Ph.D. Thesis, (1974), Australian National University.

⁵⁶ Michael Day, "UK doctors protest at the extension to nurses' prescribing powers", *BMJ* vol. 331, no. 7526, (2005) p. 1159.

⁵⁷ Research sponsored by the Cochrane Collaboration subsequently demonstrated that nurses are capable of the same quality of care as doctors in the primary care setting. Miranda Laurant, David Reeves, Rosella Hermens, Jose Braspenning, Richard Grol, Bonnie Sibbald, "Substitution of doctors by nurses in primary care", *Cochrane Database Systematic Review* (2005). doi/10.1002/14651858.CD001271.pub2/full.

Polio is now largely unknown in most developed countries, but it remains a disease of major public health and cultural significance. Polio has not been conquered; it has been contained through prophylaxis. Social and medical historians have documented the public euphoria which accompanied the discovery of a safe and effective vaccine in the mid-1950s,⁵⁸ but this euphoria was based on an inflated confidence in the science which had created the vaccine, and a mistaken expectation that the philanthropy which financed the development of the vaccines could be replicated in the battle against other health scourges. Marc Shell claims there is a '*conceptual misprision of polio*' which conceals the inadequacies of the public health response to the disease in the post-vaccine era and discourages societal recognition of the cultural impact of the disease.⁵⁹

For two decades Elizabeth Kenny was synonymous with the international battle against one of the most feared diseases of the twentieth century, yet she was never recommended for official honours in Australia and was denied recognition in the most important polio memorial in the United States.⁶⁰ In the current era she is an obscure figure little known outside Queensland in Australia, and Minnesota in the United States. Kenny's fame in the mid twentieth century was closely associated with a disease which has largely disappeared from public consciousness due to the success of mass vaccination programmes. Nonetheless, few Australians have

⁵⁸ See: Rogers, *Dirt and Disease*, and Oshinsky, *Polio*, for detailed analyses of the social impact of polio in America.

⁵⁹ Marc Shell, *Polio and its aftermath* (Cambridge: Harvard University Press, 2005), p. 2.

⁶⁰ The Polio Hall of Fame, located in Warm Springs, Georgia, commemorates fifteen scientists and two laymen who made important contributions to the knowledge and treatment of poliomyelitis. Kenny's omission from the Hall of Fame is probably due to Basil O'Connor's intervention.

achieved the level of international acclaim which Kenny attracted throughout the 1940s, so her relegation to the status of an arcane historical curiosity deserves further examination.

Unanswered Questions

Throughout her career, Kenny was unwavering in her insistence that her method of treating infantile paralysis was original and differed substantially from the broad range of therapies she collectively labelled as orthodox methods. The extent to which this view was disputed was drolly summarised by an Australian orthopaedic surgeon; *'the principles set down are good and new; only the good ones are not new and the new ones are not good'*.⁶¹ The literature shows that during the period she worked in Australia the primary focus of public and medical attention was her insistence on abandoning the excessive use of immobilisation. On the rare occasions she was asked in Australia to explain how she had developed her techniques she would state she had developed them while nursing meningitis patients on transport ships returning to Australia during WW1.⁶² Soon after arriving in the United States Kenny presented an entirely new explanation, claiming she had developed her

⁶¹ Philip Bentley and William David Dunstan, *The Path to Professionalism: Physiotherapy in Australia to the 1980s* (Melbourne: Australian Physiotherapy Association, 2006), p. 90.

⁶² The origins of her method of treating polio cases was not examined by any of the official inquiries conducted during the 1930s in Australia. An article published in *The Auckland Star* in 1935 reported *'she built up a method of treatment of her own, differing essentially from the orthodox treatment, and after the war she applied it with remarkable success to cases of infantile paralysis'*. "New Treatment", *The Auckland Star*, 9 March 1935, p.4. An article published two years later in the *Australian Women's Weekly* states *'From her exceptional success nursing these meningitis cases germinated the idea for the method she is now using for infantile paralysis'*. "Sister Kenny's Treatment for Infantile Paralysis", *Australian Women's Weekly*, 27 November 1937, p. 3, Trove NLA.

techniques while treating children with the disease before she had any knowledge of the disease or conventional approaches to its treatment.⁶³

Whilst Kenny is known to have embellished the evidence supporting the superiority of her method, the authenticity of her account of the discovery of her method has rarely been questioned. Virtually all the conjecture surrounding her claims to have discovered a new method for treating polio focuses on the issue of whether it was superior to conventional practice. The debate focussing on the origins of her method is preoccupied with the question of whether or not she copied her techniques and ignores the significance of the meaning or purpose of the discovery narrative she presented in the 1940s. The only record of a bush nurse's chance encounter with a baffling new disease is Kenny's personal testimony. There are no known witnesses, and there are no contemporaneous records which corroborate her description of this important event. Consequently, our understanding of the aetiology of the treatment for a viral disease for which there is no pharmacological cure rests on a story which Kenny told in the last decade of her life.

The paucity of analysis of the origin of her method is matched by the paucity of analysis of the rationale underpinning one of its defining features. The most distinguishing and vehemently opposed feature of the Kenny system for treating poliomyelitis was the general avoidance of immobilisation,⁶⁴ not the use of hot packs, but there has been little scrutiny of why she dispensed with a therapeutic tool

⁶³ The earliest known record of the discovery story is conveyed in an article written by Robert Potter for the August 17, 1941 edition of *The American Weekly*.

⁶⁴ Immobilisation is the generic term for a range of strategies for holding the torso and limbs in a fixed position for long periods to prevent distortion and disfigurement.

which she is known to have used in the treatment of her early paralysis cases.

Kenny's abandonment of splinting has universally been examined from the perspective of whether it was potentially damaging to the patient. This pre-occupation with the clinical significance of immobilisation has distracted our attention from the social significance of immobilisation and our understanding of the factors which motivated her to adopt such a radical and controversial change in her techniques at such a late stage of her career.

Perhaps the most intriguing aspect of the controversy surrounding the treatment of polio is the extent to which opposition to the method was conflated with a deep and profound hostility directed towards her as a person. Kenny was a complex and confrontational person who lived in an era where women were rarely praised for self-promotion or antagonism towards male hegemony. Past analyses have partially acknowledged the contribution of gender bias in the response of the medical profession to Kenny's campaign, but these analyses have positioned her as an actor in a depersonalised examination of the social meaning of the treatment controversy.⁶⁵ Kenny also possessed a reputation for brusqueness, and appears to have had little appreciation of the wisdom of the expression *you will catch more flies with honey than vinegar*. Nonetheless, she demonstrated an astute capacity to exploit the print media for the purpose of self-promotion.

⁶⁵ Kenny's biographers, Wade Alexander and Victor Cohn briefly acknowledge the challenges women faced in gaining acceptance on the male dominated medical profession. See: Wade Alexander, "Early Life", in *Sister Elizabeth Kenny* (Rockhampton: Central Queensland University Press, 2003) pp. 17-30; and Cohn, "Defeat", in *Sister Kenny*, pp.107-120.

Kenny carefully nurtured a public identity as a woman who eschewed married life for a life of service to her community. In private she made little attempt to conceal her contempt for men and her revulsion at the prospect of marriage, but there is no record of her possessing any interest in the social, political, or sexual emancipation of women.⁶⁶ In the final decade of her life she retreated from her characteristic outspoken opinions on marriage and resorted to unconvincing and disproportionate tactics to explain her spinsterhood.⁶⁷

Kerry Highley concludes her appraisal of Kenny's role in the Australian polio treatment controversy with the claim '*During her lifetime, Kenny managed to conceal everything she wished to conceal, and allowed her own history to begin with her enlistment in the First World War but, following her death, not all her secrets remained secrets*'.⁶⁸ Despite Kenny's gender role nonconformity, no published analysis of her life or work has questioned whether one of those secrets was related to her sexuality, or whether homophobia or heterosexism contributed to the opposition she encountered or influenced the conceptualisation of her therapeutic techniques. In fact, there is evidence that Kenny scholars have avoided the analysis the significance of her ambiguous sexuality and undisguised misandry,⁶⁹ or her

⁶⁶ Women's suffrage was enacted in Queensland in 1905 when Kenny was twenty five years of age, but she does not acknowledge this historic milestone in women's civil rights in her memoir.

⁶⁷ Kenny's attempts to portray forsaken romance are discussed in detail in chapter six.

⁶⁸ Highley, *Dancing in my dreams*, p. 176.

⁶⁹ Anne Finger appears to be a lone voice questioning whether Kenny may have been a lesbian. Finger does not explore this issue directly, but her suggestion that this was an issue which should be examined by the historian, Naomi Rogers, indicates that Finger

relationships with women known to be lesbian. During the early 1940s Kenny had a close friendship with Mary McCarthy, the original screenwriter for the *'Sister Kenny'* film released by the RKO film studio in 1946. Kenny abruptly terminated her acquaintance with McCarthy when McCarthy had a breakdown following her separation from her lesbian partner, Elizabeth 'Dickie' Dickenson.⁷⁰ Victor Cohn's and Wade Alexander's research notes indicate that both biographers were aware of the closeness of Kenny's friendship with McCarthy and Dickenson, but both biographers portray the abrupt severance of their relationship as being the result of a dispute over film credits.⁷¹

Kenny's behaviour throughout her adult life was paradoxical, redolent with contradictions and conundrums, and, occasionally, farcical. She also played a central role in the international quest to overcome one of the most significant threats to public health in the twentieth century. The portrayal of Kenny as an idiosyncratic footnote in the grand history of polio in the twentieth century disguises the social and historical significance of her contribution to nursing practice and rehabilitation medicine. This superficiality must be challenged if we are to fully appreciate whether the evolution of her approach to treating polio was an addendum to, or an artefact of, her remarkable life.

believed there was credibility to the proposition. Anne Finger, *Elegy for a disease: A personal and cultural history of polio* (New York: St Martin's Press, 2006), p. 178.

⁷⁰ Margaret Ernest, Kenny's secretary 1941-1945, personal communication to the author, 9 September 2009.

⁷¹ Kenny's son-in-law, Stewart McCracken, claimed Kenny severed her relationship with McCarthy and Dickenson because she disapproved of them being lesbians, but neither Cohn nor Alexander, who had full access to Cohn's interview notes, include this information in their biographies. Stewart McCracken, interview by Victor Cohn, 4 April 1953, 146.K.8.6F EKP-MHS.

Rationale for undertaking the study

The aim of this study is to seek an explanation for the single most neglected aspect of the polio treatment controversy which engulfed the industrialised nations in the mid twentieth century: why does our understanding of the aetiology of a disputed therapy for a viral disease, for which there is no pharmacological cure, rest on a story which Elizabeth Kenny told in the last decade of her life? The exploration of this beguiling conundrum provides an opportunity to examine the processes underpinning the development of scientific knowledge, and to demonstrate the ability of individuals to '*rise above their social and historical conditions and, by exercising will, to alter the course of their own lives, the course of events, and ultimately the course on history.*'⁷²

A new study of Elizabeth Kenny, which in the words of C. Wright Mills embraces '*the intersections of biography and history within society*',⁷³ has the potential to expand our understanding of the interaction between the social and humanistic forces which shaped the polio treatment polemic. The classic public health model of the transmission of infectious and non-infectious disease is known as the epidemiologic triad. This model predicts that for disease to exist there must be an interaction between a host and an agent or pathogen within a suitable environment.⁷⁴ To

⁷² Albert Hunter and John Brewer, "Multimethod research in sociology", in Abbas Tashakkori and Charles Teddlie (eds.) *Handbook of mixed methods in social and behavioural research* (London: Sage Publications, 2002), pp. 577-594.

⁷³ Charles Wright Mills, *The Sociological Imagination* (New York: Oxford University Press, 1959), p. 7.

⁷⁴ Ross C. Brownson and Diana B. Petitti, *Applied Epidemiology* (Oxford: Oxford University Press, 2006), pp. 3-29.

understand the social significance of a disease like polio we similarly need to understand the triad which exists in the reciprocal interactions between the historical setting, the prevailing social structures, and the individuals involved.

Second, there is a need for a new study of Kenny which is based on explicit interdisciplinary methods and theoretical frameworks. To date, Elizabeth Kenny's life and work has been examined in detail by medical, nursing, and public health historians; two biographers; a host of journalists and lay chroniclers of polio epidemics; and *polios* – the self-assigned categorisation used by many people who are survivors of polio infection. There is no doubt that much of the literature is the product of exemplary scholarship, but it is equally evident that the literature rarely offers a holistic explanation for Kenny's behaviour. Existing analyses of Kenny's life and work have, to borrow the words of Susan Sheets-Pyenson, struggled to find *'appropriate techniques for integrating intimate details of a scientist's personal life, his social and institutional milieu, and his scientific accomplishments'*.⁷⁵ Whilst it is unlikely Sheets-Pyenson intended any deliberate bias in portrayal of the scientist as a gendered role, her choice of gendered language is reflective of entrenched ambivalence in the portrayal of women as scientists.

Third, no Australian has written a comprehensive biographical analysis of Kenny's life which extends beyond hagiography or the commemoration of a rediscovered folk hero.⁷⁶ Contemporary models of science biography embrace the potential

⁷⁵ Susan Sheets-Pyenson, "New directions for scientific biography: The case of Sir William Dawson", *History of Science* no. 28, (1990), pp. 399-410.

⁷⁶ Kerry Highley and John Wilson are the only Australians who have published scholarly appraisals of Kenny's life. Highley's book, *Dancing in my dreams*, includes two chapters

benefits of a biographical analysis which is informed by the subjective experience of a researcher who is sensitive to the cultural, societal, and geopolitical drivers which shaped Kenny's personal and professional development. The majority of the published academic research pertaining to the twentieth century polio pandemics and the life and work of Elizabeth Kenny has been undertaken by Americans or has focussed on the American experience of polio. The extent to which the hegemony of the American polio experience may have contributed to misinterpretation of key events during Kenny's early life in Australia has not been adequately recognised or examined in past analyses of Kenny's life or the polemic surrounding her treatment methods.⁷⁷

which include biographical information. Highley uses this information to juxtapose the class, educational, social, and occupational characteristics of Kenny and Dame Jean Macnamara, a medical scientist who was an advocate for the traditional method of treating polio paralysis. John Wilson's book, *Through Kenny's Eyes*, examines Kenny's beliefs and attitudes towards nursing practice. The book contains limited biographical information drawn mostly from Kenny's memoir. John R Wilson (1995) *Through Kenny's Eyes: An exploration of Sister Elizabeth Kenny's views about nursing* (James Cook University of North Queensland, 1995).

⁷⁷ Many aspects of Kenny's early adult life and nursing career prior to WW1 have been misunderstood by American authors who lacked familiarity with Australian history and culture. Crucially, misconceptions about the standard of health, transport, and telecommunication systems, and the economic development in the region where she lived, have distorted the analysis of her involvement in conducting a private hospital as an unqualified nurse. Existing analyses of the polemic which surrounded the polio treatment controversy in Australia in the 1930s have failed to recognise the complexity of the Australian political system in this era and have failed to recognise the heterogeneity of the Australian print media and the variations in the content of the public discourse associated with polio during this era.

Lastly, a new study is warranted because the opportunity now exists for the analysis of primary sources which, for all practical purposes, have hitherto been inaccessible to most researchers. The Trove service, launched by the National Library of Australia (NLA) in August 2008, was initially designed to be an online portal for the library's extensive digital content, but it rapidly evolved into an integrated platform which includes digitised archives located in a wide range of cultural and research institutions in Australia. The Trove service provides online access to over 1,000 Australian newspaper titles published since 1803. The primary sources which are now available through the Trove database allow researchers unprecedented access to contemporaneous accounts of events which occurred throughout Kenny's life, and an unprecedented opportunity for a contextual analysis of the public discourse which she generated through her autobiographical writing, press interviews and interviews, and monograph publications.⁷⁸

The aspiration of this thesis is embodied in the maxim attributed to the French philosopher Luc de Clapiers, Marquis de Vauvenargues:

⁷⁸ There are risks involved in the use of autobiographical material as primary sources. Rena Selya notes that autobiographical writing can be a blessing and a curse for historians undertaking biographical research. Whilst personal stories and memoirs offer a rich insight into the psychology and personality of a subject it must be remembered that they are prone to deliberate and unintentional distortion and reflect the preferred self-image of the author. See: Rena Selya, "Primary suspects: Reflections on autobiography and life stories in the history of molecular biology", in *The history and poetics of scientific biography*, (ed.) Thomas Söderqvist, (Aldershot: Ashgate Publishing, 2011), pp. 199-206.

*There are many things that we know imperfectly and that may with great advantage be repeated. A thoroughly new and original work would be one which familiarized us with long established truth.*⁷⁹

This study seeks a new understanding of, or a new familiarisation with, long established and uncontested facts by applying a new analysis to what we believe we know about the past and the struggles of an iconic individual which continue to shape the world in which we live.

Research questions

This study explores the following questions:

1. What was the origin and purpose of the treatment discovery story which Kenny produced in the 1940s?
2. How did Kenny's evolving personal myth influence the conceptualisation of her therapeutic system?
3. Did stigmatisation associated with discredited characteristics influence the professional response to the adoption of her therapeutic techniques?

The study is guided by the working hypothesis that the development of the Elizabeth Kenny system for treating poliomyelitis is the product of her existential quest to discover meaning and fulfilment in her life. This working hypothesis is based on three propositions:

1. Kenny's life writing should be considered as narrative accounts of her evolving personal identity, and not as reports of psychic or experiential realities.

⁷⁹ As translated from the French original by Frederick Guy Stevens, *Reflections and Maxims of Luc de Clapiers, Marquis of Vauvenargues* (London: Humphrey Milford, 1940), p. 400.

2. Kenny concept of the treatment of polio derives from her metaphorical understanding of polio as a disease.
3. Elizabeth Kenny's nurse identity should be understood in the context of her existential quest for personal fulfilment within the heterotopia of the clinic.

Structure of the thesis

The structure of the thesis proceeds as follows:

Chapter one describes the philosophical, theoretical, and analytical foundations of the methodology utilised in this interdisciplinary study. The chapter includes an appraisal of the approaches taken to the analysis of the narratives which define Kenny's evolving identity. The chapter also includes an appraisal of the methodological challenges to historical and biographical research, and an overview of the approach taken to the reading of key sources.

Chapter two sets out the historiography of Kenny's life and her career as a polio therapist. The appraisal shows that our understanding of the polio treatment controversy has been dominated by the scholarship of Naomi Rogers, the biography produced by Victor Cohn, and the memoir Kenny published in 1943. This chapter also shows that the historiography is characterised by a bias towards an American perspective of the global polio pandemic and the treatment controversy.

Chapter three examines the social, economic, and legislative context to the development of Elizabeth Kenny's identity as Nurse Kenny. The analysis reveals that in an era where societal structures subjugated women, Kenny was prepared to take

substantial risks to achieve personal ambitions which were often myopic and illconceived, but in doing so forged an empowered identity by assuming the role of a nurse.

Chapter four examines the extent to which the stigma arising from heterosexism and homophobia shaped the life and work of Elizabeth Kenny. This chapter presents the argument that Kenny's gender nonconformity and open contempt for men could easily have been interpreted as a sign of her homosexuality and provided a focus for homophobic prejudice. The chapter shows that Kenny attempted to avoid being labelled as a discredited individual by projecting the impression of adhering to the social norms of her era. The chapter concludes that her primary defence against social approbation was to seek refuge in the heterotopia of the *clinic* – a sanctuary in which her otherwise discredited attributes were normalised, and her quest for social acceptance was enabled.

Chapter five examines the aetiology of the story which lies at the heart of the Kenny legend. The analysis of the extant records shows that it is highly unlikely that Kenny treated children with an acute polio infection prior to the 1930s, and that the discovery story was contrived in the early 1940s. The chapter also reveals that the discovery story shares key elements with the narrative which Kenny used to promote the sale of an ambulance stretcher during the late 1920s. The analysis of the content and context of Sylvia Stretcher invention story and the polio treatment discovery story reveals that both stories are crucial to the creation of Kenny's personal myth and identity as a nurse.

Chapter six sets out the narrative analysis of the stories which are foundational to creating the Kenny legend. The analysis considers the emplotment of each story, examines the structure of each story using Labov's narrative schema,⁸⁰ and appraises the contribution of conceptual and systematic metaphor to the meaning of the discovery narrative. The analysis reveals that the discovery story is a problem-resolution personal experience narrative which should be considered as a narrative of self-identity instead of a record of an historical event.

Chapter seven appraises the role of the discovery story as a narrative glue which provides continuity to the disconnected phases of her life and her episodic habitation of the heterotopia of the clinic. The chapter also considers how the credibility of the story is bolstered by its conformity with prevailing cultural norms, and the representation of idealised characters within a heterotopic setting. Finally, the chapter examines how the widespread acceptance of the story as a factual representation of her discovery may ultimately have inadvertently undermined the scientific credibility of the method, thereby easing the incorporation of her techniques into conventional medical care.

The Conclusion provides a summary of the key findings. An appraisal of the implications of the findings leads to the conclusion that the development of Elizabeth Kenny's therapeutic system was inextricably linked to her struggle to

⁸⁰ The narrative analysis in chapter six utilises the codification set out in William Labov and Joshua Waletzky, "Narrative Analysis: oral versions of personal experience", in *Essays on the verbal and visual arts: proceedings of the 1966 annual spring meeting of the American Ethnological Society*, (ed.) June Helm (University of Washington Press, 1967), pp. 12-44.

achieve an authentic personal identity and a socially sanctioned public identity, and that the narratives through which we identify ourselves with others are inextricably linked to the production of public achievements.

Chapter One – Methodology

1.1 Introduction

This chapter examines the chequered fortunes of biographical research in the social sciences and sets out a rationale for utilising narrative analysis to reveal the origins and purpose of the personal narratives which Kenny created during her nursing career. The chapter also appraises the methodological challenges presented by biographical research, and explains the approach taken to the reading of key sources.

1.2 The sociological imagination

The philosophical framework which guides this study is set out in a book with an enigmatically titled opening chapter – “The Promise”. The promise, set out by Charles Wright Mills in *The Sociological Imagination*, is the benefit gained from the ‘*absorbed realization of social relativity and of the transformative power of history*’.⁸¹ This self-consciousness is achieved through the application of a mindset which Mills defines as the *sociological imagination*. The sociological imagination is a quality which enables a social scientist ‘*to understand the larger historical scene in terms of its meaning for the inner life and the external career of a variety of individuals*’.⁸² Mills boldly claims that a social study that fails to recognise the intersection of biography and history within society will never complete its intellectual journey.⁸³ An essential tool underpinning the sociological imagination is

⁸¹ Mills, *Sociological Imagination*, p. 7.

⁸² Mills, *Sociological Imagination*, p. 5.

⁸³ Mills, *Sociological Imagination*, p. 6.

the ability to distinguish between *troubles* – the problems perceived by the individual as a biographical entity within their immediate social milieu – and *issues* – matters that relate to the larger social structures and historical life, often involving a crisis in institutional arrangements: ‘*Know that the problems of social science, when adequately formulated, must include both troubles and issues, both biography and history, and the range of their intricate relations.*’⁸⁴ Whilst Mills wrote extensively on power and stratification in industrialised societies, *The Sociological Imagination* is his enduring legacy, attracting admiration, analysis, and criticism long after his short career was curtailed by his early death.

Mills is best remembered for his denigration of the bureaucratic ethos which he believed had infected the social sciences in the United States,⁸⁵ and for his personal attacks on proponents of grand theory and abstracted empiricism.⁸⁶ Mills’ concerns for the problematic relationship between the individual and society drew inspiration from critical theorists such as Weber, Marx, and Freud, but he has been criticised for giving too little acknowledgement to his ‘*residual and nostalgic Marxism*’.⁸⁷ In recent

⁸⁴ Mills, *Sociological Imagination*, p. 2267.

⁸⁵ Mills, *Sociological Imagination*, p. 8.

⁸⁶ John Brewer claims Mills was a casualty of his own greatness; possessing a capacity for intolerance of ordinary professional disagreements over methods, approach, and political differences. John D Brewer, “Imagining the Sociological Imagination: the biographical context of a sociological classic”, *The British Journal of Sociology* vol. 55 no. 3, (2004) pp. 317-333.

⁸⁷ Rick Tilman cites Barrington Moore’s critical read of the draft of *The Sociological Imagination*. Tilman uses reviews by Mills’ academic colleagues as the basis for a reappraisal of Mills’ legacy in the late 1980s. Rick Tilman, “C. Wright Mills ‘The Sociological Imagination’: A Reappraisal”, *The American Sociologist* vol. 20 no. 3, (1989), pp. 283-287.

years the critique of Mills' contribution to the social sciences has turned to the methodological implications arising from his clarion call to social scientists to rise above inherent interests and value judgements. Mark Smith claims Mills' preoccupation with his critique of grand theory and abstracted empiricism resulted in him neglecting the practicality of '*doing sociology*'.⁸⁸ Marv Finkelstein interprets Mills' conceptualisation of sociological research and practice as a critical model which posits that reality should be understood as socially constructed and examined from the standpoint of the individuals who have direct experience of the problem or phenomenon being studied. This critical model of research predisposes the researcher to view behaviour as historically and culturally contingent, using methods which tend to favour qualitative methods and focus on subjective experience.⁸⁹

Mills understood these criticisms of his conceptualisation of the role of the social scientist, and attempted to address them through an appendix, titled *On Intellectual Craftsmanship*, which he added as a postscript to *The Sociological Imagination*. This appendix, which is thirty pages in length, invites the novice social researcher to ground *his* research in *his* own life experience, and to find *his* own voice for communicating the findings of *his* research. Putting aside Mills' unabashed and unreflective use of gendered language, it is evident that Mills' vision of social research pre-empted, by several decades, debates about the role of subjectivity

⁸⁸ Mark K. Smith, "C. Wright Mills: power, craftsmanship, and personal troubles and private issues", (2009). <http://infed.org/mobi/c-wright-mills-power-craftsmanship-and-private-troubles-and-public-issues>.

⁸⁹ Marv Finkelstein, "Toward teaching a liberating sociological practicality: challenges for teaching learning and practice", *Teaching Sociology* vol. 37, no. 1, (2009), pp. 89-102. doi.org/10.1177/0092055X0903700108.

which would transform the field of historiography and biography in the closing decades of the century.

1.3 Existential biography

The choice of methodology in this study is guided by the questions it seeks to answer. A vacuum lies at the core of the Kenny treatment controversy – if Kenny did not discover an alternative therapy for poliomyelitis, as she claimed, what was the origin and purpose of a narrative which has survived unchallenged for decades, and why has this narrative outlived the memory of the events upon which it is based? The triad of scientific discovery, biography, and history embedded in these questions suggested that the study should be framed as a science biography, but my uninformed understanding of biography as a research method initially undermined my confidence in my ability to develop the skills I would need to undertake this project. Being familiar with the widely known axiom *there is properly no history; only biography*,⁹⁰ I was unprepared for the antipathy displayed in the literature towards biography as a genre of historical research.

Despite the popularity of historical drama and documentaries in the print and visual media, biography is a genre of research which has endured an ambivalent status in the historical and social analysis of science and knowledge creation. Biography has

⁹⁰ This axiom derives from an essay published in 1841 by the American essayist and philosopher Ralph Waldo Emerson. The axiom is drawn from a more extensive proposition: '*We are always coming up with the emphatic facts of history in our private experience, and verifying them here. All history becomes subjective; in other words, there is properly no history; only biography.*'

been described by its proponents as history with theory suppressed;⁹¹ an exercise in populism;⁹² prone to incorporating outmoded methods of historical research;⁹³ and 'a very definite region bounded on the north by history, on the south by fiction, on the east by obituary, and on the west by tedium'.⁹⁴ William Baker observed in 1990 that despite the continuing popularity and academic relevance of historical biography, the genre has come to be considered as '*the resort of the academically marginal or intellectually indolent*' which few historians confess to write.⁹⁵ These observations leave detractors with few opportunities and little need for originality in their criticism of the genre, but overt criticism is undeniably a less sinister form of attack than deliberate ostracism. Edward Hallett Carr denies through omission the

⁹¹ James Rodger Miller, "D'Alton McCarthy Jr; A Protestant Irishman Abroad", in *Boswell's Children: The Art of the Biographer*, ed. Rae Bruce Fleming (Toronto: Dundurn Press, 1992), p. 201. *Boswell's Children* is a collection of papers presented at a conference on biography and history held at Edinburgh University in 1991. Miller suggests that biography is history with theory suppressed in order that it remain intelligible, presumably to the general public.

⁹² Helge Kragh, *An introduction to the historiography of science* (Cambridge: Cambridge University Press, 1987), p. 169. Kragh argues that biography enjoys a poor reputation because it is too often based on poor scholarship, and usually written for mass consumption rather than intellectual edification. Kragh's analysis is more of an attack on amateur historians' attempting to extract financial gain from the sale of biographies of popular heroes than a balanced analysis of the merits of biography as a historical method

⁹³ Thomas Leroy Hankins, "In defence of biography: The use of biography in the history of science", *History of Science* vol. 17, (1979), pp. 1-16. Hankins observes that biography has a poor reputation as a genre of historical research because '*the faulty methods of earlier historians of science seem to be closely connected to the biographical approach*'.

⁹⁴ Michael Holroyd M, "Literary and historical biography", in *New directions in biography*, (ed.) Anthony M. Friedson (Honolulu: University Press of Hawaii, 1981), pp. 12-25.

⁹⁵ William M. Baker, "The significance of biography in historical study", in *Boswell's Children: The Art of the Biographer*, ed. Rae Bruce Fleming (Toronto: Dundurn Press, 1992), p. 241.

very existence of biography as an historical form when he ponders the question: what is history?⁹⁶ Faced with such entrenched opposition, it is little wonder that in 1979 Thomas Hankins despondently observed '*scientific biography does not enjoy a very good reputation these days*'.⁹⁷ A decade later, Elizabeth Garber was more strident in her choice of words when she concluded that until recently no genre of history had fallen under more odium than biography.⁹⁸

More recently the discourse surrounding biography, and science biography especially, has adopted a more conciliatory and, occasionally, enthusiastic tone.⁹⁹ In meteorological terms the status quo could be described as; Sea State: Calm to moderate, Weather: Fine with occasional showers, Visibility: Clear with occasional mist. The ambiguity in the change of fortune which biography currently enjoys is eloquently captured by Shirley Leckie in her essay *Biography Matters: Why*

⁹⁶ What is history? is a collection of lectures delivered by Carr in 1961. Carr's acclaimed reflections on historical theory and the role of the historian draws examples from a wide range of biographical sources without ever mentioning the role of biography or even using the word in the entire publication. Edward Hallett Carr, *What is history? 2nd Ed.* (London: Penguin Books, 1990).

⁹⁷ Hankins, *In defence*, p. 2.

⁹⁸ Elizabeth Garber (ed.), *Beyond History of Science: Essays in Honour of Robert E Schofield* (Bethlehem: Lehigh University Press, 1990), p. 9.

⁹⁹ The term science biography is poorly defined and frequently used as a catch-all phrase to describe a biography of anyone loosely categorised as a scientist. Thomas Söderqvist discusses the vagaries of defining the role of a scientist; noting the usual suspects include '*natural philosophers and natural historians, mathematicians, physicists, chemists, biologists and so on, plus scientifically trained engineers and medical doctors – but not inventors, general practitioners, social scientists, and economists*'. See: Thomas Söderqvist, "A new look at the genre of scientific biography", in *The History and Poetics of Scientific Biography*, (ed.) Thomas Söderqvist (Denmark: University of Copenhagen, 2007), pp. 1-16.

Historians Need Well-Crafted Biographies More Than Ever. Leckie argues that biography is more important now than ever before because it allows historians to speak to a wider and more educated reading public which is disconnected from traditional links with past generations.¹⁰⁰ Despite the opportunities which Leckie perceives for biography as an historical method, she cautions that historians will be faced with new challenges as they seek to communicate a more egalitarian concept of history to public and academic audiences.

The subjugation of historical research to the grand theories of sociology and anthropology in the late twentieth century has very likely been the motivating force behind the loss of confidence articulated in the academic literature in the 1990s.¹⁰¹ Elizabeth Garber argues that the transcendence of social theory in the historiography of science has created the perception that science is overwhelmingly a symbolic activity which mirrors prevailing beliefs and cultural values, and the scientist as merely an actor performing a role in a production which is beyond the comprehension of the individual and masks a more fundamental reality. This construct implies that the actions of the actors are less important than the plot which directs their actions or relationships with other actors, or in the case of

¹⁰⁰ Shirley A. Leckie, "Biography Matters: Why Historians Need Well Crafted Biographies More Than Ever", in *Writing Biography: Historians and Their Craft*, (ed.) Lloyd E. Ambrosius (Nebraska: University of Nebraska Press, 2004), pp. 1-26.

¹⁰¹ In his chapter outlining a new approach to science biography Söderqvist notes the entrenched pessimism displayed to the status of biography as a legitimate form of historical research. See: Thomas Söderqvist, "Existential projects and existential choice in science: Science biography as an edifying genre", in *Telling lives in science: Essays on scientific biography*, (ed.) Michael Shortland and Richard R. Yeo (Cambridge: Cambridge University Press, 1996), pp. 45-84.

scientists, their scientific colleagues. Despite the dominance of social theory in historical research, Garber argues that problems continue to arise with respect to the inability of this paradigm to adequately explain the incompleteness and complexity of historical data, the notions of uniqueness and psychological discontinuity, or the source of innovation and originality in science.

The philosophical shift during the 1980s and 1990s in recognising the value of biography as a research methodology is often described as *the biographical turn*.¹⁰² Michael Rustin describes the biographical turn as a shift in the '*point of departure*' in sociology, which allows '*societies and cultures to be studied from the individual upwards, rather than from the social structures downwards*'.¹⁰³ Rustin claims the key to this shift is the acceptance of an ontological assumption '*that individuals have agency, that biographies make society and are not merely made by it*'.¹⁰⁴ This

¹⁰² The expression biographical turn was introduced by Wengraf et. al. in 2000 to characterise the increasing attention in Europe and the UK during the 1980s and 1990s to the contribution of biographical research in social science disciplines. This shift is claimed to represent a paradigm change in the social sciences. See: Tom Wengraf, Prue Chamberlayne, Joanna Bornat, "A Biographical Turn in the Social Sciences? A British-European View", *Cultural Studies Critical Methodologies* vol. 2, no. 2, (2002), pp. 245-269. A recent article by Daniel Meister suggests that American and Canadian academics have been less enthusiastic than their European colleagues to embrace the biographical turn in the context of historical research. See: Daniel R. Meister, The biographical turn and the case for historical biography, *History Compass* vol. 16, no. 1, (2017), pp. 1-10. doi/10.1111/hic3.12436/full.

¹⁰³ Rustin claims that developing sociological theory requires recognition that 'life trajectory, or individual mode of being, is socially representative'. Michael Rustin, "Reflections on the biographical turn in social science", in *The turn to biographical methods in social science: Comparative issues and examples*, (ed.) Prue Chamberlayne, Joanna Bornat, and Tom Wengraf (London: Routledge, 2000), pp. 33-52.

¹⁰⁴ Rustin, *Reflections*, p. 46.

biographical turn in sociology has, according to Rustin, cleared a path for research which recognises individuals as possessing distinctive life strategies, or trajectories, which are building blocks for a wider understanding of society.

Much of the academic debate in Europe and the UK during the 1990s focussed on rectifying the exigencies imposed by the dominance of grand narratives in the sociological analysis of the history of science, but this preoccupation with restorative justice did little to progress the development of theory and practice. A notable exception may be found in a collection of essays edited by Michael Shortland and Richard Yeo. *Telling Lives in Science*, published in 1996, is characterised by a discourse which is forward looking, but the chapter by Thomas Söderqvist is especially significant because it provides the first outline of a new '*edifying*' approach to biography which Söderqvist calls '*existential biography*'.¹⁰⁵

Söderqvist states the aim of existential biography is to seek to understand '*what it means to live a life in which scientific work and rational thinking are part of an existential project and involves existential choices*'.¹⁰⁶ An existential biography needs to do more than represent an individual as an agent operating within a contextual history, or merely report the chronology of scientific endeavours. Instead, an existential biography should embrace the inseparability of life and work to elicit an understanding of the existential choices which shape the science. In this respect, Söderqvist is arguing for balance between the hermeneutics of suspicion, which dominates much sociological analysis of science, and the hermeneutics of

¹⁰⁵ Söderqvist, *Existential projects*, pp. 45-84.

¹⁰⁶ Söderqvist, *Existential projects*, p. 75.

restoration or belief, which permits the subject's narrative to reveal its own truth, or, to use Arthur Frank's analogy, to breathe.¹⁰⁷

Söderqvist's concept of existential biography shares many of the characteristics of traditional biographical approaches to telling the life stories of great scientists, but he defends the innovation of his concept by proposing that existential biography allows the examination of a broader range of lives and ethical positions.¹⁰⁸

Additionally, Söderqvist's defence of existential biography calls into question the purpose of science biography - is it merely a bed side companion, or is it a looking glass for revealing the process of scientific enquiry? He argues it can fulfil more fundamental needs, revealing '*narratives through which we can identify ourselves with others who have confronted with existential choices and struggled with the existential conditions for living in and with science*'.¹⁰⁹

Whilst Söderqvist's approach has been described as '*provocative and appealing*',¹¹⁰

¹⁰⁷ Ruthellen Josselson mounts an argument for abandoning the pejorative terms *suspicion* and *faith* in favour of the more constructive terms *demystification* and *restoration* in considering the analysis of life narratives. Josselson claims a balanced approach will reveal the hidden and contextual meaning of biographical accounts. See: Ruthellen Josselson, "The hermeneutics of faith and the hermeneutics of suspicion", *Narrative Inquiry* vol. 14, no. 1, (2004), pp. 1-28. doi.org/10.1075/ni.14.1.01jos.

¹⁰⁸ The subjects for science biographies are generally chosen for the importance of their scientific discoveries, but existential biography places equal value on the examination of scientists who are noteworthy due to their exemplary lives.

¹⁰⁹ Söderqvist, *Existential projects*, p. 47.

¹¹⁰ Alan J. Rocke, "Review: Telling Lives in Science: Essays on Scientific Biography, by Michael Shortland and Richard Yeo", *The American Historical Review* vol. 103, no. 3, (1998), pp. 856-857.

it is also acknowledged to be problematic. The approach, as applied in his biography of Nobel prize winning immunologist, Niels Jerne, attracted criticism from Cay-Rüdiger Prüll for lacking originality and an explanation of the causative link between a scientist's inner life and the creation of scientific theory.¹¹¹ These criticisms are grudging as Söderqvist does not imply the approach is a new category of biography. Rather, he claims it is a refinement of existing approaches to science biography, but with explicit attention to existential as well as social and cultural factors.¹¹² Söderqvist would probably not take umbrage at Prüll's observation '*I think the consideration of the inner life of a person only complements the variety of aspects which should be considered in biographical writing*'.¹¹³ Ultimately, Prüll's observation that Söderqvist does not explain the causative link between inner life and knowledge creation is misplaced as it ignores decades of debate about the theorisation of biographical and social research, implying there should be a single causative link between the individual life and knowledge creation.

Söderqvist's approach to science biography provides an ideal framework for examining the life of Elizabeth Kenny, a person who frequently declared her work was all that mattered, whilst striving until her death to ensure she alone was acknowledged as the creator of a new concept of a disease and its treatment. This framework also offers a unique opportunity to examine the implications of Kenny's adoption of the identity of a nurse in an era when nursing was not a fully formed profession. Ultimately, the genre of science biography espoused by Söderqvist

¹¹¹ Cay-Rüdiger Prüll, "Book review – Science as autobiography: the troubled life of Niels Jerne", *Medical History* vol. 48, no. 3, (2004), pp. 388-389.

¹¹² Söderqvist, *Existential projects*, p. 61.

¹¹³ Prüll, *Review*, p. 388.

provides a methodological framework which complements Mills' conceptualisation of the *troubles* which Kenny experienced as a person, and the *issues* stemming from the prevailing social structures which shaped her life and career.

1.4 Theoretical influences

Biography is now regarded as a research methodology which may be applied across the full spectrum of historical and social science scholarship. Nonetheless, a recent review of biography as a critical method in the humanities concluded that the design of biographical research, and the analysis of biographical data, needs to be informed by explicit conceptual models and theoretical approaches.¹¹⁴ This study draws on scholarship in the fields narratology and conceptual metaphor to inform the analysis and interpretation of data.

Narratology

Whilst this study is framed as a science biography, it is as much a biography of a story as of a life. For this reason, the key analytical tool will be narratology. Whilst narrative research is primarily focussed on the production and transmission of stories, it is not concerned with verifying whether those stories are true. Rather, it is concerned with the meaning and purpose of those stories. These features are especially salient to the stories which are at the heart of this study. Narrative research is suited to this study because it has the capacity to explore the social, institutional and cultural practices that shape the construction of identity, and

¹¹⁴ Hans Renders, Binne de Haan, Jonne Harmsa (ed.), *The Biographical Turn: Lives in History* (London, Routledge, 2016), p. 4.

interpreting the intentions and meanings of social actors, rather than just explaining and predicting their behaviour.¹¹⁵

There are many interpretations of the form and function of narrative, but it is widely conceded that narrative analysis is ubiquitous in the current era.¹¹⁶ Roberto Franzosi declares: *'It is precisely because (a) narrative texts are packed with sociological information and (b) much of our empirical evidence is in narrative form that sociologists should be concerned with narrative'*.¹¹⁷ Indeed, a narrative turn has been described across the social sciences, including history, sociology, and biography, as a response to the excessive application of positivist methodologies, or, to use Mills' words *'abstracted empiricism'*, to the study of social phenomenon. Narrative analysis is not merely an antidote to impersonal statistical analysis of social phenomenon, it is essential to understanding Mills' perception of the relationship between personal troubles and public issues as his famous dictum proposes.

The concept of narrative is broadly defined and is often conflated with concepts such as discourse and story-telling. Narrative analysis is similarly conflated with

¹¹⁵ For an appraisal of the use and limitations of narrative research see: Jennifer Dodge, Sonia M. Ospina, Erica G. Foldy, "Integrating Rigor and Relevance in Public Administration Scholarship: The Contribution of Narrative Inquiry", *Public Administration Review* vol. 65, no. 3, (2005), pp. 286-300. DOI [abs/10.1111/j.1540-6210.2005.00454.x](https://doi.org/10.1111/j.1540-6210.2005.00454.x).

¹¹⁶ For an appraisal of the evolving role of narrative analysis in the social sciences in the twentieth century see James A. Holstein and Jaber F. Gubrium (eds.) *Varieties of narrative analysis* (London: Sage Publications, 2012), pp. 1-11.

¹¹⁷ Roberto Franzosi, "Narrative analysis: Why and how sociologists should be interested in narrative", *Annual Review of Sociology* no. 24, (1998) pp. 517-554.

discourse analysis and literary analysis. Ronald Berger and Richard Quinney note that some authors draw a distinction '*narrative as a method of inquiry and story as a phenomenon of inquiry*', whilst others assert '*since narratives only exist in particular stories, and all stories are narratives, the distinction is hard to sustain*'.¹¹⁸ This divergence of opinion is evident in the observation by James Holstein and Jaber Gubrium that narrative is embedded in almost all oral, written, and visual communication, including personal statements, conversation, media commentary, and historical and cultural material.¹¹⁹ The consensus presented in the literature is that narrative and story are inextricably linked as instruments which allow individuals to create meaning and purpose in their lives, construct personal identities, and reimagine the past.

Catherine Kohler Riessman, who uses the terms story and narrative interchangeably, claims that in addition to constituting the building blocks of personal identity, narratives should also be considered as '*strategic, functional, and purposeful*'.¹²⁰ Riessman also differentiates between purpose narratives serve for groups and individuals, but acknowledges that the purposes can overlap. Citing Bamberg and McCabe,¹²¹ Riessman states '*individuals use the narrative form to remember, argue,*

¹¹⁸ Ronald J. Berger and Richard Quinney, "The Narrative Turn in Social Inquiry" in *Storytelling sociology: narrative as social inquiry* (Boulder: Lynne Rienner Publishers, 2004), p. 12.

¹¹⁹ Holstein and Gubrium, *Varieties*, p. 1.

¹²⁰ Catherine Kohler Riessman, *Narrative methods for the human sciences* (Thousand Oaks: SAGE, 2008), p. 8.

¹²¹ Michael Bamberg and Allyssa McCabe, "Editorial", *Narrative Inquiry* vol. 8, no. 1, (1998), pp. iii-v. doi.org/10.1075/ni.8.1.

justify, persuade, engage, entertain, and even mislead an audience',¹²² and draws on Ken Plummer's concept of narrative sociology, to recognise the role of narrative in enabling groups of individuals to mobilise and foster a collective identity and mediate power in society. Riessman is widely cited in the narrative literature as she offers an inclusive conceptualisation of narrative, and openly acknowledges that narrative scholars are '*a diverse bunch*' who bring a wide range of theoretical perspectives to narrative research.

Whilst narrative analysis may be ubiquitous within contemporary sociological practice, the French philosopher, Paul Ricoeur, has arguably been responsible for exerting the greatest individual influence on the contemporary understanding of the social action of narrative. Ricoeur formulated theories of narrative and metaphor which provide an explanation for the processes through which individuals gain a sense of self identity and their place in the world.¹²³ Ricoeur drew a distinction between discourse – the language which is used in written and spoken human communication, and narrative – the configuring of language to make practical sense of human action and time. Ricoeur's hermeneutical interpretation of the textual representation of human identity is omnipresent in the literature addressing narrative as social analysis.

¹²² Riessman, *Narratives*, p. 8.

¹²³ Ricoeur outlines his concepts of narrative and metaphor in *Temps et Récit* (Time and Narrative) published in English in 1984, and *La métaphore vive* (The Rule of Metaphor) published in English in 1977. Both books are rhetorically convoluted. For an accessible appraisal of these monographs see: Patrick Crowley, "Paul Ricoeur: The Concept of Narrative Identity", *Paragraph* vol. 26, no. 3, pp. 1-12; and David Pellauer and Bernard Dauenhauer, "Paul Ricoeur", *The Stanford Encyclopedia of Philosophy* (Winter 2016 Edition). <https://plato.stanford.edu/archives/win2016/entries/ricoeur/>.

Ricoeur's argument that narrative is essential to the human experience of time and the understanding of history is crucial to this study. Ricoeur claims that history only acquires meaning through narrative, as narrative mediates our interpretation of the absent world through the textual and testimonial archive. Ergo: history is narrated. Narrative, according to Ricoeur, involves a reordering of events through a process of emplotment. A meaningful narrative is produced from the a heterogenous collection of events, actions, and outcomes, reorganised into an intelligible plot.¹²⁴ Historiography, therefore, is not merely a chronologically ordered reconstruction of the past, but a reinterpretation from the endpoint perspective.

The emergence of narrative inquiry as a methodological framework in the social sciences – the so-called narrative turn – is a relatively recent phenomenon.

Riessman poetically summarises the history of the narrative turn as: '*narrative study buds early... flowers in the mid-1980s... (and) today is a veritable garden of cross-disciplinary hybrids*'.¹²⁵ Whilst the realist and positivist traditions of the early twentieth century have acceded their dominance of the social sciences to subjectivity, reflexivity, and interdisciplinarity in the early twentyfirst century, Riessman argues that this shift is not purely the result of transformations in epistemology, theory, or political ideology. Riessman argues that technological

¹²⁴ For an appraisal of the contribution of Ricoeur's conceptualisation of time and emplotment to social science research see: Anna Borisenkova, "Narrative foundations of knowing: Towards a new perspective in the sociology of knowledge", *Sociological Research Online* vol. 14, no. 5, (2009), p. 17.
<http://www.socresonline.org.uk/14/5/17.html>.

¹²⁵ Riessman, *Narratives*, p. 14.

developments, such as the miniaturisation of sound and visual recorders, have profoundly changed the ability of individuals to create and publish textual and visual records of their lives, and created opportunities for scholars to subject those lives and their stories to analysis. The digitisation of historical archives has further enhanced opportunities for studies, such as this, to apply narrative techniques to the analysis of records which, until very recently, were physically inaccessible to most scholars.¹²⁶

The so-called narrative turn in sociology has, according to Berger and Quinney, produced two general orientations towards narrative inquiry. One is the analytic approach which adheres to empirical techniques derived from sociological theory or derived from a grounded analysis of data; typified by the analytical tools developed by William Labov and Joshua Waletzky. The other is a storied approach which seeks meaning from the stories themselves through subjective interpretation; typified by the approaches proposed by Shaul Shenhav and Ken Plummer. Berger and Quinney argue that both approaches are necessary for a narrative sociology to fully explore the intersection of biography, sociology, and history as conceived by Mills, or, as asserted by Franzosi: *'to bring sociology closer to history and to sociology's own original concerns with issues of human agency'*.¹²⁷

¹²⁶ A key source of narrative records for this study is the Trove digital database located in Australia. The database includes digital copies of 1,300 newspapers published in Australia since 1803, one hundred thousand diaries and letters, and four million photographs and pictures. Access to this material, which is dispersed over a network of libraries and museums spread across Australia, has only become possible due to the development of the World Wide Web.

¹²⁷ Franzosi, *Narrative*, p. 527.

This study employs combined analytic and thematic approaches to the analysis of stories told by and about Elizabeth Kenny not simply because her stories are compelling and have achieved the status of folklore, but because they are concerned with personal experiences which have become part of a public narrative. In addition to examining the internal organisation of these stories, this study will step outside the structure of the narrative to consider who produced the stories, where they were produced and reproduced, what were their purpose, who were their audiences, and how they became narratives with a life of their own.

Choosing an appropriate form of narrative analysis can be daunting as there has been a proliferation of techniques in recent decades.¹²⁸ As this study involves the analysis of stories which already exist the focus of the analysis will be the internal organisation of those stories. The systematic deconstruction of stories for elucidating the narrative themes is a practical, albeit subjective, method for understanding the purpose of stories. The techniques used in this study follow the approaches described by Shaul Shenhav and William Labov.

Labov's approach to narrative analysis was originally reported by Labov and Waletzky in 1967.¹²⁹ In their initial formulation of narrative analysis, Labov and Waletzky prioritise the analysis of the events which are contained within a story.

¹²⁸ For an appraisal of the analytical techniques which are available to researchers see "Forms of Analysis" in Jaber F. Gubrium and James A. Holstein, *Analyzing narrative reality* (Thousand Oaks: Sage publications, 2009), pp. 15-26.

¹²⁹ William Labov and Joshua Waletzky, "Narrative Analysis: oral versions of personal experience", in *Essays on the verbal and visual arts: proceedings of the 1966 annual spring meeting of the American Ethnological Society*, (ed.) June Helm (University of Washington Press, 1967), pp. 12-44.

Labov later refined their original approach to facilitate the analysis of personal experience narratives. Labov defines a narrative of personal experience as: *'a report of a sequence of events that have entered into the biography of the speaker by a sequence of clauses that correspond to the order of the original events'*.¹³⁰ By specifying that a personal experience narrative enters the biography of the speaker, Labov is distinguishing this type of narrative from the everyday recounting of events for entertainment or reportage. Labov's approach is recognised as being most useful in undertaking a textual analysis of narratives which are derived from non-research situations or where the interviewer concedes control to the narrator to lead the narration, albeit within the constraint of sticking to the point.

Labov and Waletzky proposed that a fully developed personal experience narrative contained five key elements, or clauses, which could be identified by asking simple questions: what is the story about, what unusual action occurred, what is the point of the story, what happened as a result of the action, and how is the story connected to the present time? These elements were coded as: orientation, complication, evaluation, resolution, and coda. There are variations in the questions which may be used to codify the actions, but all link to the same five linguistic features. The purpose of the narrative is revealed by examining the positioning of the clauses within the narrative structure. The evaluation embedded in the Labov approach is particularly useful when comparing narratives which are reproduced over a period of time, and for analysing narratives as a representation of personal identity. Ironically, the evaluative approach which is embedded in the Labov

¹³⁰ William Labov, "Some further steps in narrative analysis", *Journal of Narrative and Life History* vol. 7, no. 1-4, (1997), pp. 395-415.

approach is also seen as one of its weaknesses, as the focus on the evaluation of the events is prioritised over the meaning of the experience for the narrator. In fairness to Labov, their approach is not intended to impute the meaning of the narrative for the narrator; rather, it is a tool for eliciting the purpose it is intended to serve. Critics of the Labov approach also claim it fails to recognise cultural and gender differences in the production of personal experience stories, although it is not clear how these characteristics do impact on story construction.¹³¹

Whilst Labov's concept of narrative structure has been described as a landmark development in narrative analysis, critics of the approach claim that he places too much emphasis on text and takes insufficient account of the context of the telling of the story. Arguably, this criticism is misplaced as it presumes there is an arbitrary dichotomy between oral and textual narratives. The analysis in chapter six will demonstrate that stories may be simultaneously communicated through oral and written means, and that they can evolve through the process of continual refinement over an extended period. In addition, Arthur Frank observes that Labov's approach is useful because it provides, in Frank's words, a '*horizontal dimension*' to the temporal nature of the story, and because it offers a structural framework which may be filled with content.¹³² Whilst acknowledging the limitations of Labov's approach to narrative analysis, it is suited to this study because it does not require

¹³¹ For an appraisal of the limitations of the Labov approach see: Wendy Patterson, "Narratives of events: Labovian narrative analysis and its limitations", in *Doing Narrative Research*, (ed.) Molly Andrews, Corinne Squire, Maria Tamboukou (London: Sage Publications, 2008).

¹³² Frank argues that Labov's approach facilitates the comparison of iterations of a narrative over time. See: Arthur Frank, *Letting stories breathe: A socionarratology* (London: The University of Chicago Press, 2010), p. 27.

complex technical skills, provides rich data, and offers a relatively straightforward method for undertaking a textual analysis of stories which evolve over an extended period of time.

Shaul Shenhav takes a less formulaic but equally structured approach to the analysis of narratives.¹³³ The approach taken by Shaul Shenhav is built on familiar definitions of the key features of a social narrative; text, story, and narration. Narration is the process of communicating a story; a story is a chronological sequence of events constructed from text; a text is the mode in which the story is conveyed, spoken or written, including visual images, gestures, and architecture of spaces. To this conventional typology Shenhav adds the concept of multiplicity; *'the process of repetition and variation through which narratives are reproduced at the societal sphere'*.¹³⁴ Shenhav's concept of multiplicity asserts considerable influence over the narrative analysis employed in this study. Multiplicity is the feature of stories which allows them to be reproduced or remediated – the transposition from one medium to another. A narrative's adaptability through multiplicity helps to explain how stories achieve a life which can extend beyond the original author because of its incorporation by new social groups over extended periods of time. This feature is especially relevant to the study of the polio discovery story which is a central focus of this study.

Shenhav draws attention to role of plot in differentiating a story from everyday discourse. The term plot is ubiquitous in everyday language and in literary criticism

¹³³ Saul Shenhav, *Analyzing Social Narratives* (New York: Routledge, 2015).

¹³⁴ Shenhav, *Analyzing*, p. 56.

and is often used interchangeably with the concept of story. The role of plot in framing the reporting of historical events has been recognised in the social science literature for decades.¹³⁵ Shenhav draws upon the work of Karin Kukkonen to define plot as: *'the ways in which the events and characters' actions in a story are arranged'*.¹³⁶ Kukkonen emphasises the role of plot in providing meaning to narrative by guiding the reader's expectations or understanding of the narrative or signposting the extent to which the story conforms to a known genre.¹³⁷ The process of turning a sequence of events into a plot which conforms to a recognisable genre or typology is known as emplotment.

The strength of Shenhav's approach is the combination of structure and flexibility. Shenhav reminds the budding narrative researcher that narratives are not produced for analysis, they are produced by individuals to provide meaning and structure to their lives, and in doing so create their social reality. Accordingly, Shenhav recommends that researchers need to decide on taking a *thick* or *thin* approach to their narrative analysis based on the scope of their research questions.¹³⁸ A thin approach applies a detailed analysis to specific constitutive elements of narrative;

¹³⁵ See: Hayden White, "The value of narrativity in the representation of reality", *Critical Inquiry* vol. 7, no. 1, (1980), pp. 5-27; and Barbara Czarniawska, *Narratives in Social Science* (London, Sage Publications, 2004).

¹³⁶ Shenhav, *Analayzing*, p. 32.

¹³⁷ Karin Kukkonen, "Plot", *The living handbook of narratology*, in (ed.) Peter Hühn (Hamburg: Hamburg University Press, 2014). <http://www.lhn.uni-hamburg.de/>.

¹³⁸ The terms thick and thin are used to differentiate between research which contextualises the analysis of data – thick; and research which focusses narrowly on isolated phenomenon or behaviour – thin. The terms were popularised by the anthropologist Clifford Geertz in the 1970s.

whilst a thick approach analyses narrative elements in relation to their wider social context. Noting the methodological challenges in attempting thick and thin analysis, Shenhav observes that choice of approach is not a dichotomy and should be considered as a positioning rather than a procedural choice. As the wider aims of this study are grounded in the intersection of biography and history within society, it seems appropriate to frame this a study which employs thick analysis. The application of these approaches to narrative analysis is presented in chapter six.

Conceptual metaphor

An understanding of the function of metaphor is crucial to interpreting the meaning of narratives. Our present day understanding of the correspondence between narrative and metaphor owes much to Paul Ricoeur. Ricoeur conceived of narrative as an interpretive process which produces a *refiguration* of prefigured experience.¹³⁹ Ricoeur argued that metaphor and emplotment were narrative devices which produced knowledge, not merely described phenomenon. Metaphor should therefore be perceived as a fundamental tool which '*instructs and enables man to look at his reality in a new way so that he perceives deeper structures and higher possibilities of life*'.¹⁴⁰

¹³⁹ Ricoeur set out his conceptualisation of metaphor in *La metaphor vive* (The Rule of Metaphor) published in French in 1975 (English in 1977). For an appraisal of Ricoeur's conceptualisation of metaphor and narrative see: Sanja Ivic, "Ricoeur's narrative theory applied to science", *Philosophical Papers and Reviews* vol. 1, no. 3, (2009), pp. 44-51. <http://www.academicjournals.org/ppr>.

¹⁴⁰ Ivic, *Ricoeur*, p. 48.

The current understanding of metaphor owes greatly to the seminal work of George Lakoff and Mark Johnson, *Metaphors we live by*, published in 1980.¹⁴¹ Lakoff and Johnson argue that the essence of metaphor is the understanding, structuring, and experiencing one kind of thing in terms of another. They propose that metaphor provides a conceptual framework for understanding and explaining all aspects of existence, and go so far as to state that human thought processes are largely metaphorical.¹⁴² Despite being recognised as a seminal text, the potential of Lakoff's and Johnson's ideas took several decades to be realised.¹⁴³ In 2006 Murray Knowles and Rosamund Moon argued that metaphor had the ability to shape human experience, thus explaining the anthropologic qualities of common metaphors.¹⁴⁴ Appreciating the anthropological quality of metaphor is especially important in providing a framework for the consideration of non-literal metaphors. Whilst Knowles and Moon are not alone in positing that metaphors are not limited to linguistic devices, they provide the most forthright examination of non-literal metaphor to date. Although tentative in their exploration of the form or action of

¹⁴¹ George Lakoff and Mark Johnson, *Metaphors we live by* (Chicago: University of Chicago Press, 1980).

¹⁴² In 1993 George Lakoff extended his original thesis to claim that even the most complex scientific theories can only be understood through metaphor. See: George Lackoff, "Contemporary theory of metaphor", in (ed.) Andrew Ortony, *Metaphor and Thought 2nd Edition* (Cambridge: Cambridge University Press, 1993), pp. 202-251.

¹⁴³ Zoltan Kovecses pays tribute to the work of Lakoff and Johnson in his analysis of conceptual metaphor but offers little to advance their underlying propositions other than to update the range of examples used to support the form and function of their propositions. Zoltan Kovecses, *Metaphor: a practical introduction* (New York: Oxford University Press, 2002).

¹⁴⁴ Murray Knowles and Rosamund Moon, *Introducing metaphor* (Milton Park: Routledge, 2006).

non-literal metaphor, they do commit to stating metaphor '*may be entirely expressed through non-verbal means*'.¹⁴⁵ To illustrate their thesis, Knowles and Moon draw on examples of the use of objects or actions embedded in cinematic images, acting, and other performance arts to extend beyond symbolism to assume an ability to explain. The most powerful example they employ is the role of water in religious observance as a metaphor for purity and as an instrument for purifying the body and soul.

The importance of metaphor in framing our understanding of the everyday and the obscure is increasingly evident in contemporary science literature. Using the example of the *medicine as magic* metaphor,¹⁴⁶ Marjorie Delbaere observes that in addition to highlighting the similarities between the familiar and the unfamiliar, or the simple and the complex, metaphor is able to mask differences by directing attention towards a preferred characteristic of a medication.¹⁴⁷ Brigitte Nerlich uses the example of decision making in the context of economic models for the mitigation of climate to demonstrate how metaphor is instrumental in influencing decisions and actions by shaping beliefs about consequences within the real

¹⁴⁵ Knowles and Moon, *Introducing*, p.139.

¹⁴⁶ The medicine is magic metaphor reflects the construction that medicines have an apparent ability to transform lives or perform feats in a manner akin to a magical spell. This metaphor derives from the inability of the layperson to comprehend the complex pharmacology embedded in a simple pill.

¹⁴⁷ Marjorie Delbaere, "Metaphors and myths in pharmaceutical advertising", *Social Science & Medicine* no. 82, (2013), pp. 21-29.

world.¹⁴⁸ Metaphors are not simply rhetorical devices designed to add wit, charm, or colour to mundane everyday communication; metaphors are fundamental to how we perceive and interpret our existence. By building links to concepts which are familiar within a given cultural context metaphors can explain ideas which are new, complex, threatening or contested.

Analysis by Patrick Wallis and Brigitte Nerlich of the global SARS epidemic in 2003 revealed that the metaphorical framing of emergent epidemic diseases can evolve as a response to changing cultural and political environments.¹⁴⁹ The corollary to this observation is that the analysis of diseases and medical practice from an historical perspective should also be accompanied by an appraisal of the historical context of associated conceptual metaphors. The implication of this corollary is that the development of new medical knowledge cannot solely be understood through the examination of the scientific process, it also needs to be understood through an understanding of the metaphorical concepts which framed the production and the communication of that scientific knowledge.

In the current era the role of conceptual metaphor in the explication and constitution of knowledge creation is widely accepted, but there is little recognition

¹⁴⁸ Brigitte Nerlich, "Low carbon metals, markets and metaphors: the creation of economic expectations about climate change mitigation", *Climatic Change* vol. 110, no. 1-2, (2012), pp. 31-51.

¹⁴⁹ Wallis and Nerlich found substantial differences in the metaphorical representation of HIV/AIDS and SARS despite the pathological similarities between these infectious diseases. Patrick Wallis and Brigitte Nerlich, "Disease metaphors in new epidemics: the UK media framing of the 2003 SARS epidemic", *Social Science & Medicine* no. 60, (2005) pp. 2629-2639.

in the polio corpus of metaphor or narrative playing any role in shaping the understanding of the disease or its treatment, despite the development of the polio vaccine being regarded as one of the major scientific achievements of the mid-twentieth century. This stands in stark contrast to the recognition of the contribution of metaphor to the development of modern theories of the operation of the immune system.¹⁵⁰ This study considers the contribution of conceptual metaphor to the polio treatment narratives which framed the controversy surrounding Kenny's disputed treatment methods, and the role of metaphor in shaping the development of her conceptualisation of a treatment which she claimed to be a method of treating a disease which she claimed was hitherto unknown to science.¹⁵¹

1.5 Methodological challenges.

Whilst biographical research affords interesting and varied possibilities, it is not without its limitations and methodological challenges. This study faces three significant methodological challenges: the disputed validity of narrative analysis; the

¹⁵⁰ In the mid twentieth century Sir Frank Macfarlane Burnet employed the metaphor of self to explain non-antigenicity – the ability of the immune system to differentiate between body components and invading pathogens. Burnet initially used the term as a rhetorical device to explain processes which were still poorly understood, but in time the concept of self/non-self discrimination became an accepted physiological characteristic. For an appraisal of the self/non-self metaphor in immunology see: Alfred Tauber, *The Immune Self: Theory or Metaphor?* (Cambridge University Press, 1996).

¹⁵¹ Kenny rejected the conventional medical diagnosis of polio and claimed she had observed and treated the symptoms of an entirely new malady. See: '*Poliomyelitis – The Systematic Disease*' in Elizabeth Kenny, *My Battle and Victory*, (London: Robert Hale Limited, 1955) pp. 15-20.

impact of subjectivity on the analysis of data; and the influence of anachronism on the interpretation and categorisation of past behaviour.

Validity

Narrative studies are considered to be effective qualitative methods in the social sciences due to the centrality of discourse in organising and structuring knowledge. Nonetheless, traditional attitudes to the hierarchy of empirical evidence continue to underpin doubts about the validity of narrative approaches, and doubts about the ability of narrative approaches to be explanatory and generalisable. Validity, in its broadest sense, is the extent to which the findings of an inquiry are believed to measure or represent the phenomenon of interest. The primary concern over the validity of narrative research arises from the nature of the phenomenon of interest – the story.

Beliefs about the application to qualitative research of methodological standards which were developed for quantitative research designs will no doubt continue to be debated. Polkinghorne argues that validity in narrative inquiry should be determined by '*the cogency and soundness of the evidence-based arguments presented by the narrative researcher*' rather than '*conventionalist formulas*'.¹⁵² The term trustworthiness is used by Yvonna Lincoln and Egon Guba to convey their understanding of the truth, applicability, consistency, and neutrality of the findings

¹⁵² Donald E. Polkinghorne, "Validity Issues in Narrative Research", *Qualitative Inquiry* vol. 13, no 4, (2007), pp. 471-486. doi.org/10.1177/1077800406297670

of an inquiry.¹⁵³ Lincoln and Guba take the conventional view that this trustworthiness is established by the validity, reliability, and objectivity of the methodology employed by the inquirer. Whilst Lincoln and Guba present a conventional appraisal of the ability of method to produce findings which are as close to truth or intersubjective agreement as practicable, they do acknowledge so-called naturalistic inquiry is burdened with the view that '*no amount of member checking, triangulation, persistent observation, auditing, or whatever can ever compel; it can only persuade*'.¹⁵⁴ Despite the call for greater attention to the use of systematic approaches in qualitative inquiry, the qualitative researcher continues to face a level of scepticism from which the quantitative researcher is often shielded.

Subjectivity

The issue of subjectivity is especially relevant to this study due to the philosophical debate about the impact of subjectivity on biographical and narrative research. There is a widespread belief, reflected in standard research textbooks, that qualitative research traditions are prone to bias arising from the researcher's subjective beliefs about epistemology, methodology, and the phenomena of interest. Whilst it is important that qualitative research be recognised as '*more than simply one researcher's highly idiosyncratic opinions written into a report*',¹⁵⁵ it is equally important to recognise that the dichotomy accredited to objectivity and

¹⁵³ Yvonna Lincoln and Egon Guba, "Establishing Trustworthiness", in Alan Bryman and Burgess Robert (eds.) *Qualitative Research* (London: SAGE Publications, 1999), pp. 397-444.

¹⁵⁴ Lincoln and Guba, *Establishing Trustworthiness*, p. 431.

¹⁵⁵ R. Burke Johnson and Anthony J. Onwuegbuzie, "Mixed Methods Research: A Research Paradigm Whose Time Has Come", *Educational Researcher* vol. 33, no. 7, (2004), pp. 14–26. doi.org/10.3102/0013189X033007014.

subjectivity is an ontological construct which treats epistemology and methodology as being synonymous. Burke Johnson and Anthony Onwuegbuzie argue that the differentiation between quantitative and qualitative methods reflects a flawed understanding of the logic of justification, claiming there is rarely an entailment from epistemology to methodology.¹⁵⁶

The case for differentiating between objectivity and subjectivity is an argument built on shaky foundations. In a nutshell, it may be argued that objectivity and subjectivity are a numbers game; wherein objectivity is determined by the degree of intersubjective agreement between multiple observers, and subjectivity is the concern or experience of the individual observer. The uncritical acceptance of the link between intersubjective agreement and objectivity ignores the wisdom of the proverb *great minds think alike, but fools seldom differ*. Johnson and Onwuegbuzie suggest that the idea of fully objective research is a myth which ignores the subjective decisions of the researcher at every stage of inquiry. These include deciding what to study, choosing the items for measurement, developing instruments that the researcher believes measures the target construct, interpreting results, selecting significance levels for statistical analysis, drawing conclusions, and deciding what to publish.¹⁵⁷

The subjective position of the researcher in biographical and narrative research is especially relevant to this study for several reasons. Foremost is the need for the

¹⁵⁶ In practice, this means that differences in epistemological beliefs should not prevent a qualitative researcher from utilising data collection methods which are more typically associated with quantitative research. Johnson and Onwuegbuzie, *Mixed Methods*, p. 15.

¹⁵⁷ Johnson and Onwuegbuzie, *Mixed Methods*, p. 16

researcher as inquirer and biographer to be explicit in stating their position with regards to the tension between a verstehen position and a philosophical hermeneutic position. Verstehen refers to understanding the meaning of behaviour from the perspective of the subject. This requires the researcher to develop an immersive or empathic understanding of the social context of the subject. The philosophical hermeneutic position also recognises the importance of understanding social context but asserts that it is impossible to step outside our own sociohistorical context – all we can do is try to understand it.¹⁵⁸ This study claims a middle ground which accommodates both positions by attempting to recognise the aspects of identity and behaviour which transcend time and social structures. To achieve this goal, I explicitly acknowledge the idiosyncratic beliefs and experiences I believe are shared with the principle subject of the study due to my Anglo-Australian cultural heritage and my nonconformist sexual identity.¹⁵⁹

The other significant criticism of biographical research is the pejorative claim that all biography is autobiography – the ultimate exercise in subjectivity. Instead of succumbing to this criticism, researchers can reflexively embrace the subjective process of biographical writing. Jamie James, an author of two biographies, claims '*If a biographer cannot find himself in his subject, then the result is a compendium of names and dates, people met and places visited—useful information, perhaps, but*

¹⁵⁸ For an appraisal of the hermeneutics of qualitative research see: Thomas Schwandt, "Three epistemological stances for qualitative inquiry: Interpretation, hermeneutics, and social construction", in *Handbook of qualitative research 2nd ed.*, (ed.) Norman K. Denzin and Yvonna S. Lincoln, (Thousand Oaks: Sage Publications, 2000), pp. 189-213.

¹⁵⁹ Although I usually self identify as gay for the sake of convenience, I do not intend this to represent an essentialist construction of my identity.

the subject is just as dead at the end of the book as he was when the reader picked it up'.¹⁶⁰ James' observation is perversely endorsed by Söderqvist's observation that the more he knew about Jerne when writing his biography the more he grew to dislike him and feel able to interpret his life more dispassionately.¹⁶¹

Anachronism

The interpretation of historical narratives will always be prone to anachronism. The '*worst of all sins, the sin that cannot be forgiven*',¹⁶² is generally understood to be the depiction of past phenomena in terms of values, assumptions, or interpretative categories of today.¹⁶³ This definition offers the simplistic impression that anachronism is methodologically and heuristically wrong, and should be avoided at all costs, but it is more useful to consider anachronism to be like a drug – *the dose makes the poison*.¹⁶⁴ Georgi Verbeek argues that '*the ascription of contemporary categories and models of interpretation to earlier periods of time is now regularly regarded as a violation of the past's alien integrity*'.¹⁶⁵ This is the logical extension of the concept of *verstehen* which states that phenomena should only be analysed

¹⁶⁰ Jamie James, *Biography, Autobiography, Fiction* (2016).

<https://fsgworkinprogress.com/2016/07/29/biography-autobiography-fiction>.

¹⁶¹ Thomas Söderqvist, "The Seven Sisters: Subgenres of 'Bio' of Contemporary Life Scientists", *The Journal of the History of Biology* vol. 44, no. 4, (2011), pp. 633-650.

¹⁶² The French historian, Lucien Febvre, described anachronism thus in *The Problem of Unbelief in the Sixteenth Century. Le problème de l'incroyance au 16e siècle : la religion de Rabelais*. Paris 1937

¹⁶³ Georgi Verbeek, "Anachronism and the rewriting of history: The South Africa case", *The Journal for Transdisciplinary Research in Southern Africa* vol. 2, no. 1, (2006), pp. 181-200. doi.org/10.4102/td.v2i1.314.

¹⁶⁴ This maxim, attributed to the 16th century physician Paracelsus, is one of the guiding principles of modern-day toxicology. Paracelsus argued that all substances become harmful when consumed in high enough quantities.

¹⁶⁵ Verbeek, *Anachronism*, p. 183.

within the context of their own values and social context. Verbeek mounts the case for considering anachronism as an intrinsic feature of historical research as historians inevitably observe and interpret the past from their own contemporary position, and supports the view that anachronism is essential to *'avoid the fallacy that scientific facts take on the semblance of naturalness'*.

Verbeek suggests that anachronism falls into three categories: anachronism of facts; anachronism of language; and anachronism of perspective. The anachronism of facts – the claim that antibiotics were prescribed during WW1 – is generally conceived to be the product of poor scholarship. The anachronism of language is difficult to avoid as the development of language is an iterative process, and discourse abhors a vacuum. The anachronism of perspective – the use of contemporary interpretive frameworks to explain the past – is the most troubling and difficult to resolve. Unlike physicians, psychologists, or economists, social scientists usually hesitate in using contemporary theoretical constructs to explain historical behaviour or events.¹⁶⁶ Nonetheless, it is virtually impossible to attempt to interpret the significance of Elizabeth Kenny's social and sexual identity without introducing contemporary language and notions of sexual categories.

Nick Jardine argues that anachronism should be considered as an inevitable consequence of historical research and frames his analysis of anachronism as a rationale for historians to take a more discriminating attitude towards the

¹⁶⁶ The ongoing debate over the use of modern categories of sexual identity to interpret historical evidence of same sex behaviour is a prominent example of the impact of anachronism on the social sciences.

presuppositions that differentiate between anachronism which he categorises as vicious or legitimate.¹⁶⁷ Jardine defines vicious anachronism as the deliberate and uncritical imposition of modern presuppositions to the analysis of past events. Whilst acknowledging that it is difficult to define the circumstances under which anachronism is legitimate, Jardine offers guidelines which facilitate the use of anachronism to explain and critique past events. These include: paying attention to the institutional conditions which shape the production and reproduction of practice within a discipline; considering the common assumptions which underpin the use of categories in different eras; and examining the particulars of human experience rather than assuming universals of human experience.¹⁶⁸

The methodological challenges appraised in this chapter are especially relevant to this study due to its focus on historical, biographical, and narrative evidence, but these challenges are not insurmountable. Perhaps Harry S. Truman was right when he quipped '*If you can't stand the heat, get out of the kitchen!*'. I would rather heed the advice of the American lyricist, Tom Lehrer: '*Don't be nervous, don't be flustered, don't be scared. Be prepared!*'.¹⁶⁹

1.6 Data sources

The study utilises a variety of primary and secondary sources. A summary of these

¹⁶⁷ Nick Jardine, "Uses and abuses of anachronism in the history of the sciences", *History of Science* vol. 38, no. 3, (2000), pp. 251-270.

¹⁶⁸ Jardine, *Anachronism*, p. 266

¹⁶⁹ These lyrics are drawn from the song *Be Prepared* which Lehrer wrote in 1953. The song was considered risqué in the 1950s as it suggested the need for a boy scout to be prepared to use contraception if he was hoping to woo a sweetheart.

sources is listed in appendix one. A small body of academic literature relevant to Kenny's life and work is indexed in health and social sciences databases. Whilst the advent of online databases has improved accessibility to this limited literature, there has been no significant new academic literature published since 2002.

The main repository of primary sources for related to Kenny's life and work in America is the Elizabeth Kenny Papers held at the Minnesota History Center in Minneapolis, USA.¹⁷⁰ This collection includes records donated by the Elizabeth Kenny Institute in Minneapolis; research papers donated by two biographers; personal and business correspondence between Kenny and members of the public, medical practitioners, and journalists; and press-cuttings and scrapbooks donated by members of the public. The Elizabeth Kenny Papers also include instructional films produced in the 1940s, and photographic collections donated by Minneapolis newspapers and members of the public. The Elizabeth Kenny Papers were originally processed in May 1995, with further curation in January 2005. Whilst the contents of the Minneapolis archive are organised in folders and boxes, the content of individual folders is not catalogued. Hence, the location of cited documents is limited to the location number which corresponds with a box number. The archive is fully accessible to the public. Regrettably, this has compromised the organisation of the contents of some folders and boxes.

The study has also been informed by several smaller repositories located in public libraries in Brisbane, Australia. The Fryer Library, University of Queensland, holds

¹⁷⁰ The inventory for the Elizabeth Kenny Papers is available at:
<http://www2.mnhs.org/library/findaids/00201.xml#a9>

records of Royal Commissions conducted in Queensland, reports on the Kenny clinics which operated during the 1930s, and personal correspondence between Kenny and the Queensland Government.¹⁷¹ The State Library of Queensland holds a microform copy of the Clifton Courier, the newspaper published twice weekly in Clifton between 1907 and 1942.¹⁷² An uncatalogued collection of documents donated by Wade Alexander is held at the Sister Kenny Memorial Museum in Nobby, Queensland. The National Archives of Australia, located in Canberra, holds digitised copies of the incomplete records of Kenny's WW1 military service.¹⁷³

The most influential secondary sources associated with Kenny's life and work are in the form of biographies produced by Victor Cohn in 1975 and Wade Alexander in 2003, the published scholarship of Naomi Rogers, Professor of History of Medicine, Yale University, and the autobiographical accounts produced by polio survivors. Almost all these autobiographies are written by American authors.

There are very few extant records of Kenny's personal life prior to 1911. Kenny authored or co-authored six books, four of which were medical textbooks describing her clinical methods, and two memoirs, one of which was published posthumously.

¹⁷¹ The inventory of the Elizabeth Kenny Collection is available at:

<https://www.library.uq.edu.au/fryer-library/ms/uqfl16.pdf>. The inventory of the Rae W. Dungan Collection is available at: <https://www.library.uq.edu.au/fryer-library/ms/uqfl354.pdf>. The inventory of the Raphael Cilento Collection is available at: <https://www.library.uq.edu.au/fryer-library/ms/uqfl44.pdf>.

¹⁷² The catalogue number of the Clifton Courier [microform] is MFS 0448.

¹⁷³ Kenny's war service records are available at:

<https://recordsearch.naa.gov.au/SearchNRRetrieve/Interface/ViewImage.aspx?B=442055>

The memoir published in 1943, *And They Shall Walk*,¹⁷⁴ is the most commonly cited record of her life. This memoir has been hugely influential in the historical analysis of her life and work due to the paucity of extant contemporaneous biographical records. The primary use of the memoir in this study is to provide context and corroboration to extant iterations of her life story.

The primary sources which have exerted the greatest influence on this study are news reports published in Australian newspapers from 1910 through to the 1950s. Past analyses of Kenny's life and work in Australia have relied heavily on secondary sources due to the geographical isolation of the few historical archives. The Trove platform, curated by the National Library of Australia, brings a vast array of digital reproductions of newspapers, journals, books, maps, personal papers, as well as archived websites and other born-digital content into one integrated web portal. The content available through Trove may be sourced from libraries, museums, galleries, universities, archives, data repositories and other research and collecting organisations around Australia. As Trove functions as a cloud repository, citations for news reports sourced through Trove are limited to the title, publication, date, page number, and source (Trove NLA). A full list of the newspaper articles cited in the study is included in Data Sources at the conclusion of the thesis.

News print content indexed in the Trove portal were accessed using key word searches incorporating Boolean operators. The search fields include combinations of 'all words', 'phrase', 'any word', 'without the word/s'. Limits may be applied to

¹⁷⁴ Elizabeth Kenny and Martha Ostenso, *And They Shall Walk* (New Your, Dodd, Mead and Company, 1943).

results for scope (where your keywords should appear), publication date, issue number, page number, State and titles, article category, article length, and if the article is illustrated. As an example; Kenny claims in her memoir that in 1935 Dr Rachael Cilento opposed the dissemination of her therapeutic techniques through government backed clinics.¹⁷⁵ A search was structured; [Cilento OR paralysis] AND ["Elizabeth Kenny" OR "Sister Kenny"]", limited to Queensland titles published between 1 January 1935 and 31 December 1935. This search returned 37 articles which were published in four clusters throughout the year. These articles were then read to identify narrative themes and potential additional keywords.

The search facilities offered by Trove has revealed new insights into Kenny's personal and professional life in the period prior to her working as a polio therapist. Crucially, the contemporaneous discourse presented in news articles has afforded an unprecedented opportunity to analyse the social, political, and cultural context of narratives which are associated with Kenny's life and work, permitting researchers to observe how narratives embedded in historical records are reproduced and disseminated in real time. As an example, on 9 March 1934 Kenny announced that she had received a grant of £350 from the Queensland Government for conducting an experiment in the treatment of paralysis in children. The experiment would involve the training of two nurses in her system of re-education, and the results would be checked by Dr Cilento, the Government Medical Officer.¹⁷⁶ Over the following six months a series of news items appeared in metropolitan and rural

¹⁷⁵ Elizabeth Kenny and Martha Ostenso, *And They Shall Walk* (New Your, Dodd, Mead and Company, 1943), pp. 103-110.

¹⁷⁶ "Paralysis in Children", *Townsville Daily Bulletin*, Friday 9 March 1934, p. 5. Trove NLA.

newspapers reporting the ongoing experiment at Townsville and more detailed accounts of Kenny's experience in the treatment of paralysis. By October 1934 the discourse within the news reports had changed from a focus on Sr Kenny's experiment with the treatment of paralysis to a focus on Sr Kenny's work in the treatment of infantile paralysis.¹⁷⁷ The experimental work was now being described as a 'method' or 'system' even though a detailed description of the method had not been released to the public or shared with Members of Parliament. In February 1935 Kenny announced that she was gifting her method to the Commonwealth of Australia for the benefit of humanity.¹⁷⁸ Despite the apparent integrity of her actions, the news report fails to note that apart from a handful of medical practitioners and parliamentarians no-one knew exactly what Kenny was gifting to humanity.

My reading of the sources informing this study is guided by the approach described by Benjamin Crabtree and William Miller in 1999.¹⁷⁹ Their approach appeals to me because it recognises the shifting *emic* and *etic* perspectives in the researcher's relationship with their subject,¹⁸⁰ and it recognises that qualitative analysis is a repetitive, iterative, and reflexive process. Despite the use of an awkward metaphor

¹⁷⁷ "Infantile Paralysis: Re-educational clinic", Townsville Daily Bulletin, 18 October 1934, p. 5, Trove NLA.

¹⁷⁸ "Sister Kenny's Treatment", *The Courier-Mail*, 16 Feb 1935, p. 15, Trove NLA.

¹⁷⁹ Benjamin Crabtree and William Miller, *Doing Qualitative Research 2nd Edition* (Thousand Oaks: Sage Publications, 1999).

¹⁸⁰ An emic focus represents the setting from the perspective of the subject or participants, whereas an etic focus represents the setting from the perspective of a social analyst or scientific observer.

of analysis as a dance,¹⁸¹ I find their interpretive approach useful in my clinical and academic reading and believe their approach has stood the test of time. Crabtree and Miller cite Jennifer Mason in identifying three approaches to reading qualitative data: literal, reflexive, and interpretive.¹⁸² In literal reading the researcher reads the text literally; focussing on the literal content and form. In reflexive reading the reader places themselves '*within the text*' and reflects on their role in the process of data generation and interpretation. In interpretive reading the interpreter '*reads the data to construct what he or she thinks the text means*'.¹⁸³ The strength of Crabtree's and Miller's approach to analysis is their recognition that these approaches to reading the textual data are not mutually exclusive and may adapt to the range of textual data that are produced in the data collection process.

My reading of the sources is also influenced by Norman Denzin's concept of interpretive interactionism. Denzin's approach to qualitative research builds on concepts of symbolic interactionism; draws on feminist and postmodern theory; and expands the socio-biographical method formulated by C. Wright Mills.¹⁸⁴ Denzin claims that interpretive interactionist research '*attempts to make the world of lived experience visible to the reader*' and focusses on '*the life experiences that radically*

¹⁸¹ Crabtree and Miller borrow the metaphor of qualitative analysis as an interpretive dance from Karl Weick. It is a clumsy metaphor which lacks clear entailments.

¹⁸² Jennifer Mason introduced this categorisation of the reading of qualitative data in her 1996 publication *Qualitative Research*. The publication is now in its third edition and remains a foundational guide to qualitative research methods. See: Jennifer Mason, *Qualitative Research* (London: Sage Publications, 1996).

¹⁸³ Crabtree and Miller, *Qualitative Research*, p. 138.

¹⁸⁴ Norman K. Denzin, "The Interpretive View" in *Interpretive Interactionism 2nd Edition* (London: Sage Publications, 2002), pp. 26-55.

*alter and shape the meanings persons give to themselves and their life projects’.*¹⁸⁵

Denzin uses the term epiphany to describe the key interactional moments in which individuals confront life changing experiences. These epiphanies provide the ideal opportunity to connect personal troubles to societal problems, and thereby gain an understanding meaning of the individual life in the wider historical context:

*‘Troubles are always biographical. Public issues are always historical and structural. Biography and history thus join in the interpretive process.’*¹⁸⁶

Denzin’s concept of interpretive interactionism resonates with my objectives in undertaking this study of the life and work of Elizabeth Kenny. This study explores the key incidents, or epiphanies, in Kenny’s life story to demonstrate the social and historical context of the existential crises she encountered in her life. This study, as stated earlier, also seeks to demonstrate how the troubles which shaped Kenny as a biographical entity also shaped the production of scientific knowledge. I also draw inspiration in my reading from Denzin’s claim that meaningful interpretation of human experience is based on the researcher’s subjective experience or immersion in the phenomenon they wish to understand. As such, I do not shy away from using my life experiences to inform my intellectual pursuits and draw on my personal sensitivity to the Australian culture to assist my reading of the texts and narratives which inform this study.

1.7 Conclusion

This interdisciplinary study is located within the wider discipline of sociology due to

¹⁸⁵ Denzin, *Interpretive View*, p. 34.

¹⁸⁶ Denzin, *Interpretive View*, p. 38.

the diversity of qualitative research methods available to the contemporary social scientists, the ability of interdisciplinary research to explore questions and social phenomena which reflects the complex, contingent, and contested nature of social reality, and the philosophical framework offered by the American sociologist C. Wright Mills in *The Sociological Imagination*. Mills' conception of the intersection of biography, history and society provides the context for the analysis of the intricate relations between the private troubles and public issues which Elizabeth Kenny experienced in her life.

This study is organised as an existential biography – a form of science biography described by Thomas Söderqvist – as it seeks to understand how a paradigmatic shift in clinical practice was shaped by Kenny's existential choices and evolving narrative identity. The study draws on several approaches to narrative analysis to deconstruct and interpret the narratives which Kenny used to explain her approach to polio therapy and considers the contribution of conceptual metaphor to the framing of polio treatment narratives and the production and communication of scientific knowledge.

The study faces three significant methodological challenges: the disputed validity of narrative analysis; the impact of subjectivity on the analysis and interpretation of data; and the influence of anachronism on the interpretation and categorisation of past behaviour. Crucially, my approach to this study, and my approach to the reading of the sources, is guided by my subjective experience as a gay identifying man with an Anglo-Australian cultural heritage.

Chapter Two – Historiography

2.1 Introduction

Kenny's life and work has been documented by medical and nursing historians, sociologists, journalists, lay chroniclers of polio epidemics, and *polios* – the self-assigned identifier used by many people who are survivors of polio infection. The literature concerning her polio career in Australia during the 1930s is limited, but it substantially exceeds the literature examining her life in Australia between 1930 and her birth in 1880. Most of the extant literature is devoted to an appraisal of her work in America during the 1940s. In addition to this corpus, Kenny co-authored three medical textbooks and produced two autobiographical accounts of her work as a polio therapist. This chapter appraises the representation of Kenny's life and work from a range of personal and theoretical perspectives, but it will be shown that all representations of her life and her career as a polio therapist have been disproportionately influenced by the portrayal of her life by Victor Cohn and the scholarship of Naomi Rogers.

2.2 Deferential commemorations

Two comprehensive biographies have been published since Kenny's death in 1952. The first, published in 1975,¹⁸⁷ was written by Victor Cohn, an American journalist who worked as the science and medical reporter for the *Minneapolis Star Tribune* during the years Kenny was based in Minneapolis. Cohn established a rapport with Kenny which provided him with a personal insight which few journalists enjoyed. Following her death in 1952 he wrote a series of biographical articles titled *Angry*

¹⁸⁷ Cohn, *Sister Kenny*.

Angel. He also persuaded the Star Tribune to sponsor his visit to Australia in 1953 to collect material for an extended biography. A first draft, which was more than a decade in the making, was rejected for reasons which are no longer known, but a second draft was eventually accepted and published in 1975 by the University of Minnesota Press.¹⁸⁸ Cohn's biography is based on extensive research in America and Australia, and is written in a journalistic style which for the most part is deferential and unchallenging.¹⁸⁹ There are no surviving drafts or working documents for Cohn's original manuscript, but extracts of interviews with key informants are archived with the Elizabeth Kenny Papers in the Minnesota History Center, Minneapolis. The only record of his personal opinion of her character is a document titled "Some of my own Sister Kenny memories and impressions".¹⁹⁰

A second substantive biography, published in 2003, was written by Wade Alexander, an American who, as a child, was treated for polio by his mother using the Kenny method. In 1994 Alexander used his attendance at the Fourth World Congress of Teachers of the Alexander Technique in Sydney, Australia, as an opportunity to learn

¹⁸⁸ Phyllis Beetsch, Cohn's daughter, to author, personal communication, September 2009. Family members interviewed in Washington D.C. and Minneapolis confirm there is no surviving copy of the original manuscript.

¹⁸⁹ Cohn's daughter believes his view of Kenny changed over time, and he toned down his comments because Kenny's sister, Julia Farquarson, had threatened legal action for the misrepresentation of Kenny in a series of articles titled "Angry Angel". Source: Phyllis Beetsch to author, personal communication, September 2009. A letter of complaint from Farquarson to Cohn confirms her displeasure at Cohn's portrayal of Kenny in the "Angry Angel" articles. Julia Farquarson to Victor Cohn, letter, 10 October 1954, 146.K.8.6F EKP-MHS.

¹⁹⁰ Victor Cohn, "Some of my own Sister Kenny memories and impressions:", 146.K.8.6F EKP-MHS.

more about the woman who had indirectly changed the course of his life. Alexander was surprised to discover that no-one at the congress knew of Kenny's contribution to polio care, and that there was little public awareness of her personal history. Undaunted, he obtained a copy of Kenny's memoir from the University's medical library and returned to America determined to write her biography. Alexander spent nine years researching Kenny's life, obtaining new insights into her family history. Nonetheless, by his own admission, he discovered little new biographical data, and despite the thoroughness of his research he declares that he did not wish to analyse her behaviour.¹⁹¹ Whilst Alexander's biography lacks analysis it still makes a valuable contribution to Kenny scholarship as it introduced new information about her early life.

Cohn's biography may be considered as serving the purpose of a public commemoration of a woman who he observed to be heroic and troubled.¹⁹²

Alexander's biography also aligns with the category of public commemoration, but it may additionally be placed into the category of a labour of love which recognises the impact on his own life of two significant women; his mother, and Elizabeth Kenny.¹⁹³

¹⁹¹ Alexander sets the tone for his biography by stating in the Introduction that he did not intend to analyse an observation about Kenny's behaviour because his biography '*is not a psychobiography*'. Alexander, *Sister Kenny*, p. vi. Alexander's approach to interpreting the data he collects suggests that he conjoins the concepts of analysis, criticism, and judgement.

¹⁹² These categorisations draw on the typology presented by Thomas Söderqvist in Thomas Söderqvist, "What is the use of writing lives of recent scientists?" in *The historiography of contemporary science, technology, and medicine*, (ed.) Ronald E. Doel and Thomas Söderqvist, (London: Routledge, 2006), pp. 101-127.

¹⁹³ Alexander dedicates his book to his mother, a registered nurse who used Kenny's techniques to treat his polio paralysis at home in 1943. Alexander, *Sister Kenny*, p. vi.

Although written nearly half a century apart the two biographies share two important characteristics. Both primarily focus their attention on reporting Kenny's struggle to achieve recognition in America during the 1940s, and both demur in their comments on her personal relationships. Cohn and Alexander are also united in misunderstanding the meaning and significance of important evidence they independently acquired about her life in Australia.

Cohn and Alexander knew that Kenny was born in 1880 and was living with her parents in Headington Hill when she was treated by Aeneas McDonnell for a broken wrist in 1898, but neither challenges her claim in her autobiography that she was a young girl when this event occurred even though they recognise that the meeting was an important milestone in her life. Cohn and Alexander also record that Kenny cited at least five dates for the discovery of her method whilst working as a bush nurse in the Clifton district, yet neither seriously questions the significance of her imprecision in dating this life changing event despite their knowledge that she was a renowned pedant when it came to the reporting of the facts pertaining to her work. Additionally, neither author discusses why there are no known patients who were treated for polio by Kenny between 1910 and 1930 in a region with a small population

Both biographers are uncritical of Kenny's portrayal of her early life, her nursing experience prior to WW1, and her army nursing service. Crucially, both fail to adequately examine her obfuscation about her personal relationships. These are significant oversights, but the most important biographical misdemeanour they commit is the anachronistic interpretation of her motives for embarking on several

dramatic career changes during her adult life. Cohn and Alexander uncritically accept Kenny's account of the adoption of her nursing identity, and the development of her method. This may be partially explained by the paucity of first-hand accounts of her early adult life, and the assiduous efforts of her family to protect her reputation after her death. Nonetheless, both biographers had access to reliable evidence which discredited her claim to have eschewed a conventional life to dedicate her life to public service and the care of children stricken with polio. The contribution of anachronism to the interpretation of Kenny's nurse identity will be examined chapter three.

Putting aside these flaws, contemporary researchers still owe an enormous debt to Cohn and Alexander as without their interest in Kenny, and without their scholarship, almost all traces of Elizabeth Kenny might have disappeared. The importance of the legacy of Cohn's meticulous research in Australia is inestimable. There would be precious little for Kenny scholars to analyse if it were not for Cohn's journalistic eye for a lead when investigating a story. But therein lies a hidden danger, as researchers have all too often overlooked the fact that Cohn was investigating a story, and the protagonist in that story was known to be an unreliable informant.

2.3 Academic literature

The academic literature examining Kenny's life has been produced sporadically over a forty years period by a small number of authors. The corpus is based on a wide range of interdisciplinary approaches and may be grouped into six broad themes: her contribution to nursing theory and practice; the medical dominance of health

care occupations; the social construction of knowledge and knowledge acquisition; her contribution to the polio treatment knowledge base; the cultural significance of polio; and forgetting.

Contribution to nursing theory and practice

Kenny's use of the title *Sister* for thirty years after her discharge from the Australian Army Nursing Service (AANS) in 1919 is arguably the single most important factor which underpins her public recognition as a nurse, but there is substantial evidence that many of her professional antagonists in Australia did not believe she was entitled to use a title which implied she was a registered nurse. Doubts about her nursing qualifications and her conspicuous absence of employment in health care institutions prompted many nurses, massage therapists, and medical practitioners to refer to her as Miss Kenny even though she was unwavering in her use of the title Sister Kenny.¹⁹⁴ Putting aside the question of whether or not Kenny was a *bona fide* nurse practitioner, there is a body of literature which examines Kenny's contribution to nursing theory and practice.

The eminent virologist and polio historian John Paul wrote in 1971:

If the spectacle of a physician, supposedly dedicated to the healing art, is apt to become tarnished when he shows himself publicity and power minded and engages too heavily in medical polemics, how much more

¹⁹⁴ The records of the Australian Physiotherapy Association show that in 1934 the Queensland Branch of the Australian Massage Association decided that Kenny should only be described as Miss Kenny as she had no formal nursing qualifications. Source: Philippa Martyr, "A small price to pay for peace: The Elizabeth Kenny controversy re-examined", *Australian Historical Studies* vol. 108, (1997), pp. 47-65.

*tarnished is the image of a nurse who, forsaking her natural duties, becomes similarly embroiled.*¹⁹⁵

Paul's comments are sexist, even by the standards of his own era, but his statement indicates that he did view Kenny as a nurse; albeit one who had strayed from her natural duties. These duties include tending to the daily work of a hospital ward while caring for and rehabilitating her patients, presumably under the instruction of the male doctor. Nurses, in Paul's world view, did not think independently, question doctors' orders, or campaign for access to humane treatment for a crippling disease. Nurses should be seen but not heard.

John Wilson, an Australian nurse with an interest in nursing history, has made the most significant contribution to the literature from a nursing perspective. Wilson acknowledges that Australian nurses appeared to have little interest in Kenny or her story. Reflecting on his early nursing research, Wilson laments that his article on Kenny published in the *Australian Journal of Advanced Nursing* in 1986 was '*the first publication about Sister Kenny's experiences in Australian nursing literature in sixty years*'.¹⁹⁶ Wilson is correct in observing the paucity of Australian or international nursing literature examining Kenny's work in the mid-twentieth century, but he overlooked the seminal article written by Edith Hall in 1981.¹⁹⁷

Hall is alone in the literature in reflecting on Kenny's nursing credentials from the perspective of being a nurse and polio patient. Recalling the pain and loneliness she

¹⁹⁵ Paul, *History*, p. 344.

¹⁹⁶ Wilson, *Kenny's eyes*, p. 6.

¹⁹⁷ This omission is probably due to online indexed databases not being available in the 1980s and early 1990s when Wilson was conducting his research.

endured during her hospitalisation with polio in Australia in the late 1930s, Hall vividly describes the stark contrast between the conventional nursing care she received, and the treatment which children received in the adjacent Kenny Ward.

The main Kenny treatment was heat application and sandbags to keep limbs in position.

At this stage, I was wearing plaster casts on both legs and arms, a boned corset, Resting Steel on Bradford Steel frame with neck band padlock (to prevent escape) and was trussed in a full Thomas Splint - all pieces held together by an assortment of bandages and leather straps. The only movement possible was eyes and tongue.¹⁹⁸

Hall argues that the partnership was established between the nurse and patient during the muscle re-education process employed in the Kenny method was in sharp contrast to the imposed passivity inherent in the immobilisation therapy recommended in conventional therapy. Hall's observation of Kenny's methods implies she believed Kenny was forging a new, more patient centred, model of nursing practice.

Wilson's early publications focus primarily on the organised response of the medical profession in Australia to a perceived threat to their control of health care resources and the authority of medical knowledge.¹⁹⁹ In the 1986 article "The Sister Kenny Clinics: what endures?" Wilson claims Kenny demonstrated two nursing attributes: the capacity to apply nursing knowledge to the independent diagnosis, prescription

¹⁹⁸ Edith M. Hall, "In the Ward Next Door to Sister Kenny", *The Australian Nurses' Journal* vol. 10, no. 10, (1981), pp. 57-58.

¹⁹⁹ John Wilson, "The Sister Kenny Clinics: what endures?" *The Australian Journal of Advanced Nursing* vol. 3, no. 2, (1986), pp. 13-21; and John Wilson, "Sister Kenny's Trial by Royal Commission", *History of Nursing Journal* vol. 4, no. 2, (1992), pp. 91-99.

and care of patients; and the potential to respond to public health needs in new ways as an alternative to medical practice. These may appear to be unexceptional claims in the current era, but Wilson argues that these attributes may not have been considered appropriate or desirable for nurses in her lifetime and may not have been widely embraced as positive nursing attributes by her nursing contemporaries.²⁰⁰

In 1992 Wilson shifted his attention to the tactics which the Australian medical establishment employed to undermine public support for the growing number of Kenny Clinics. “Sister Elizabeth Kenny’s Trial by Royal Commission” presents the argument that the medical establishment conspired to denigrate Kenny’s methods, only to be thwarted by the growing public interest in the work carried out in her clinics. Wilson claims that Kenny failed to convince medical practitioners of the value of her ideas because she had difficulty in communicating ‘*the essential principles of her clinical nursing skills*’ as she lacked formal hospital-based education.²⁰¹

In the introduction to “Through Kenny’s Eyes”, the 1995 publication based on his doctoral thesis, Wilson reaffirms his dismay that the small number of Australian academics who were interested in Kenny relied on myth, folklore, and the observations of a handful of North American authors. He may have been even more dismayed if he had realised that most of the academic literature had been written by physiotherapists. Wilson employs a hermeneutic phenomenology approach to

²⁰⁰ Wilson states that the two prominent medical and nursing journals in Australia effectively disenfranchised Kenny by excluding her from reports on polio care from 1940 to 1953. Wilson, *Sister Kenny Clinics*, p. 14.

²⁰¹ Wilson, *Trial*, p. 99.

reflect on Kenny's behaviour as a nurse to elicit her understanding of the concepts of health, person, environment, and nursing. It is important to recognise that Wilson is the only nursing scholar to have applied an explicit conceptual analysis to Kenny's work. Wilson's research explores many of the enigmas and contradictions associated with Kenny: she used the title Sister but she rarely wore a nurse's uniform or allowed herself to be photographed in a nurse's uniform; she lacked formal nursing qualifications but insisted that the technicians who administered her treatment be trained for two years before practicing independently; she positioned herself in the role of a matron in her hospital clinics but preferred that her technicians were not nurses; and she emphasised the mystic nature of the intensely personal interaction between therapist and patient, but claimed she had discovered a new scientific concept of the disease. With this in mind, it is ironic that he is ambivalent in his engagement with the central question of whether the woman who called herself Sister Kenny should be considered a nurse in her own or the present era. This ambivalence is discussed in more detail in chapter three.

The paucity of publication in peer review journals since the publication of Wilson's thesis suggests that nurses have not heeded Wilson's call for more nursing research on Kenny and her contribution to nursing practice. Sonda Oppewal's paper published in 1997 is an historical case study which sets out to analyse the strategies Kenny used to obtain medical endorsement for her method of treating poliomyelitis.²⁰² Oppewal describes the strategies which Kenny used to overcome the disadvantage she experienced as a woman and as a nurse in a male dominated

²⁰² Sonda Riedesel Oppewal, "Sister Elizabeth Kenny, an Australian Nurse, and Treatment of Poliomyelitis Victims, *Journal of Nursing Scholarship* vol. 29, no. 1, (1997), pp:83-87.

society. These strategies are not categorised as being inherently attributable to nursing theory or practice, nor are they proposed as strategies which nurses could adopt to improve their professional status or practice.

Kimberly Carter, a nurse academic, brings the discussion of Kenny's contribution to nursing down to earth with a thud. Carter argues that the dissemination of Kenny's method in the United States during the 1940s did little to change the subordinate role of nurses. Carter also notes that despite the investment by the NFIP in the training of nurses and Kenny technicians, their role was purely operational, and the nursing profession was not represented in any of the five international polio conferences held between 1949 and 1961. Nonetheless, Carter acknowledges that Kenny's success in fund raising in the United States did demonstrate that nurses had the ability to secure resources which they could independently use for nursing research in an era when *'Nursing [as a profession] was young, nursing education was disorganized, and nursing research was essentially non-existent'*.²⁰³

The most recent publication to feature an appraisal of Kenny's contribution to nursing practice is a paper written by Janet Golden and Naomi Rogers.²⁰⁴ Their paper discusses how a nurse, Irene Shea, was introduced to the Kenny method in 1942, and offers a rare insight into the experience of a nurse who wrestles with her

²⁰³ Kimberly F. Carter, "Trumpets of Attack: Collaborative efforts between nursing and philanthropies to care for the child crippled with polio 1930 to 1959", *Public Health Nursing* vol. 18, no. 4, (2001), pp. 253-261.

²⁰⁴ Janet Golden and Naomi Rogers, "Nurse Irene Shea studies the 'Kenny Method' of treatment of infantile paralysis 1942-43", *Nursing History Review* no. 18, (2010), pp. 189-203.

conflicted response to learning new but contested nursing skills. Ultimately, Golden and Rogers present Kenny as an actor in a historical melodrama and offer few conclusions about the contribution she made to nursing practice in her era or to subsequent generations of nurse practitioners. Nonetheless, they imply Kenny's '*gritty determination*' as a nurse and educator, and her refusal to show deference to medical practitioners, are positive attributes for a nurse.

Medical dominance of health care occupations

The opposition of medical practitioners to Kenny's concept of polio,²⁰⁵ and her method of treating the after-effects of the disease, are recurring narratives in the literature. These narratives frequently portray Kenny as a lone maverick facing united opposition from *medical men*.²⁰⁶ Kenny was unabashed in claiming her medical opponents were suspicious, envious, mean spirited, self-interested, stubborn, short-sighted, ignorant, and uncaring. In case her point had been missed, she also claimed they were affronted by the prospect of being instructed by a nurse and outraged that patients might be treated in a manner which was not endorsed by their medical colleagues. This portrayal of medical practitioners acting collectively to

²⁰⁵ Kenny claimed her conceptualisation of the disease was so different from the standard medical view that she had discovered a new disease – see chapter one of the 1937 publication: *The treatment of infantile paralysis and cerebral diplegia*. There are two key principles which separate Kenny's concept of polio from the standard medical view. First, she believed the virus attacked muscle cells, whereas the standard medical view was that it attacked nerve cells. Second, she believed the contractures which are characteristic of paralytic polio were caused by spasm in affected muscles rather than paralysis.

²⁰⁶ Kenny consistently used the term *medical men* to describe medical practitioners. This was not uncommon in the 1930s as most medical practitioners were male.

protect their self-interest is better understood through an exploration of the concept of medical dominance.

The medical dominance of health care occupations is a topic which has received considerable attention in the medical sociology literature, and it is a recurring but often muddled theme in the literature associated with the polio treatment controversy. The muddle arises from the intersection of the analysis of the role of gender bias within health care occupations, the power of the medical profession within health care occupations, and the wider topic of the medicalisation of health and illness during the twentieth century. The earlier quote from John Paul illustrates the entrenched beliefs which applied to the social organisation of health care during Kenny's lifetime – doctors were men, nurses were women; doctors diagnosed and gave instructions, nurses cared and fulfilled orders. The legitimacy of this natural order was rarely questioned prior to the 1970s.

The earliest sociological analysis of the polio treatment controversy can be found in a paper written by J. Edward Hulett Jr. in 1945.²⁰⁷ Hulett frames the treatment controversy as a case study in the leadership of a cult group, declaring '*The sociologist has few opportunities to observe as a contemporary the progress of an important cult through its life cycle.*'²⁰⁸ Hulett's observations of the methods Kenny employed to promote her approach to therapy are informed by his classification of her as a charismatic leader of a healing cult. Overall, Hulett's appraisal of the

²⁰⁷ J. Edward Hulett Jr., "The Kenny Healing Cult: Preliminary Analysis of Leadership and Patterns of Interaction", *American Sociological Review* vol. 10, no. 3, (1945), pp. 364-372.

²⁰⁸ Hulett, *Kenny Healing Cult*, p. 372

techniques Kenny used to communicate her ideas and promote support from politicians and the public are astute and balanced. The significance of Hulett's observations will be examined in more detail in chapter six. Regrettably, Hulett's analysis of the strategies which Kenny used to build public support for her work received little recognition by subsequent Kenny scholars,²⁰⁹ and three decades would pass before there was evidence within the social science literature of an interest in the sociological significance of the polio treatment controversy.

The discussion of the sociological significance of medical opposition to the Kenny method would remain dormant until Claudia Thame completed her PhD thesis in 1974.²¹⁰ Thame only allocates a few pages within the appendices of her unpublished thesis to the discussion of Kenny, but those pages have been widely cited. Whilst the debate over the comparative merits of Kenny's and orthodox methods of polio treatment was prominent in the print media throughout the 1930s, Thame proposes that too much attention has been placed on the technical reasons for medical practitioners objecting to her techniques. Thame argues that the prospect of resources being placed under the control of someone outside the profession was of more concern to medical practitioners in Australia than the professional identity of their competitor. The Australian branch of the BMA had shown its intolerance of competition from Lodge Doctors in the 1920s,²¹¹ and it did not welcome the advent

²⁰⁹ Hulett's paper has only been cited twice in the indexed literature on Kenny since 1944.

²¹⁰ The thesis is embargoed for publication until 2033, but a bound copy is available at the Fisher Library, University of Sydney.

²¹¹ Lodge Doctors were medical practitioners employed by benevolent societies. Their services were available to the members of these societies at a discount rate. The BMA waged a successful battle to undermine public confidence in these doctors, accusing them of providing inferior care to private medical practitioners.

of State funded Kenny Clinics in the 1930s. Thame states that the medical profession eventually won the battle for control of polio treatment in Australia through ‘*a judicious and unacknowledged*’ incorporation of her techniques into conventional medical practice, thereby ensuring they would continue to control access to patients and resources.²¹²

Evan Willis develops this theme in his analysis of the impact of the Kenny Clinics on the occupational division of labour within health care in Australia.²¹³ Willis describes the occupational division of labour as arising from the efforts of a profession to define a strict occupational territory, a monopoly over services, and authority to direct and evaluate the work of others without being subject to reciprocal direction or evaluation. By occupying the dominant position in a hierarchy of health occupations, medicine has been able to control the production and application of knowledge within its own ranks and in competing occupational groups such as nursing and professions allied to medicine.²¹⁴ Willis claims Kenny challenged medicine's dominance of the health division of labour in two ways. Firstly, Kenny introduced a new body of knowledge which was beyond the interpretation and

²¹² Kenny unwittingly contributed to the assimilation of her techniques in Australia by insisting that her patients always be under the care of medical practitioners. Jean Macnamara, Australia's foremost expert on poliomyelitis and prominent opponent of Kenny's techniques, agreed to a Kenny Clinic being established under her control during the 1937 epidemic in Victoria. Ann G. Smith, “Macnamara, Dame Annie Jean (1899–1968)”, *Australian Dictionary of Biography* (National Centre of Biography, Australian National University, 2009). <http://adb.anu.edu.au/biography/macnamara-dame-annie-jean-7427/text12927>.

²¹³ Willis, *Sister Elizabeth Kenny*, pp. 30-38.

²¹⁴ In Kenny's lifetime these were restricted to nurses and massage therapists. In the current era these include nurses, physiotherapists, and occupational therapists.

regulation by the dominant group. The second and perhaps more significant challenge came from the threatened disruption to the medical monopoly of the health market by a competing occupational group. The Kenny method represented an entirely new product in the health market of the 1930s, possessing the potential for rendering redundant a range of therapeutic interventions traditionally administered and regulated by doctors. Further, the Australian Kenny clinics were initially established as independent rehabilitation centres administered by nurses and health bureaucrats instead of medical practitioners.

Willis argues that medical dominance within the health division of labour relies as much on production relationships and social class location as professional expertise. The nurse-dominated Kenny clinics challenged the market domination by doctors as health service providers and threatened their position at the apex of the occupational hierarchy. Willis argues that whilst the medical profession in Australia and the United States initially responded to the introduction of the Kenny method by questioning her legitimacy as a practitioner and disputing the scientific validity of her concept, the ultimate triumph of medicine was guaranteed by the profession exerting political influence to ensure treatment services were confined to hospitals rather than nurse run clinics, thereby maintaining control over entrenched production relationships.

Social construction of knowledge

The President's Birthday Magazine 1938, published by the NFIP, contains an article

with the title *What Science Is Doing*.²¹⁵ The lengthy article informs the reader that ‘*scientific men*’ are working around the clock to develop a cure or vaccine for the dreaded disease. There are pictures of monkeys in cages and scientists looking through microscopes; pictures of science in action. The careful placement of an advertisement for household appliances reassures the reader of the power of science to solve problems like polio – in less than 40 years, we are told, scientists and engineers have enabled millions of ordinary American families to have bathtubs, telephones, and automobiles. The message is clear – if scientists can put a bathtub in every home they can also beat polio. The hubris of the message is misplaced as an effective vaccine would not be available for another twenty years. In the real world, the NFIP was promoting the use of woolen bandages soaked in boiling water as an essential component of the most effective treatment for the after effects of polio infection. As Rogers observes ‘*Crippled children and hot packs were not as exciting or modern-sounding as the promise of a polio vaccine*’.²¹⁶ In the real world, scientists were red faced with embarrassment, not anger.

The literature associated with the polio treatment polemic frames Kenny’s concepts and methods as ‘*born outside a medical or scientific community*’²¹⁷, and a product of

²¹⁵ The President’s Birthday Magazine was public relations vehicle used by President Roosevelt. de Kruiff P, “What Science Is Doing”, *The President’s Birthday Magazine*, (National Foundation for Infantile Paralysis, 1938). Pamphlet, 61.143.7.2.5B EKP-MHS.

²¹⁶ Naomi Rogers, “Sister Kenny Goes To Washington”, in (ed.) Robert D. Johnston, *The Politics of Healing* (New York: Routledge, 2004).

²¹⁷ Betty Ligon uses this phrase to reiterate statements made by in papers by Martyr (1997) and Rogers (1993). Betty L. Ligon, “Sister Elizabeth Kenny: A controversial participant in the war against polio”, *Seminars in Pediatric Infectious Disease* vol. 2, no. 4, (2000), pp. 287-291.

'*virtuoso ignorance*'²¹⁸. In other words, she struggled to explain what she was doing and why her techniques worked. Wilson asserts that medical practitioners could not understand Kenny's attempts to explain her techniques because these explanations contradicted their interpretation of evidence which had a pathological origin.²¹⁹ In other words, her *a posteriori* knowledge was derived from empirical observation, whereas medical practitioners' *a priori* knowledge was derived from their reasoning on the action of the virus. The conventional view of science in the polio years was that the diligent application of scientific methods, including experimentation and testing, would inevitably lead to the truth of a theory being revealed. Whilst this approach undeniably expanded scientific knowledge throughout the last century it is equally true that medical knowledge has often been extended through trial and error. Nonetheless the absence of testing was, and continues to be, a key criticism of the Kenny method.²²⁰ Those critics of the Kenny method who argue that only a randomised control trial (RCT) could prove the superiority of her method overlook the fact that RCTs were not widely used in Kenny's lifetime, and if they had it would have been impossible to ensure patients and clinicians were blind to the therapy being applied.²²¹

²¹⁸ Mark Swaim uses this expression to describe the process of discovery unimpeded by pre-existing knowledge of a phenomenon. Mark W. Swaim, "A dogma upended from down under: Sister Elizabeth Kenny's polio treatment", *North Carolina Medical Journal* 59(4): (1998), pp. 256-260.

²¹⁹ Wilson, *Kenny's Eyes*, pp. 43-44.

²²⁰ Margaret Denton argues that the Kenny method was not subjected to appropriate evaluation and claims no variation in treatment produces improved outcomes for patients. Margaret Denton, "Further comments on the Elizabeth Kenny controversy", *Australian Historical Studies* no. 114, (2000), pp. 152-158.

²²¹ The first medical RCT was published in 1948. RCTs are useful for testing simple interventions, such as comparing two drugs, but are highly impractical for testing

Rogers, writing in 2008, continues her exploration of the politicisation of the assessment of the scientific validity of Kenny's techniques in her paper "Silence has its own stories: Elizabeth Kenny, Polio and the culture of medicine".²²² Rogers observes that professional stakeholders were quick to voice their belief that Kenny's method lacked scientific credibility because it had not been subjected to scientific confirmation. Citing a quote from a neurologist who is alleged to have considered her theories '*physiological nonsense*', Rogers concludes Kenny's work may have seemed distant from '*the ideals of a precise, rational and unemotional medical science*' because the '*messiness*' of clinical practice precluded it from being considered scientific. This is a tenuous argument as there is not a clear dichotomy between pure scientific medicine and medicine which is practiced at the bedside. The question of whether Kenny's method was a discovery or an invention will be examined in chapter five.

Contribution to the polio treatment knowledge base

The reporting of Kenny's contribution to the polio treatment knowledge base has until recently been exceptionally polarised. Her contemporaries be they nurses, doctors, or massage therapists, aligned into two distinct camps – the converts and the disbelievers. Kenny's techniques were subjected to sustained and intensive examination in Australia throughout the 1930s. It is note-worthy that the medical

complex processes. The highest order of RCT is a double-blind protocol where neither patient nor physician know which alternative intervention is administered. This is impossible when the intervention is not able to be disguised.

²²² Naomi Rogers, "Silence has its own stories: Elizabeth Kenny, Polio and the culture of medicine", *Social History of Medicine* vol. 21, no. 1, (2008), pp. 146-161.

practitioners who engaged in the interrogation of her techniques did not publish their objections through the academic literature, preferring to voice their disapproval through the conduit of quasi-judicial reviews. In 1933 Raphael Cilento was appointed to investigate the operation of the first Kenny clinic in Townsville. Cilento's preliminary report was cautiously supportive, claiming improvement in long standing paralysis cases.²²³ The final report completed a year later was less enthusiastic, claiming Kenny had not fulfilled her requirement to train nurses to carry out her techniques, and concluding the results of her therapy were no better than that which would be achieved through routine practices. A subsequent Royal Commission of Inquiry, which included a Commissioner who was openly hostile towards Kenny,²²⁴ and Parliamentary Reports in NSW and Victoria in 1937 also dismissed Kenny's therapy as achieving results which were no better than those obtained from conventional medical practice.²²⁵ A sole dissenting voice among Australian medical practitioners, reporting improved outcomes from Kenny's treatment,²²⁶ was dismissed as being biased as the author had observed Kenny's methods in the Townsville Clinic.²²⁷

²²³ Raphael Cilento, "Report on Sister E. Kenny's after-treatment of cases of paralysis following poliomyelitis", (1933), Fryer Library, University of Queensland, Box 18 UQFL44.

²²⁴ Dr. James V. Duhig was appointed to the 1936 Royal Commission of Inquiry in Queensland. In a letter to Victor Cohn, Duhig described Kenny as a liar and impostor 'with a curious and occasional criminal obsession about her ability to cure poliomyelitis in all stages'. James Duhig to Victor Cohn, letter, 16 Nov 1955. 146.K.8.6F EKP-MHS.

²²⁵ Willis, *Sister Elizabeth Kenny*, p. 33.

²²⁶ F.H. Mills, "Treatment of acute poliomyelitis: An analysis of Sister Kenny's methods", *The British Medical Journal* vol. 1, no. 4020, (1938), pp. 168-170.

²²⁷ M. Forrester-Brown, "Treatment of anterior poliomyelitis", *The British Medical Journal* vol. 1, no. 4021, pp. 252-3.

The recent publication of research undertaken by Kerry Highley provides a long overdue analysis of the mixed response of medical experts in Australia, America, and the United Kingdom to Kenny's concept of the disease and its treatment. Highley reaffirms the received view that opposition to Kenny rested more on her status as a nurse and lack of finesse in communicating with medical and massage practitioners than the evidence for the efficacy of her therapeutic approach. Highley concedes that prominent medical authorities did support Kenny throughout the period she worked in Australia, and usefully extends past analyses of medical opposition to include a more nuanced analysis of the role of Jean Macnamara and the Australian branch of the British Medical Association.²²⁸ Drawing attention to Macnamara's covert influence, Highley discredits the view that the medical profession acted collectively to undermine public confidence in Kenny's methods. Echoing Thame's conclusion, Highley also points out that the clearest proof of the value of Kenny's concept of treatment is that it eventually merged with conventional medical methods '*in a synergistic relationship instead of being locked in a battle for power*'.²²⁹

Whilst the Australian medical establishment attacked Kenny through the vehicle of public enquiries, medical practitioners in the United States voiced their support or opposition to Kenny's methods through the academic literature. As has been previously reported, the American medical profession was more collectively welcoming of Kenny's techniques, but remained dubious with respect to her theory about the site of attack of the virus. Her most prominent critic was Bruce Gill, a

²²⁸ See chapter five of Highley, *Dancing in my Dreams*.

²²⁹ Highley, *Dancing in my Dreams*, p. 109.

former Professor of Orthopaedic Surgery. In 1943 Gill wrote a long densely worded letter to the *Journal of Bone and Joint Surgery* criticising every aspect of Kenny's methods and concepts, and her publicity seeking self-promotion.²³⁰

Fortunately for Kenny, she attracted more supporters than opponents in America. Within one year of the first demonstration of her technique, orthopaedic specialists wrote in the prestigious *Journal of the American Medical Association*:

*Miss Kenny has presented ideas which are new in the symptamology and treatment of infantile paralysis. Results have been obtained in the cases of acute involvement which seem superior to those secured with therapeutic procedures previously generally accepted.*²³¹

By 1942 Kenny's method was accepted as the treatment of choice for patients presenting in the acute stages of polio,²³² possessing such advantages over previously recognised methods that the training of American physicians in the method was urged as an imperative.²³³

²³⁰ A. Bruce Gill, "Kenny concepts and treatment of poliomyelitis", *Journal of Bone and Joint Surgery* no. 26, (1944), pp. 87-98.

²³¹ Wallace H. Cole and Miland E. Knapp, "The Kenny Treatment of Infantile Paralysis: a preliminary report", *Journal of the American Medical Association* vol. 116, no. 23, (1941), pp. 2577-2580.

²³² Although there were semantic changes in the description of her techniques the core components of her method remained consistent between 1937 and 1942. Morris Fishbein, President of the American Medical Association, did not personally approve of Kenny but agreed to allow a favourable paper to be published in the JAMA in 1942. Mary Daly, Jerome Greenbaum, Edward Reilly, Alvah Weiss, Philip Stimson, "The Early Treatment of Poliomyelitis: with an evaluation of the Sister Kenny treatment", *Journal of the American Medical Association* vol. 118, no. 17, (1942), pp. 1433-1443.

²³³ John F. Pohl, "The Kenny Treatment of Anterior Poliomyelitis: report of the first cases treated in America", *Journal of the American Medical Association* vol. 118, no. 17, (1942), 1428-1433.

The debate over Kenny's contribution to the polio treatment knowledge base continued after her death. In 1955 Mylan Knapp published a complementary summary of the contribution of Kenny to the treatment of polio. From this point on the medical literature is virtually silent on her contribution to polio care, but Kenny's work remained a point of contention within the physiotherapy profession for years to come. Philippa Martyr's appraisal in 1997 of the sources of opposition to the Kenny system of rehabilitation presents a nuanced and detailed account of the intersection of three opposing forces whilst assiduously avoiding to comment on the superiority or otherwise of Kenny's methods.²³⁴ In 2000 Margaret Denton, an Australian historian of physiotherapy, robustly disputed Martyr's appraisal of the organised efforts of the Australian Massage Association to undermine support for the government sponsored Kenny Clinics.²³⁵ Denton reiterated Florence Kendall's lifelong assertion that Kenny's techniques had not been adequately evaluated and had produced results no better than conventional therapy.²³⁶ A paper on the history of splinting, written by Elaine Fess in 2002, restated the assertions that Kenny's method had not been properly evaluated and '*had no effect on residual paralysis*'²³⁷.

²³⁴ Martyr, *Price for Peace*, pp. 47-65.

²³⁵ Denton, Comments, p. 152. Whilst Denton's paper was emphatic in its response to Martyr, it was not published until three years after the publication of Martyr's paper.

²³⁶ In a lecture published shortly before her death Florence Kendall, who worked as a polio therapist with her husband in the United States during the 1940s and 1950s, confirmed her belief that the Kenny method had not been adequately evaluated and had not produced the results which Kenny claimed. Florence Kendall, "Sister Elizabeth Kenny Revisited", *Archives of Physical Medicine and Rehabilitation* no. 79, (1998), pp. 361-365.

²³⁷ Elaine E. Fess, "A history of splinting: To understand the present, view the past", *Journal of Hand Therapy* vol. 15, no. 2, (2002), pp. 97-132.

Whilst Denton and Fess possessed knowledge of splinting which was endorsed by their academic peers they were still flogging an academic and rhetorical dead horse in their accusation that the efficacy of Kenny's techniques had not been proven because they had not been properly evaluated.

Perhaps the final and lasting test of the value of Kenny's contribution to the polio treatment knowledge base is whether, in this era of commitment to evidence-based practice, it has made an enduring contribution to clinical practice. The Queensland Department of Health publishes guidelines for General Practitioners on the management of the late effects of polio. This guidance acknowledges the work of Sister Kenny in setting '*the hallmark for the treatment of paralytic polio*'.²³⁸ The acknowledgement is consistent with the views of John Paul who stated in 1971:

*In retrospect there is no denying that Sister Kenny's ideas and techniques marked a turning point, even an about-face, in the aftercare of paralytic poliomyelitis. By determination and sheer will power she helped to raise the treatment of paralyzed patients out of the slough into which it had sunk in the 1930s.*²³⁹

In 1985 Sir Frank Macfarlane Burnett, Nobel Prize winning Australian scientist, and the discoverer of multiple strains of polio virus, stated in an interview that Kenny's ideas about the pathology of polio were '*rubbish*'. Nonetheless, he was unequivocal

²³⁸ Queensland Health, The late effects of polio: Information for General Practitioners, (2001).

²³⁹ Paul, *History*, p. 344.

in his support for her therapy – ‘*I very definitely got the impression that if a child of mine got polio I’d ring for Sister Kenny*’.²⁴⁰

Cultural significance of polio

The analysis of the cultural significance of polio by Naomi Rogers leaves few topics unexplored and few questions unanswered for future researchers. Over the last twenty five years Rogers has examined the community responses to polio quarantine measures, the scapegoating of European migrant communities in the early American epidemics, public health practitioners’ fixation with pest control and public sanitation, the loss of public confidence in the authority of science and medicine, and the involvement of antivivisectionists in the debate over polio vaccine development.²⁴¹ There is barely a scholarly article or book chapter which omits Rogers as a citation in the exploration of the cultural significance of polio and Kenny’s work in America in the 1940s.

It will be shown later how the cultural significance of polio has been addressed by other historians, but Rogers is unique in addressing the significance of the representations of Kenny through the medium of film. Kenny produced or contributed to several films depicting her work and life.²⁴² Rogers proposes that

²⁴⁰ Macfarlane Burnett interview by Christopher Sexton, audio recording, (1985), Australian Science and Technology Heritage Centre, Inventory Identifier 18/003, Box Number 1, Series 18.

²⁴¹ Rogers addresses all these topics in *Dirt and Disease: Polio before FDR* and revisits these themes in journal articles and book chapters published throughout the 1990s and 2000s.

²⁴² Her earliest film was made in 1934 while she was treating patients in the Townsville Clinic. She used this film to promote her work to politicians in Queensland, NSW, and Canberra.

Kenny recognised early in her polio career that film could do more than simply disseminate her ideas; it could legitimise them with a public and a scientific audience.²⁴³ In 2007 Rogers used Kenny as a case study to demonstrate the capacity of film to be a teaching instrument, a vehicle for self-promotion, and a propaganda tool for her campaign to increase her influence over public health policy in the United States.²⁴⁴

In the decade spanning the new millennium the location of the analysis of the cultural significance of polio shifted to the monograph literature written by authors who had contracted polio as children. These accounts represent a quantum shift in the analysis of polio, introducing an unprecedented synchronicity of interdisciplinary research with biography and autobiography. The most widely cited publications in this genre are *Polio and its aftermath* by March Shell;²⁴⁵ *A summer plague* by Tony Gould;²⁴⁶ and *Elegy for a disease* by Anne Finger.²⁴⁷ The subjectivity which these authors apply to their analysis of historical records prompts them to explore issues and ask questions which have mostly been ignored in the research literature. Gould is virtually unique in questioning, albeit obliquely, Kenny's description of her first attempt to ease the discomfort of a child who had been stricken with polio: '*part of the potency of the Kenny myth derives from the fact that she convinced herself of its*

²⁴³ Rogers' examines the symbolism of the portrayal of Kenny in the 1946 RKO film *Sister Kenny* in: Naomi Rogers, "Sister Kenny", *ISIS* vol. 84, no. 4, (1993) pp. 772-774.

²⁴⁴ Naomi Rogers, "American Medicine and the Politics of Filmmaking: *Sister Kenny* (RKO, 1946)" in *Medicine's Moving Pictures*, (ed.) Leslie J. Reagan, Nancy Tomes, and Paula A. Treichler, (Rochester: University of Rochester Press, 2007), pp. 199-238.

²⁴⁵ Shell, *Polio*.

²⁴⁶ Gould, *Plague*.

²⁴⁷ Finger, *Elegy*.

validity before she set about persuading others'.²⁴⁸ The questioning of Kenny's account of her discovery places Gould in the company of an extremely small band of scholars.²⁴⁹ Shell proposes that the cultural significance of polio 'was overplayed in the first half of the century and then underplayed in the second half'.²⁵⁰ Shell uses the autobiographical accounts of polios to illustrate the impact of polio on cinema, art, literature, notions of childhood, public health, and the cultural portrayal of disability. Finger eloquently weaves a personal narrative with her social analysis of the dehumanising effects of the polio experience in the historical portrayal of the disease. Most notably, Finger explores the desexualising of male and female polios in the polio discourse and is alone in the literature in questioning why there has been so little conjecture on the sexual identity of Elizabeth Kenny.²⁵¹

Forgetting

Almost every journal article, chapter, conference paper, or media article ever written about Elizabeth Kenny since her death in 1952 acknowledges that her international fame diminished rapidly throughout the 1950s, and that she was effectively forgotten by the 1970s. Stark evidence of this phenomenon can be found in two articles published in 1955 in the newly established *Australian Journal of Physiotherapy*. The articles, written by prominent Australian physiotherapists, Marjorie Farnbach and Elma Casely, report the importance of physiotherapy in the

²⁴⁸ Gould, *Plague*, p. 87.

²⁴⁹ Anne Finger observes that the portrayal of the discovery of the method in the film "Sister Kenny" is inconsistent with the development of her techniques throughout the 1930s, Finger, *Elegy*, p. 96, but like Kerry Highley and Tony Gould she does not explore the meaning of this observation.

²⁵⁰ Shell, *Polio Wars*, p. 10.

²⁵¹ Finger, *Elegy*, p. 178.

treatment of polio and paralysis.²⁵² Both papers acknowledge the work of Australian doctors and scientists in the battle to defeat polio, and the extent to which polio epidemics had raised public awareness of the therapeutic value of physiotherapy, but neither author acknowledges Kenny's existence let alone her contribution to patient care. Farnbach's and Casely's denial of Kenny's contribution to the treatment of polio was not an accidental lapse of memory, it was almost certainly a deliberate act of forgetting. As Rogers observes '*Forgetting is sometimes seen as a passive process rather than an active one, but both remembering and forgetting are responses to the present*'.²⁵³ The present, for Farnbach and Casely, was a long-awaited opportunity to promote physiotherapy as a profession unimpeded by the limelight-hogging Elizabeth Kenny.

Rogers offers several explanations for the speed with which Kenny was forgotten. In a paper delivered in 2010 she observes '*In the history of polio, memorializing has always been politically and socially fraught*'.²⁵⁴ In this paper Rogers claims Kenny was forgotten partly because polio shifted from being a story about medicine and patient care to a story of the triumph of science over polio, and partly because she amassed more political opponents than political allies during her career. Rogers returns to the subject of forgetting in *Polio Wars*, but adds, with little critical reflection, that polio is now an old person's disease in North America, and therefore

²⁵² Marjorie Farnbach, "Physiotherapy for poliomyelitis patients", *Australian Journal of Physiotherapy* vol. 1, no. 4, (1955), pp. 182-187; and Elma Casely, "Physiotherapy in South Australia", *Australian Journal of Physiotherapy* vol. 1, no. 4, (1955), pp. 164-169.

²⁵³ Rogers, *Polio Wars*, p. 425.

²⁵⁴ Naomi Rogers, "Gender, history and the process of forgetting: The case of Sister Kenny", Paper presented at SUNY Stony Brook University, (2010).

is a disease with little news worthiness or interest for modern health care practitioners.²⁵⁵

In the opening pages of *Elegy for a disease* Anne Finger observes that '*I should not be surprised that when a doctor writes the history, doctors and scientists are given center stage*'.²⁵⁶ Her remark is well founded: John Paul devotes eleven of the 469 pages of *History of Poliomyelitis* to the development of the iron lung, and four pages to the work of Elizabeth Kenny. Nonetheless, Finger should also include historians as being equally myopic in their view of the disease.²⁵⁷ Finger paints an awkward portrait of Kenny in two substantial sections of her autobiography: a saint-like figure for some former patients; for others, a woman whose treatment regime bordered on abuse. Kenny defied gender conformity and was exceptional in her lifetime in earning international fame as an independent woman rather than as a movie star or as the wife of a prominent man.²⁵⁸ Nonetheless, Finger concludes, like many others, that Kenny '*faded out of our collective memories, becoming a footnote to a disease that had itself become a footnote*'.²⁵⁹

²⁵⁵ Rogers, *Polio*, p. 426.

²⁵⁶ Finger, *Elegy*, p. 11.

²⁵⁷ Oshinsky allocates five pages of the Pulitzer prize winning "Polio an American Story" to Kenny's work.

²⁵⁸ Finger's comment is a reference to Kenny's friendship with Rosalind Russel and Eleanor Roosevelt. Nonetheless, Finger observes that almost all the women who were deemed influential in the Gallop polls were married to famous men or had inherited family fortunes.

²⁵⁹ Finger, *Elegy*, p. 92.

Marc Shell demands that a far more radical response is required if we are to move beyond eulogising the development of the Salk and Sabin vaccines. Whilst Shell does not directly comment on Kenny's work, he is emphatic that the notion that polio has been conquered is a sham which needs to be exposed. Shell notes that the lifespan of polio epidemics in the industrialised nations of the twentieth century approximates to the life span of a human, giving rise to the misleading notion that the history of polio has a beginning, middle and end.²⁶⁰ Shell argues that the perception that we live in a world which is post-polio is glaringly contradicted by the fact that there are still approximately 1.6 million polios living in the United States, and that in the United States it is second only to stroke as the cause of paralysis.²⁶¹ A similar proportion of survivors can be found in Australia, where thousands of people struggle to achieve recognition of the health impact of post-polio syndrome. For Shell, the treatment of polio is a footnote to a disease which itself has become a footnote to the triumph of science over a disease.

2.4 Hagiography

A notable feature of the Kenny historiography is the substantial production of biographies which should be categorised as hagiography. Whilst a hagiography is rarely written in an academic style or based upon critical analysis of biographical data, it may be argued that this genre of writing has played a substantial role in shaping the academic discourse on the polio treatment controversy. A hagiography is a biography of a saint or a venerated person, but it is also used in a pejorative sense to describe biographical writing which is uncritical or excessively deferential.

²⁶⁰ Shell, *Polio*, p. 6.

²⁶¹ Shell, *Polio*, p. 205.

Hagiography should not be automatically dismissed as lacking worth as it has the potential to reveal the social context and implied meaning of events which may be perceived to represent heroic acts or moments of divine intervention in the world.

There are three hagiographical monographs which are worthy of examination. Each is written by an American author, and published in the USA, but they differ in their proximity to Kenny and their reliance on primary sources of data. *I knew Sister Kenny: A story of a great lady and little people* was written by Herbert J. Levine, a medical practitioner who knew Kenny from 1946 until her death in 1952.²⁶² Levine's book chronicles the rise and demise of the Centralia Clinic in Centralia, Illinois, the first Kenny clinic to be established outside Minneapolis.²⁶³ The book's title and subtitle unambiguously tells the reader that Kenny is set apart from ordinary people. Levine describes how a *great lady* uses her influence to bring salvation to Centralia in the form of a polio clinic. The book also provides a first-hand account of the impact her failing health had on her loss of control of the Elizabeth Kenny Institute. As useful as the book is in terms of its portrayal of the emotional and cultural significance of polio to the citizens of Centralia, Levine shows no sign of recognising the role Kenny played in the closure of the clinic.²⁶⁴ In Levine's eyes Kenny was a heroic figure who placed the welfare of crippled children above her own.

²⁶² Herbert J. Levine, *I knew Sister Kenny: A story of a great lady and little people* (Boston: The Christopher Publishing House, 1954).

²⁶³ The Centralia Clinic opened in August 1947 and closed in March 1949.

²⁶⁴ The Centralia Clinic closed because Kenny refused to compromise with public health officials who wanted the clinic to provide a range of therapies. Kenny's dogmatic insistence that only technicians which she had trained could deliver the unadulterated treatment was at odds with the small number of trained technicians. State officials

Sister Elizabeth Kenny, by Henry Thomas, is an entirely different form of hagiography.²⁶⁵ If imitation is the sincerest form of flattery, Henry Thomas is the sincerest admirer of Elizabeth Kenny. Thomas' book is so plagiarised from Kenny's 1943 memoir it is surprising Kenny's publishers didn't sue.²⁶⁶ The dustcover introduces Kenny as '*one of the major pioneers in the battle against infantile paralysis*', and its publication in 1958 appears to be an attempt to capitalise on the fame of Jonas Salk, the scientist who led the development of the first polio vaccine. The book imputes Kenny's sanctity unambiguously. In the chapter titled "Elizabeth Kenny – Doctor of Humanity" Thomas cites the former Chancellor of the New York University as claiming: '*In her native Queensland, little children start their morning devotions with a prayer to Sister Kenny*'.²⁶⁷ There is no speculation on the possibility of Basil O'Connor, President of the NFIP, starting his day giving thanks for the death of the bane of his existence.

The most recent hagiographical appraisal of Kenny is "Healing Warrior: A story about Sister Elizabeth Kenny".²⁶⁸ The book was written by Emily Crofford with the assistance of grants from the Minnesota State Arts Board and the National Endowment for the Arts. The content is almost entirely drawn from Kenny's memoir and Victor Cohn's biography. *Healing Warrior* was judged to be outstanding by the

withdrew funding and the clinic closed. The citizens of Centralia believed that they lost their clinic due to the heavy hand of bureaucracy.

²⁶⁵ Henry Thomas, *Sister Elizabeth Kenny* (New York: G.P. Putnam's Sons, 1958).

²⁶⁶ Only five pages of *Sister Elizabeth Kenny* are not sourced directly from Kenny's memoir.

²⁶⁷ Thomas, *Kenny*, p. 121.

²⁶⁸ Emily Crofford, *Healing warrior: A story about Sister Elizabeth Kenny* (Minneapolis: Carolrhoda Books, 1989).

National Council for the Social Studies and the National Science Teachers Association in the United States.²⁶⁹ Despite its accolades, “Healing Warrior” is most notable for the complete absence of cross examination of the facts presented by Kenny in her memoir. Indeed, Crofford explains to her youthful readers that Kenny had no choice but to lie about her qualifications because American doctors would not believe her claims about her polio therapy if they knew she was unqualified. Veracity, it seems, was not a mandatory weapon in a healing warrior’s arsenal.

2.5 Conclusion

The historiography demonstrates that the literature on Kenny is dominated by scholarship which focusses on the polemic associated with the efficacy of Kenny’s method of treating polio, and the interpretation of the significance of her contribution to the nursing and physical therapy knowledge base. There is scant evidence in the literature of an analysis of the heuristic foundations to a therapeutic regime which was claimed to be developed through nursing intuition, and scant evidence of an analysis of the epistemological foundations to the medical profession’s defence of normative beliefs underpinning orthodox medical practice. Whilst the literature does critique the foundations to Kenny’s nursing identity, this is restricted to conventional conceptions of nurses as carers and enablers, and little consideration of Kenny as an example of a proto nurse researcher or scientist. The corpus does recognise the importance of Kenny’s self-promotion in the news media,

²⁶⁹ The NCSS website states books are notable if they ‘*emphasize human relations, represent a diversity of groups and are sensitive to a broad range of cultural experiences, present an original theme or a fresh slant on a traditional topic, are easily readable and of high literary quality, and have a pleasing format and, when appropriate, illustrations that enrich the text*’. <http://www.socialstudies.org/resources/notable>.

but there is no critical reflection on the role of narrative in shaping the production or dissemination of a therapy which represented a paradigm shift in the aftercare of a greatly feared disease.

Chapter Three – Forging a nurse identity

3.1 Introduction

This chapter examines the social, economic, and cultural context to the development of Elizabeth Kenny's identity as Nurse Kenny. The discussion will show that in an era where societal structures subjugated women, Kenny forged an empowered identity through improvisation, ingenuity, creativity, deception, dissemblance, expediency and sheer bloody-minded determination. The chapter provides context to the narratives which permeated the personal myth which Kenny authored in her later life.

3.2 Ordinary beginnings

Elizabeth Kenny was born in 1880 in a region of New South Wales known as the Northern Tablelands. Her mother, Mary Moore was an Australian born descendant of a Protestant Irish convict, and her father, Michael Kenny, was a Roman Catholic Irish free settler who migrated to New South Wales in 1862. Mary and Michael were married in a manse by a Presbyterian minister. In this deeply sectarian era, Michael's marriage to Mary was not welcomed by her family, and it was not recognised by the Catholic Church. Despite these obstacles, they remained married until his death in 1913, and had nine children, seven of whom survived to adulthood. Elizabeth was their fifth child. Michael Kenny can best be described as an itinerant farm labourer, pursuing employment wherever it became available in the north east of New South Wales and the south east of Queensland. The Kenny family moved frequently as

Michael sought employment in a period of economic instability.²⁷⁰ At the age of thirteen, after only two years of formal education, Elizabeth moved with her family to the region of Queensland known as the Darling Downs. Here she is believed to have attended school for a short time before the family moved to a property near Clifton called Headington Hill. In 1899 Michael Kenny purchased a small farm near the town of Nobby. This town, which was too small to be reported in the 1901 Queensland census, would be the epicentre of Elizabeth Kenny's world for the next fifty years.

Peer accounts reveal that Kenny had an active social life as a young woman and was pursued by several suitors, but she showed no interest in their courtship. Kenny's sister, Julia, commented that when her mother would ask Elizabeth why she didn't '*settle down and have a family like your sisters*', Elizabeth would snort '*The very thought of it*'.²⁷¹ Kenny's overt disinterest in, or distaste for, marriage may not seem remarkable to an observer in the twenty-first century, but it set her apart from many of her peers. The Australian census of 1901 shows that in Queensland two thirds of the women aged between twenty five and thirty were married or had already been widowed.²⁷² Elizabeth Kenny was emphatic in declaring that she had no appetite for

²⁷⁰ The gold rush of the 1860s and the growth of exports in commodities such as wheat and wool fuelled a sustained period of economic growth throughout the 1880s, but a sudden decline in commodity prices resulted in a major depression which lasted throughout the 1890s. For a concise overview of the economic development of Australia in this era see Marcus Clark, *A short history of Australia* (Sydney: Penguin Books Australia, 1963).

²⁷¹ Julia Farquarson, interview by Victor Cohn, 19 April 1953, 146.K.8.6F EKP-MHS.

²⁷² George Knibbs, *Official Yearbook of the Commonwealth of Australia 1901-1907 No. 1 – 1908* (Melbourne: McCarron Bird and Co., 1908).

an ordinary life, and no interest in living '*on a farm like all the rest*',²⁷³ but she also lacked the resources which could enable her to maintain an independent existence.

As a young adult with little formal education, no trade, no qualifications, a renowned objection to domestic work,²⁷⁴ and an even fiercer hostility towards marriage,²⁷⁵ Kenny had few choices in life other than to live with her relatives and assist her mother in the provision of home nursing services, or bush nursing as it was commonly called in rural locations.²⁷⁶ In the region of Queensland where Kenny lived as a young adult very few medical practitioners or trained nurses worked outside the towns. This provided an employment opportunity for women to provide midwifery and nursing services for people who were unable to afford the services of a qualified medical practitioner, or those who lived in remote locations. Bush nursing was not a reliable source of income as clients would often pay in kind, but, importantly, it

²⁷³ All Kenny's sisters married local farmers. Minnie Bell and Jack Bell, interview by Victor Cohn, 5 November 1955, 146.K.8.6F EKP-MHS.

²⁷⁴ Cohn, *Sister Kenny*, p. 31.

²⁷⁵ Kenny's disinterest in the available male suitors was a theme which emerged in interviews with family members and peers by Victor Cohn in 1953, but her sister, Julia, provides the most explicit evidence that she was hostile towards the prospect of marriage rather than lacking available suitors. Farquarson, *interview*.

²⁷⁶ Bush nurse is the term used to describe the women who provided nursing services in remote areas of Australia during the late nineteenth and early twentieth centuries. Initially most bush nurses were unqualified, but nursing in remote areas gradually became a recognised professional role. For a comprehensive history of the development of nursing services in Australia before the First World War see Beverly Schultz, *A Tapestry of Service: The evolution of nursing in Australia* (Melbourne: Churchill Livingstone, 1991); or Elizabeth Burchill, *Australian nurses since Nightingale* (Richmond: Spectrum Publications, 1992).

afforded some respectability to women who had, in Kenny's words, failed to '*get married like the rest to justify my existence*'.²⁷⁷

The seemingly inauspicious start to Kenny's life may not appear to have offered her a firm foundation upon which she could build a fulfilling life, but in the context of the expectations held for young women of her social and economic status her rural upbringing was enough to prepare her for marriage and the limited employment opportunities which were available in rural Queensland. There were substantial differences in the employment opportunities for women and men in the Federation era. The participation rate of men in paid employment in Queensland was four times that of women, and there were equally significant variations in the gender distribution within occupational categories.²⁷⁸ Although men made up a slightly higher proportion of the population in rural areas, the participation rate of men in primary production was five times that of women. Most of the women who participated in paid employment were employed in domestic service.

Notwithstanding the substantial overall difference in participation in paid employment, it is noteworthy that the participation rate for women and men in industrial occupations was almost equal, and women made up a third of the professional workforce.²⁷⁹

Variations in participation rates and employment categories demonstrate that work was not allocated on a purely gender basis. Despite its vast size and small population

²⁷⁷ Elizabeth Kenny, unpublished autobiography, manuscript, Reserve 35 EKP-MHS.

²⁷⁸ Knibbs, *Yearbook*, pp. 169-170.

²⁷⁹ Knibbs, *Yearbook*, pp. 439-441.

Australia was, paradoxically, one of the most urbanised societies in the world in the first decade of the twentieth century,²⁸⁰ and this apparent incongruity is reflected in major differences in the social and demographic profile of town and city dwellers. In 1901 nearly half the Queensland population of half a million people lived in six cities, yet agriculture and mining produced most the State's domestic product and income.²⁸¹ This polarisation of the population and the economy meant that women living in rural areas were severely restricted in their employment opportunities as jobs in factories, commerce, and domestic service were concentrated in urban areas.²⁸² As a young adult, Kenny found herself in an iniquitous situation. Even though there were few opportunities for her to engage in industrial or domestic service occupations, there was little prospect of her earning an independent living through employment in primary production as this type of employment was considered improper for women.

²⁸⁰ In 1901 Australia had a population density of less than one person per square mile, whereas the United States of America had a population density of twenty people per square mile. Despite this low overall population density, a third of the Australian population lived in the capital cities. In comparison, in this era 7% of the population of France lived in Paris, and 21% of the population of England lived in London. Palgrave Macmillan (ed.), *International Historical Statistics* (Palgrave Macmillan UK, 2013).

²⁸¹ Queensland Office of Economic and Statistical Research, *Queensland Past and Present: 100 Years of Statistics, 1896–1996*, (2009).

<http://www.oesr.qld.gov.au/products/publications/qld-past-present/index.php>

²⁸² For an appraisal of the employment opportunities for women in the Federation era see the chapter "The Freedom of the Factory" in: Beverley Kingston, *My wife, my daughter and poor Mary Ann: Women and work in Australia* (West Melbourne: Thomas Nelson, 1975).

The dawn of the twentieth century heralded momentous changes in Kenny's world. In the space of a few years Kenny attained the legal status of an adult, women were granted the franchise to vote, and Queensland became a State in the newly federated Commonwealth of Australia.²⁸³ These events provided women with an unprecedented degree of emancipation, but we have no knowledge of how Kenny viewed the impact of these changes on her own life or the social status of women as they are completely ignored in her memoirs. Beverley Kingston argues that whilst the social status of women was improving, the myth that Australian women were better off than women elsewhere in the world is predicated on a convenient conjunction of nostalgic stories of courageous pioneering women and mid-nineteenth century male values which positioned women in the role of home making, child rearing, and nation building. Women's work, Kingston argues, was defined by what men thought proper for women. Kingston concludes that women with no training or capital effectively had two options; *marry well* to escape the necessity for employment or rely on their domestic skills to secure employment in domestic services.²⁸⁴

According to her relatives, Kenny was not work shy, but the work which was on offer within her limited horizon was not to her liking.²⁸⁵ Years later she is said to have claimed '*It was a terrible calamity when I went out to make my own living*'.²⁸⁶ The

²⁸³ Kenny turned twenty one the same year Australia became a nation state. Women were granted a franchise to vote in Federal elections in 1902, and all States had granted women a franchise to vote by 1908.

²⁸⁴ See the chapter "She Married Well and Lived Happily Ever After" in Kingston, *Women*.

²⁸⁵ Minnie Bell and James Bell, *interview*.

²⁸⁶ Cohn, *Sister Kenny*, p. 33.

calamity to which she was referring was, in fact, a turning point in her life. In 1907 she travelled to Guyra in New South Wales to visit her recently widowed grandmother. Guyra was renowned as a major potato growing district, supplying potatoes to Queensland, New South Wales and Victoria. Kenny revealed her business acumen during the time she lived in Guyra by organising the sale of produce to markets in Brisbane. In doing so she won the esteem of the local producers while earning a substantial income for herself.²⁸⁷ This was a laudable accomplishment for an impoverished and uneducated woman to achieve in an era where women had limited opportunities to acquire independent capital. She also claims to have earned the approbation of the '*young people of the village*' for daring to:

*do a thing no woman would think of doing. I was not refined, I was not nice. A girl who knew her place looked to her male relatives to dispose of the crude details of business. It was vulgar to be healthy, ladylike to be delicate.*²⁸⁸

Kenny wrote these words in the early 1940s. The approbation which Kenny professes to have suffered does seem disproportionate to her seemingly innocuous misdemeanour, and it is worth noting that her cousin, with whom she was living, appears to have escaped public scorn even though she gained her livelihood by

²⁸⁷ In her published memoir Kenny described her earnings from the sale of this produce as '*a gift from the men*' rather than as commission or a fee. Kenny and Ostenso, *And They Shall Walk*, p. 17. Her family portrayed her financial gain in more mercantile terms, claiming it enabled her to establish her nursing career in Nobby. Minnie Bell and James Bell, *interview*.

²⁸⁸ Kenny devotes two pages of the memoir published in 1943 to describing the event. It is described in more detail in the undated draft manuscript.

working in a shop with her husband.²⁸⁹ The hand written manuscript which forms the basis of a memoir published in 1943 places more emphasis on her peers' rejection being founded on her disdain for the prospect of '*whiling away the time with a piece of embroidery and waiting for the knight errant to appear on the scene*',²⁹⁰ than the impropriety of a single woman undertaking men's work. Kenny's words suggest she perceived that her moral integrity was being questioned because she was rejecting marriage while showing no signs of embracing a socially acceptable spinsterhood.²⁹¹ Whatever the cause of her indignation, the rejection rankled for many years. The episode is additionally noteworthy as it is a rare first hand portrayal of her self-image at a key point in her life.

The description of Kenny's first attempt to earn her independence through commerce offers a glimpse of her talent for ingenuity and opportunism when faced with a challenge. The episode also suggests there was an emerging conflict between her yearning for independence and her desire for social acceptance. This small step towards independence had given her confidence in her ability to do work traditionally reserved for men and provided her with capital which she could use as she wished, but it also left her wary of the social stigma that could accompany behaviour which transgressed the norms of the cloistered rural society in which she lived. Poised to capitalise on her business acumen Kenny abruptly abandoned her

²⁸⁹ Minnie Bell also claimed that her husband collaborated with Kenny in her potato selling enterprise. Minnie Bell and James Bell, *interview*.

²⁹⁰ Kenny unpublished memoir. Reserve 35 EKP-MHS.

²⁹¹ For an appraisal of the portrayal of unmarried women in English literature throughout the nineteenth and twentieth centuries see Laura Doan, *Old Maids to Radical Spinsters* (Urbana: University of Illinois Press, 1991).

venture as a produce trader, and her ties with Guyra, and set out on a journey which ultimately would define the rest of her life.

3.3 A nurse is born

The date of Kenny's departure from Guyra is unclear. The testimony of close relatives indicates she left between late 1910 and early 1911.²⁹² There is no extant record of her residing in the Guyra district after January 1911 or in Nobby prior to November 1911.²⁹³ Whilst there is uncertainty in the timing of Kenny's departure from Guyra, or her immediate destination, there is reliable evidence that she was carrying items in her luggage which would be instrumental in the creation of a new identity. Shortly before leaving Guyra Kenny purchased a red silk cape, black cloak, white pinafore, black velvet cap and some starched white collars from a local tailor.²⁹⁴ In essence, Kenny had purchased the traditional uniform of a trained nurse. Upon her eventual arrival in Nobby the unqualified, but suitably attired, Elizabeth Kenny was ready to offer her services to the citizens of the Clifton Shire as a Nurse Kenny, Medical and Surgical Nurse.²⁹⁵

²⁹² Minnie and James Bell told Victor Cohn that Kenny left Guyra after living with them in Guyra for two to three years. Minnie Bell and James Bell, *interview*. Kenny's cousin, Alicent Woodward (nee Moore), claimed Kenny left Guyra in early 1911 to assist her with the birth of her son, Wilfred, in Walcha on 28 January 1911. Alicent Woodward, interview by Victor Cohn, 3-4 December 1955, 146.K.8.6F EKP-MHS.

²⁹³ An advertisement in the Clifton Courier shows she was working as a nurse in Clifton in November 1911. "Professional Notice", *Clifton Courier*, 4 November 1911, p. 3. State Library of Queensland, Open Access, MFS 0448 (henceforth SLQ MFS 0448).

²⁹⁴ Kenny's preparations to purchase a nurse's uniform are described by Alicent Woodward in an interview by Victor Cohn. Woodward, interview.

²⁹⁵ Clifton Courier, *Professional Notices*, p. 3.

The question of whether Kenny could legitimately claim to be a trained nurse has been debated at length.²⁹⁶ In 1943 Kenny claimed she had '*entered a private hospital and began my training*',²⁹⁷ but omitted to state when or where this occurred, or the length of the course. As formal nurse training in the era consisted of a three years residential course conducted by a recognised State approved hospital, there was insufficient time between January and November 2011 for her to undertake training which could lead to a recognised qualification. Recent research by Kerry Highley raises the possibility that Kenny may have enrolled on a nursery nursing course at the Sydney Norland Institute in 1911. It is likely that Kenny knew of the Norland course as it was advertised in *The Guyra Argos* during 1910 and 1911, promising an applicant an annual income of £40-50 upon graduation. The cost of the Norland course is consistent with statements Kenny made about the cost of her nurse training,²⁹⁸ and the twelve months course included three month's midwifery and surgical experience. Whilst Highley's hypothesis is compelling it is unlikely that Kenny undertook the Norland course as there was insufficient time for her to complete the course in Sydney and return to Nobby by October 1911 if she was still resident in Walcha in February 1911.²⁹⁹

²⁹⁶ See: Wilson, *Kenny's Eyes*, and Highley, *Dancing in my Dreams*.

²⁹⁷ Kenny and Ostenso, *They Shall Walk*, p. 18.

²⁹⁸ The cost of the Norland Institute course was £40. Source: "The Home For Babies", *Sydney Morning Herald*, 19 October 1911, page 12, Trove NLA. Catherine Casky, a former patient of Kenny's, told Victor Cohn that Kenny stated her training had cost £45, which was much less than the cost of ordinary nurse training. Cohn, *Sister Kenny*, p. 36.

²⁹⁹ Alicent Woodward claimed Kenny assisted her after the birth of her son in Walcha on 28 January 1911. Walcha is a town located 60 miles south of Guyra. Woodward, *interview*.

When Kenny left Guyra she left behind a reliable source of income and a reputation as a competent produce trader. She also left behind the domestic independence she experienced living with her married cousin which she would not have enjoyed while living with her parents or grandmother. Leaving Guyra for an uncertain future as a nurse may seem reckless, but her preparation for the undertaking suggests it was based on at least some measure of rational assessment. The questions which therefore beg to be answered are – how and why, at the age of thirty, did Kenny adopt the persona of a trained nurse; what benefits could she have hoped to acquire through her ruse; and what did her actions reveal about her personality?

From a contemporary viewpoint, Elizabeth Kenny appears to have performed a conceit in assuming the role of a trained nurse despite her lack of formal training, but her actions should be understood in terms of the broader social context and status of nursing in this period. Nursing was still in its infancy as a recognised professional role for women in the Federation era. The job was not well paid, and the conditions of employment were poor even by contemporary standards.³⁰⁰ At the turn of the Century women who worked as nurses were still subject to lingering prejudices which questioned their morality and sobriety.³⁰¹ Reformers, such as Lucy

³⁰⁰ In 1910 trainee nurses worked longer hours and received less pay than domestic servants, and it was not uncommon for nurses working in the community to be paid in kind rather than cash for their labour. For a comprehensive appraisal of the development of nursing in Australia see: Wendy Madsen, *Nursing history: Foundations of a Profession* (Frenchs Forest: Pearson SprintPrint, 2007).

³⁰¹ For an appraisal of the social status of nurses in the Australian colonies at the beginning of the twentieth century see Schultz, *Tapestry*, and Burchill, *Nightingale*.

Osburn in Australia,³⁰² had acted to counter these prejudices by requiring trainee nurses to live in hospital dormitories to shield them from the temptations and dangers of ordinary life. This strategy also had the added benefit to employers of ensuring the nursing workforce could work long hours in erratic shift patterns long after similar work practices were abandoned in other industries.

Despite the numerous undesirable characteristics of the job demand for nurse training grew steadily in the early decades of the twentieth century. The status of the job was increasing due to the State regulation of health care professions, improvements in nursing education, and the recognition of the contribution of nursing services to success in military campaigns.³⁰³ All these changes had an impact at an individual level as well as a collective level. The combined effect of technological changes in the practice of medicine in the early decades of the twentieth century and the reorganisation of hospital services which occurred during the First World War meant that institutions became the primary location of nurses' work rather than the home or the community. This relocation of the role to institutional settings contributed to the growing professional status of nurses, but it also limited the capacity of nurses to individually negotiate a fee for their services

³⁰² The contribution of Lucy Osburn to the reform of nursing in Australia in the late nineteenth century is appraised in: Judith Godden, *Lucy Osburn a lady displaced: Florence Nightingale's envoy to Australia* (Sydney: Sydney University Press, 2006).

³⁰³ For an appraisal of the impact of the Boer War and First World War on the organisation and professionalisation of nursing services in the United Kingdom see Anne Summers, *Angels and Citizens: British women as military nurses 1854–1914* (London: Routledge and Kegan Paul, 1988). For a comprehensive appraisal of the development of nursing education in Australia see Ruth Lynette Russell, *From Nightingale to Now: Nurse Education in Australia* (Sydney: Harcourt Brace Jovanovich, 1990).

with their private patients. Ironically, the forces which were shaping the professionalisation of nursing would also lock nurses into a cage of professional subservience which still exists over a century later.

Kenny's perception of nursing as an occupation would have been shaped by her observations of the work of nurses, and the public discourse which accompanied the evolution of the role. In rural Queensland nursing and midwifery services were often delivered by mature women working with clients in their own homes,³⁰⁴ or in small privately owned hospitals or lying-in homes.³⁰⁵ Interviews with Kenny's relatives in the 1950s confirm that as a young woman Kenny had assisted her mother with home nursing and the delivery of babies. Prior to her venture as a produce trader she supplemented her income in Guyra by providing home nursing services, mostly assisting with home births, under instruction from the town's doctor.³⁰⁶ She is also known to have worked for a brief period as a domestic servant in a private hospital called Scotia in the town of Guyra.³⁰⁷ These experiences may have provided an

³⁰⁴ An examination of Queensland government records, nurse Registration records, and professional nursing organisation membership lists by Wendy Madsen shows the importance of private nursing services provided by mature age women, many of whom were untrained, in rural areas of Queensland. Wendy Madsen, "Early 20th century untrained nursing staff in the Rockhampton district: a necessary evil?" *Journal of Advanced Nursing* vol. 51, no. 3, (2005), pp. 307–313.

³⁰⁵ Lying-in is an archaic term to describe a period of rest preceding a woman giving birth. Lying-in hospitals were usually small privately owned establishments where the services of a midwife or a visiting doctor would be available.

³⁰⁶ Woodward, *interview*, and Minnie Bell and James Bell, *interview*.

³⁰⁷ Scotia private hospital was under the control of Nurse Sutherland. Kenny's employment as a domestic servant is confirmed in a letter to Wade Alexander by Nurse Sutherland's daughter. Patience C. Moore, to Wade Alexander, letter, 1 February 2001, 143.E.10.9B EKP-MHS.

insight into the organisation and delivery of nursing care, but insight alone could not be a substitute for the years of formal training and examination which was required before a woman could claim the privilege of the title Trained Nurse.³⁰⁸ Nonetheless, in the context of her personal experience it is possible that she concluded her knowledge of nursing practice within the home and institutional settings was enough to embolden her to assume the public identity of a trained nurse. It is also important to note that in 1910 it was neither illegal or uncommon for untrained nurses to use the title of Nurse to describe their occupation as the use of the title was not subject to legal control in Queensland until the establishment of a Nurses' Registration Board in 1911.

A further reference point for understanding Kenny's perception of the role of nurses can be found in the public discourse which reflected and shaped the evolving role of nurses during this period. The role and status of traditional forms of home nursing or bush nursing was widely debated topic in the first decade of the century. District nursing services, modelled on services established in the United Kingdom, were steadily growing in the larger urban areas in which most of the population lived. In September 1909 Lady Dudley, wife of the newly appointed Governor-General of Australia, called for the extension of district nursing services to pastoral and agricultural populations. The subsequent campaign to improve nursing services to

³⁰⁸ Nurse training in Australia was organised as an apprenticeship based within accredited hospitals. Kirsty Harris claims the training was mostly acquired through 'observation and repetition rather than direct teaching' but trainees were usually subject to examination at the completion of their courses. For an appraisal of nurse training in the pre-WW1 era see 'Australian Nursing and Training' in Kirsty Harris, *More Than Bombs and Bandages: Australian Army Nurses at Work in World War 1*, (Newport: Big Sky Publishing, 2011).

rural population did not result in the creation of a national scheme as advocates had hoped, but the campaign was effective in promoting public awareness of the need for organised nursing services in rural areas, and the raising of public confidence in the authority and legitimacy of trained nurses to provide services beyond midwifery and palliative care. Kenny would almost certainly have been exposed to this debate as there are numerous records of articles reporting the campaign in newspapers which served the Guyra district, and it is likely her perception of the scope of a nurse's role was informed by this discourse.

Kenny's new identity as a trained nurse may have appeared to be an ideal solution to her predicament, but did she fully understand the risks associated with her actions? Her new life may have appeared to offer substantial benefits, such as a reliable source of income and increased social status and independence.

Nonetheless, the manner and haste in which she enacted her transformation presented her with risks which she may not have fully appreciated. The immediate risk associated with assuming the role of a trained nurse was the potential for incurring public humiliation should her lack of formal training be revealed. Kenny may have looked the part, but she possessed neither a certificate or record of training, nor a badge designating where she had trained.³⁰⁹

³⁰⁹ A badge was not mandatory prior to 1911, but it a recognised symbol of a nursing qualification. The Health Act Amendment Act 1911 mandated that every registered nurse would be issued with a badge which bore the nurse's name and date of registration. Queensland Government, *Health Act Amendment Act 2 Geo. V. No. 26*, (1911), p. 5178. http://classic.austlii.edu.au/au/legis/qld/hist_act/haaa19112gvn26261/

Notwithstanding the importance of incurring public disgrace, the foremost risk associated with assuming the guise of a trained nurse may not have been evident to Kenny when she was preparing for her new career. Growing discontent among medical practitioners over the rising professional status of pharmacists, dentists, opticians, and nurses culminated in the Queensland Government introducing the Health Act Amendment Act 1911. This Act introduced stronger regulation of the nurse workforce and made it unlawful to falsely claim to be a Registered Nurse. Nurses seeking registration were required to have completed a set period of training in a recognised hospital, or, for nurses lacking formal training, to submit to a prescribed examination. Nurses who could not meet these conditions, but could demonstrate suitable experience as a nurse, could apply for registration through Ministerial discretion.

The Health Act Amendment Act 1911 also set out new arrangements for the registration of private hospitals. Crucially, the Act stipulated '*No person shall be entitled to apply for or hold a certificate of registration of a private hospital unless such person is a medical practitioner or a registered nurse*'.³¹⁰ Responsibility for the administration of the registration process was placed with local government authorities. Whilst the impact of this amendment would be slow in taking effect it was a significant milestone on the path which was leading to the institutionalisation of nursing practice and the demise of the traditional independent nurse practitioner.

The precise date that Kenny first offered her nursing services to the residents of Nobby is not known, but a professional services advertisement in the *Clifton Courier*,

³¹⁰ Queensland Government, *Health Act Amendment*, p. 5170.

4 November 1911, declares her availability as a medical and surgical nurse. Despite her unorthodox preparation for her new career, Nurse Kenny's arrival in Nobby was a resounding success. In fact, her return to Nobby had been so financially successful she was able to take control of a small private hospital in the nearby town of Clifton within a year of her return to the district.³¹¹



Fig. 8. Elizabeth Kenny wearing traditional nurse's uniform. Nobby c.1913.



Fig. 9. Elizabeth Kenny wearing traditional nurse's uniform. Nobby c.1911-1912.

The property, in Norman Street, had previously been used as a private hospital by Nurse Robson.³¹² Kenny called her hospital St Canice Private Hospital in honour of her father's birthplace in Ireland, but the choice of name was probably based as

³¹¹ The first public record of the hospital being under Kenny's control is an advertisement in the Clifton Courier on 13 July 1912. "Nurse Kenny", *Clifton Courier*, 13 July 1912, p. 3, SLQ MFS 0448.

³¹² There is no record of Kenny purchasing the business from Nurse Robson. The property was owned by the Just family, but there is no record in the State journals of conveyances and encumbrances of Kenny registering a lease on the building.

much on mercantile considerations as sentimentality.³¹³ Newspaper reports show the hospital provided medical, surgical, and midwifery services, and was equipped with a telephone and electric room bells.³¹⁴ Whilst there is no surviving photograph of St Canice, a photograph of Waverton Private Hospital (Fig. 10) provides an illustration of the type of building used for private hospitals in the rural locations.



Fig. 10. Waverton Private Hospital, Nobby, 1915.

³¹³ There were profound sectarian divisions in Australia society which were evident in the social structures and provision of services in small towns like Clifton. Whilst newspaper records for the district do not show direct evidence of overt social exclusion based on religion, it was common place for private hospitals and nursing homes to be identified by the name of a Roman Catholic Saint if it welcomed a Roman Catholic clientele, or the name of an English town or city if it welcomed a Protestant clientele. See: T. P. Pugh, *Pugh's (Queensland) Official Almanac, Directory and Gazetteer*. Brisbane: Edwards Dunlop & Co., 1912.

³¹⁴ Local newspapers, such as *The Clifton Courier* and *The Warwick Examiner and Times*, contain descriptions of St Canice and records of treatment provided to victims of trauma between 1913 and 1915.

The speed of the transition from nursing private patients in their homes to taking control of a small private hospital confirms that Nurse Kenny had acquired the confidence of her clients and the support of local medical practitioners. Newspaper reports also confirm she was acquiring the social status which she had been unable to attain as a potato trader in Guyra.

An article published in the *Brisbane Courier* in 1913 reports that Nurse Kenny and other town dignitaries had each donated £1/1s to the local Ambulance fund.³¹⁵ This amount is approximately one quarter of the average weekly income for a typical family of four,³¹⁶ and represents a sizeable donation for a person who until very recently had no regular income and had been completely dependent on her relatives.

The significance of Kenny's involvement in St Canice is generally unrecognised in past analyses of this period of her life. A thesis written by John Wilson exploring Kenny's views about nursing completely ignores her ownership of St Canice even though it is the only time in her life that she worked in a conventional nursing role. Kenny's biographers are equally neglectful of the importance of St Canice. Despite their knowledge of her lack of formal training, neither Cohn nor Alexander question how she had managed to conduct a hospital without arousing the suspicion of the medical practitioners or qualified nurses who worked in Clifton during the time she ran St Canice. Instead, they focus on rumours of a romance with one of the local

³¹⁵ "Country Telegrams", *Brisbane Courier*, 28 October 1913, p. 8, Trove NLA.

³¹⁶ George Knibbs, *Inquiry into the cost of living in Australia, 1910-1911* (Melbourne, Commonwealth Bureau of Statistics, 1911).

medical practitioners. It may be that Cohn and Alexander failed to question the absence of peer review due to a cultural bias which presumed that nurses and medical practitioners who worked in rural Queensland were less educated and qualified than their colleagues in urban areas. In fact, all the doctors who worked with Kenny were University trained, and most of the nurses who practiced in Clifton during this period were fully certificated and hospital trained.³¹⁷

For three years Nurse Kenny prospered financially and personally as the proprietor of St Canice Private Hospital, but this episode in her life was about to come to an abrupt end. The long arm of bureaucracy was steadily reaching towards the Darling Downs, and Nurse Kenny was about to find herself being held to ransom by her own subterfuge. Whilst the Health Amendment Act 1911 mandated the registration of all private hospitals, uptake of registration had been slow and there was a lack of clarity in the registration process.³¹⁸ In December 1914 the Queensland Government acted to enforce the registration process by introducing an amendment to the Act which enabled local authorities to issue certificates of registration to private hospitals. The Clifton Shire Council would now be responsible for the administration of the hospital registration process.

³¹⁷ The names and qualifications of the doctors and nurses who worked in Clifton between 1910 and 1915 is comprehensively recorded in the Clifton Courier. Evidence of the standard of medical care in the era can be found in: Ross Patrick, *A History of Health and Medicine in Queensland* (St Lucia: University of Queensland Press, 1987).

³¹⁸ Disputes arose between medical practitioners and local health authorities over who was entitled to approve the registration of private hospitals.

Kenny claimed she closed St Canice because '*the world cataclysm of 1914 closed that chapter of my life*'.³¹⁹ It is more likely that her decision was provoked by the impending cataclysm of being exposed as an unqualified nurse by the long arm of health bureaucracy. In 1911 Kenny had been prudent in advertising her services as a *Medical and Surgical Nurse*, but in 1912 she abandoned caution when she claimed to be a *Certificated Medical, Surgical and Midwifery* nurse when she opened St Canice.³²⁰ Whilst there is no evidence of Kenny directly claiming to be a registered nurse, it is very likely that she understood she was unable to apply for registration of the hospital as this would have exposed her absence of qualifications to the Clifton Shire Council.

Most accounts of this period of her life represent the closure of St Canice as being motivated by her intention to enlist for war service in the footsteps of her brother.³²¹ This conjoining of motivations for her actions is an anachronistic explanation of her behaviour which trivialises the significance of the dilemma which confronted her – should she risk exposure as a fraud for misrepresenting her nursing credentials, or should she abandon the income, status, and respectability she had enjoyed as the proprietor of a successful private hospital? It seems that Kenny found the solution to her dilemma by drawing on lessons from her past.

³¹⁹ Kenny and Ostenso, *And They Shall Walk*, p. 32.

³²⁰ Clifton Courier, *Nurse Kenny*, p. 3.

³²¹ Cohn and Alexander acknowledge the hospital could not be registered because she lacked the required qualifications but represent this as being coincidental rather than instrumental to the closure. See Cohn, *Sister Kenny*, p. 53, and Alexander, *Sister Kenny*, p. 29, for their accounts of the reasons for Kenny's decision to join the war effort.

3.4 War nurse

Australia joined the imperial war effort soon after Britain declared war against Germany in August 1914. Kenny's younger brother, William, enlisted on 21st August 1914, and embarked with his regiment, the 2nd Light Horse, for service in Europe on 24th September 1914.³²² The patriotic zeal displayed by William Kenny was not uncommon in Australia at the outbreak of hostilities in Europe, and there are unsubstantiated reports that dozens of Kenny's relatives volunteered to serve during the course of the war.³²³ Whilst Australia was mobilising for war, life continued as normal for Nurse Kenny as she managed her private hospital and participated in the activities of the Clifton branch of the Red Cross. St Canice continued to operate until mid-June in 1915.³²⁴ Despite the evident value of a hospital which had provided her with a reliable income for three years Kenny only sold the fittings and fixtures but did not sell the business.³²⁵ Her decision not to sell the business is inconsistent with her demonstrated business acumen, and it is plausible to conclude this may be

³²² William Kenny's war service is recorded in the Australian War Memorial embarkation and nominal rolls for the First World War. <http://www.awm.gov.au/research/people/>

³²³ Newspaper articles from 1914 and 1916 reporting William Kenny's and Elizabeth Kenny's war service claim that dozens of their cousins volunteered to serve in the war. These claims are unsubstantiated.

³²⁴ A notice in the Clifton Courier on 5 June 1915 reports that Kenny was still treating cases in the hospital in the first week of June. "Personal", *Clifton Courier*, 5 June 1915, p. 3. SLQ MFS 0448.

³²⁵ A notice in the Clifton Courier reports the sale of furniture and effects on Wednesday 16 June. "Clearing Sale", *Clifton Courier*, 19 June 1915, p. 3, SLQ MFS 0448. There is no record of sale of the business in the QLD Journals of Conveyances and Encumbrances for Clifton for 1915. A local historian believes the property was vacant for several years, and the buildings relocated to a nearby town after the WW1. Shirley Murray, personal communication to author, 30 July 2015.

further evidence of her reluctance to expose her lack of credentials to a prospective purchaser.

On 29 May 1915 Kenny announced she '*had been accepted for military service*' and would be joining the expeditionary forces to serve King and country.³²⁶ Her departure for the *Front* was not unduly hasty, but it was well publicised. The Clifton Courier reported she received a '*a handsome wristlet watch*' from the Red Cross Society in recognition of her voluntary service in Clifton,³²⁷ while the Brisbane Courier reported she received '*a handsome travelling rug*' on the day of her departure.³²⁸ On 20 June 1915 Kenny boarded a train at Clifton bound for Sydney, where on Saturday 26 June she boarded the P&O liner RMS Medina bound for London.³²⁹ The Medina arrived in London on Sunday 8 August after an uneventful journey across the Indian Ocean and through the Suez Canal.

Kenny's memoir states that when she arrived in London she promptly reported to the Australian Imperial Force (AIF) and was instructed to '*proceed to France for a period of special duty*'. In France her '*left knee managed to get in the way of some enemy shrapnel*', which forced her to return to London to recuperate.³³⁰ After recovering from her injury, she was granted leave to visit her cousins in Ireland. On 8 October 1915 Staff Nurse Kenny embarked on HMAT Suevic bound for Australia on

³²⁶ "Gossip from Women's Clubland", *Queensland Figaro*, 29 May 1915, p. 14, Trove NLA.

³²⁷ "Personal", *Clifton Courier*, 5 June 1915, p. 2, SLQ MFS 0448.

³²⁸ "Red Cross Society", *Brisbane Courier*, 21 June 1915, p. 8, Trove NLA.

³²⁹ Miss E Kenny is listed as a passenger on the R.M.S Medina which departed Sydney on 26 June 1915. "RMS Medina for London", *Sydney Morning Herald*, 26 June 1915, Trove NLA.

³³⁰ Kenny's account of her war service is presented in the chapter "They that go down to the sea" in Kenny and Ostenso, *And They Shall Walk*, pp. 33-51.

the first of twelve voyages in the service of her country. This is the story which Kenny told of her war service. It contained seeds of truth.

A more evidence-based account follows. In May 1915 Kenny abruptly closed her successful business in Clifton and announced she had been accepted for military service. Rather than following in the footsteps of her brother who had enlisted nine months earlier, Kenny was obliged to forge her own path to serve her country – for good reasons. The routine process for a nurse to join the Australian Army Nursing Service (AANS) was to travel to an enlistment office in their nearest regional city or State capital. This routine process was not available to Kenny as she was not eligible to join.³³¹ Undaunted, and at substantial personal expense, she travelled to Sydney where she purchased a ticket for a sea voyage to London.³³² On the journey Kenny befriended a fellow passenger, Alice Perrott. The two became lifelong friends. Years later Alice recalled in an interview that Kenny travelled in a civilian nurse's uniform and intended to enlist when she arrived in London.³³³

Kenny's journey from Nobby to London certainly dwarfs her earlier transformational journey from Guyra to Nobby, but she was following a similar script. Experience had

³³¹ The regulations for admission to the AANS include three years training in a recognised civilian hospital and registration with a recognised professional body such as the Australasian Trained Nurses Association. Ruth Rae, *Scarlet Poppies: The army experience of Australian nurses during World War One* (Burwood: College of Nursing, 2004).

³³² In 1915 a second class rail ticket to Sydney cost £2/2s, and a second class ticket to London on a mail ship cost £25-30. The combined cost of the fares alone was equivalent to approximately two month's income for an average family of four. These costs would have been met by the AIF if Kenny had joined the AANS in Queensland.

³³³ Alice Perrott, interview by Victor Cohn, 19 November 1955, 146.K.8.6F EKP-MHS.

probably taught her that appearances could be deceiving, and distance was a formidable ally in concealing her behaviour from scrutiny. Most of the eight weeks between Kenny's arrival in London as a civilian and her departure from Liverpool for Sydney on HMAT Suevic is undocumented, but there is reliable evidence she spent some of the time visiting a cousin in Ireland while she was still a civilian.³³⁴ All that is known for certain is that after biding her time in London she obtained an assignment as a nurse aboard HMAT Suevic.

Kenny's apparent success in enlisting,³³⁵ has been subject to much conjecture as there are inconsistencies in the official record of her war service,³³⁶ and she should have been rejected for failing to hold the required qualifications. Victor Cohn concluded that in the face of a deteriorating campaign producing boatloads of injured soldiers '*The 1915 Army wouldn't have argued whether she was a bloody trained nurse or not!*'.³³⁷ Whilst there is credence in this explanation, too much of the speculation on her irregular enlistment has focussed on her qualifications and

³³⁴ Michael Kenny confirmed that Kenny wore civilian clothes while visiting family in Ireland and was not recuperating from a war injury. Michael Kenny, interview by Victor Cohn, 2 August 1955, 146.K.8.6F EKP-MHS.

³³⁵ The term enlist is used in a generic sense as women could not enlist in the AIF. The AANS was under the command of the AIF, but at an arm's length.

³³⁶ It was not uncommon for Army personnel to have incomplete or inconsistent war records. Kenny's war service certificate, which was dated 17 December 1918 in Melbourne, states her date of appointment to the AANS as 30 May 1915. The attestation papers held by the Australian War Memorial record her date of enlistment as 30 May 1915 and her rank as Sister, AANS AIF. These papers were probably created in 1918 as she was not promoted to the rank of Sister until 1917. Other documents in her service records show her date of enlistment as 28 May 1916 and 28 July 1916. NAA: B2455, Kenny Elizabeth.

³³⁷ Cohn, *Sister Kenny*, p. 54.

too little on the nature of her military posting and the coincidental reorganisation of the Australian Army Medical Service (AAMS).

The rapid increase in the number of Australian casualties requiring treatment in England in the summer of 1915 necessitated a review of the standing orders for the treatment and disposal of injured soldiers.³³⁸ Initially, the repatriation of invalid cases to Australia was organised on an *ad hoc* basis, but the surge in casualties returning to England in mid-1915 necessitated a more controlled approach to the clearing of invalid soldiers from the Australian Auxiliary Hospitals.³³⁹ Kenny had the good fortune to present herself to the AIF in the month that hasty preparations were being made to assemble a medical and nursing crew to accompany 489 invalid cases to Australia on HMAT Suevic.³⁴⁰ The Director General of Medical Services (DGMS), General Fetherston, appears to have been reluctant to assign experienced nurses to the menial duty of chaperoning invalid soldiers on the long sea voyage to Australia as the medical personnel list for the Suevic shows there were only two AANS nurses, Sister Kidd and Staff Nurse Jenkins, accompanied by four nurses with

³³⁸ In June and July of 1915 around 800 AIF casualties were transported to England from the Gallipoli campaign front. In August the number doubled, and in September the number increased to 4,046. By October 7,764 sick and wounded had been received from the August operations alone. Arthur G. Butler, *Official History of the Australian Army Medical Services, 1914–1918 Volume I*, (1938), p. 500.

³³⁹ In 1916 the Sea Transport Service (STS) was formed to work on Australian troop ships. The service consisted of ten Sections which contained doctors, nurses, and medical orderlies who worked as teams.

³⁴⁰ The Army spent £18,000 converting the troop transport ship into an invalid transport ship in September 1915. Butler, *Official History*, p. 503.

no rank.³⁴¹ The inclusion of nurses of undesignated rank on the Suevic's crew demonstrates the expediency which governed the operation of the invalid transport service at this time.³⁴² Kenny is vague in her description of her enlistment status at the time, simply stating she was asked to '*accompany the first Australian wounded on their journey home*'.³⁴³ How and when Nurse Kenny managed to convince the AIF she was suitably qualified to join the AANS remains open to conjecture,³⁴⁴ but taking all the available evidence into account it is likely this decision to appoint her to the STS was taken in Australia in 1916, not in London in 1915 as is widely believed.

³⁴¹ There is no embarkation roll for the Suevic's first journey as a troop transport ship as the journey commenced in England, but Kenny's service records contain a personnel list which records the name and rank of the ship's medical crew. NAA: B2455, Kenny Elizabeth

³⁴² There were three nurses of undesignated rank on the Suevic. Minnie Maxwell later served with various organisations in France/Belgium on transport duty and was a matron in a munitions factory in England. Fannie Jane Moxham had served at the Australian Voluntary Hospital in France and returned home as she was ill – no further overseas war service recorded. ME Smith was AANS. Her record appears within Elsie May Smith's record and shows that she was not fully qualified as a nurse and thus sent home. Kirsty Harris, personal communication to author, January 2014.

³⁴³ Kenny makes this claim in her memoir published in 1943. Kenny and Ostenso, *And They Shall Walk*, p. 34.

³⁴⁴ There are conflicting accounts of how Kenny secured her appointment as a Staff Nurse. Stewart McCracken, Kenny's Son-in-Law, thought Kenny had taken a proficiency exam in Brisbane when she was attached to a military hospital in Queensland while awaiting reassignment to the Themistocles in July 1916. Alexander, *Sister Kenny*, p. 34. Kenny states she joined the sea transport sections while stationed in Queensland (Kenny and Ostenso, *And They Shall Walk*, pp. 38-41), but an investigation in 1955 into Kenny's war service by the Officer in Charge, AIF Base Records, concluded there was no evidence of Kenny being attached to any military hospitals in Queensland during the war, and there are no records of her undertaking a proficiency exam. NAA: B2455, Kenny Elizabeth. The nominal roll for HMAT Themistocles records the date of her joining the AIF as 28 July 1916, the day the ship departed Sydney. NAA: B2455, Kenny Elizabeth

Kenny's appointment with the AANS has been widely misunderstood because many researchers have sought to reconcile the available evidence with Kenny's rendition of the events rather than questioning the veracity of the story. Kenny left Australia in June 2015 as a civilian with a letter of recommendation and returned as a civilian having worked as a nurse on a troop transport ship. Her appointment to the AANS in July 2016 simply demonstrates the expediency which military authorities exercised towards their own rules in times of war.³⁴⁵ Similarly, the significance of her designation as a nurse on a transport ship has been elevated due to her later appointment as a Staff Nurse and promotion to the rank of Sister, and her efforts in later life to exaggerate the severity of the incapacities of the invalid soldiers.³⁴⁶ With the exception of the irregularity of her enlistment her war service was broadly unexceptional.³⁴⁷ Her promotion in rank from Staff Nurse to Sister appears to have been on the basis of length of service rather than merit as her service records

³⁴⁵ The ad hoc approach to managing the repatriation of injured soldiers is discussed in: Kirsty Harris, 'Red Reflections on the Sea: Australian Army Nurses serving at Sea in World War 1', *Journal of Australian Naval History*, vol. 6, no. 2 (2009) p.p. 51-73.

³⁴⁶ Very few of the invalid cases returning to Australia on the transport ships required complex medical or nursing care for battle related injuries. The major problem facing doctors and nurses on the voyages were epidemics of infectious diseases such as meningitis, typhoid fever, and influenza.

³⁴⁷ Kenny spent a little over three years attached to the STS. During this period, she was assigned to six voyages, and was temporarily attached to Australian Auxiliary Hospitals in England for short periods while awaiting reassignment. There is no record of her working in or near a battle zone, and no medical or nursing personnel attached to the STS were killed or wounded as a direct result of enemy attack.

contain no evidence of commendation for exceptional service.³⁴⁸ Neither is there any evidence she applied for, or was recommended for, transfer to a hospital ship or one of the Australian Auxiliary Hospitals in England where she could have expanded her nursing skills and knowledge. Taking all the extant evidence into account, there is little reason to dispute the conclusion that for most of the war she was content to perform routine nursing tasks as a member of a team of trained nurses who possessed a greater range of war time experiences and knowledge of nursing.³⁴⁹

It has been widely acknowledged that Kenny's War service bestowed the untrained bush nurse from Nobby with the most important endorsement she received in her life – the title of Sister. Although she was never employed as a nurse after her discharge from the AANS she retained the title for the remaining thirty-five years of her civilian life despite the ambiguous meaning of the title outside England and Australia. War service also allowed Kenny to travel far beyond the socially claustrophobic confines of the Darling Downs and explore the world which she had dreamed of visiting as a young woman. But the War also afforded Kenny with a privilege which has been widely ignored or misunderstood – the opportunity,

³⁴⁸ At the end of the war she was awarded the standard trio of British war service medals (1914/15 Star, British War Medal, and the Victory Medal) issued to all nurses based on their service with the AANS. NAA: B2455, Kenny Elizabeth.

³⁴⁹ Kenny and her colleague Ella Morphett were temporarily attached to the Australian Auxiliary Hospitals at Harefield Park and Southall for short periods while awaiting reassignment to their next voyage. This was the only time Kenny was exposed to the innovative medical and nursing techniques which were developing during the war years. Interviews conducted by Victor Cohn reveal her nursing companions considered her to be a competent nurse but were aware of her unconventional techniques and reluctance to talk about her nursing training. Victor Cohn, research notes, 146.K.8.6F EKP-MHS.

possibly for the first time in her life, to experience extended periods of personal intimacy with other women.

A troop ship carrying nearly five hundred invalid soldiers may not appear to be the ideal setting for a woman to find intimacy with a handful of other women, but the unique combination of Edwardian social etiquette and WW1 military discipline transformed the inconceivable into reality for Kenny. Joining the crew of the Suevic in October 1915 was a moment of pure serendipity for Kenny as it is probably the factor which facilitated her joining the STS in 1916. The STS also offered her other unexpected benefits. If there were such a thing as *having a good war*, her attachment to the STS came as close as one could get. Life aboard the transport ships was arduous, cramped, and monotonous, but it was relatively agreeable when compared with the conditions nurses experienced in the General and Stationary Hospitals which operated in Egypt and the Dardanelles. Nurses posted to the Stationary and General hospitals often worked in appalling conditions, sometimes living and working in tents while experiencing shortages of food and medical supplies.³⁵⁰ In addition, hospital nurses were subject to the emotional and

³⁵⁰ Until recently the experiences of Australian nurses working in field hospitals on the Eastern Front has been poorly documented, overshadowed by historians' preoccupation with the heroism of soldiers who fought in the Gallipoli campaign. The official Australian war histories produced in the 1930s and 1940s briefly describe the organisation of the AANS but pay little attention to the experiences of nurses working in the fields of war. In the past decade Australian nursing historians have published several studies on the war experiences of Australian nurses. See: Ruth Rae, *Veiled lives: Threading Australian nursing history into the fabric of the First World War* (Burwood: College of Nurses, 2009); and Alison S. Fell and Christine E. Hallett (ed.), *First World War Nursing: New perspectives* (Abingdon: Routledge, 2013).

psychological hazard of dealing daily with horrific battle injuries and high mortality rates due to infectious disease. In contrast, nursing onboard a transport ship was orderly and predictable. The official history of the AAMS indicates that the small number of deaths on the transport ships was mostly the result of infectious disease, and the main cause of discomfort for the medical and nursing personnel was heat as the ships traversed the equatorial regions.

In total, Kenny spent two of the three years of her military service working and living in the confined world of a sea transport ship. A photograph taken on the HMAT Themistocles shortly before it landed in London in September 1916 shows Staff Nurse Kenny sitting in the middle of a large group of unidentified officers and soldiers, some displaying evidence of their war injuries. Kenny is the only woman in the scene. She is smiling and appears completely at ease with her life despite her well documented disinterest in the company of men.



Fig. 11. Elizabeth Kenny aboard HMAT Themistocles, 1916.

It seems quite plausible that the companionship Kenny enjoyed within her small circle of fellow nurses made an important contribution to her contentment during this period. War service records for nurses serving in the No.1 Section STS show that Kenny spent most of the war working alongside and sharing a cabin with three nurses – Irene Kiernan, Ella Morphett, and Edith Trebilcock.³⁵¹ These records also show that Kenny and her colleagues were posted to the same Auxiliary Hospitals while awaiting redeployment, and there is some evidence they remained united during their leave from duty.³⁵² It is impossible to judge the extent to which this sororal assemblage was the product of chance or design, but the war service records of other nurses attached to No. 1 Section STS show no evidence of other staff nurses working so closely for such an extended period.

Regrettably, there is no first-hand record of the significance this extended period of intense association with a small group of women held for Kenny, nor is there a body of literature which provides a reference point for understanding the kinds of relationships which nurses formed with each other in the unique conditions created by the operation of the STS during WW1. Lillian Faderman's seminal examination of the changing perception of romantic friendship and homoerotic relationships between women in the late nineteenth and early twentieth century's recognises the broader social impact of WW1 on women's lives but ignores the unique opportunities for erotic or sexual relations afforded to service women during this

³⁵¹ The war service records for all members of No. 1 STS are held at the National Archives of Australia. NAA Series B2455, First Australian Imperial Force Personnel Dossiers, 1914-1920.

³⁵² Kenny's nephew claimed she was accompanied by nurses in uniform when she visited him in Ireland on leave during the war. Michael Kenny, *interview*.

period.³⁵³ Carol Acton's recently published chapter "Negotiating Injury and Masculinity in First World War Nurses' Writing" examines the role of nurses in the reconceptualization of femininity, masculinity and heterosexual eroticism, but does not appraise the potential impact of the war on female homosexual eroticism.³⁵⁴ Whilst the topic of the shifting social and sexual relations between soldiers and nurses is extensively examined in the collection edited by Alison Fell and Christine Hallett, the analyses do not consider the potential for homoerotic or homosexual dimensions within the relationships which nurses formed with each other.

Rebecca Jennings is one of the few historians who directly examines the contemporary portrayal of young women who form relationships with other women during the war years. Jennings notes the neglect of same sex relationships among nurses by nursing historians but recognises there is an absence of explicit evidence of how these women viewed themselves. Jennings devotes a substantial portion of a chapter titled "Sapphism and the First World War, 1914-1918" to societal concerns about the impact of the war on female sexuality, concluding '*while some connections were beginning to be made between masculinity, sexual knowledge and lesbianism by some individuals during the First World War, these ideas remained ambivalent and unclear until the 1920s*'.³⁵⁵

³⁵³ Lillian Faderman, *Surpassing the love of men* (London: The Women's Press, 1981).

³⁵⁴ Carol Acton, "Negotiating Injury and Masculinity in First World War Nurses' Writing", in *First World War Nursing: New Perspectives*, (ed.) Alison S. Fell and Christine E. Hallett, (Abingdon: Routledge, 2013).

³⁵⁵ Rebecca Jennings, *A Lesbian History of Britain* (Oxford: Greenwood World Publishing, 2007), p. 107.

The invisibility of homoerotic or sexual relationships between nurses may be due to a lack of explicit evidence, but it is still difficult to explain the absence of conjecture in the literature on the possibility of such relationships. Carla Randall and Michele Eliason observe that the nursing professional has been reluctant to acknowledge its lesbian history despite the concurrence of factors which historically predisposed lesbians to join the profession.³⁵⁶ It may also be the case that little attention has been paid to the potential for homoerotic relationships between nurses during WW1 because they alone did not adopt the practice which has been almost universally interpreted as being the most characteristic outward symbol of sexual transgression among women in the era – the wearing of a military styled uniform. It seems no lesbian history of the twentieth century is complete without a chapter, or two, examining the influence of the military uniform on the sexual emancipation of women during and immediately following the WW1, yet nurses are largely excluded from this literature. It is especially ironic that Laura Doan's comprehensive appraisal of the impact of women adopting male attire in this era does not question why nurses were virtually unique in not adopting a military style uniform, thereby effectively excluding them from her analysis of the development of a modern English lesbian culture.³⁵⁷

³⁵⁶ Randal and Eliason observe that nursing was a professional which almost uniquely offered women who were single and desired to remain unmarried an opportunity for a lifelong career. Carla E. Randall and Michele Eliason, "Out Lesbians in Nursing: What would Florence say?" *Journal of Lesbian Studies* no. 16, (2012), pp. 65-75.

³⁵⁷ Doan traces the emergence of a modern English lesbian subculture in the early twentieth century, but experiences of nurses are virtually absent in her analysis of the factors shaping the construction of a modern lesbian identity. Laura Doan, *Fashioning Sapphism: The Origins of a Modern English Lesbian Culture* (New York: Columbia University Press, 2000).

Whilst little is known of the existence of homosocial or homoerotic relationships between nurses in the war years, glimpses of the social significance of passionate friendships between women may be found in Martha Vicinus' examination of boarding school friendships in England in the early twentieth century.³⁵⁸ Vicinus prefaces her appraisal of boarding school friendships by claiming lesbian history has been '*overly concerned with external labelling, rather than with the consideration of what homoerotic friendships were like*'.³⁵⁹ Vicinus claims that in contrast to the preoccupation of male educators on suppressing masturbation and physical expressions of sexuality between young men, passionate friendships between young women were tolerated in single sex educational environments because these relationships promoted societal ideals of women gaining fulfilment through self-denial and devotion. By elevating the spiritual component of relationships over the base pleasure of genital contact Vicinus believes young women were being prepared for the roles women were expected to perform in private and public domains in the late nineteenth and early twentieth centuries. Vicinus completes her analysis of young women's passionate friendships by proposing that the forensic examination of the link between sexual behaviour and lesbian identity in the twentieth century has distracted historians from the more important examination of the process by which women's relationships came to be viewed as dangerous in the period leading up to and following WW1.

³⁵⁸ Martha Vicinus, "Distance and Desire: English Boarding School Friendships, 1870-1920", in *Hidden from History: Reclaiming the gay and lesbian past*, (ed.) George Duberman, Martha Vicinus and Martin Chauncey, (New York: NAL Books, 1989), pp. 212-229

³⁵⁹ Vicinus, *Hidden from History*, p. 213.

Elizabeth Kenny would eventually become a prolific narrator of her life story, but she left no personal record of her emotional attachment to the three women with whom she shared her life during most of the war. Further, the stories she later told of her shipboard life disengaged her from the social interactions which surrounded her, giving more prominence to an alleged psychic visitation than the emotional succour she received from her female companions. Nonetheless, the nature of her relationships with her nurse companions appears to have held more significance for her than she was prepared to acknowledge, as the intimate relationships she would form throughout the remainder of her life would be exclusively with women. The significance of these relationships will be examined in more depth in chapter five.

3.5 Sister Kenny

The Nurse Kenny edifice which Kenny erected during the 1910s would quickly collapse as she had constructed her identity on weak foundations. Within one year of being discharged from the AANS she would be unemployed, depressed, and once again dependent and living with her mother.³⁶⁰ The subterfuge which underpinned her identity as Nurse Kenny prevented Sister Kenny, as she now insisted on being called, from being employed as a nurse or operating a health care facility. Except for supervising a temporary influenza hospital in Clifton in 1919, Kenny would not be employed as a nurse for the remainder of her life. To the outside world Sister Kenny was a retired war nurse who cared for her elderly mother, did good deeds in the

³⁶⁰ Kenny had several episodes of non-specific illness which she claimed were associated with a misdiagnosis of myocarditis on her discharge from the AANS. The illnesses were probably psychosomatic in origin as extant medical records suggest she had no underlying cardiac illness. Dr. W. Vinnicombe and Dr. J. Davis to Victor Cohn, personal communication, 146.K8.6F EKP-MHS.

local community,³⁶¹ and devoted her spare time to organising the newly formed Nobby branch of the Country Women's Association (CWA).³⁶² Privately, Kenny appears to have struggled with her mundane existence in the confines of the Darling Downs.³⁶³

Virginia Hardcastle asserts '*telling our life stories is a two way street*',³⁶⁴ as the more we tell a story the more emotional attachment the story teller will have with the events, whether fictional or not, and the more emotional salience the story will acquire. The corollary of this argument is that stories which are built around emotions which are unpleasant, or undesirable, may be deliberately altered or suppressed to deny the salience of those emotional responses. This proposition partly explains the absence of a narrative which either reflects or constructs Kenny's perception of self in the formative years of her adult life. The relative flood of documents recording her personal narrative in later life may have predisposed

³⁶¹ Kenny was adroit at publicising that she never accepted payment for her home nursing services. Her altruism was in fact based on necessity as she was unable to receive an income while she was in receipt of a war pension following her discharge from the AANS. Despite her inability to earn an income she was permitted to receive payment for her living and travel expenses from her private clients.

³⁶² Kenny was a founding member and President of the Nobby branch of the CWA. Queensland newspaper records how she was an active member of the CWA throughout the 1920s.

³⁶³ It is notable that Kenny only devotes one short chapter of her memoir to this period of her life. "Home is the Sailor" in Kenny and Ostenso, *And They Shall Walk*.

³⁶⁴ Hardcastle discusses the concept of the contribution of personal narrative to the construction of self-identity in Virginia G. Hardcastle, *Constructing the Self* (Philadelphia: John Benjamins Publishing Company, 2008).

medical historians and social researchers to anachronistically explain her behaviour in the 1910s through the narratives she created in the 1940s.

Elizabeth Kenny's life in the 1910s is far better documented than her narrative of self, but this does not automatically exclude conjecture on the extent to which her self-awareness was shaping her behaviour. Hardcastle argues that person and self are not mutually exclusive or dichotomous concepts, rather they are interconnected through an individual's existential journey towards a more unified psychological experience, or search for meaning in life.³⁶⁵ Despite the appearance of an apparent progression from provincial market trader to bush nurse to hospital matron to war time staff nurse, and contrary to her attempts in later life to present her life story as a journey which started with a chance encounter with a mysterious disease, Kenny's behaviour during the period 1907 through to the mid 1920s provides no evidence that she was pursuing a preconceived trajectory for her life. Nor is there evidence of a narrative which weaves her life experiences into a coherent construction of self. Nonetheless, it would be erroneous to conclude she was a hapless victim of circumstance. Her decision to assume the identity of Nurse Kenny by acquiring a costume and performing the role which society attributed to a nurse may be viewed as dishonest, but her actions allowed her to appropriate the authority and independence which society unjustly denied to most women of her age and social class. Similarly, her decision to abandon her secure life in Clifton to pursue a non-existent military commission could either be viewed as delusional or evidence that she felt empowered to pursue goals of her own making. If, as Hardcastle suggests, a sense of self emerges as a person recognises patterns and repetitions in their own

³⁶⁵ See "Persons vs. selves redux" in Hardcastle, *Constructing the Self*.

thoughts and deeds, and in turn this recognition leads to a realisation of the trajectory of one's life, Kenny's behaviour in the years leading to and including the WW1 provides us with evidence that she had found self-awareness and self-confidence in her ability to free herself from the shackles imposed by the societal norms of the era.



Fig. 12. Photograph of Elizabeth Kenny published in the Australian Women's Weekly, 1927.

Victor Cohn observed that by the end of the 1920s Kenny had '*gained some degree of financial security and more experience in living, selling, arguing, and cajoling.*'³⁶⁶ He omitted to add nursing, and rightly so, because despite assiduously maintaining her war-time title she was as removed from the conventional picture of a nurse as a fifty years old woman could possibly get. Between 1919 and 1925 Kenny acted as a volunteer first aid attendant with the Clifton Ambulance Brigade and was a member

³⁶⁶ Cohn, *Sister Kenny*, p. 75.

of the Clifton branch of the Red Cross. This did not set her apart from her fellow citizens. From 1922 until 1925 she was privately employed for several years as a nursery nurse for a paralysed child, but she could no longer work as a nurse in any formal capacity, and, tellingly, she no longer wore clothing which gave the outward impression that she was a nurse.

Whilst there are no extant records of how Kenny felt about the restrictions on her ability to work as a nurse, she demonstrated little hesitation in relinquishing her occasional involvement in the care of sick or injured children when she turned her attention to marketing the Sylvia Stretcher – an ambulance stretcher she designed and patented in 1926.³⁶⁷ The significance of Kenny's involvement in the marketing of the Sylvia Stretcher has not received the recognition it deserves. In fact, it may be argued that Sylvia's accident rescued Kenny from her mundane, middle-aged, existence. The significance of the Sylvia Stretcher is examined in greater detail in chapter six.

Kenny's involvement in the CWA and her marketing of the Sylvia Stretcher made her a household name in Queensland due to her canny understanding of media management in an era when the concept was not widely recognised. This episode in her life also suggests that she could take a cavalier approach to veracity in the narration of her life story. Newspaper articles based on press releases and

³⁶⁷ Kenny was a volunteer assistant with the Clifton Ambulance Brigade. In May 1926 she assisted in the transportation of an injured child, Sylvia Kuhn, to a private hospital in Toowoomba. Kenny improvised adjustments to the ambulance stretcher to accommodate the child's injuries, and later, with the assistance of an engineer, patented the redesigned stretcher and named it the Sylvia Stretcher.

interviews contain numerous examples of her misrepresentation of her war service, her nursing experience, and her nurse qualifications.³⁶⁸ The marketing of the Sylvia Stretcher occupied and financially sustained Kenny for several years, but notably it demonstrated that her attachment to her nurse identity was probably more contingent on the material benefits and social status it bestowed upon her than an altruistic interest in the care of sick or injured children.

An episode in 1930 further illustrates the dissonance embedded in Kenny's self-identification as a nurse. Even though she had not worked formally as a nurse for over a decade, in July 1930 she made a submission to the Queensland Government's Royal Commission on Hospitals. In her submission, Kenny describes herself as a member of the Royal British Trained Nurses Association, not, as would be expected, as a member of the CWA.³⁶⁹ Kenny's submission to the royal commission is notable on several accounts. First; her submission addresses the need for improved ambulance and bush nursing services in the outback without acknowledging her commercial interest in supplying equipment to ambulance services. Second; her submission makes no reference to the care or treatment of children with paralysis despite her later claims that this was her primary occupation during this period of

³⁶⁸ "Sylvia Stretcher", *The Telegraph*, 19 November 1926, p. 16; "Sylvia Stretcher", *The Daily Standard*, 25 February 1927, p.2; "Ambulance Display", *The Telegraph*, 11 August 1926, p.12, Trove NLA.

³⁶⁹ "Hospital Control. Victorian System Explained. Evidence before royal commission", *Brisbane Courier*, 20 June 1930, p.47, Trove NLA.

her life.³⁷⁰ Third; the Royal British Trained Nurses Association did not exist.³⁷¹ Whilst there is some merit in Kenny's claim to have an interest in bush nursing services, the misrepresentation of her nurse credentials to a Royal Commission is puzzling to say the least. The absence of a record of Kenny requesting a correction to the erroneous attribution of her nurse credentials suggests that years of embellishing and redacting her life story had blurred her perception of the principles which underpinned the professional esteem which she sought in her nurse identity.

3.6 Conclusion

The person who emerges in this chapter is not the two dimensional character commonly portrayed in the historical record, or, indeed, fashioned in her own biographical record. In an era where societal structures subjugated women, Elizabeth Kenny forged an identity through improvisation, ingenuity, and creativity. She achieved material success and social status without the benefit of financial resources or education but demonstrated little of the altruism or nobility which she sought to portray in later life. Her behaviour suggests she was prepared to take substantial risks to achieve her personal ambitions and did not hesitate to deceive or dissemble in the pursuit of her goals.

³⁷⁰ The entire corpus of press reports and publications which she authored from 1934 until her death maintains that she devoted the whole of the 1920s to practising and refining her method of treating infantile paralysis.

³⁷¹ The accreditation of her membership of the Royal British Trained Nurses Association may be a misrepresentation of the Royal British Nurses Association or the Australian Trained Nurses Association, but the ATNA and RBNA archives show that Elizabeth Kenny was never a member.

Chapter Four – A discredited life

'Men! I don't want anything to do with them'

- Elizabeth Kenny

4.1 Introduction

This chapter examines the extent to which the stigma arising from heterosexism and homophobia shaped the life and work of Elizabeth Kenny. Whilst the analysis considers Kenny's sexual self-identification it does not set out prove that she was a lesbian as it will be shown that homophobia is a form of prejudice that operates without a direct knowledge of sexual identity or sexual behaviour. This chapter offers a new explanation for the intensely personal opposition which she encountered from key members of the medical professional, and the key choices she made in her nursing career. The chapter concludes with an appraisal of the asylum afforded to Kenny throughout her adult life in the heterotopia of the *clinic*.

4.2 Hidden lives

Throughout the 1940s Eleanor Roosevelt, wife of President Franklin D. Roosevelt, and Elizabeth Kenny, renowned polio therapist, were repeatedly voted in national polls as being among the most admired and influential women in the United States of America.³⁷² Roosevelt and Kenny transgressed entrenched societal norms governing the role of women, and they overcame many obstacles to achieve the

³⁷² Roosevelt and Kenny were voted the two most admired women in America in nine consecutive Gallup polls. In 1951 Kenny was voted the most admired woman in America in the national Gallup Poll. The only other non-US citizens to achieve this level of acclaim since 1946 are Mother Teresa, Golda Meir, and Margaret Thatcher. Press cuttings reporting the results of the national Gallup surveys are available in the Kenny papers at the Minnesota History Center, 143.F.2.5B EKP-MHS.

fame and public adulation they enjoyed as mature women. Prior to the 1980s the analysis of the obstacles faced by Roosevelt was largely restricted to the influence of gender and class, but the discovery in 1978 of an archive of letters between Roosevelt and Lorena Hickock revealed evidence of a hidden lifelong relationship between the two women which was more than a loving friendship.³⁷³ Roosevelt protected her relationship with Lorena Hickock from public scrutiny during her lifetime through the privilege of her social class and her political power as the First Lady.



Fig. 13. Eleanor Roosevelt and Elizabeth Kenny, 1944.

Whilst the evidence of Roosevelt's sexual relationship with Hickock is open to interpretation, the posthumous reappraisal and scrutiny of her sexuality has done

³⁷³ For an appraisal of Roosevelt's relationship with Hickock see Lillian Faderman, *Odd Girls and Twilight Lovers: A History of Lesbian Life in Twentieth-Century America* (Harmondsworth: Penguin Publishers, 1991); Neil Miller, *Out of the past* (New York: Vintage Books, 1995).

little to diminish her reputation. On the other hand, Kenny's sexual identity continues to be cloaked in a veil of secrecy despite her conspicuous misandry, clumsy attempts to fabricate thwarted relationships in her youth, and evidence of loving friendships with women during her adult life.³⁷⁴ The neglect of the relevance of Kenny's ambiguous sexual identity in the analysis of her work may be indicative of a lingering prejudice associated with any challenge to heterosexist assumptions of normality.

Any discussion of Kenny's sexuality must be understood in the context of her public identity during key phases of her life. Unfortunately, our understanding of her existential development is constrained by the paucity of reliable first-hand accounts of her life during her youth and early adulthood. The disproportionate emphasis on Kenny's public persona in the final decade of her life has skewed the portrayal and analysis of an identity which was less contiguous and more fluid than she portrayed in her autobiographical writing.

Her memoir published in 1943 allocates one chapter to her youth, and that chapter is redolent with obfuscation and dissembled facts.³⁷⁵ Consequently, all that can be

³⁷⁴ The intensity of Kenny's relationships with women is explored by Victor Cohn in the 'Angry Angel' series, although Cohn does not conclude these relationships had a sexual component. The intensity of Kenny's relationships with Mary McCarthy and Margaret Odpahl is discussed later in this chapter.

³⁷⁵ Kenny portrayed key events which occurred in her late teens as having occurred in her childhood to maintain the deception of misrepresenting her age by six years for most of her adult life. She also claimed to have attended schools which did not exist and misrepresented the Darling Downs as a remote region lacking basic medical and health

said with certainty about Kenny's formative years is that she had very little formal education, and that she displayed an overt disdain for the conventional fate of marriage and childbearing that awaited most young women of her era and social class.

The usual explanation for Kenny's outspoken disregard for men and emphatic objection to marriage relies to a great extent on her own carefully manufactured public image as a quasi-religious figure who devoted her life to the care of crippled children.³⁷⁶ Her calling, if there ever was one, apparently came late in life as there is no record of her taking a special interest in paediatric paralysis patients until she was forty two years old. As there is no evidence that she held any ideological or political beliefs about the status of women in society, or that she held protofeminist views, or that her parents attempted to dissuade her from marriage, a more plausible explanation is required for the absence of relationships with men in her early adult life.

Notwithstanding the absence of evidence of her ever having romantic or sexual relationships with men, there is copious evidence of her preference towards homosocial relationships with women. It is therefore reasonable to extend the

care services. See chapter titled "The land downunder" in: Kenny and Ostenso, *And They Shall Walk*, pp. 1-14.

³⁷⁶ Kenny's lifelong use of the title Sister after only three years of war service reflected her attachment to the public identity it afforded. In Australia it helped to explain her spinsterhood as nursing was still considered a vocation by many people. In the United States it created outright confusion as the title was only used for members of a religious order. Using the title in America was as culturally inappropriate as a male registered nurse using the title in Australia.

speculation in chapter four on whether her behaviour was interpreted as signifying that her primary sexual interest lay with women, and whether, as a consequence, she was subjected to homophobic prejudice. Such an exploration offers an opportunity for an alternate interpretation of her life and work, and a basis for examining the extent to which homophobia potentially underpinned the overt antagonism demonstrated towards her by members of the medical establishment.

It is difficult to retrospectively understand the experiences of women who lived in the first half of the twentieth century and might now be thought of as lesbians. Notions of sexual categories and the language we use to discuss sexuality have evolved considerably over the last century, and the way in which sexual identity is constructed differs according to the historical and cultural context. There is, of course, no single lesbian experience. Even so, there is documentary evidence to show that women whose primary sexual and emotional attractions are oriented towards other women have for centuries shared the common experience of being forced to lead hidden and isolated lives under the threat of moral, legal, and medical sanctions.³⁷⁷

³⁷⁷ For a critical appraisal of the modern medical construction of lesbianism see Patricia E. Stevens and Joanne M. Hall, "A critical analysis of the medical construction of lesbianism", *International Journal of Health Services* vol. 21, no. 2, (1991), pp. 291-307. A useful broader historical account of the social construction of homosexuality is offered in *Queer City*, an appraisal by Peter Ackroyd of historical records of sexual offences and public accounts of sexual behaviour in London from Roman times until the present day. Peter Ackroyd, *Queer City: Gay London from the Romans to the present day* (London: Chatto & Windus, 2017).

The hidden nature of lesbian lives presents an enormous challenge to historians wishing to understand the relevance and contribution of a subject's sexual identity to their professional life. There are real risks of applying retrospective distortions to the study of private lives from earlier eras, but these risks can be justified to gain a better understanding of the impact of personal and familial factors on scientific, artistic, or political careers, or the development of scientific knowledge. New insights and new questions can arise from the retrospective biographical analysis of the impact of homosexuality on an individual's career and achievements even when the person did not publicly embrace a homosexual identity during their lifetime.³⁷⁸

Kenny's sexual identity was as hidden in her lifetime as it is today. There is only a slim biographical record of her private life prior to the 1930s. Margaret Ernest, who worked with Kenny during the early 1940s, stated she did not believe Kenny, who was 40 years her senior, was a lesbian, but conceded '*nothing like that ever entered anyone's head in those days*'.³⁷⁹ Kenny's lifestyle during most of her adult life shielded her sexuality from public scrutiny. Apart from her war service she lived with her mother or close relatives, and she lived with her adopted daughter during the decade she worked in America. Close acquaintances interviewed by Victor Cohn recall she was insistent on always being accompanied by a female companion or female member of staff during her constant work related travelling.³⁸⁰ To the casual observer these arrangements would not have appeared unusual for a single woman of her age, but it is clear from the personal recollections of her close colleagues that

³⁷⁸ Bert Hansen, "Public careers and private sexuality", *American Journal of Public Health* vol. 92, no. 1, (2002), pp. 36-44.

³⁷⁹ Margaret Ernest, interview by author, 17 May 2009.

³⁸⁰ Valerie Harvey, interview by Victor Cohn, 27 August 1953, 146.K.8.6F EKP-MHS.

her relationships with her female companions were the primary sources of intimacy in her life.

4.3 Changing perspectives of homosexuality

The notion of differentiating sexual identity on the basis of sexual practice did not exist when Kenny was a child; nonetheless it was widely believed that practices such as buggery and masturbation were forms of moral perversion which could result in insanity and the corruption of the flesh. In 1886 Richard von Krafft-Ebing popularised the terms homosexual and heterosexual to differentiate sexual orientation,³⁸¹ although the term sexual inversion continued to be used for many decades to describe the perceived reversal of gender roles deemed as normal. The growth in interest among medical practitioners in sexual behaviour in the late nineteenth century lead to many sexual practices being classified as diseases, a situation that persisted well into the twentieth century.

In the first half of the twentieth century femininity in men, and masculinity in women, were characteristics almost universally associated with homosexuality.³⁸² The basis of this perception is vigorously debated in the current era,³⁸³ but the

³⁸¹ Krafft-Ebing was an Austrian psychiatrist who published *Psychopathia Sexualis: eine Klinisch-Forensische Studie* in 1886. The book is one of the earliest scientific analyses of human sexual behaviour.

³⁸² Henry L. Minton, "Femininity in men and masculinity in women: American psychiatry and psychology portray homosexuality in the 1930's", *Journal of Homosexuality* vol. 13, no. 1, (1986), pp. 1-21.

³⁸³ For a contemporary analysis of the social construction of the concept of sexuality in the early twentieth century see: "Around 1918: Gender Deviance, Wartime Nationalism, and Sexual Inversion on the Home Front" in Deborah Cohler, *Citizen, invert, queer* :

received view held by many medical practitioners, researchers, and the general public during Kenny's youth was that gender role deviation was a cause and a symptom of homosexuality.³⁸⁴ Even researchers who held the more tolerant view that homosexuality was not a mental illness or congenital defect, considered that apparently well-adjusted or productive homosexuals were '*not without conflict which he may learn to conceal by bravado or express in his defiance or his contempt for conventionality*'.³⁸⁵

Lillian Faderman observes that the propensity of American and European sexologists to conflate sex role behaviour, gender identity, and sexual object choice profoundly influenced medical practitioners' perception of female sexuality in the early twentieth century.³⁸⁶ This in turn influenced public attitudes towards female sexuality and challenged women to reconsider the social meaning of their homoerotic experiences with other women. Whilst the sexologists promoted the objectification of human sexuality, which may or may not necessarily be a bad thing, they undoubtedly raised awareness that women had sexual lives which could be

lesbianism and war in early twentieth-century Britain (Minneapolis: University of Minnesota Press, 2010) pp. 111-149; and "Topsy-Turvydom: Gender, Sexuality, and the Problem of Categorization" in Laura Doan, *Disturbing practices : history, sexuality, and women's experience of modern war* (Chicago: University of Chicago Press, 2013) pp. 97-132.

³⁸⁴ Bert Hansen, "American physicians' earliest writings about homosexuals, 1880-1900", *The Milbank Quarterly* vol. 67, supplement 1, (1989), pp. 92-108.

³⁸⁵ Hansen, *American physicians*, p. 100.

³⁸⁶ Lillian Faderman cites the rapid increase in the number of publications indexed in the *Index Catalogue of the Library of the Surgeon General's Office 1896-1916* as evidence of the growing medical interest in women's sexual behaviour, and the sources of beliefs about women's sexual perversion, inversions, and disorders. Faderman, *Odd Girls*, p.9.

separated from procreation and conjugal duties. As Faderman eloquently observes; the ‘*explanations*’ offered by sexologists ‘*blew the cover of women whose sexual relationships with other women may have been hidden under the guise of romantic friendship*’.³⁸⁷

In 1953 Alfred Kinsey and his colleagues shattered conventional perceptions of the marginality of same sex behaviour in women by publishing research which revealed homosexual behaviour was far more prevalent among American women than previously recognised. Kinsey was not the first researcher to systematically investigate the sexual behaviour of women, but his research was widely publicised.³⁸⁸ Miriam Reumann claims that the publications of Kinsey’s reports on male and female sexual behaviour were events comparable to the explosion of the atomic bomb in 1945.³⁸⁹ Kinsey’s research, although widely misrepresented and methodologically disputed, revealed that behaviour which was labelled as deviant, immoral, or unnatural, was in fact common in men and women. Kinsey argued that it was illogical and unjust to criminalise sexual behaviour which was common among otherwise law-abiding men and women.³⁹⁰ The furore surrounding Kinsey’s research was fuelled in 1956 by the

³⁸⁷ Faderman, *Odd Girls*, p. 57.

³⁸⁸ In 1929 Katharine Davis, an American sociologist, published the findings of a study of 2200 women, and concluded that a substantial proportion of women had participated in experiences which were sexual in character. See Faderman, *Odd Girls*, for a description of Davis’ research.

³⁸⁹ Miriam G. Reumann, *American Sexual Character* (Oakland: University of California Press, 2005), p. 1.

³⁹⁰ Kinsey presented this argument in his discussion of the findings of the analysis of the sexual histories of 5,000 male subjects. For an appraisal of the impact of Kinsey’s research on public health policy see Theodore M. Brown, and Elizabeth Fee, “Alfred C.

publication of research conducted by Evelyn Hooker which showed that homosexuality should not be considered a mental illness. Hooker's research made a significant contribution to the campaign to declassify homosexuality as a mental illness and is viewed as being instrumental in the battle for gay and lesbian human rights during the late twentieth century.³⁹¹

Throughout Kenny's lifetime concepts like lesbian identity or gay rights were an oxymoron. During Kenny's formative years women who were labelled as a sexual invert were at risk of being diagnosed as insane and committed to a lunatic asylum. A small number of artists and philanthropists, such as Romaine Brooks, Hannah Gluck, and Radclyffe Hall, may have publicly eschewed conventional female attire and lived openly with their female sexual partners, but these women had the advantage of being born into families which were immensely wealthy.³⁹² Women who did not enjoy the protection afforded by wealth or social privilege were, by necessity, careful to project an image of normalcy to avoid public ridicule or being

Kinsey: A Pioneer Of Sex Research", *American Journal of Public Health* vol. 93, no. 6 (2003): pp. 896-897. <https://doi.org/10.2105/AJPH.93.6.896>

³⁹¹ Hooker's research revealed there was no difference in the range of psychological profiles in homosexual and heterosexual men, thereby showing there were no grounds for classifying homosexuality as a mental illness. Her findings were replicated in subsequent studies and eventually led to homosexuality being removed from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders in 1973. Eric Marcus, *Making History: The struggle for gay and lesbian equal rights* (New York: Harper Collins, 1992), pp. 16-25.

³⁹² The significance of the nonconformist lifestyles of Gluck, Hall, and Brooks to the understanding of the construction of the concept of lesbian identity is appraised in Doan, *Fashioning Sapphism*, and in Laura Doan and Jane Garrity, ed., *Sapphic Modernities: Sexuality, Women and National Culture* (New York: Palgrave MacMillan, 2006).

disinherited by their families. Against this backdrop, and bearing in mind the caveats set out earlier, the remainder of this chapter will undertake an analysis of her life which seeks to unshackle it from heterosexist assumptions of normality.

4.4 Sanitised memorials

Kenny's biographers tell her story in good faith, but their accounts sometimes reflect a deference that influences their interpretations of the evidence of Kenny's life. Indeed, there is evidence which indicates that her nephew, Jack Kenny, who was a journalist in Sydney, may have colluded with Cohn to remove from publication information that could potentially be embarrassing to her memory or challenge her public reputation in America. In 1953 he sent a draft of an article to Cohn with the accompanying request:

*I should be grateful if you could delete from the article anything which would embarrass [sic] the memory of Sister Kenny in Minneapolis or would be inconsistent with what she said or what you have written about her. I know I can trust you to adjust and cut the article as you think fit.*³⁹³

Kenny's article is structured around topics which he had discussed with Cohn during an earlier interview in 1953. They revisited the theme of Kenny's contemptuousness towards men when Cohn interviewed Jack in 1955. Kenny repeated his assertion that his Aunt was unlikely to have ever had a romantic relationship with a man and had been openly hostile towards men and marriage throughout her life.

The dialogue between Cohn and Kenny's nephew encapsulates a theme that is frequently replicated in the notes documenting Cohn's conversations and interviews

³⁹³ Jack Kenny, to Victor Cohn, letter, 11 June 1953, 146.K8.6F EKP-MHS.

in the 1950s with Kenny's friends, family, and associates. These records suggest there was widespread agreement among those close to Kenny that, contrary to her repeated assertion that she was unmarried because she had chosen to devote herself to the cause of fighting polio, she was in fact unmarried because she held no interest in having a romantic or sexual relationship with a man.

Mary McCracken, Kenny's adopted daughter, recalled in an interview with Wade Alexander that '*A lot of reporters couldn't believe how such a voluptuous woman such as she could be so cold where a man was concerned*'.³⁹⁴ Mary McCarthy, a screenwriter and close associate of Kenny in the 1940s, told Cohn in 1953 '*I'd bet she (was) never kissed by a man in her life. Sex just didn't mean a goddammed thing to her*'.³⁹⁵ This rejection of intimacy with men is in stark contrast to the warmth and affection she demonstrated towards her female friends and associates. When interviewed by Cohn, Rosalind Russell, the actress who portrayed Kenny in the film adaptation of her life, recalled with fondness how she and Kenny played in bed together like children when Kenny would visit Russell in Hollywood.³⁹⁶

A letter written by Kenny in 1945 provides a rare unguarded glimpse of the depth of the emotional bonds Kenny was able to form with women. Kenny was visiting London when she received news that her secretary, Margaret Odpahl, had resigned to take up a post with the American Red Cross at the close of the Second World War.

³⁹⁴ Mary McCracken and Stewart McCracken, interview by Wade Alexander, 30 July 2000, 143.E.10.9B EKP-MHS.

³⁹⁵ Mary McCarthy, interview by Victor Cohn, 4 April 1953, 146.K.8.6F EKP-MHS.

³⁹⁶ Cohn, *Sister Kenny*, p. 204. Also, Rosalind Russell, interview by Victor Cohn, 18 August 1953, 146.K.8.6F EKP-MHS.

Kenny immediately wrote to Margaret to express her distress at receiving the news. The letter begins *'Several times I have taken up my pen to write the hardest letter I have ever written in my life That is a letter of farewell to you'*.³⁹⁷ In the letter Kenny apologises for her brevity as *'This one has a habit of disappearing in a mist'*. No other surviving record of Kenny's life reveals so candidly the depth of the emotional bond she could form with another person, yet it is equally revealing that, except for her mother and adopted daughter, there is little evidence she experienced this level of intimacy with anyone other than the women with whom she worked.

Valerie Harvey, an Australian nurse who worked as a Kenny Technician in Minneapolis, reflected on the nature of Kenny's emotional relationships with her female employees when she was interviewed by Victor Cohn in 1953. Harvey told Cohn *'I've never known anyone to have a greater fear of being alone as Sister. Secretary or housekeeper had to be with her always'*.³⁹⁸ Apparently the intensity of Kenny's relationships with her female staff was quite evident to those who met her, as Harvey also claimed that her own mother, who had met Kenny only briefly, warned her not to live with Kenny in America.

William Hinrichson, a cousin of Kenny, observed to Victor Cohn in 1955: *'She was, what I would say, more of the masculine type in her usual manner, in make up and body build, rather more like a man than a woman.'*³⁹⁹ Hinrichson's comment is not exceptional. The records reveal that Kenny was considered masculine in appearance

³⁹⁷ Elizabeth Kenny to Margaret Ernest, letter, 10th August 1945, 143.E.10.3B EKP-MHS.

³⁹⁸ Harvey to Cohn, 27 August 1953.

³⁹⁹ William Hinrichson, interview by Victor Cohn, 3 December 1955, 146.K.8.6F EKP-MHS.

and manner by friends and foes alike,⁴⁰⁰ yet a significant implication of this epithet has remained virtually unacknowledged for the past 60 years. Kenny did not transgress the gender norms of her era to the extent of wearing men's clothing, but she presented two faces to the world. Photographic records show that throughout most of her life her attire was reserved and unadorned. Her habit in later life of wearing corsages and flamboyant hats at public occasions became part of her public identity, but was generally viewed as incongruous with her demeanour and disapproval of makeup and lipstick.⁴⁰¹ Photographs not intended for public distribution usually portray her with short hair brushed back in a masculine style and wearing plain uniform-like clothes.⁴⁰² The public flamboyance was in marked contrast to the private disdain for adornment.

In the *Angry Angel* series, written by Victor Cohn shortly after her death, the theme of her appearance is always close to the surface.

She was, in her prime, strapping, erect, overpowering and positive.

⁴⁰⁰ Her close friend, Rosalind Russell, and her staunch antagonist, Dr Alex Duhig, described her as having the manner and appearance of an M4 Sherman tank. Victor Cohn research notes, 146.K.8.6F EKP-MHS.

⁴⁰¹ Margaret Ernest reported to Doris Baizely that Kenny's fondness of flamboyant hats was out of character with her disapproval of makeup and general disinterest in clothes. Doris Baizely, personal communication to the author, 14 April 2009. Kenny's objection to makeup also extended to her refusing to allow her adopted daughter to wear lipstick when they first lived in Minneapolis. Mary McCracken, interview by Victor Cohn, 15 April 1955, 146.K.8.6FEKP-MHS.

⁴⁰² Victor Cohn quotes her staff saying '*You don't look proper*' in her old black velvet dresses and uncombed hair. He also notes the contrast in her appearance when she was photographed for an article in the Australian Women's Weekly magazine '*Her nearly white hair was carefully set. She wore pearls and a fine lace collar on one of her better velvets*'. Cohn, *Sister Kenny*, p. 97.

She could be as austere as an iceberg.

*'Granite-faced' was a common description.*⁴⁰³

On the otherhand, Cohn recognises her behaviour towards patients and close acquaintances could be warm and loving.

According to those who knew her best, Elizabeth Kenny was a strange and bold woman, with a fierce warmth for people and causes she loved. She could be a saint one minute while treating a child, and two minutes later turn to a doctor and blister him.

*She made terrible enemies and devoted followers everyplace. Something, or many things, turned her constantly inwards.*⁴⁰⁴

Cohn captures, in his characteristic journalist style, the contrast between her appearance and behaviour in the public and private domains. But it is his observations of her national characteristics which reveal his perception of her true nature. Cohn places great emphasis on her Australian heritage: Australians, we are told:

...are no great respecters of pomp or symbols of authority.

They have sharp, witty tongues and will say anything anyplace.

In battle he would fight like a madman.

*When an Australian is sour.... he is most unpleasantly sour.*⁴⁰⁵

The significance of Cohn's observations is that, without apparent irony, he describes traits which were, and still are, stereotypically associated with Australian men. As an

⁴⁰³ Victor Cohn, "Angry Angel: The real story of Sister Kenny, Series 3.", 143.E.10.9B EKP-MHS.

⁴⁰⁴ Victor Cohn, "Angry Angel: The real story of Sister Kenny, Series 2." 143.E.10.9B EKP-MHS.

⁴⁰⁵ Victor Cohn, "Angry Angel: The real story of Sister Kenny, Series 3.", 143.E.10.9B EKP-MHS.

American, Cohn might be forgiven for not appreciating the characteristic traits of Australian women, as women were still largely invisible in Australian society in the 1950s except for their role as home makers and wives.⁴⁰⁶ Nonetheless, Cohn is implying, or possibly stating, that she could only be understood in the context of his perceptions of masculinity. Ultimately Cohn is unable to satisfactorily account for Kenny's loneliness and aloofness, and enigmatically concludes '*Perhaps there was too much man in her*'.⁴⁰⁷ The extent to which he understood the irony of this statement is now impossible to know, but it seems unlikely that a university educated and urbane journalist would not appreciate the implications of his words.

4.5 A silent foe

The premise that Elizabeth Kenny may have been perceived to be a lesbian does not diminish the validity of previous analyses of her life which have considered gender, class, ethnicity, and professional power. Rather, it provides a new perspective from which to identify and understand the prejudice and opposition she encountered in her life and work, and her evolving life story. Prejudice, by its nature, is often silent or invisible, and almost always based on unexamined beliefs or assumptions of

⁴⁰⁶ The dust jacket of the Manning Clark's *A short history of Australia*, published in 1963, states '*This elegantly written and well-illustrated book brings to life the people and events that have shaped Australia's history*'. It should more accurately say the men that have shaped Australia's history. Women are virtually absent in this publication, implying they contributed nothing of value to the shaping of the Australian nation. Beverley Kingston claims that within the Australian zeitgeist prior to the WW2 the only characteristics of women which were deemed positive were those linked to their capacity for domestic service and childbearing. Kingston, *Women and Work*, p. 56.

⁴⁰⁷ Victor Cohn, "Angry Angel: The real story of Sister Kenny, Series 8.", 143.E.10.9B EKP-MHS.

normality. In the first half of the twentieth century the public discourse on homosexuality was so emphatically based on assumptions of heterosexual normality that the language lacked words for the positive portrayal of homosexuality or for the negative portrayal of prejudice towards homosexuals. It is possible that towards the end of her life Kenny may have heard statements imploring tolerance or sympathy for homosexuals, but it is very unlikely that she ever heard any statement that represented an affirmation of any aspect of homosexual practices or the emerging concept of homosexual identity.

As stated earlier, the categorisation of a person whose primary sexual and emotional attractions are oriented towards members of the same sex or gender is a relatively recent phenomenon. In the 1960s Erving Goffman used the term stigmatisation to conceptualise the attribution of characteristics which differentiated or discredited individuals from a '*normal*' social identity.⁴⁰⁸ Goffman cites homosexuality as an example of a stigma which differentiates individuals from '*normals*' in society. Goffman also posits that stigmatising individuals leads to the construction of an ideology which explains the inferiority of the individual and rationalises animosity and discrimination towards the stigmatised person.

In the present day a much richer language supports a more diverse discourse on the nature of human sexuality. The word most widely used in the present day to represent prejudice and opposition directed towards people perceived to be homosexual is homophobia. The term homophobia was first coined in 1972, and in

⁴⁰⁸ Erving Goffman, *Stigma: notes on the management of spoiled identity* (London: Penguin Books, 1963), pp. 1-40.

the ensuing relatively short period its meaning has been the subject of considerable debate. While many authors accept the literal interpretation of the term is limiting and misleading, it is now broadly accepted as a catch all term for a wide range of phenomenon and behaviours associated with anti-homosexual prejudice. An Australian researcher succinctly summed up four decades of debate with the simple statement '*It is a new term for an old prejudice*'.⁴⁰⁹

Although it is not surprising that much of the literature addressing the phenomenon of homophobia would focus on its negative impact on the lives of gay men and lesbians, research conducted by David Plummer in the late 1990s with young men in Australia demonstrates that homophobia has far broader societal implications. Plummer found that homophobia had a profound influence on young men's awareness of what constituted socially acceptable male behaviour well before they were aware of the concept of sexual identity or how sexual practices differed in homosexuals and heterosexuals⁴¹⁰. By showing that homophobia is often independent of knowledge of sexual identity or behaviour, and not directly related to gender, Plummer provides an explanation for the potential for homophobia to impact on the lives of people like Kenny who do not conform to strict gender norms but do not publicly acknowledge their sexual identity. Research examining the experience of young British women who, as adults, self-identified as lesbian, revealed that many recognised the stigma associated with gender non-conformity in

⁴⁰⁹ David Plummer, *One of the boys: masculinity, homophobia and modern manhood* (Binghamton: Harrington Park Press, 1999), p. 6.

⁴¹⁰ Plummer, *One of the boys*, p. 9.

women long before they understood the sexual basis of that stigma or the sexual identity of the women in question.⁴¹¹

The law reform achieved by the lesbian and gay civil rights movement in the second half of the twentieth century has transformed the lives of lesbians and gay men in many industrialised nations. Nonetheless, most children still grow up in environments in which heterosexism and anti-homosexual prejudice are pervasive, and many experience negative feelings toward themselves when they reach an age where they recognise their own homosexuality.⁴¹² This negative feeling is commonly called internalised homophobia. Overcoming the cognitive dissonance arising from internalised homophobia is a challenge to psychological wellbeing that is unique to young homosexuals. The struggle many young people have with internalised homophobia is known to lead to depression, feelings of loneliness and isolation, and exaggerated displays of overtly heteronormative behaviour, and is believed to contribute to the high rate of suicide among young homosexuals.⁴¹³

If the young Elizabeth Kenny had trouble in reconciling her emerging sexual desires with the values of her family, society, and religion, she would almost certainly have felt a profound sense of alienation and loneliness. Lillian Faderman observes that in

⁴¹¹ Vicky Statler, *Lesbians on... Choosing our icons* (LIP publishing, 2010).

⁴¹² Gregory M. Herek, Jeanine C. Cogan, J. Roy Gillis, Eric K. Glunt, "Correlates of Internalized Homophobia in a Community Sample of Lesbians and Gay Men", *Journal of the Gay and Lesbian Medical Association* vol. 2, no. 1, (1997), pp. 17-25.

⁴¹³ APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation, *Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation* (Washington DC: American Psychological Association, 2009), p. 6.

the early twentieth century women who formed passionate relationships with other women usually self-identified in one of four ways:

1. She could refuse to recognise that her own same sex attachments, whether or not they were sexual, had anything to do with sexologists' descriptions of lesbianism.
2. She could become so fearful of her feelings toward other women that she would deny and repress them.
3. She could become so fearful of societal reaction to her emotional attachment that she would deny them publicly.
4. She could accept sexologists' categorisation of love between women and define herself as a lesbian.⁴¹⁴

In the near absence of support or sources of affirmation a young woman like Kenny would have few options other than to repress her true needs and desires to avoid ostracism and ridicule. Several incidents in Kenny's later life provide circumstantial evidence that this was the destiny she chose.

4.6 Passionate friendships

In 1942 Kenny became acquainted with Mary McCarthy, a successful Hollywood screenwriter who was known among her close circle of friends and colleagues to be a lesbian.⁴¹⁵ McCarthy was instrumental in introducing Kenny to Rosalind Russell and conceived the idea of making a feature film of Kenny's life. Kenny became close friends with McCarthy and her partner, Elizabeth *Dickie* Dickenson, while they worked on the film script, and for a short period McCarthy became one of Kenny's

⁴¹⁴ Faderman, *Odd Girls*, p. 3.

⁴¹⁵ Ernest to author, 4 September 2009.

closest confidantes.⁴¹⁶ During 1943 McCarthy and Dickenson separated and became embroiled in an acrimonious dispute over the writing credits for the script for the film “Sister Kenny”. McCarthy’s ‘*non-cardiac heart ailment*’, as she described her woes in a letter to Kenny,⁴¹⁷ exposed her hitherto private life to public scrutiny and undermined her relationship with Kenny and the film’s producers.⁴¹⁸ McCarthy wrote a series of letters to Kenny during 1943 and 1944 imploring her to intervene in the dispute with RKO studios, but the correspondence reveals a noticeable cooling in their friendship. The change in Kenny’s relationship with McCarthy is likely to have been influenced by Freddie Brisson, Rosalind Russell’s husband.⁴¹⁹

In February 1944 McCarthy wrote an affectionate and reassuring letter to Kenny, explaining that many of her financial and personal troubles were now behind her,

⁴¹⁶ Kenny’s close friendship with McCarthy is well documented in correspondence held in the EKP-MHS. The correspondence is written in an affectionate style and shows that Kenny stayed in the home that McCarthy and Dickenson shared in Los Angeles. Margaret Ernest confirmed that she and Kenny attended parties with McCarthy and Dickenson where there were gays present. Ernest used the word gays as a generic term to include gay men and lesbians. Ernest to author, 4 September 2009.

⁴¹⁷ The emphasis McCarthy placed on the word non-cardiac reveals that even personal correspondence in this era needed to be written in a codified manner. Mary McCarthy to Elizabeth Kenny, letter, 7 February 1944, 143.E.10.6F EKP-MHS.

⁴¹⁸ Margaret Ernest described McCarthy’s response to her separation from Dickie Dickenson as a breakdown. Ernest to author, 4 September 2009.

⁴¹⁹ Brisson and Russell were also close acquaintances of McCarthy and Dickenson. Brisson would not allow Russell to travel alone with McCarthy after McCarthy’s separation from Dickenson as he feared any association with McCarthy could attract unfavourable publicity for his wife. Hollywood film studios feared attracting the attention of the so-called Hays censors who were responsible for enforcing a set of industry moral guidelines known as the Motion Picture Production Code. Ernest to author, 4 September 2009.

but her efforts to enlist Kenny as an ally were in vain. In August 1944 Kenny severed her ties with McCarthy in a stinging letter which contained the advice:

*You have many splendid qualities and good brains which I admire and respect along with your great kindness of heart. You have other characteristics which I detest, and cause me deep grief and sorrow. Turn over a new leaf. Go back to your God and your religion, and your brain shall carry you through forever.*⁴²⁰

The characteristics which Kenny claims to detest is almost certainly a reference to McCarthy's homosexuality. Kenny had shown no public objection to McCarthy's lesbian relationship during their period of close collaboration, so the ferocity of this outburst may be an indication that Kenny's feeling of internal dissonance was pushed to its limit by McCarthy's homosexuality as it became publicly evident during her separation from Dickenson. Kenny's veiled advice to McCarthy to renounce her homosexuality and find solace through her religious faith may in fact have been born of personal experience.

The historical portrayal of Kenny's relationship with McCarthy carries as much significance as the relationship itself. Whilst McCarthy's relationship with Dickenson is documented in the Elizabeth Kenny archive in Minneapolis, the Kenny corpus contains no evidence of conjecture on the significance of McCarthy's sexuality in her relationship with Kenny. The notes of Cohn's interview with McCarthy indicates they discussed at length Kenny's lack of interest in having a physical relationship with a man, but there is no record of them discussing the possibility of Kenny having romantic involvements with women.

⁴²⁰ Elizabeth Kenny to Mary McCarthy, letter, 12 August 1944, 143.E.10.6F EKP-MHS.



Fig. 14. (L-R) Rosalind Russell, Elizabeth Kenny, and Mary McCarthy.
RKO publicity photograph, 1943.

When Cohn asked McCarthy why Kenny had described having relationships with men McCarthy replied '*Because she's no different from any other human being. They like their fictional life better than real one, and start to embellish it.*'⁴²¹ Cohn's interview notes bear no evidence of an *off the record* conversation with McCarthy. Perhaps, to paraphrase Margaret Ernest's words, nothing like that entered Victor Cohn's head in those days. It seems unlikely.⁴²²

The most visible evidence of Kenny's self-awareness of her gender role nonconformity can be found in her attempts in later life to portray romances with men in her youth. Kenny's marital status was, arguably, her Achilles' heel. It, rather

⁴²¹ McCarthy to Cohn, 4 April 1953.

⁴²² Victor Cohn's daughter, Phyllis Beetsch, believes it was unlikely that her father would have felt prejudice towards lesbians, or have been oblivious to their presence when he was young, as he was well educated, urbane, and tolerant of different lifestyles. Phyllis Beetsch, to author, personal communication, 2 September 2009.

than her lack of nursing qualifications, proved to be the aspect of her life that she found most difficult to protect from examination in the final decade of her life. During the 1940s Kenny made repeated attempts to convey the impression that she had forsaken personal happiness in marriage to pursue her calling to battle the scourge of infantile paralysis. Her nephew, Jack Kenny, recalled that when he was young she would tell stories about being courted by eligible bachelors, but would say '*Men! I don't want anything to do with them*' when asked why she had not married any of them.⁴²³ During the time she lived in America Kenny's personal life came under increasing scrutiny, and the inconsistencies in her comments about her youthful romance appears to have only fuelled journalists' curiosity.

The 1943 memoir, co-written with Martha Ostenso, alludes to a romance with a man named Dan. This story appears to be the one she stuck with for the remainder of her life. Ostenso confirmed after Kenny's death that the romance depicted in the memoir was fictitious and was included to make the book more interesting.⁴²⁴ Kenny's ongoing attempts to portray her alleged romance became increasingly convoluted, and eventually descended into farce. On separate occasions she confided to Rosalind Russell, Valeria Harvey, Mary McCarthy, and her adopted daughter Mary McCracken, that she had experienced a thwarted relationship with a man named Dan, but she failed to give any of these close confidantes an unambiguous description of his identity, or when and where the alleged romance

⁴²³ Jack Kenny to Cohn, 11 June 1953; and Jack Kenny, interview by Victor Cohn, 11 July 1955, 143.E.10.6F EKP-MHS.

⁴²⁴ Martha Ostenso, interview by Victor Cohn, 29 September 1955, 143.K.8.6F EKP-MHS.

had occurred. Not a difficult task if it is to be believed that this was the one genuine relationship she experienced in her youth.

Valerie Harvey recalled in an interview after Kenny's death that in late 1945 Kenny came to her room in a state of distress clutching a piece of paper which Harvey thought to be a telegram. Harvey recalled Kenny '*crying, really crying*' and saying '*No-one would even believe I was interested, and now he is dead.*' Shortly afterwards a copy of a telegram reporting the death of a Daniel Montgomery was published in the Minneapolis Tribune. The cable stated that the deceased had requested a message be sent to Kenny; '*Here in the silent hills you loved so well I wait for thee.*' A copy of the telegram, which Cohn discovered in Kenny's personal correspondence file at the Kenny Institute, survives in the Elizabeth Kenny papers at the Minnesota History Center.⁴²⁵

Victor Cohn investigated the source of this telegram after Kenny's death and was unable to find any record in Australia of the firm of solicitors who allegedly sent the telegram, the person named as the deceased, or the place of death. Cohn concluded that the telegram was probably a publicity stunt organised by RKO Studio ahead of the release of the *Sister Kenny* movie.⁴²⁶ As Kenny did not object to the publication of the fake telegram, and had a copy in her possession, she was clearly complicit in a deceit which raises serious doubts about her ethical standards. Nonetheless, the loyalty of her family protected her from being confronted as a counterfeiter and

⁴²⁵ Harvey to Cohn, 27 August 1953.

⁴²⁶ Cohn, *Sister Kenny*, p. 195.

dissembler. Kenny's adopted daughter believed the story for the rest of her life, but thought the alleged suitor was a man who had lived and died in South Africa.⁴²⁷

The testimony of the women with whom Kenny formed close relationships demonstrates she could not simply be dismissed as emotionally dysfunctional or incapable of forming loving relationships. Victor Cohn observed that '*Something, or many things, turned her constantly inward*'⁴²⁸ but he shied away from speculating on the source of her detachment other than to say he believed '*she never quite trusted the great outside world*'.⁴²⁹ These words were written at the end of her life, and were informed by Cohn's observation of a woman who emitted bitterness like a beacon. Cohn, and many other historians, pursued a fruitless search for evidence that Kenny experienced a thwarted heterosexual relationship in her youth, but largely ignored the significance of the deep and lasting relationships she formed with women. Perhaps this is because those relationships were few in number. More likely, it is because they were always with women.

Taking all the available evidence in to consideration, I have argued that Kenny's primary emotional attachments were oriented towards women even though there is no documented evidence of her having a sexual relationship with anyone. The

⁴²⁷ Mary McCracken, interview by Victor Cohn, 15 April 1955, 143.E.10.6F EKP-MHS. Cohn cites a *memoriam* published in the Courier-Mail in Brisbane on 16 April 1946 as evidence that supports McCracken's belief in the story. A detailed search of newspaper archives by the author in 2015 revealed no record of a memoriam or death notice for anyone who died in South Africa in any edition of the Courier-Mail or any other Brisbane newspaper published in 1946.

⁴²⁸ Cohn, *Angry Angel: Series 2*.

⁴²⁹ Cohn, *Angry Angel: Series 3*.

uncertainty surrounding Kenny's sexuality is not surprising as *coming out* was not a lifestyle option for most of women of Kenny's class and means at the beginning of the twentieth century. Such a public declaration would certainly have resulted in her being ostracised by her family and could easily have resulted in her being diagnosed as insane and committed to a lunatic asylum.

4.7 A battle on two fronts

Elizabeth Kenny lived in an era where an accusation of sexual impropriety could not be made unless it could be supported by credible proof; to do otherwise would lead to charges of libel or slander. Nonetheless, the invisible forces of innuendo and prejudice could have an equally, if not more, devastating impact on a person's reputation. There is no extant record of overt speculation on the nature of Elizabeth Kenny's sexual orientation, but there is evidence that speculation on the reasons for her not marrying continued well into her old age, and there is evidence she was considered and described as masculine in an era where the meaning of this epithet was unambiguous.

The conventional account for the intensity of the opposition displayed towards Kenny by the medical profession is based on her gender, professional status as a nurse, and absence of formal education. Whilst there is compelling evidence that she experienced rejection because of all these factors, she was not alone in her struggle. Kenny's gender was undoubtedly a source of disadvantage at a societal level, but the acclaim afforded to Isabel Morgan, Dorothy Horstmann, and Dame

Jean Macnamara demonstrates that gender was not an insurmountable obstacle in the field of polio research.⁴³⁰

Many authors have argued that medical practitioners, especially those in Australia, rejected Kenny's concepts due to their prejudicial view that it was inconceivable that a Nurse could be capable of independently developing a therapy which was superior to conventional medical care. This argument is usually accompanied by the qualification that those who were prepared to overlook their medical snobbery simply couldn't understand her uneducated attempts to explain her techniques in medically acceptable language. There is evidence that opposition to Kenny's concepts may be partially explained by these factors, but prejudice and snobbery are not unassailable,⁴³¹ and do not fully account for the personal nature of the criticism she faced. Highley observes that Kenny's concepts were more positively received when she had less direct contact with members of local medical

⁴³⁰ Isabel Merrick Morgan (1911 – 1996) proved that killed polio virus protected monkeys against polio. Morgan's contribution to polio research is commemorated in Polio Hall of Fame at Warm Springs, Georgia. Dorothy Horstmann (1911 – 2001) demonstrated that the poliovirus was transmitted through oral intake and contributed to the development of the Sabin oral vaccine. Horstmann was the first woman to be appointed as a Professor at Yale University. Dame Jean Macnamara (1899 – 1968) was an Australian paediatrician and scientist who discovered there were more than one strain of polio virus.

⁴³¹ David Oshinsky offers a detailed appraisal of the snobbery and professional alienation directed towards Jonas Salk by elite medical scientists in the United States during the 1950s. Salk came from a working class Jewish family and had not attended a so-called ivy league university. The thrice married Albert Sabin, who also was Jewish, was dismissive of Salk's unsophisticated scientific methods and, in his view, unseemly collaboration with the NFIP. Oshinsky claims Sabin lobbied fellow scientists to exclude Salk from membership of the prestigious National Academy of Science. See chapter 9 "Seeing beyond the microscope" in Oshinsky, *Polio*.

professional associations,⁴³² which implies that disapproval of her as a person was a factor which contributed to opposition to her methods.

An Australian doctor who helped to publicise her work in the early 1930s described her as '*vain, secretive, and jealous*',⁴³³ while a senior member of a government committee examining her work in the 1930s described her as a person '*with a curious and occasional criminal obsession about her ability to cure poliomyelitis in all stages*'.⁴³⁴ Even her alleged mentor, Aeneas McDonnell, was not alone in describing her as '*That bitch Kenny*' in his private communication with colleagues.⁴³⁵

Key figures associated with the medical establishment in America spoke of her derisively and behaved with a level of rudeness that cannot simply be attributed to discrimination on the grounds of gender or professional status. Soon after her arrival in America Kenny met Basil O'Connor, President of the NFIP. O'Connor appears to have taken an instant dislike to Kenny, a dislike which intensified the longer he knew her even though the NFIP provided substantial financial support for

⁴³² Using Australia and New Zealand as examples, Highley observes that there was an inverse relationship between the uptake of Kenny's ideas and adoption of her methods, and the level of personal contact between Kenny and medical unions. Highley, *Dancing in my Dreams*, p. 67.

⁴³³ Dr Philip L K Addison, interview by Victor Cohn, 21 October 1955, 146.K.8.6F EKP-MHS.

⁴³⁴ Duhig to Cohn, 16 Nov 1955.

⁴³⁵ Cohn bases this claim on interviews with medical and nursing colleagues in Australia in 1953 and 1955. Cohn claims McDonnell's hostility towards Kenny was 'generally confirmed' by McDonnell's son John but qualifies the claim by describing Dr McDonnell as '*beginning to ail, and his mind was slowing*'. Cohn, *Sister Kenny*, p. 99 and p. 278.

Kenny's work in America.⁴³⁶ Private communication between O'Connor and President Roosevelt's Appointment Secretary ahead of a planned meeting between Kenny and Roosevelt show that O'Connor was extremely anxious to prevent Kenny from meeting the President. The confidential communication reveals the O'Connor requested, and was granted, a private meeting with Roosevelt to inform him of *'things about Sister Kenny that I should tell him'*.⁴³⁷ No record of the private meeting is extant, but it is difficult to imagine which aspects of the life of 63 year old polio therapist could be so sensitive that they could only be communicated to the President in private. O'Connor's dislike of Kenny was so intense that shortly before her death he refused to shake her hand when they met at an official reception. He later claimed to be proud of this act.⁴³⁸

Margaret Ernest, Kenny's secretary from 1941 to 1945, recalled that at a meeting she and Kenny attended with Morris Fishbein, editor of the highly influential Journal of the American Medical Association (JAMA), Fishbein sat with his feet on the desk, smoking a cigar throughout the meeting. After a short discussion he told them to leave his office and shut the door on the way out.⁴³⁹ Displaying such rudeness to a woman during a business meeting was unthinkable in the 1940s. It may be argued that Fishbein's behaviour was more than rude, it was symbolic of his opinion of

⁴³⁶ O'Connor openly admitted to Victor Cohn that he found her a detestable person. Basil O'Connor interview by Victor Cohn, 20 June 1955, 146.K.8.6F EKP-MHS.

⁴³⁷ Correspondence between O'Connor and Major General Edwin Watson, Appointments Secretary to President Roosevelt. This post is equivalent to the current White House Chief of Staff. Correspondence, 143.E.10.9B EKP-MHS.

⁴³⁸ Basil O'Connor, *interview*, 20 June 1955.

⁴³⁹ Ernest to author, 4 September 2009.

Kenny; if you present yourself as a man, I will show my disrespect as I would to a man.

4.8 Passing

As Highley observed, Kenny concealed many aspects of her past during her lifetime. This chapter shows that some were concealed on her behalf, some will remain forever concealed, and some reveal themselves in the stories she told of her life. When considered in isolation, the characteristics and behaviours appraised in this chapter could be, and have been, interpreted as the unrelated quirks and foibles of a complex person who attracted unreasonable criticism or pedantic analysis for daring to challenge the medical status quo. Alternatively, these disparate traits and behaviours could be interpreted as being evidence of a lifelong quest by a stigmatised individual to project a personal identity which was socially acceptable.

Stigma is easily trivialised by people whose lives conform to social norms, but the victim of stigmatisation is often painfully aware of its ability to undermine their identity, self-reliance, and social relationships.⁴⁴⁰ Erving Goffman's seminal essay on stigma, published in 1963, provides a useful conceptual framework for understanding the stigmatisation of an individual based on their discredited personal attributes. Goffman's language appears dated in the current era, but his concepts continue to provide an explanatory framework for understanding the operation of oppression and discrimination. Goffman posited that an individual will

⁴⁴⁰ For an appraisal of the impact of stigma associated with disabilities which are not physically evident see: Cristina Lonardi, "The passing dilemma in socially invisible diseases: Narratives on chronic headache" *Social Science & Medicine* vol. 65, no. 8, (2007), pp. 1619-1629.

manage their communication of information about a personal attribute which may challenge assumptions of social normality. This process of managing a social identity is known as passing. The attribute could be hidden, such as mental illness or religious beliefs, or it could be visible, such as physical disability or racial characteristics. In the context of a person whose primary sexual interests are in members of the same sex, an individual may attempt to minimise the impact of the discrimination or social alienation associated with homosexuality by passing as heterosexual in social interactions. These attempts at passing would usually be setting specific. Goffman argued that stigmatised homosexuals used strategies such as concealing overt displays of flamboyant or feminine affectations, correcting their abnormality through psychotherapy, or *'break with what is called reality, and obstinately attempt to employ an unconventional interpretation of the character of his social identity'*.⁴⁴¹ Whilst Goffman's characterisation of homosexual behaviour and identity is naïve by modern standards, it should be remembered he was writing before homosexuality was declassified as a mental illness, and decades before it was decriminalised in most Anglophone countries. Nonetheless, his conceptualisation of passing has been widely utilised in the analysis of the stigma associated with homosexuality and provides a useful framework for understanding Elizabeth Kenny's presentation of self throughout her adult life.

The analysis of Kenny's life presented in the literature and this thesis reveals a range of characteristics associated with her sexual identity which may have been recognised by her peers and professional colleagues as discreditable personal attributes. These include: her masculine demeanour; daring, by her own admission,

⁴⁴¹ Goffman, *Stigma*, p. 10.

to do work usually restricted to men; choosing to be unmarried; her preference for same sex intimacy; her outspoken misandry; and her assertions that medical men were unwilling to be directed by a woman. Kenny also possessed characteristics associated with ethical and moral integrity which may have been recognised as discredited personal attributes. These include: claiming to hold qualifications which she did not possess; misrepresenting the ideas of others as her own; making false claims about the efficacy of her treatment; and a propensity to dissemble and dissimulate the portrayal of key life events.

Much of the evidence presented in this chapter supports the hypothesis that Kenny's primary sexual attachments were directed towards women, and that she encountered homophobic prejudice, but there is no evidence that she understood or sought to inhabit an idealised lesbian identity. Nonetheless, her behaviour, previously dismissed as idiosyncratic or defensive, suggests she was self-aware of the incongruence between prevailing social norms and her preference for same sex intimacy. Kenny's behaviour may therefore be better understood as performances which represented her attempts to project her alignment with the values and norms of the society which she inhabited.

4.9 Sanctuary in the clinic

Kenny's response to the stigma she encountered in her adult life may be explained by considering the concept of heterotopia – a concept described by Michele Foucault in a lecture given to architecture students in 1967, but not available in the

public domain until a translation was published in 1984.⁴⁴² The word heterotopia is the English approximation of the French term *espace autres* (literally; other spaces) which Foucault used in the lecture. Foucault argued that heterotopias are real spaces which simultaneously represent, contest, and invert the prevailing order within society. They are counter-sites to utopias which are idealised spaces that do not exist. The rules which govern normal social interaction within the social world are set aside within heterotopic spaces but are nonetheless easily understood by participants and observers. Hence, behaviour which is deemed as socially unacceptable in the normative context is permitted and common place in a heterotopia. Heterotopias are defined by Persson and Richards as '*spaces that organise a part of the world in a way that stands in contrast to the taken-for-granted social order*'.⁴⁴³

Foucault uses the example of prisons to illustrate how heterotopias are defined by relationality, not internal function. A prison isn't a building with locked doors and barred windows; it is a space where rituals of punishment are performed, and the inhabitants are obliged to relinquish conventional social roles. All the participants in the prison understand their roles in the heterotopic space. Similarly, a library is more than a room or building where books are stored; a library is a space which '*lies outside of time and contains within its walls a perpetual and indefinite accumulation*

⁴⁴² Michele Foucault, "Des Espace Autres", trans. Jay Miskowiec, *Architecture Mouvement Continuité* (1984). This manuscript is not part of the official corpus of Foucault's work as it was not translated until shortly before his death.

<https://foucault.info/documents/heterotopia/foucault.heteroTopia.en/>

⁴⁴³ Asha Persson and Wendy Richards, "From closet to heterotopia: A conceptual exploration of disclosure and 'passing' among heterosexuals living with HIV", *Culture, Health & Sexuality* vol. 10, no. 1, (2008), pp. 73-86. doi: 10.1080/13691050701669048.

of time that could in principle be explored forever where one enters *'with the objective of being transformed'*.⁴⁴⁴ A hospital is another example of a heterotopia as it is a space where rituals of healing and death are enacted, and lives are transformed. For this analysis, the generic term clinic is used to describe a range of spaces recognised as health care facilities where rituals and performances transform the lives of individuals.⁴⁴⁵

Elizabeth Kenny inhabited several heterotopias which allowed her to partially conceal personal attributes which may otherwise have been interpreted as discreditable. The principal, and most enduring, heterotopia associated with Kenny's life is the clinic. The clinic is defined by the social relationships and rituals which are performed by the participants, rather than physical characteristics of a building. The clinic falls broadly into the category of heterotopia which Foucault defined as heterotopias of deviance. Heterotopias of deviance are characteristically institutions where the inhabitants deviate from normality (for example; due to illness or injury) and need to be spatially isolated. The clinic fulfils several important principles which Foucault ascribed to heterotopias: the ritualisation of entry requirements for

⁴⁴⁴ Gary P. Radford, Marie L. Radford, Jessica Lingel, "The library as heterotopia: Michel Foucault and the experience of library space", *Journal of Documentation* vol. 71 Issue 4, (2015), pp.733-751. doi.org/10.1108/JD-01-2014-0006.

⁴⁴⁵ The modern term clinic derives from the French clinique (17c.), from Latin *clanicus* 'physician that visits patients in their beds,' from Greek *klinike* 'practice at the sickbed,' from *klinikos* 'of the bed,' from *kline* 'bed, couch, that on which one lies'. The English concept of hospital derives from German *Klinik*, itself from French *clinique*, via the notion of bedside medical education. The modern sense of a clinic as a space is thus a reversal of the classical, when the clinic was a service which came to the patient rather than a physical space.

participating in the heterotopia; the ability to recreate a microcosm which reflects the wider world; and the ability of heterotopias to be refashioned over time whilst maintaining their overarching functionality.

The heterotopia of the clinic is a consistent thread in Kenny's life story. In characteristic fashion, Kenny did not submit to the formal rites of entry to the nursing profession, or seek the required permissions, but she enacted the rituals of entry by adopting the uniform and learning the language of the profession to the extent that her masquerade was never unmasked in her lifetime. In her foray as the proprietor of St Canice Private Hospital, Kenny gave a physical form to the heterotopia of the clinic, wherein she interacted with her community through the institutionalised rituals of birth, illness, and death. Through her adoption of the persona of a nurse, Kenny could perform a social role within the heterotopia of the clinic which was congruent with her decision to remain unmarried and her rejection of the conventional roles of wife or mother.

The heterotopia of the clinic also enabled Kenny to prolong her identity as a nurse long after her institutionalised nursing roles had ceased.⁴⁴⁶ Kenny inhabited a virtual heterotopia for almost a decade through her peripatetic employment as a children's nurse, and her adoption of the role of health advocate whilst marketing the Sylvia first aid stretcher.⁴⁴⁷ In this period of her life she adopted the classical role of a clinician taking her services to the patient in a ritualised capacity which explained

⁴⁴⁶ Kenny worked as a nurse in formally recognised institutional settings from 1911 until 1919.

⁴⁴⁷ This episode in her life is examined in detail in chapter six.

her social identity.⁴⁴⁸ The turning point in her career as a polio therapist occurred when Kenny created her clinic in Townsville in 1934. The Townsville clinic may have been a makeshift affair housed in the veranda of a hotel, but as a heterotopic site it allowed her to confirm her identity as a health care professional and legitimise her therapeutic regime. In immersing herself in the recognisable relationships and roles of the clinic, Kenny demonstrated to the world that she was neither a faith healer nor a quack.

The Sister Kenny Clinics which were subsequently established throughout Australia and America during the 1930s and 1940s were examples of the plurality of heterotopias which Iwan Sudradjat claims reflect conventional structures whilst enabling the affirmation of difference and escape from authoritarianism and repression.⁴⁴⁹ The Kenny Clinics were spaces in which discreditable attributes, such as her marital status and her nonconformist approaches to therapy, were normalised. The Kenny Clinics also provided a space which enabled her to acquire social recognition; as a healer of stricken children, a campaigner for social reform of

⁴⁴⁸ This episode of her life aligns with Edward Soja's concept of thirdspace, a lived social space which is '*both imaginative and real, and a space for struggle, liberation, emancipation*'. For an appraisal of alternative theories of heterotopia see: Peter Johnson, "A Question of Modernity?" *Heterotopian Studies* (2012). <http://www.heterotopiastudies.com/wp-content/uploads/2012/05/3.2-A-Question-of-Modernity-pdf.pdf>

⁴⁴⁹ Iwan Sudradjat explores the benefits and implications for heterotopias to explain the complex nature of urban spaces and their relations with human behaviour. Iwan Sudradjat, "Foucault, the other spaces, and human behaviour", *Procedia – Social and Behavioral Sciences* vol. 36, (2012), pp. 28-34. doi.org/10.1016/j.sbspro.2012.03.004.

care services, and as a person who possessed knowledge which transcended medical orthodoxy.

Kenny's life was also significantly shaped by the heterotopia of the *ship*. Foucault claims the ship is the '*heterotopia par excellence*' as ships epitomise the ability of heterotopias to function in relation to all other spaces, and to function according to their own rules. The ship is a self-contained '*place without a place*', which is organised according to its own self-serving rules, but connects with every real space and '*sites inside of which human life is partitioned*'.⁴⁵⁰ The ship also fulfils the role of heterotopias as spaces which enable alternative experiences.

There are many aspects of Kenny's life during the years of her war service which embody the habitation of the heterotopia of the ship. As argued in chapter three, there is evidence that, alongside many other women, Kenny experienced personal liberation and fulfilment during her war service due to the serendipitous combination of circumstances which permitted women to participate in hitherto prohibited activities and roles. Troop transport ships provided a unique opportunity for a small number of women to inhabit a space that had previously been the exclusive domain of men. The expectation that the female nurses would not form personal relationships with their fellow officers, crew, and patients, protected their homosocial relationships from scrutiny.

For a brief period, the ship was the site of an idealised life for Kenny; she had income, a protected homosocial environment, status, and autonomy. The ship also served as a space which exposed Kenny to other spaces which were beyond her

⁴⁵⁰ Foucault, *Espace Autres*, p. 8.

reach in conventional life. It is this capacity of a ship to be a space which enables wider experiences which places the ship at the heart of Foucault's notion of heterotopia. When her war service came to an end Kenny returned to the socially restricted life she had experienced during her young adult life. The episodes of psychosomatic illness which she experienced on her return to civilian life may suggest that it was an existence which brought her little joy.

The final heterotopia associated with Kenny's life, whilst not a place or site in the conventional sense, is the virtual realm of the news media; the so-called cyberspace of the mid-twentieth century. Foucault does not address the concept of cyberspace or virtual reality directly in his lecture on heterotopia, but he does discuss concepts which are germane to our present day discourse on virtual reality. Foucault uses the analogy of a mirror to explain how a heterotopia can function as '*a sort of counteraction on the position that I occupy*'. The news print media of the mid-twentieth century fulfilled the function of a mirror to the real world, as it directed the individual's gaze towards the virtual space portrayed on the page, which in turn directed attention back to reconstituted selves. The news print media was not a place in the conventional sense, but it should be recognised a space which connected geographical, sectarian, occupational, and political communities of interest just as the internet does in the current era.

The analysis of Kenny's interaction with the news print media throughout the 1920s, 1930s, and 1940s, usually portrays her as the object of a fierce debate. In reality, she was actively constructing her public identity through her astute and masterful use of press statements, interviews, and letters to editors. Crucially, the news print media

gave Kenny the ability to engage with a global community of interest – the parents of children who were stricken with polio – which no longer recognised the sovereignty of the medical profession as possessing the knowledge or skills to defeat polio. For a brief time, Kenny could challenge the ability of the medical profession to enforce sanctions on her behaviour by reframing the public discourse on the treatment of polio.

The virtual heterotopia which Kenny embraced through her media activities allowed her to connect, albeit through a non-digital platform, with a global network of spaces and communities. The heterotopic space which Kenny inhabited could be considered as a socially produced *espace autres* that had no conventional physical borders or socially recognisable attributes, but nonetheless existed in real time and space. Memoirs produced by polios provide evidence that Kenny's authorship of her personal narrative and her conception of polio therapy created an alternate paradigm for experiencing polio. Kenny, and her collaborators, created an alternative discourse to the conventional medical discourse; a discourse which framed her as healer whose knowledge was sourced from experiential knowledge and evidence by the experience of her patients. The demise of this heterotopia was a product of the gradual loss of her ability to communicate with her global virtual community, and the eradication of the disease through mass immunisation.⁴⁵¹

⁴⁵¹ From 1945 there are clues to the growing impact of her undiagnosed Parkinson's disease on her ability to manage her media profile. Her thought processes were becoming less responsive and more dogmatic, and she was becoming less animated in her personal interaction. Victor Cohn notes that she was defensive and repetitive in her press communication, and increasingly isolated from the journalists who she depended upon as a conduit to the news media. By the early 1950s the medical profession in America was growing confident that an effective vaccine was within the grasp of medical

4.10 Conclusion

This chapter presents the argument that in an era where attitudes towards homosexuality differed from those held today, Kenny's gender nonconformity and open contempt for men could have been interpreted as a sign of her homosexuality and provided a focus for homophobic prejudice. Whilst there is no direct evidence that she understood or sought to inhabit an idealised lesbian identity, her behaviour, previously dismissed as idiosyncratic or defensive, suggests she was aware of an incongruence between her preference for same sex intimacies and the prevailing social norms. Kenny's behaviour may therefore be better understood as the performances of a stigmatised individual seeking to project a personal identity that was socially acceptable.

This chapter concludes that Kenny attempted, with varying credibility and success, to avoid being labelled as a discredited individual by projecting an impression of adherence to social norms. Notwithstanding the insight which her attempts at passing have offered to past researchers, her primary defence against social approbation was to seek refuge in the heterotopia of the clinic. The *clinic* provided Kenny with a sanctuary in which her otherwise discredited attributes were normalised, and her quest for social acceptance was enabled.

scientists and became more adept at shifting the public discourse from treatment to eradication.

Chapter Five – Creating the Kenny legend

'I want them rags that wells my legs.'

- Elizabeth Kenny

5.1 Introduction

All stories have a life of their own. Many have multiple authors; most reveal little of their provenance. Most lives are represented by multiple stories which may or may not form a coherent narrative. Some lives, especially those who attain fame or notoriety, may be overwhelmingly represented by a single story. The simplicity of many enduring stories often belies the complexity of their meaning and the purpose for which they were crafted. In this respect, the story of Elizabeth Kenny's first encounter with infantile paralysis is no exception. An extract of a comic book, reproduced in figure 15, illustrates the simplicity and enduring appeal of the story.

This chapter presents a thematic and contextual analysis of two stories which Kenny narrated more than fifteen years apart and to entirely different audiences. The thematic analysis will show that the uncritical appraisal of the Sylvia Stretcher invention story has concealed the importance of the invention narrative in shaping the content and structure of the subsequent polio treatment discovery story. The contextual analysis of the discovery story provides conclusive evidence that the story was constructed in the 1940s and should not be interpreted as the reporting of an historical event.

5.2 A story is born

When Elizabeth Kenny arrived in America in April 1940 she brought with her an effective but poorly explained therapy for treating the effects of polio. She also



Fig. 15. Comic book portrayal of Sister Kenny's first encounter with infantile paralysis.⁴⁵²

brought a wealth of experience in managing the presentation of her life story in Australian newspapers. Kenny developed her skills in writing press statements and managing media events during her involvement in the Queensland Branch of the Country Women's Association in the early 1920s and her marketing of the Sylvia Stretcher in the late 1920s. In the 1930s she was prolific in producing press releases

⁴⁵² In 2004, Adam Wirtzfeld, an illustrator and visual storyteller based in the USA, created a comic book biography of Sister Elizabeth Kenny for the annual Lutefisk Sushi exhibition in Minneapolis. Wirtzfeld based his comic on Kenny's memoir *And They Shall Walk*. The comic is reproduced with the permission of the author. Adam W. Wirtzfeld, *Sister Elizabeth Kenny*.

which endorsed the superiority of her therapeutic techniques or refuted any criticism of her work.⁴⁵³

After an initial cautious reception in America her methods were soon endorsed by prominent doctors in Minneapolis, and favourably reported in the prestigious *Journal of the American Medical Association*. News of her work in Minneapolis exposed her to an unprecedented level of public interest. The American public were eager to learn about the Australian nurse who claimed to be offering a new treatment for a disease which was greatly feared. Sensing the presence of a good story, American newspaper reporters were keen to interview Kenny as she appeared to be something of a conundrum – she called herself Sister Kenny, but was not a member of a religious order; and, although she claimed to be a nurse, she did not dress or behave in a manner which corresponded to the conventional public image of a nurse.⁴⁵⁴ Even though journalists found Kenny to be an eager and prolific source

⁴⁵³ A content analysis of newspaper articles published in Australia between 1934 and 1939 shows that she was named in a quarter of the 14,000 news articles on the topic of infantile paralysis in the three main States of Australia. Source: Hildon, *War of Words*.

⁴⁵⁴ There is no photographic record of Kenny wearing a nurse's uniform after she was discharged from the AANS in 1919. Kenny's attire throughout the 1930s and 1940s, recorded in numerous films and photographic images, demonstrates that she employed deliberate visual cues, such as wearing a white hospital gown over her civilian clothes, to present herself as an equal to doctors. Conversely, Kenny technicians, many of whom were not trained nurses, are routinely depicted wearing uniforms modelled on those worn by nurses, albeit without a cap.

of *copy*, they quickly discovered she was not an easy assignment,⁴⁵⁵ and had no tolerance of inaccuracy in the reporting of her work.⁴⁵⁶

The earliest known record of the story appears to be an article written by the Science Editor, Robert Potter, for the August 17, 1941 edition of *The American Weekly*.⁴⁵⁷ In the Potter version, which is set in the Australian bush, a frantic woman knocks on the door of the home of the district nurse known as Sister Kenny. A paraphrased summary of the article follows.

A mother visits Kenny's private hospital. *'I've come to find a doctor. My little boy is ill. Is there a doctor here?'* Kenny replies *'I'm sorry but the nearest doctor is 100 miles away. I'm the nurse here and I have to act as doctor, dentist, midwife and nurse. What seems to be the matter with the lad?'* The desperate mother answers *'I don't know. I'm worried. He had a bit of a fever, a pain in his back, and now his legs*

⁴⁵⁵ Victor Cohn, the health reporter for the *Minneapolis Star Tribune* from 1945 until the time of her death, observed that journalists were intimidated by her ability to turn an interview into a lecture, and that she preferred to conduct press conferences as she considered this to be more efficient than individual interviews. Cohn claimed she would recite prepared statements then insist the bewildered journalists read out their notes so she could check for errors or omissions. Source: Victor Cohn's research notes. 146.K.8.6F EKP-MHS.

⁴⁵⁶ The editor of a prominent newspaper in Minneapolis informed Victor Cohn that Kenny telephoned him before breakfast on a Sunday morning to complain that a journalist had misquoted her in an article published the previous day. Source: Victor Cohn's research notes. 146.K.8.6F EKP-MHS

⁴⁵⁷ Robert D. Potter, "Sister Kenny's Treatment for Infantile Paralysis", *The American Weekly*, 17 August 1941, pp. 4, 5, 13. 143.K.8.5B EKP-MHS. The American Weekly was a weekly supplement which was distributed nationally in newspapers published by Randolph Hearst.

hurt. Kenny answers *'I'm afraid there is no doctor here, but if you wish I'll come and look at the boy.'* Kenny accompanies the worried mother to the farm south of the town, where she examines the stricken child. After completing her examination Kenny explains to the mother that the symptoms seem to be those of infantile paralysis, but she will send a telegram to the doctors 100 miles away to see what they think. Hours pass until finally the telegraphic response is received. Tearing it open they read *'Case appears to be infantile paralysis. No known cure. Carry on as you are.'* The frantic mother pleads with Kenny to do something. Kenny replies *'I haven't any splints, braces or other things, but I think I can offer help.'* But Kenny cautions her *'I must warn you that this is my own method.'* *'The usual thing is to consider the muscles as dead and so doctors bind the afflicted parts in rigid splints and braces and try to prevent muscle injury which would lead to deformities.'* *'I try to use hot, moist packs to relieve the pain and I try to start the training of the muscles to do their job again. I try to get the patient to relearn to control his muscles.'*

Although she has doubts, the desperate mother replies *'Do what you can. I'll believe in you. Tom will too. We'll pray and hope and work with you.'* The article ends with Kenny describing how she helps the young boy to recover and regain control of his stricken legs. Fortunately, we are told, the boy's father was a friend of the Premier of the State, and through his interest Kenny was sent hundreds of patients, half of whom were restored to a normal life.

This early version of the story contains interwoven themes which are biographical – Kenny's status as a district nurse, and her possession of her own fully formed treatment regime; contextual – the location of the patient in a remote rural home,

and the absence of local medical practitioners; and performative – the verification of the diagnosis by telegram, and the recognition of her success by a senior politician.

Five months later Robert Yoder reported a different version of the story in an article written for the January 17, 1942 edition of the *Saturday Evening Post*.⁴⁵⁸ Yoder's version is set in the region of South East Queensland known as the Darling Downs. The following paragraphs summarise Yoder's article.

In 1913, in the sparsely settled Australian outback, real doctors were few and far between, and a good deal of emergency surgery was likely to be performed by '*jack-knife wielding amateurs*'. A medical consultation in these remote areas was often only available via a telegram, and most care was delivered by hard working, '*two fisted women*' known as bush nurses. Here, in the settlement of Pilton Hills, a young bush nurse is called to the assistance of a child '*desperately ill with a brand-new malady – new, that is, to the nurse who had to treat it.*' Unable to diagnose the cause of the child's illness, Kenny sends a telegram to the nearest physician, Aeneas McDonnell, 40 miles away in Toowoomba. His reply: '*Symptoms you describe clearly indicate infantile paralysis. Use your best observation and judgement.*' Within days the young bush nurse has three more cases to deal with. Not knowing the conventional treatment for the disease her common sense tells her to treat the pain, which she does by using hot packs made from strips of torn blankets. When the pain subsides '*she does whatever she can to get the children to move their rebellious arms and legs again*'. Later, when her patients have recovered, the young bush nurse

⁴⁵⁸ Robert M. Yoder, "Healer From The Outback", *Saturday Evening Post*, 17 January 1942, pp. 18-19, 68-70. 143.F.2.5B. EKP-MHS

demonstrates her impromptu treatment to Dr McDonnell. He expresses surprise as *'It was thoroughly unconventional, and was based on a completely different conception of what happened to the muscles in the early treatment of the disease.'* Still, it seemed to work, and despite the improbability of a young bush nurse scooping the entire medical profession in discovering a treatment for infantile paralysis, he encourages her to *'Keep it up'*.⁴⁵⁹

The story as told to Yoder retains key performative themes – the medical verification of the diagnosis by telegram, and the recognition of the originality and success of her treatment by a person of authority; and introduces a new performative theme – her discovery of a remedy through experimentation, and a new biographical theme – her ignorance of conventional therapy. Kenny emphasised her prior lack of knowledge of conventional treatment by stating that if she had known about the standard treatment *'I would have been out tearing bark off the trees to make splints'*.⁴⁶⁰ This comment may have been deliberately provocative or it may be an indication of how much she believed her revisionist memory of her past as she had used splints constructed from bark to treat a paralysis patient in the early 1920s.⁴⁶¹ Nonetheless, this statement is a rare example of Kenny straying off-script in her telling of the story.⁴⁶²

⁴⁵⁹ Yoder, *Healer*, p. 19.

⁴⁶⁰ Yoder, *Healer*, p. 68.

⁴⁶¹ Kenny's use of bark splints is confirmed in a letter written by Daphne Cregan to Victor Cohn in 1956, EKP-MHS. The bark of iron-bark eucalypt trees, so named due to its strength and rigidity, is still used for first-aid splinting of injured limbs where medical devices are not available.

⁴⁶² Whilst the story evolved as her audience grew, the plot and content remained consistent. The reference to her treatment of Daphne Cregan is the sole example of a

Eighteen months later a similar version of the story appears in an article written by Stewart Robinson for the July 30, 1943 edition of *The Family Circle*.⁴⁶³ Robinson prepared for the interview by sending Kenny a letter with a list of questions, one of which asked for clarification of the date of her first polio case as he had noticed a discrepancy in the dates previously reported in news articles.⁴⁶⁴ Robinson's article includes a rendition of the story which closely matches Yoder's version except that this version specifies the event took place in 1910. There is no extant record of Robinson's meeting with Kenny, so the reason for the change of date of the event is unknown.

It is probably no accident that Robinson's rendition of the story was the most succinct account thus far circulated, as it coincided with the publication of Kenny's memoir, *And They Shall Walk*, written in collaboration with Martha Ostenso.⁴⁶⁵ Most of the memoir was written in 1942 while Kenny was working in Minneapolis, and there is evidence that Ostenso helped Kenny to refine the discovery story.⁴⁶⁶ Whilst Robinson and Kenny retain the core description of her encounter, they place

completely unrelated aspect of her therapeutic practice being introduced into the narration of the story.

⁴⁶³ Stewart Robinson, "Sister Kenny", *The Family Circle*, 30 July 1943, pp. 4-6, 18-19.

143.F.2.5B. EKP-MHS

⁴⁶⁴ Stewart Robinson, to Elizabeth Kenny, letter, 19 February 1943, 143.E.10.6F EKP-MHS.

⁴⁶⁵ Martha Ostenso was hired by Kenny to edit the first draft of the memoir. Ostenso is acknowledged as the co-author in the title page of the book.

⁴⁶⁶ When Ostenso was interviewed by Victor Cohn shortly after Kenny's death she revealed that in addition to editing the memoir she had written sections of it to make it more interesting for the public. Ostenso, *interview*.

additional emphasis on the response of Aeneas McDonnell to the recovery of her patients.

Robinson writes:

(McDonnell) was frankly amazed when he was told they were as good as new.

Sister Kenny's description of her treatment so impressed him that he immediately turned over one of his own patients to her while the hospital staff of doctors and nurses rallied round to watch. Off came the restraining splints; on went the hot fomentis; deftly to work went Sister Kenny's hands. And in a few weeks the child had recovered. From that day until his death many years later, Dr. McDonnell, a man above jealousy and one who could see beyond the dogmatic theory of the day, was one of Sister Kenny's most loyal advocates.⁴⁶⁷

Whereas Kenny writes:

Elizabeth, you have treated those youngsters for symptoms exactly the opposite of the symptoms recognised by the orthodox medical men of today.

Then he fetched from his library some impressive-looking tomes that dealt with this baffling disease. What I discovered in their pages left me speechless with astonishment. It simply could not be that I, in contraposition to wise authorities, had blundered upon a treatment that had met with success!⁴⁶⁸

Although the version presented in Kenny's memoir is the most widely cited version it was subject to substantial revision while Kenny and Ostenso were preparing the

⁴⁶⁷ Robinson, *Sister Kenny*, p.5-6.

⁴⁶⁸ Kenny and Ostenso, *And They Shall Walk*, p. 29-30.

manuscript for publication. Victor Cohn, Kenny's biographer, owned holograph copies of sections of a hand written draft of the memoir.⁴⁶⁹ Only two pages of this version are extant. The hand written description is consistent with the version which eventually reached print, but with the noteworthy exception that in the original draft the patient is a young boy.⁴⁷⁰ In 1944 Kenny further refined the story in a series of articles she wrote for the *American Weekly* titled "God Is My Doctor".⁴⁷¹ This version presents a description of the incident which on the whole is consistent with the 1943 version except the patient is named Amy McNeil and the date of the incident is now June 12, 1910.⁴⁷²

⁴⁶⁹ A holograph is an early form of photocopy. Cohn donated his holographs to the Smithsonian Institution in Washington. Correspondence between Cohn and the Smithsonian reveal that the Smithsonian lost all but two of the donated images. Elizabeth Kenny, Holograph copies of draft memoir, Reserve 35 EKP-MHS.

⁴⁷⁰ Cohn's typed and personally annotated transcript of the holograph shows his underlining of each of the references in the original draft to the child being a boy, yet he does not acknowledge this inconsistency in his biography.

⁴⁷¹ Elizabeth Kenny, "God Is My Doctor", *The American Weekly*, 26 March 1944, pp. 18-19. 143.K.8.5B EKP-MHS. The American Weekly paid Kenny \$2,500 (equivalent to \$36,000 in 2018) to provide factual material concerning her observations. Kenny changed *observations* to *discoveries* in the contract which was signed on 31 December 1943. Contract between The American Weekly and Elizabeth Kenny, 146.K.8.5B EKP-MHS.

⁴⁷² Placing the encounter in a southern hemisphere winter month is noteworthy as polio infections usually peak in the summer months, hence the disease being known colloquially as summer plague. Most Americans would not have questioned this date as it coincided with their own experience of the disease, but it is significant that this anomaly has not been challenged within the research literature.

Press releases prepared by Kenny in 1950 for distribution to American newspapers provide evidence that the form of the story reached stasis near the end of her life.⁴⁷³ The prose is more flowery and self-congratulatory, but the key themes and gender of the patient remain consistent. The noticeable enhancements to these final renditions of the story are the greater emphasis placed on a divine inspiration guiding her response to the child's suffering, and greater detail in her description of her therapeutic actions. The following extract picks up the story at a recognisable point.

The message read: 'Infantile paralysis. No known treatment. Do the best you can with the symptoms you see.' What was I to do, alone in the Bush of Australia, away from all medical assistance? I must think, and, looking towards the East where dawn was breaking into day, the still small voice of my Mother came to me, as it were, over the air when as a child I was given a task I thought was beyond my strength, she would place her hand upon my head and looking into my face, repeat one of her favorite passages, which has stayed with me and supported me through many an hour of trial and weakness, the words of that grand old English bard:

*'He who of the greatest work is finisher
Oft does it by His weakest minister.'*

With an unvoiced prayer to the Great Physician, I returned to the bedroom in that humble cottage in the backwoods of Australia, to lay the foundation stone of a work that one day was to receive recognition in the great halls of learning throughout the medical world.

What took place during those hours and days of suspense and fight with this little girl and five of the twenty children who comprised the neighbourhood could not be written. How the soft, moist heat applied soothed pain and made the part that was invaded by the virus of this

⁴⁷³ Typed manuscript inscribed 3-8-50, and typed manuscript inscribed 3-28-50, 146.K.8.5B EKP-MHS.

dread disease receptive to the treatment which had to be evolved; how my knowledge of surface anatomy came to my assistance and helped me to restore again the mental pathway to those once tortured areas; how I had to evolve a means of restoring again the true mechanical action of the parts that had been so disturbed and beaten down by the invasion of this enemy; how my knowledge of the architecture of the human frame, learnt in a peculiar way from childhood, came to my aid, it seemed to me that some mysterious Higher Power had shaped my destiny even from childhood in order that I may be of help to the helpless. ⁴⁷⁴

5.3 Unravelling fact from fiction

For more than sixty years researchers, historians, journalists and chroniclers of polio in the twentieth century have based much of their analysis of the life and work of Elizabeth Kenny on the assumption that a story which she crafted during the final decade of her life is a reliable account of her first encounter with infantile paralysis.⁴⁷⁵ The story has a naïve charm, and is rich in drama and pathos, but it lacks internal consistency, and has never been reliably corroborated. A century has passed since the events described in the story are alleged to have occurred, but enough evidence survives to allow a balanced analysis of the five key themes embedded in the story's multiple iterative forms: the time and place of the encounter; the

⁴⁷⁴ Typed manuscript inscribed 3-8-50, 146.K.8.5B EKP-MHS.

⁴⁷⁵ Kerry Highley is the only researcher to have questioned the authenticity of the discovery story. Highley states '*It was when she began treating Daphne in 1921 that Elizabeth Kenny first began to explore her system of muscle re-education and treatment, and not in 1911 as often claimed*' Highley, *Dancing in my Dreams*, p. 79. Highley is accurate in acknowledging the ubiquitous presence of the claim, but she overlooks that the claim originates from Kenny, not from third parties. For Highley's analysis of the development of Kenny's method see chapter "Pushing the Boundaries" in Highley, *Dancing in my dreams*.

diagnosis of infantile paralysis; the originality of the method of treatment; the involvement of Aeneas McDonnell; and the recovery of her patients. The analysis of the factual claims which are embedded in the treatment discovery story is a necessary starting point to understanding the historical context of the narrative and the life of the narrator.

Time and place of the encounter

The date of Kenny's first encounter with a case of infantile paralysis is impossible to state precisely as there are no records of the event other than Kenny's personal testimony. Between 1941 and 1952 Kenny claimed or implied the encounter occurred in four different years. In 1941 she infers it occurred in 1910,⁴⁷⁶ whereas in 1942 she claims it occurred in 1913.⁴⁷⁷ In 1943 she claims in different parts of her memoir that it occurred in 1909 and 1913.⁴⁷⁸ In 1944 she claims it occurred in 1910,⁴⁷⁹ whereas in 1952, in a report to the Queensland Government titled "Brief History", she states it occurred in 1912.⁴⁸⁰ Shortly after Kenny's death Victor Cohn suggested in a commemorative series, *Angry Angel*, that the first encounter probably took place in '1911 or so'.⁴⁸¹ After conducting extensive research in the 1950s he broadened this estimate to 'somewhere between 1910 and 1913'.⁴⁸² Cohn's research notes reveal he was aware of the inconsistency in Kenny's dating of

⁴⁷⁶ Potter, *Sister Kenny's Treatment*, p. 13.

⁴⁷⁷ Yoder, *Healer*, p. 18.

⁴⁷⁸ Kenny and Ostenso, *And They Shall Walk*, pp. 21, 208, 255, 270.

⁴⁷⁹ Kenny, *God Is My Doctor*, p. 18.

⁴⁸⁰ Elizabeth Kenny, "Brief History", typed manuscript, 143.E.10.3B EKP-MHS.

⁴⁸¹ Victor Cohn, "Angry Angel, Series 9", p.2. 143.E.10.9B EKP-MHS.

⁴⁸² Cohn, *Sister Kenny*, p. 274.

the first encounter, and whilst he notes this inconsistency in the endnotes of his biography he does not explore the significance of the inconsistency in the main text.

If the story is to be believed it is remarkable that there is no record of an outbreak of the size described by Kenny. It has been suggested that she may have treated children with infantile paralysis while she was the proprietor of St Canice from 1912 to 1915, but the evidence is unreliable.⁴⁸³ When Victor Cohn interviewed Kenny's acquaintances, family members, and professional colleagues shortly after her death in 1952 he was unable to determine a reliable date for the alleged event or obtain the names of any of the alleged patients. As Kenny was a local hero, and one of the most famous Australians of the twentieth century, it is very difficult to understand why no-one has ever claimed the honour of being one of her first fully recovered patients. Infantile paralysis was uncommon at the time but was sufficiently well known to attract the attention of the local print media of the era. The main newspaper in the district, the *Warwick Examiner and Times*, regularly reported births, deaths, and the treatment of burns and trauma at Nurse Kenny's private hospital in Clifton, but only one case of infantile paralysis was reported by the Sanitary Inspector between 1905 and 1915, and this was in Warwick in 1914.⁴⁸⁴ The *Clifton Courier* also contains reports of deaths and births in Clifton in the period 1909 to 1915, but there are no reports of cases of infantile paralysis.

⁴⁸³ Dr. Alex Horn claimed he had advised Kenny on the treatment of her patients but was uncertain of the dates. Dr. Alex Horn, interview by Victor Cohn, 29 November 1955. 146.K.8.6F EKP-MHS.

⁴⁸⁴ "Town Council, Thursday General Meeting, Sanitary Inspector's Report", *Warwick Examiner and Times*, 12 December 1914, p. 6. Trove NLA.

The lack of records of Kenny's initial encounter with poliomyelitis is not, as she frequently claimed, associated with the remoteness of the rural location in which the events are set, or the lack of medical interest in the disease. Kenny may have lived in a small village, but the rural arcadia she describes in her memoir was not especially isolated or unsophisticated by Australian standards of the time. During the Federation period the Darling Downs was a prosperous region with a thriving rural economy.⁴⁸⁵ The region had extensive telephone and telegraphic networks, and the towns of Nobby and Clifton were linked to the nearby city of Toowoomba by a rail line. Clifton is 38 miles from Toowoomba, not 100 miles as she claimed, and the town had resident pharmacists, dentists, medical practitioners, and two private hospitals during the period she owned St Canice. One of the first changes Kenny implemented when she took control of her private hospital in 1912 was to have the telephone connected.⁴⁸⁶

The story Kenny told her American audience portrayed Australia as an unsophisticated society which lacked modern transport, communication, and health care infrastructure. The cultural framing which Kenny employed in the telling of the discovery story assisted her American audience to conceptualise the challenge she faced as a lone nurse working in a hostile environment, and to believe, or at least not question, her claims that she faced a hitherto unknown foe.

Diagnosis of infantile paralysis

⁴⁸⁵ In 1912 the Darling Downs produced around 95% of all the cheese and wheat for the State of Queensland. Source: Centre for the Government of Queensland, University of Queensland. <https://www.queenslandplaces.com.au/darling-downs>.

⁴⁸⁶ "Nurse Kenny", *Clifton Courier*, 13 July 1912. p. 2. Trove NLA.

In the period leading up to the WW1 health care services were highly regulated in Queensland, and a comprehensive disease surveillance system had been operating since 1900. The science of medicine in pre-WW1 rural Queensland may have been nascent by today's standards, but the administrative systems supporting the provision of health care were in many respects comparable to those which exist in the current era. The first recorded epidemic of infantile paralysis in Queensland occurred during the summer months of 1904-1905, with 108 cases.⁴⁸⁷ Infantile paralysis was made a notifiable disease in Queensland in 1909,⁴⁸⁸ thereby making it compulsory for medical practitioners to notify central health authorities and local government authorities of their diagnosis of every case involving the disease. Between 1905 and 1909 reports of cases were monitored by the Commissioner of Public Health and reported to the Queensland Government in the annual Public Health Report. The next significant epidemic involving 332 cases did not occur until the summer of 1915,⁴⁸⁹ by which time Kenny had closed St Canice and set sail for England. The quality of surveillance in Queensland during this period suggests that it is unlikely Kenny treated six infantile paralysis cases prior to opening St Canice when only four cases were reported for the whole State between 1906 and 1911.⁴⁹⁰

⁴⁸⁷ Patrick, *History*, p. 238.

⁴⁸⁸ Cumpston, *Health and Disease*, p. 398.

⁴⁸⁹ Cumpston, *Health and Disease*, p. 326.

⁴⁹⁰ The annual Public Health Reports for the years 1905 to 1912 are held in the Parliamentary Papers of the 15th (20 September 1904) to 18th (19th January 1912) sessions of the Queensland Parliament. Source: Queensland Department of Public Health., *Annual report of The Commissioner of Public Health* (Brisbane: Department of Public Health, 1906 -1912). Queensland Parliamentary Library 328.94304/1902.

One version of the discovery story describes Kenny treating a child with infantile paralysis in St Canice Private Hospital. In common with the more familiar version of the story the case is diagnosed by a local medical practitioner, and Kenny improvises her treatment. If this had occurred the medical practitioner should have notified the case to the local health authorities. No notification exists. Kenny states in her memoir that there are no records of the disease because at the time it '*had not won any special attention from the medical men*'.⁴⁹¹ Publishing such a claim was risky as it is a misrepresentation which easily could have been exposed through a simple enquiry. As it turns out her assertion escaped cross examination by her contemporaries and many subsequent chroniclers of her life and work.

A complication in understanding the true prevalence of polio in this era stems from the similarity of the symptoms of the disease to those present in other viral diseases. The flaccid paralysis that is so characteristic of the acute stage of poliomyelitis is also characteristic of diseases such as Guillan-Barre syndrome, transverse myelitis, or encephalomyelitis.⁴⁹² Indeed, it has recently been argued that Theodore Roosevelt's paralysis, which in 1921 was diagnosed by the eminent physicians George Draper and Robert Lovett as being caused by poliomyelitis, was more likely to have been caused by Guillain-Barre syndrome.⁴⁹³ Even if Kenny's claims to have treated paralysis while working in Clifton are factual, these cases were not necessarily cases of paralytic poliomyelitis.

⁴⁹¹ Kenny and Ostenso, *And They Shall Walk*, p. 30.

⁴⁹² Margery Kennett, Vicki Stambos, Ann Turnbull, Aishah Ibrahim, Heath Kelly. "Report of the Australian National Polio Reference Laboratory, 1 July to 31 December 1999", *Communicable Diseases Intelligence* vol.24, no. 5, May 2000, pp. 118-121.

⁴⁹³ Goldman, *Franklin Delano Roosevelt*, p. 240.

Recovery of the patients

Kenny's claim that all her early infantile paralysis patients recovered from their illness is the most consistent theme in the discovery story, and it is easily the most contentious claim within the narrative. To understand the significance of this claim, it is important to consider it was made at a time when the superior efficacy of her treatment regime was receiving wider acceptance. Nonetheless, many medical practitioners remained sceptical due to Kenny's propensity to exaggerate claims about the success of her method and the absence of clinical trial data. By claiming her intuitive method had produced a full recovery in all her early cases, and then endorsing this claim through the alleged admiration of a respected medical practitioner, Kenny was demonstrating behaviour which is characteristic of a dissembler.

In 1943 it was common knowledge that some patients with the acute paralytic form of polio were left with no residual disability after their illness had subsided. Kenny was aware of the unpredictable outcomes of the disease, so by claiming her patients had recovered she was not, as she was quick to point out, making a claim to be able to cure the disease. Kenny tells the reader all her patients recovered but does not explain the extent of the recovery. By avoiding any explicit description of the residual physical function of her patients Kenny allows the reader to draw their own conclusions about the outcome of the story. The lay person may interpret recovery as meaning a complete absence of residual disability, whereas a nurse may interpret recovery as including a range of residual disabilities which might allow close to normal function for the patient. The careful phrasing and choice of words in the

story allows Kenny to artfully imply her approach could produce results which were beyond the effects of chance,⁴⁹⁴ whilst minimising the potential for the claim to be objectively scrutinised.

The debate over the increased efficacy of the Kenny method continues to this day. There were limited opportunities to conduct clinical trials as it was difficult to predict the occurrence or size of outbreaks, and clinical trial methods were primitive by modern standards. By the time the clinical trial methods were sufficiently refined to provide a valid evaluation of polio treatment the number of cases had fallen to low levels. Then, as now, the debate centres on the uncertain level of residual dysfunction once the patient has passed the acute paralytic phase of the illness. Kenny's description of the cases she allegedly treated circumvents this aspect of the disease.

Involvement of Aeneas McDonnell

The depiction of Aeneas McDonnell's role in the discovery legend is of huge significance as despite being universally accepted it is also most certainly a fabrication. At the time of the alleged incident Kenny had known McDonnell for more than a decade. They had met when McDonnell treated Kenny for a broken wrist when she was around 18 years of age. The precise date of their meeting is not known but is thought to have occurred sometime during 1897 or 1898 when her

⁴⁹⁴ The uncertain outcome of polio infection underpins almost all criticism of the claimed superiority of her therapy. See discussion of her contribution to the polio knowledge base in chapter three.

family were living at Headington Hill, a property near Clifton.⁴⁹⁵ After treating the broken wrist McDonnell apparently invited Kenny to recuperate at his home in Toowoomba and, uncharacteristically, their friendship endured.

Kenny placed great importance on her relationship with McDonnell. She claims he provided her with access to an extensive medical library which she used to develop her knowledge of anatomy and physiology.⁴⁹⁶ Later he provided her with valuable mentorship and referrals to her private hospital,⁴⁹⁷ and in 1915 he furnished her with a reference which has often been attributed as having facilitated her recruitment to the AANS. Despite his modest professional background as a rural General Practitioner, McDonnell eventually became a highly respected and influential member of the Queensland medical establishment. Kenny's decision, after early prevarication, to cast McDonnell as a central figure in the discovery story is most likely a ruse designed to enhance the perception that something significant had been discovered during the encounter.

McDonnell performs three significant roles in the discovery narrative: he confirms the diagnosis of infantile paralysis, he authorises Kenny to improvise her own treatment, and he validates the success of her approach. As an actor in the story he is cast as the learned and unbiased authoritarian figure whose initial incredulity is

⁴⁹⁵ Interviews conducted by Victor Cohn in the early 1950s and by Wade Alexander in the late 1990s indicate there is general agreement among Kenny's relatives that the accident occurred while the family lived at Headington Hill between 1897 and 1898.

⁴⁹⁶ Kenny and Ostenso, *And They Shall Walk*, p. 12.

⁴⁹⁷ Alexander, *Sister Kenny*, p. 27, citing interview by Victor Cohn with Thomas Thompson, 1956.

replaced by belief in her ability. In short, he is Kenny's first convert. In the real world, it seems McDonnell's alleged incredulity lasted longer than the story suggests. He left no record of the encounter, never adopted her techniques in the treatment of his own patients, and never publicly expressed or published any formal support for Kenny's methods throughout a long and distinguished career.⁴⁹⁸ Indeed, McDonnell's son claimed that while his father admired Kenny's determination to improve the after care of polio patients, he was keen to disassociate himself from Kenny in later life due to her propensity to exaggerate the effectiveness of her treatment.⁴⁹⁹

McDonnell's inclusion in the story is indispensable to Kenny's claim to the originality of her conceptualisation of the disease and its treatment. McDonnell's alleged declaration of powerlessness in the face of the disease serves to exalt Kenny's intuitive response whilst admonishing medical practitioners for their lack of humility in the face of truth. McDonnell's views on how he is portrayed in the story will never be known as he died four years before its first known publication.

Originality of the treatment

Putting aside the questions of when and what Kenny was treating, and whether or not a doctor was involved in the diagnosis, the theme which is most consistent throughout all iterations of the story is the claim her discovery of a new treatment is based on her resourcefulness and intuitive response to her patient's pain and

⁴⁹⁸ Aeneas McDonnell was a member of the Queensland Royal Commission on the investigation of Infantile Paralysis in 1937. McDonnell declined being a signatory for the final report of the investigation due to illhealth.

⁴⁹⁹ John McDonnell, interview by Victor Cohn, August 1955. 146.K.8.6F EKP-MHS.

physical deformity. Early versions of the story make explicit reference to the use of hot stupes to ease pain,⁵⁰⁰ and the early introduction of muscle training to enable the muscles to remember their function. Neither of these practices were especially contentious. The third and most controversial aspect of her method, the avoidance of immobilisation, is included less consistently. The reasons for Kenny's prevarication in declaring the full extent of her discovery is unclear, but it is possible she was testing the response of the American public to her claims.

Rigid immobilisation of limbs for extended periods was standard practice in the treatment of many types of paralysis. For reasons which are unknown Kenny abandoned the use of rigid splints around the time she set up her first makeshift clinic in Townsville in 1933. It may have been a response to a change in her conceptualisation of the pathology of paralysis, or it may have been a deliberate attempt to strengthen her public identity by dispensing with a practice which was synonymous with conventional methods of treatment. Both arguments are plausible, but neither are supported by a credible evidence base. The simplest explanation, and one which has been completely overlooked in the literature, is that she didn't use splints because she didn't have any to use. The clinic which she established in Townsville started its life under a veranda at the rear of a hotel. Kenny states that her equipment consisted of a few beds and tables, a tin bath, and a

⁵⁰⁰ A stupe or foment is a hot moist cloth or sponge, which may be medicated, which is applied to the skin to ease pain or relax muscles and joints. The term hot pack is used in the United States. A stupe is an ancient form of therapy known as counterirritation – the use of a mild irritation in one location of the body to ease pain or discomfort in another location. See: J. I. Wand-Tetley, 'Historical Methods of Counter-irritation', *Rheumatology*, vol. 3, Issue 3, (1956) pp. 90–98. doi.org/10.1093/rheumatology/III.3.90.

kerosene fuelled water heater.⁵⁰¹ Whilst some of her early patients were admitted to the clinic with their own rigid splints,⁵⁰² Kenny had no money to purchase additional medical equipment, and there are no records of splints being purchased when the clinic later received funding from the Queensland State Government. Kenny's radical change in the treatment of polio may simply have been an improvisation based on necessity.

The appraisal of reports produced by medical observers in 1934 and 1935 provides conclusive evidence that Kenny did not have a consolidated system for treating polio when she commenced treating patients in the improvised Townsville clinic in mid-1933.⁵⁰³ Kenny is known to have used an '*under water method of treatment*', or hydrotherapy as it is now known, to successfully treat a paralysis case in the Townsville district in the early 1930s.⁵⁰⁴ Whilst she used warm water baths when the

⁵⁰¹ Kenny's description of the clinic is corroborated by the description given by Doris Rollinson and Lydia Rollinson-Cully in an interview by Victor Cohn, 9 Dec. 1955. 146.K.8.6F EKP-MHS.

⁵⁰² Harold Kenny, Elizabeth Kenny's nephew, told Wade Alexander he had seen a room full of discarded splints in the Townsville Clinic. Kenny stated his Aunt boasted that the owners of the splints had been admitted '*stiff legged, held straight, irons on*' and walked out of the clinic with no further need of their splints. Harold Kenny, interview by Wade Alexander, 30 July 2000. Wade Kenny Archive, Sister Kenny House, Nobby, Queensland.

⁵⁰³ The clinic was initially conducted under an awning at the rear of the Queen's Hotel in Townsville. It later expanded to include rooms within the hotel. Polio had no bearing on the location of the clinic as all the early cases were children with longstanding paralysis resulting from various clinical origins.

⁵⁰⁴ Her use of under water therapy is reported in "A daughter of Alfred Deakin", *Evening News*, 23 September 1931, p.12. Kenny treated Maude Rollinson for three months in 1931. Maude's ability to walk without the aid a crutch after three months of therapy earned Kenny a reputation as a miracle worker. Cohn, *Sister Kenny*, p. 75-76.

Townsville Clinic was established,⁵⁰⁵ this type of therapy had been abandoned by 1935.⁵⁰⁶

The cautious early endorsement which Kenny received from Dr. Raphael Cilento, the Queensland Government Medical Officer, turned into a public spat in 1934. Cilento accused Kenny of copying her ideas from Wilhelmine Wright, a therapist who had published an influential paper in 1912 on muscle training in the treatment of infantile paralysis.⁵⁰⁷ This paper was reprinted several times through the 1920s, and probably explains Cilento's suspicion that Kenny had plagiarised Wright's ideas. The accusation exacerbated a fractious relationship, and, with the benefit of hindsight, Kenny's indignation was justified – her ideas had little in common with those held by Wright. On the other hand, Kenny's ideas had a great deal in common with those published by Charles MacKay in 1920.⁵⁰⁸ MacKay was Officer-In-Charge, Muscle Re-education Department, Alder Hey Special Military Surgical Hospital, where he studied the work of Sir Colin Mackenzie.⁵⁰⁹ By necessity, rehabilitation techniques

⁵⁰⁵ Rae W. Dungan, *Report on work done by Sister Kenny at the muscle re-education clinic, Townsville*, (1934). Dungan RW Box, 1 Folder 9, UQFL354.

⁵⁰⁶ Dungan RW, *Report on Elizabeth Kenny Clinic at George St. Brisbane and Kenny wards general hospital Brisbane*. The document is undated but presumed to be 1935 as this is when Dungan assumed temporary responsibility for the George Street clinic and general wards in Brisbane Children's Hospital. Dungan RW Box 1 Folder 10 UQFL354.

⁵⁰⁷ Wilhelmine G. Wright, "Muscle Training in the Treatment of Infantile Paralysis", *Boston Medical and Surgical Journal* vol. 167, (1912), pp. 567-574.

⁵⁰⁸ Charles MacKay, "The place of muscle re-education in the treatment of anterior poliomyelitis (Infantile Paralysis)", *British Medical Journal* vol. 2, (1920), pp. 513-515.

⁵⁰⁹ Mackenzie published *The Treatment of Infantile Paralysis: A Study on Muscular Action and Muscle Regeneration* in 1910, and *The Action of Muscles: Including Muscle Rest and Muscle Re-Education* in 1918.

progressed rapidly during the First World War in response to the large number of amputations following battle injuries. Mackenzie's techniques were adopted at the Australian Auxiliary Hospitals in England which were under the control of the Australian Army Medical Corps. Kenny worked on a temporary basis at the two Auxiliary Hospitals during 1916 and 1917,⁵¹⁰ and it is likely she observed the massage and muscle re-education therapies which were used to treat injured soldiers at these hospitals. Whilst there is no evidence that Kenny had read MacKay's paper she claimed in newspaper reports in Australia in the 1930s that she had developed her techniques while nursing invalid soldiers during the WW1.⁵¹¹ The origins of her techniques are barely mentioned in her first handbook of her therapeutic system published in 1937.⁵¹²

Silent witnesses

Victor Cohn's research notes show that the identification of witnesses to her early work was an important objective in his biographical project. To date, no researcher

⁵¹⁰ Kenny's statement of service issued by the Australian Imperial Force Base Records Office in 1953 shows she was temporarily assigned to the hospitals at Southall and Harefield Park several times during 1917 and 1918. NAA: B2455 Kenny, Elizabeth.

⁵¹¹ In 1935 Kenny claimed her method was a '*treatment for all kinds of paralysis*' which she had discovered when nursing soldiers during the war. "Generous Action of Queensland Nurse", *Australian Women's Weekly*, 23 February 1935, p. 4. In 1937 she elaborated on this theme by claiming she had developed her ideas on a troopship while nursing meningitis patients. "Sister Kenny's Treatment for Infantile Paralysis" *Australian Women's Weekly*, 27 November 1937, p. 3. Trove NLA.

⁵¹² In 1937 Kenny states in the preface to her handbook that the contents are a 'scientific explanation of the practical work which have been in operation in the State of Queensland for a period of sixteen years'. Elizabeth Kenny, *Infantile paralysis and cerebral diplegia: methods used for the restoration of function*. Sydney: Angus and Robertson, 1937, p. ix.

has identified a patient who was treated for an acute case of polio by Kenny prior to 1934.

The absence of witnesses to this key event in Kenny's life is a challenge to researchers attempting to understand the origin of her method, but an even more significant obstacle is presented by researchers who suppress the testimony of witnesses which is inconsistent with prevailing views. In 1955 Victor Cohn interviewed Dr Alex Horn, a general practitioner who worked in Toowoomba from 1908 until his retirement. Horn informed Cohn that Kenny had sought his advice on treating paralysis when she owned her private hospital, asserting Aeneas McDonnell had told her '*I don't know a damned thing about this*'.⁵¹³ Horn claimed he advised Kenny to use stupes and early mobilisation to treat her patients as this was the approach he had been taught during his medical training in Scotland. Horn also claimed Kenny had deliberately omitted references to his assistance from her memoir because he was a lodge doctor.

*In those days lodge doctors were not liked. I didn't know that. McDonnell told me. She wasn't going to attach the name of any but a man like McDonnell who had a private practice. She chose that arrangement for a story; it fitted in and looked better.*⁵¹⁴

⁵¹³ Dr. Alex Horn, interview.

⁵¹⁴ Lodge doctor is a term derived from the colloquial name for benevolent societies and fraternal societies (lodges) which employed doctors to provide medical services for their members. Private medical practitioners were critical of Lodge doctors because they reduced demand for their fee based services. Medical unions in Australia and America waged a fierce publicity campaign during the 1920s to discredit the quality of health care provided by lodge doctors. For an appraisal of the role of fraternal societies in the provision of health care see David T. Beito, *From mutual aid to the welfare state: fraternal societies and social services, 1890 – 1967* (University of North Carolina Press, 2000).

Cohn dismissed Horn's claim that he had assisted Kenny on the basis that Horn was unable to provide a precise date for offering the advice and remained silent about Horn's conjecture on his low status. Horn's claims are acknowledged by Wade Alexander, but he does not question the reasons for the inconsistencies between Horn's claims and Kenny's reporting of the events. In the summary of his discussion of Kenny's early treatment of polio Alexander concludes:

*In all the versions of this story, Nurse Kenny observed her patients, listened to them, gently placed her hands on them to enhance her perceptions and then found a way to help those children in a new and creative manner.*⁵¹⁵

Alexander deftly precedes his conclusion with the observation '*it is impossible to confirm that they actually had polio*'.

Cohn and Alexander either disregard or marginalise Horn's claims because they do not conform to Kenny's telling of the story, rather than questioning the story because it did not conform to verifiable facts. Horn's absence in the story might also be attributed to the fact that, unlike McDonnell, he was still alive when it was published, and was, therefore, in a position to challenge the facts as they were portrayed.

Taking all the available evidence into consideration it is highly unlikely that Elizabeth Kenny treated children with acute polio or discovered a method of treating acute polio whilst working as an independent nurse practitioner in the Clifton district prior

⁵¹⁵ Alexander, *Sister Kenny*, p. 27.

to WW1. This conclusion leads inevitably to questioning why Kenny created the discovery story in 1940, and what inspired her to construct the story in the form which it takes. As Holstein and Gubrium observe; stories don't break out like a dose of measles or chicken pox, they are actively crafted from personal experiences, differentially combined, and culturally framed using preferred vocabularies.⁵¹⁶ The source of the inspiration for the discovery story therefore lies in understanding the story as more than a personal account of an individual's recollection of a chance encounter in the Australian bush.

5.4 The Sylvia stretcher invention story

The analysis of the polio treatment discovery story leads to the conclusion that it is not a personal account of a historical event. This conclusion prompts the need for further investigation of the provenance of the story. In 1935 and 1937 Kenny had reported she developed her therapeutic techniques while nursing injured soldiers during the WW1,⁵¹⁷ but the literature provides little evidence or appraisal of the formation of her techniques prior to 1934. In an attempt to explore this gap in the literature a content analysis was undertaken of Australian newspapers published between 1919 and 1932, and indexed in the Trove database, for the purpose of identifying the existence of contemporaneous reports of Kenny's involvement in the treatment of paralysis cases.⁵¹⁸ This period was chosen as it corresponds to the

⁵¹⁶ James A. Holstein and Jaber F. Gubrium, "Narrating the Self", in *The Self We Live By: Narrative Identity in a Postmodern World* (Oxford: Oxford University Press, 2000), pp. 103-123.

⁵¹⁷ "Generous Action of Queensland Nurse", *Australian Women's Weekly*, 1935, and "Sister Kenny's Treatment for Infantile Paralysis" *Australian Women's Weekly*, 1937.

⁵¹⁸ The Trove database allows full text searches using Boolean operators. Search terms included: Sister Kenny, Sr Kenny, Elizabeth Kenny, polio, infantile paralysis, paralysis.

period between her discharge from the AANS and the commencement of the systematic use of a therapeutic regime at the Townsville Clinic. This content analysis focussed on news reports in the three States with the highest prevalence of polio; New South Wales, Victoria, and Queensland.

The content analysis revealed no evidence of Kenny treating paralysis patients throughout the designated period, but it did reveal a large number of news reports which focus on Kenny's involvement in the invention of an ambulance stretcher known as the Sylvia Stretcher. Her involvement in the invention and marketing of the ambulance stretcher is recognised in the literature, but the scale of reporting suggested that the episode may have been more significant than previously recognised and prompted further analysis of this episode of her life. The remainder of this section examines Kenny's involvement in the invention of the Sylvia Stretcher and the contribution of the venture to her evolving personal story.

The Sylvia Stretcher

On Saturday, 15th May 1926 Kenny was asked to assist in the first aid treatment of Sylvia Kuhn, a child who had been injured in an agricultural accident on a farm near Nobby. The incident was reported in the local newspaper the following Tuesday.⁵¹⁹ The child's injuries were sufficiently serious to warrant her transportation to a hospital in Toowoomba. Witnesses confirm that Kenny improvised a rigid stretcher from a cupboard door. The improvised device protected the child's injured limbs and

⁵¹⁹ "Serious Accident", *Warwick Daily News*, 18 May 1926, p.2, Trove NLA.

improved her comfort, thereby reducing the risk of shock during the journey.⁵²⁰ The drama did not end with the accident, as the ambulance conveying Kenny and the child was involved in a collision with another vehicle while travelling to Toowoomba. Kenny sustained a shoulder injury, but the child was protected from further injury and eventually recovered from her injuries.

Sylvia Kuhn's accident had a profound impact on Kenny's life. Within three months of the incident she had resigned from her role as President of the Nobby branch of the CWA,⁵²¹ produced a prototype stretcher with the assistance of a local saddler,⁵²² instructed a solicitor to file an application to patent the device,⁵²³ agreed a contract with a company to manufacture the stretcher,⁵²⁴ sought endorsement of the superiority of the stretcher from Dr Rushton Smith, a general practitioner in Clifton,⁵²⁵ and arranged to exhibit the stretcher at the Brisbane Exhibition Show

⁵²⁰ Interviews conducted in 1988 by John Pearn with surviving members of the Kuhn family confirm Kenny used a cupboard door to construct the temporary rigid stretcher. John Pearn, "The Sylvia stretcher: a perspective of Sister Elizabeth Kenny's contribution to the first-aid management of injured patients", *Medical Journal of Australia* vol. 149, (1988), pp. 636-638.

⁵²¹ The branch members requested that she take leave of absence, but Kenny declined the invitation as she claimed she would be absent from the district for an extended period. "Nobby's Loss Sister Kenny Farewelled", *Daily Mail*, 20 August 1926, p.12, Trove NLA.

⁵²² Pearn, *Sylvia stretcher*, p. 636.

⁵²³ Victor Cohn and John Pearn separately confirm that Kenny instructed E.G. Abell to assist with the patent application.

⁵²⁴ Victor Cohn states she initially agreed a contract with Laycock, Littledike, & Co., bedding manufacturers in Brisbane, but later agreed a contract with Elliott Bros. Ltd., a Sydney based company which manufactured and sold patented medicines. Cohn claims Elliott Bros. agreed to pay Kenny a dividend of £150-£200 per annum for the rights to sell the stretcher. Cohn, *Sister Kenny*, p.72

⁵²⁵ "To Aid the Sick", *Warwick Daily News*, 9 August 1926, p.4, Trove NLA.

which opened on 12th August 1926.⁵²⁶ Marketing the Sylvia stretcher would be an all consuming preoccupation for Kenny for the next five years.

The Sylvia stretcher proved to be a successful business venture due to Kenny's ingenuity in utilising the network of CWA branches to promote sales of the stretcher to local ambulance brigades. Its success also owes much to her creativity in keeping the story alive in the news media over an extended period despite there being little new content in her press releases and interviews as sales began to decline.⁵²⁷ Kenny set herself apart from her contemporaries by demonstrating an exceptional talent for linking the Sylvia stretcher story with her own life story.

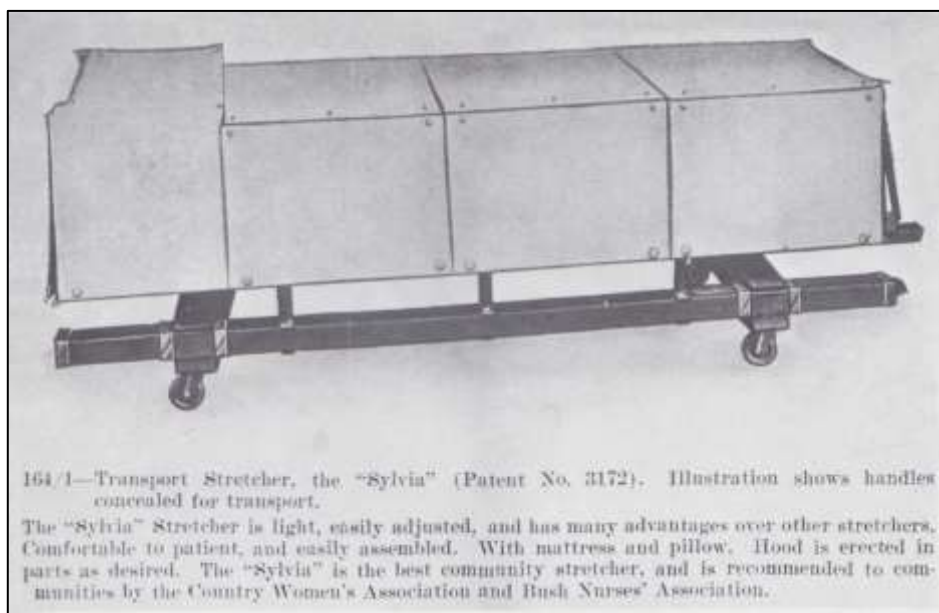


Fig. 16. Catalogue listing for the Sylvia Ambulance Stretcher

⁵²⁶ "Ambulance Display", *The Telegraph*, 11 August 1926, p12, Trove NLA.

⁵²⁷ Between May 1926 and December 1930 Kenny's promotion of the stretcher is reported in 260 news articles appearing in 96 newspapers published in her home State of Queensland. The number of articles peaks at 87 in 1927 but steadily declines to 28 in 1930.

Devices as varied as the cardiac pacemaker, surf ski, notepad, armoured tank, and rotary hoe were invented by Australians between 1900 and 1930, yet none of the inventors are household names, and none earned significant royalties from their inventions.⁵²⁸ While fellow Australian inventors remained content with refining the technical features of their inventions and shunned their commercial exploitation, Kenny nurtured a public image with the zeal of a politician engaged in an election campaign.

The experience of Eady Hart provides an insight into the approach to self-promotion typically taken by female Australian inventors in the 1920s. Working alone in her home kitchen, Hart developed a process for manufacturing organic dyes from indigenous plants. She patented the process in 1921. Despite the commercial viability of her production methods, and the technical and aesthetic superiority of her dyes,⁵²⁹ the company failed. Hart died a pauper in 1931.⁵³⁰ Whilst Hart is one of only three Australian women recognised as inventors in the 12,000 entries in the Australian Dictionary of Biography,⁵³¹ her invention was barely visible in the news

⁵²⁸ The Australian Culture Portal provides a comprehensive list of Australian inventions in the twentieth century. <http://www.cultureandrecreation.gov.au/articles/inventions/>

⁵²⁹ Hart's display at the British Empire Exhibition in London in 1924 was awarded a gold medal. "Olla Podrida", *Muswellbrook Chronicle*, 18 December 1925, p. 6, Trove NLA.

⁵³⁰ Weston Bate, "Hart, Eady (1848–1931)", *Australian Dictionary of Biography*, (National Centre of Biography, Australian National University, 2005). <http://adb.anu.edu.au/biography/hart-eady-12965/text23197>.

⁵³¹ Clara and Beatrice Dacomb invented the Dacomb method of shorthand in 1922. Elizabeth Kenny is not categorised as an inventor in the Australian Dictionary of Biography.

media during her lifetime.⁵³² Unlike Kenny, Hart showed little understanding of the importance of identifying her invention with her personal story despite possessing a life story which combined hardship, tenacity, creativity, and entrepreneurial determination.

An evolving story

The story of Kenny's invention of the Sylvia stretcher is narrated almost entirely through newspaper articles written by journalists using notes of interviews with Kenny or press releases written by Kenny and distributed through telegraphic *wire* services. The only known version written entirely in the first person is included in the memoir published in 1943. The story, as reported in the Queensland newspapers, evolves throughout the five years period Kenny actively engaged in marketing the stretcher. A news report published in August 1926 is typical of the early form of the story.

Boon To Sufferers. New Ambulance Stretcher. Lady Inventor

Demonstrates.

Some time ago a little child fell, breaking both legs, and two of its toes were actually severed. An improvised litter was arranged by Sister E. Kenny, of Warwick, upon which the child was carried from Nobby to Toowoomba. With such comparative comfort was the child moved that it actually fell asleep, and its rapid recovery after only nine weeks in hospital was ascribed to the singularly comfortable character of the litter. So much praise was bestowed upon the stretcher that Sister Kenny

⁵³² Between 1920 and her death in 1931, Hart's invention is reported in 16 newspaper articles in 890 Australian newspaper titles indexed in the Trove database. Half of these articles appear to be based on a single press release which was syndicated in late 1925.

*was induced to perfect it, and under her supervision was evolved the Sylvia stretcher, named after the little Nobby patient.*⁵³³

Over time the story was embellished, but a version published in 1928 is consistent with the version Kenny included in her memoir published in 1943.

Romance of C.W.A. President's Invention

In her work among people in her country district Sister Kenny found the regulation ambulance stretcher not as efficient as could be wished and she experimented with doors and mattresses until she found a stretcher that counteracted the effects of shock – the most dangerous attribute of all accidents. This she patented and called it after a little girl whose was the first the stretcher was instrumental in saving.

*This child was riding on a plow driven by her brother when she fell and was terribly mangled. The brother rode 30 miles on his motor cycle for Sister Kenny, whom he took out behind him, and the little sufferer was conveyed to the hospital on an improvised Sylvia stretcher placed on a motor lorry. Nearing the town a touring car knocked into the lorry, slightly injuring Sister Kenny and the young man, and knocking the stretcher off on to the road. When they lifted the cover of the stretcher, fearing the worst, Sylvia was asleep! Sister Kenny, like so many more members of the C.W.A., had done the work that lay nearest her and she had made a discovery of incalculable value to mankind.*⁵³⁴

There are four key themes embedded in this invention story. These are: Kenny's response to a child in crisis; her intellectual ownership of the invention; the expert verification of the superiority of the invention, and her altruism in marketing the stretcher.

⁵³³ "Boon to Sufferers", *Daily Standard*, 11 August 1926, p.8. Trove NLA.

⁵³⁴ "Romance of C.W. A. President's Invention", *Tweed Daily*, 8 September 1928, p.6. Trove NLA.

A child in crisis

'*Little Girl's Ordeal*' the headline proclaims; a child is seriously injured on a farm near Nobby, and Sister Kenny, local ambulance attendant, is called to tender first aid.⁵³⁵

Early reports place emphasis on the ability of Kenny's improvisation to provide comfort for the child and protect her from further injury.⁵³⁶ Kenny reinforced the connection between the stretcher and a child's suffering by naming the stretcher after the first patient it conveyed. Then as now, the suffering of a child commanded special media attention; especially in Queensland where the idealisation of Australia as '*young, white, happy and wholesome, and in constant need of protection*'⁵³⁷ was resonant with the demographic profile of the population.⁵³⁸

The power of the presence of an injured child in the invention story appears to have distracted newspaper journalists from questioning her claim that the improvised stretcher had contributed to the child's rapid recovery.⁵³⁹ Kenny's claim may have been made in good faith, but this *ex post facto* judgement ignores the potential for an equally valid critical evaluation of the stretcher if the child had died from shock,

⁵³⁵ "Little Girl's Ordeal", *Western Star & Roma Advertiser*, 26 May 1926, p.4. Trove NLA.

⁵³⁶ "New Ambulance Stretcher", *Daily Standard*, 11 August 1926, p.8. Trove NLA.

⁵³⁷ For an appraisal of the cultural tropes associated with Australian identity in the early twentieth century see "Growing Up" in Richard White, *Inventing Australia* (Sydney: Allen & Unwin, 1980), pp. 140-156.

⁵³⁸ Between 1901 and 1921, 60-65% of the Queensland population were aged under 25, but the birthrate was declining and population growth was frequently reliant on overseas and interstate migration. Australian Bureau of Statistics, *Australian Historical Population Statistics*, cat. no. 3105.0.65.001, 2014.
<http://www.abs.gov.au/ausstats/abs@.nsf/mf/3105.0.65.001>.

⁵³⁹ *Daily Standard*, *Boon to Sufferers*, p.8.

haemorrhage, or sepsis. The probability of Sylvia's recovery was not high.⁵⁴⁰ Pearn drew the safe conclusion that the child made an uneventful recovery due to '*the resilience of youth and to fracture immobilization*'.⁵⁴¹ Whatever informed her claims, a year later Kenny stepped up the rhetoric by claiming the stretcher had saved the child's life.⁵⁴²

In 1927 the child, Kenny, and the stretcher form a triad in the consolidated invention story:

*A year ago, Sister E. Kenny, of Nobby, on the Darling Downs, patented her idea of a comfortable stretcher for ambulance transport work, and called her invention the "Sylvia" stretcher, in remembrance of a little patient, whose life was saved by the use of the stretcher.*⁵⁴³

By 1930, Kenny takes the central role in the story, and the stretcher is relegated to the function of qualifying her credentials as a globally recognised advocate for improving health care for people living in rural Queensland:

*According to letters received from England, Sister Elizabeth Kenny had just returned from a visit to the continent, where, in Paris, it was arranged that she should meet M. Clousot, the Chief of the Secretariat of the International Red Cross Committee, in connection with Sister Kenny's "Sylvia" stretcher.*⁵⁴⁴

⁵⁴⁰ In 1925 accidents were the most common cause of death in children aged 5-15 years in Australia, accounting for 25% of all deaths. Cumpston, Health and disease. p. 111.

⁵⁴¹ Pearn, *Sylvia stretcher*, p. 637.

⁵⁴² "Sylvia Stretcher Sister Kenny's Invention Appreciated", *Daily Standard*, 25 February 1927, p.2, Trove NLA.

⁵⁴³ "The 'Sylvia' Stretcher", *Townsville Daily Bulletin*, 23 August 1927, p.6, Trove NLA.

⁵⁴⁴ The letter was probably written by Kenny as it characteristically uses commas in the name of the stretcher. "Improved Stretcher Sister Kenny's Invention", *The Brisbane Courier*, 10 January 1930, p.3, Trove NLA.

Intellectual ownership of the stretcher

Elements of the invention story suggest that Kenny felt compelled to demonstrate her intellectual ownership of her stretcher and validate her identity as an inventor. Eye witness accounts suggest that the improvisation of the rigid stretcher was a collaborative exercise, and Kenny required the assistance of the child's father and a local saddler to produce a prototype.⁵⁴⁵ There is additional evidence that Kenny was assisted by an engineer who had gained public attention for inventing an ambulance stretcher used in WW1.⁵⁴⁶ Nonetheless, within weeks of the accident she was asserting her identity as the inventor of the stretcher by publicly declaring she was taking out a comprehensive patent on the design.⁵⁴⁷ A patent application for an 'improved transport stretcher' was submitted in 1926 and accepted on 15th March 1927,⁵⁴⁸ and an associated patent for a 'surgical appliance for supporting the injured members of patients' bodies during their transport' was accepted on 4th June 1929.⁵⁴⁹

⁵⁴⁵ Pearn, *Sylvia stretcher*, p. 636.

⁵⁴⁶ Alexander Worsfold was an engineer who designed and patented the Transporter stretcher which was used by the A.I.F. during the WW1. The timing of Worsfold's involvement is not known as Kenny did not acknowledge Worsfold's assistance until January 1929, three months after she lodged her second patent application. "Sylvia Stretcher Inventor Going Abroad", *Queensland Times*, 15 January 1929, p.4, Trove NLA.

⁵⁴⁷ "To Aid the Sick, *Warwick Daily News*, 9 August 1926, p.4; "Ambulance Display", *The Telegraph*, 11 August 1926, p.12, Trove NLA.

⁵⁴⁸ IP Australia, Patent no. 3172/26. *Australian Official Journal of Patents*, 5 March 1927.

⁵⁴⁹ IP Australia, Patent No. 1928 016293. <https://www.ipaustralia.gov.au/>

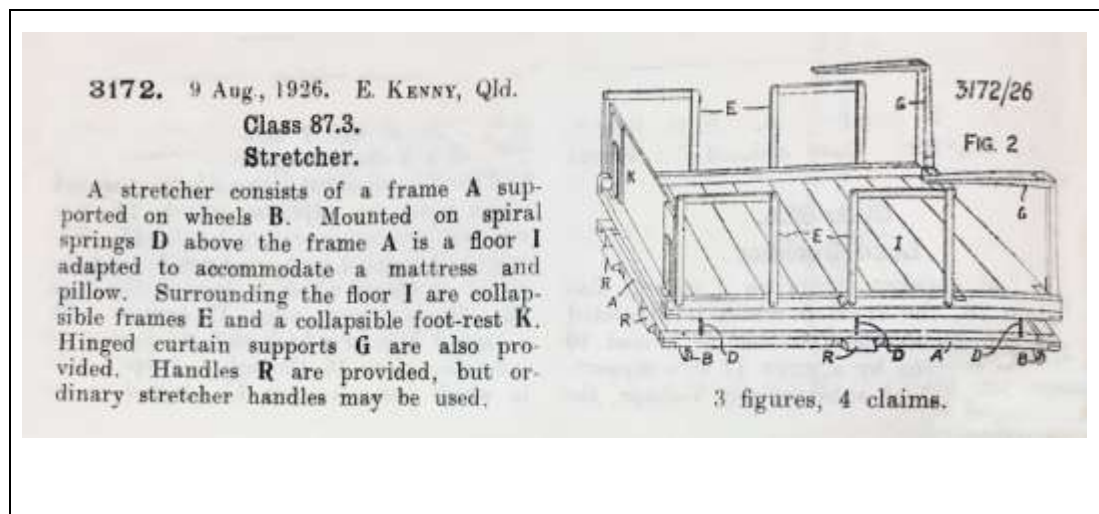


Fig. 17. Intellectual Patent for the Sylvia Stretcher.

Whilst Kenny was not obliged to take out a patent or lodge a trademark to manufacture and sell the stretcher, lodging an application publicly demonstrated that her invention met the criteria for obtaining a patent; the invention had to be novel, useful, and involve an inventive step. In addition to protecting her rights to manufacture the device, the patent also verified her intellectual ownership of the invention and provides evidence of her understanding of the narratives which shaped the public understanding of the concepts of invention and discovery during the 1920s.

The differentiation between invention and discovery was a topic of public interest in the 1920s. David Miller argues that an artificial differentiation between discovery – the revealing of the natural states of the world, and invention – the creative product of man, lay at the core of a fractious debate about the recognition of the concept of *scientific property* in the 1920s.⁵⁵⁰ Proponents of scientific property argued that

⁵⁵⁰ Miller explores the cultural and sociological significance of the proposals developed by the Committee on Intellectual Co-operation of the League of Nations in the 1920s. David P. Miller, "Intellectual property and narratives of discovery/invention: The League of

discovery was a creative process manifested through the production of an artefact or idea. Opponents to scientific property argued that invention and discovery were binary opposites. This differentiation between invention and discovery had relevance to the sociological analysis of the normative structures of science, which, Miller claims, remain unresolved to the present day.

Australian newspapers regularly published reports of the discussion of intellectual property rights throughout the 1920s. The inequality in the rights of artists and inventors is a recurring theme in the news media.

*Authors, musicians, or inventors, can obtain financial compensation for their work, but to the scientist who discovers some truth from which humanity will derive great lasting advantages the present laws grant nothing.*⁵⁵¹

Whilst there is no direct evidence of Kenny's awareness of this debate, the rhetoric of recognition and reward for a gift to humanity is strong within the life story she presented.

Kenny's use of the intellectual property laws to confirm her claim to be the inventor of the Sylvia Stretcher demonstrates her understanding of the conceptual framing of invention, which in turn underpinned Kenny's public identity as an inventor. Notwithstanding the temporal gap between the episodes, there is a corresponding absence of clarity in her framing of her first encounter with polio. Kenny states she evolves, experiments, develops, and employs her knowledge of symptomatic

Nations' draft convention on 'scientific property' and its fate", *History of Science* vol. 46, (2008), pp. 299-342.

⁵⁵¹ "Scientific Works", *Queensland Times*, 23 August 1923, p. 5, Trove NLA.

treatment, but she never uses the terms *invent* or *discover* to describe the process which leads to the production of her method. Her use of terminology should not be interpreted as a semantic accident; Kenny possessed knowledge of the intellectual patent system and the benefits it bestowed on acknowledged inventors. By abstaining from using the term *invent* in her treatment discovery story Kenny minimises the potential challenge to the originality of the techniques she employed in her treatment of polio. By avoiding the term *discover* in her treatment discovery story she avoids the pitfall of her ideas being classified as knowledge which rightfully belonged to a scientific community. Rhetorically, Kenny treads a middle path. Nonetheless, stylistically, she frames her first encounter with polio as a scientific discovery.

A superior contrivance

Patenting the stretcher demonstrated her invention was useful, novel, and inventive, but it did not demonstrate it was superior to other ambulance stretchers. Nonetheless, iterations in the invention story suggests that Kenny sought to demonstrate that the Sylvia stretcher was superior to existing devices. Early versions of the story imply the stretcher contributed to the rapid recovery of the patient,⁵⁵² and prevented shock from the stress of transportation.⁵⁵³ Both claims relied on the fortuitous recovery of the patient. Unfettered by current day concepts of product testing or quality standards, Kenny presented a prototype of her allegedly superior

⁵⁵² Daily Standard, *Boon to Sufferers*, p.8

⁵⁵³ "Ambulance Stretcher Sister Kenny's Invention", *Daily Standard*, 19 November 1926, p.9, Trove NLA.

device at the 1926 Brisbane Exhibition Show and convinced a Brisbane firm to commence the manufacture of the patented design.

Kenny's claims of the superiority of her stretcher were primarily supported by expert verification, although her choice of experts was sometimes questionable,⁵⁵⁴ and their observations were entirely restricted to assumptions based on the features which the design incorporated. Later news reports cite the endorsement of medical practitioners and nurses who confirm the stretcher '*is as different from and superior to the ordinary medical stretcher as can be imagined*',⁵⁵⁵ but do not interrogate the evidence which forms the basis of these claims. Putting aside the qualifications of the expert witnesses who endorsed the superiority of the stretcher, it is important to recognise that the standard of evidence which informed these opinions was not uncommon by contemporary standards. In the 1920s medical devices were routinely tested through heuristic evaluation rather than clinical trial.

Kenny marketed the stretcher in Australia for two years before embarking in 1929 on an ambitious marketing exercise in the United Kingdom and the United States. By the time she arrived back in Australia in 1930 sales had declined due to the improved standard of ambulance vehicles, changes in first aid practices, and inherent design limitations of the stretcher.⁵⁵⁶ Pearn estimated that less than 200

⁵⁵⁴ Early endorsement mostly came from public dignitaries, such as the Governor General and his wife, or senior members of organisations, such as hospital boards and ambulance organisations, who were potential customers.

⁵⁵⁵ Daily Standard, "*Invention Appreciated*", p.2

⁵⁵⁶ Pearn states the stretcher was heavy and difficult to clean when contaminated with body fluids such as blood and vomitus. Pearn, *Sylvia stretcher*, p. 638.

stretchers were sold over the five years production run; indicating that the invention was evidently not the solution to *'the last great problem of the transport of invalids'*.⁵⁵⁷

A gift to mankind

While the stretcher ultimately only saw modest service within Australia it served Kenny's interests remarkably well. At a time when a senior qualified nurse was paid between £100 and £150 per year for working 44 to 48 hours a week,⁵⁵⁸ Kenny received a guaranteed payment of £150 per year from the manufacturer whilst still receiving her war pension.⁵⁵⁹ *'One woman's gift to suffering mankind'*⁵⁶⁰ was, to use the parlance of her era, a nice little earner for a woman who consistently claimed she patented the device *'to prevent anybody from using it as a means of making excessive profits'*.⁵⁶¹ There are no extant records which show whether the sale of the device generated any profits for the manufacturer, but Kenny claimed *'half the money will go to the treatment of crippled kiddies'*.⁵⁶² Considering Kenny's proficiency in using press releases to publicise the stretcher, the absence of news articles reporting the distribution of profits is evidence that none were distributed.

⁵⁵⁷ Queensland Times, *"Sylvia Stretcher Inventor Going Abroad"*, p.4

⁵⁵⁸ "Nurses Award", *The Queenslander*, 13 November 1930, p.20, Trove NLA.

⁵⁵⁹ Cohn, *Sister Kenny*, p. 72

⁵⁶⁰ Daily Standard, *"Sister Kenny's Invention Appreciated"*, p.2

⁵⁶¹ Kenny made this claim when interviewed in 1926. In 1943 she claimed the CWA insisted she take responsibility for patenting and manufacturing the stretcher to prevent manufacturers from exploiting it for their own profit. Kenny and Ostenso, *And They Shall Walk*, p. 77

⁵⁶² Daily Standard, *"Sister Kenny's Invention Appreciated"*, p.2

Kenny's positioning of herself as a public benefactor in the invention story is a peculiar inversion of the concept of *noblesse oblige*. Her behaviour during the four years she spent promoting the stretcher bears little resemblance with philanthropy and is more revealing of a propensity for self-promotion than altruism. Arguably, Kenny's gift to mankind, and the proper purpose of the story, is the revelation of her noble self, not the reporting of the circumstances of her discovery. The focus of the final iterations of the story is Kenny, not the child or the stretcher, as she is the component of the story which endures.

Kenny's invention of the Sylvia stretcher is usually framed as a quirky back story which demonstrates her capacity for invention and her flair for entrepreneurialism but is unrelated to the development of her therapeutic regime or her campaign to reform the rehabilitation of paralysis patients. This analysis shows that the invention story provided Kenny with an opportunity to develop her ability to craft a narrative which created an alternative public identity as an inventor, benefactor, and health care campaigner. This analysis also reveals her awareness of the nuances in the ownership of intellectual property rights and explains the source of her perception of the legitimacy of heuristic testing as a form of clinical evaluation. All these factors were evident in the approach she took to negotiating with health officials, medical practitioners, and the news media in her subsequent career as a polio therapist. Finally, this analysis reveals similarities in the structure, content, and plot of the invention story and the discovery story which will be examined in the following chapter.

5.5 Conclusion

Taking all the available evidence into consideration it is highly unlikely that Elizabeth Kenny treated children with acute polio, or discovered a method of treating acute polio, whilst working as an independent nurse practitioner in the Clifton district prior to WW1, and it is highly likely that Kenny created the discovery story soon after arriving in America in 1940. Therefore, the meaning and purpose of the discovery story is likely to have been distorted by the chronological anomaly in the creation of the story and the events which are depicted. Attributing the origins of the discovery story to events in the 1910s has distracted attention from the contribution of later life events to the development of her therapeutic regime and her personal identity. Analysis of news reports from the 1920s shows that Kenny's invention of the Sylvia stretcher is more than a quirky back story that is unrelated to her campaign to reform the rehabilitation of paralysis patients, or the development of her treatment of paralysis. The story which Kenny crafted around her marketing of the Sylvia stretcher demonstrated her ability to craft a narrative which created an alternative public identity. The analysis in this chapter concludes that the stretcher invention story and the treatment discovery story were equally important in establishing the foundations for the narration of Kenny's life story and her identity as an inventor and scientist.

Chapter Six – Analysing the legend

6.1 Introduction

This chapter sets out the narrative analysis of the stories which are foundational to creating the Kenny legend. The analysis will consider the emplotment of the Sylvia Stretcher invention story and the polio treatment discovery story, analyse the structure of each story using Labov's narrative schema, and appraise the contribution of conceptual metaphor to the meaning of the discovery narrative. The analysis presented in this chapter shows the stretcher invention story and the treatment discovery story are problem-resolution personal experience narratives which share a common plot structure and narrative function and should be considered as a narrative sequence instead of records of distinct historical events. The chapter concludes that the treatment discovery story represents the culmination of Kenny's personal myth at the end of her life; a myth which delineates her identity, illuminates her values, and embodies her personal truth.

6.2 Emplotment

A life story evolves throughout a person's life span as they appropriate the text and imagery from their cultural setting. McAdams argues that the history of a personal myth can be read, like the rings of a tree, by examining the chronology of the events and imagery embedded in the narrative.⁵⁶³ The concept of a chronological ordering of events within a story is generally understood as plot. The role of plot in framing the reporting of historical events has been recognised in the social science literature

⁵⁶³ See chapter four "Becoming the Mythmaker" in: Dan P. McAdams, *The stories we live by: Personal myths and the making of the self* (New York: William Morrow, 1993), pp. 91-115.

for decades,⁵⁶⁴ but, until now, has not been considered in the analysis of the reporting of key events in Kenny's life.

The term plot is ubiquitous in everyday language and in literary criticism and is often used interchangeably with the concept of story. In this analysis, plot is defined as the ordering or arrangement of events and actions to facilitate motivations or consequences.⁵⁶⁵ In this context, plot guides the reader's expectations or understanding of the narrative by signposting the extent to which the story conforms to a known genre. Plot, therefore, is the mechanism which translates the events of a story into a narrative which has social meaning.

The analysis presented in chapter five may be used to signpost the key actions within the stretcher invention story and the treatment discovery story. These actions are presented in table 1. The table shows that whilst the events portrayed in the discovery story predate the invention story by fifteen years, there is a congruence in the ordering of the events and actions. The similarity in the structure of the stories is, by itself, not the feature which give the stories a shared narrative purpose. It is the shared plot that leads the reader to a conclusion which, in this case, is not immediately obvious. One of the key binding characteristics of these stories is their capacity to lead the reader into a probable future beyond the immediate outcome of the events.

⁵⁶⁴ White, *"Value of narrativity"*, pp. 5-27.

⁵⁶⁵ Kukkonen, *"Plot"*.

In both stories a causal relationship is established between Kenny’s improvisation and the recovery of the child, but the purpose of both stories is to extend this causal relationship to Kenny’s humanitarian future. As this *future* is the present for the discovery story, the reader is assured that the protagonist’s situation was engineered through her own actions.

Table 1. Plot structure of actions and events

Stretcher invention story	Treatment discovery story
Remote rural setting	Remote rural setting
Kenny receives call for help	Kenny receives call for help
Patient is a child	Patient is a child
Kenny appraises the condition of the child	Kenny appraises the condition of the child
Kenny decides orthodox transportation would be inadequate	Doctor authorises Kenny to use her judgement to treat the child
Kenny improvises the care of the child	Kenny improvises the care of the child
The child’s discomfort is reduced	The child’s discomfort is reduced
The child recovers	The child recovers
A medical practitioner endorses the superiority of Kenny’s improvisation	A medical practitioner endorses the superiority of Kenny’s improvisation
Originality of the improvisation is endorsed by a recognised authority (patent office)	Originality of the improvisation is endorsed by a recognised authority (medical practitioner)
Kenny makes a commitment to share her invention for the betterment of mankind	Kenny makes a commitment to share her discovery for the betterment of mankind

As the analysis in chapter five demonstrates, Kenny manipulated the plot in the invention story to alter it from a report of events to a story which may be understood as a ‘*probability design*’ which has the ability to change ‘*what readers*

*accept as likely outcomes between the beginning and the end of a narrative’.*⁵⁶⁶

Whether or not her decision was taken consciously, it is not surprising that fifteen years later Kenny employed the same plot structure to craft a story which would be pivotal in defining her identity as bearer of a gift to the American people.

6.3 Narrative analysis

The narrative analysis of the invention story and discovery story uses techniques developed by William Labov and Joshua Waletzky.⁵⁶⁷ Labov’s schema for codifying constituent clauses within a narrative is set out in table 2.

Table 2. Labov’s schema for narrative analysis

Code	Categorisation
A	Abstract – an initial clause which establishes the context of the story. Question: what is the story about?
O	Orientation – clauses which give information about the time, setting, and identity of the participants. Question: who, when, where?
CA	Complicating Action – clauses which identify trigger events. Question: then what happened?
E	Evaluation – clauses which evaluate the consequences or implications of the narrative event. Question: How do you feel?
R	Resolution – clauses which explain the result of the experience. Question: what finally happened?
C	Coda – clauses which return the narrative to the present time. Question: who received the story?

⁵⁶⁶ Kukkonen, “Plot”.

⁵⁶⁷ See chapter two for the rationale for using Labov’s approach to narrative analysis.

These clauses are linguistic features which are identified by asking a series of questions. The purpose of the narrative is revealed by examining the positioning and relationships of the clauses within the narrative structure.

Stretcher invention story

The narrative analysis of the invention story is set out in table 3. The analysis uses versions of the story published in 1926,⁵⁶⁸ and 1943.⁵⁶⁹ It is now impossible to confirm the authorship of the 1926 version, but its prosaic style distinguishes it from the original press reports written closer to the event. The near identical structures of the two versions suggests that Kenny contributed to the authorship of this early news report, or that she appropriated and incorporated the story into her own identity narrative.

The analysis shows that the linear sequence within the discovery story is characteristic of the normal form of a personal experience narrative. The events within the narrative adheres to a strict temporal sequence which leads the audience from the abstract, through the orientation, to the complicating action. The evaluation establishes the real importance of the narrative. The story ends with the narrator stating the resolution to the dilemma which the complicating action created, and a coda which brings the audience back to the present time. The sequence in the placement of the complicating action is, as argued by Labov, essential to the evaluation of the key messages within the narrative.

⁵⁶⁸ "Boon to Sufferers", *Daily Standard*, p.8

⁵⁶⁹ Kenny and Ostenson, *And They Shall Walk*, pp. 74-75.

Table 3. Narrative clauses within the stretcher invention story

Code	1926 version	1943 version
A	Some time ago a little child fell, breaking both legs, and two of its toes were actually severed.	On a beautiful morning in 1926... a young share farmer... demanded that I should hurry to his father's house, where his little sister had "broken both legs and torn off two toes".
O	An improvised litter was arranged by Sister E. Kenny, of Warwick,	Since the stretcher that had been brought along was of the standard type, I asked if I might be permitted to substitute transport equipment of my own devising.
O	upon which the child was carried from Nobby to Toowoomba.	My request was granted
CA	With such comparative comfort was the child moved	and I was gratified, after a few miles of our journey,
E	that it actually fell asleep,	to see the little girl's body relax and her eyes close in sleep.
E	and its rapid recovery after only nine weeks in hospital was ascribed to the singularly comfortable character of the litter.	Six weeks later the little girl's father brought her to see me on his way home from the hospital. No visible sign of her misfortune remained other than the missing toes.
R	So much praise was bestowed upon the stretcher that Sister Kenny was induced to perfect it,	...the kindly hearted surgeon suggest that I seek a patent for my stretcher and make it available for ambulance services in centers remote from city hospitals.
C	and under her supervision was evolved the Sylvia stretcher, named after the little Nobby patient.	Thus the Sylvia Stretcher came into being.

The analysis of the invention narrative suggests that it serves two crucial functions: it confirms that Kenny's improvisation made a material difference to the welfare of the child '*With such comparative comfort was the child moved*'; and it places responsibility on Kenny to share her invention to prevent further unnecessary suffering '*So much praise was bestowed upon the stretcher that Sister Kenny was induced to perfect it*'. The significance of Kenny's improvisation is established by the evaluative statements '*it actually fell asleep*' and '*its rapid recovery after only nine weeks in hospital was ascribed to the singularly comfortable character of the litter*.'

Treatment discovery story

Table 4 presents the analysis of versions of the discovery story written as a press release by Kenny in 1950,⁵⁷⁰ and an article published in the Courier Mail newspaper in Brisbane, Australia.⁵⁷¹ The Courier Mail version is reproduced exactly as published. The continuity in the structure of story is demonstrated by including extracts taken from the version which Kenny wrote in 1950. The press release version of the story is burdened with excessive detail, but it remains useful for analysis because it is written in the first person and adheres to the structure which Kenny used in the early 1940s.

The analysis of the discovery story shows that the linear sequence within the story is characteristic of the normal form of a personal experience narrative. The structure of the discovery narrative shows that it serves two crucial functions: it confirms the helplessness of the medical profession and inadequacies of medical knowledge '*the*

⁵⁷⁰ Typed manuscript inscribed 3-8-50, 143.E.10.3B EKP-MHS.

⁵⁷¹ O'Malley, "*Bush nurse*".

Table 4. Narrative clauses within the treatment discovery story

Code	1950 version	2009 version
A	I had received an urgent call to hurry to the spot where six months before I had ushered into the world Australia’s best immigrant native born a little son.	In 1909, a young Darling Downs lass called Elizabeth Kenny, aged just 23, made what appeared to be a remarkable breakthrough.
O	I thought the call was in connection with some teething problem or some minor ailment... (The child) was stricken with one of the most feared of all diseases to the hearts of Motherhood – the disease infantile paralysis, and I, at the age of 22	The unqualified bush nurse, the daughter of an Irish vet who migrated to NSW,
CA	was confronted with the problem of battling this enemy of childhood	was handed an infant girl in agony from twisted limbs.
O	The only physician available was one hundred miles away and very busy... The only communication was by telegraph.	She was at a loss about the mysterious ailment the girl's father called cow disease.
CA	Ruth’s condition was carefully recorded and sent away to my guide, philosopher and friend, the late Dr. Aeneas John McDonnell,	Kenny saddled up and rode to the nearest telegraph station where she cabled a doctor friend,
CA	the telegram read: ‘Infantile Paralysis. No known treatment. Do the best you can with the symptoms you see.’	who diagnosed infantile paralysis
E	The thought came to me: ‘How could I, humble nurse in the backwoods of Australia, do anything when the medical world had decided there was no known treatment?’	and informed her nothing could be done.

CA	<p>... my first endeavour was to relieve this shortening and bring back again the life giving oxygen by restoring the circulation so much needed. After many trials and much error, of applying heat, I at last found the soothing influence of the moist heat, applied per medium of the warmth of a part of a woollen blanket wrung tightly out of boiling water.</p>	<p>Undeterred, she applied warm, moist strips of cloth.</p>
R	<p>Gradually the shortened area began to relax, the lifeblood started flowing more freely, bringing a soothing influence to the areas that had been starved for the lack of oxygen. The agonizing look of fear gave place to one of confidence, the moans of pain gradually ceased, and the lids closed on the blue eyes of Ruth; and sleep, gentle sleep, nature's soft nurse, had come to my assistance.</p>	<p>The next morning the girl's limbs were better.</p>
E	<p>The foundation of a great discovery had taken place – not in the Halls of Science, but in the remote bush land of Australia.</p>	<p>Authorities tried to debunk the method, but after it was endorsed by US experts,</p>
C	<p>As I sat by the bedside of this little girl in the lonely watches of the night I was grateful for a kindly Providence who had prepared me in a most unusual way for the rugged path that lay before me in the years ahead.</p>	<p>her fame took off.</p>

telegram read: Infantile Paralysis. No known treatment. Do the best you can with the symptoms you see.', and it places responsibility on Kenny to use her nursing knowledge to resolve the problem '*Undeterred, she applied warm, moist strips of cloth*'. The significance of these elements of the story is established by the evaluative statements '*and informed her nothing could be done*' and '*How could I, humble nurse in the backwoods of Australia, do anything when the medical world had decided there was no known treatment?*'.

As stated previously, the purpose of a personal experience narrative is to assert that the events in the narrative took place in the order described by the narrator. Labov highlights three characteristics of personal experience narratives which underpin the authenticity of the account; reportability, credibility, and causality. Labov defines the most reportable event as the event which has the greatest impact on the needs and desires of the participants. In the invention story the requirement for Kenny to perfect her invention is the resolution of the narrative, but the most reportable event is Kenny's initiative in making the improvisations which improve the comfort and safety of the child. In the discovery story the recovery of the patient is the resolution of the narrative, but the most reportable event is the necessity for Kenny to assume responsibility for finding the means to relieve the suffering of the child.

The concept of reportability has a direct impact on the credibility of the narrative. Credibility is the extent to which the audience believes the events occurred as described. Labov claims that an inverse relationship exists between reportability and credibility, which is mediated by the extent to which causality can be established between the most reportable event and the resolution. In the invention story the

causality is established by linking the orientation clause '*a little child fell, breaking both legs, and two of its toes were actually severed*' and the resolution clause '*so much praise was bestowed upon the stretcher that Sister Kenny was induced to perfect it*' with the action taken '*an improvised litter was arranged by Sister E. Kenny*'. Whilst the reason for the recovery of the child is attributed to the '*comfortable character of the litter*' this statement is unnecessary as reporting the recovery of the child is not the main purpose of the story. The recovery of the child simply adds credibility to the resolution that Kenny had a duty to share her wisdom with the world.

In the later iteration of the discovery story the causality is established by linking the orientation clause '*She was at a loss about the mysterious ailment the girl's father called cow disease*' and the resolution clause '*The next morning the girl's limbs were better*' with the action taken by the narrator '*Undeterred, she applied warm, moist strips of cloth*'. Bearing in mind that the audience knows that the use of hot packs was a characteristic component of Kenny's method, the inclusion of the reference to '*warm, moist strips of cloth*' is sufficient to confirm causality in the narrative. This in turn reinforces to the audience that the events did occur.

Both iterations of the discovery story end with a coda which reminds the audience of the purpose of the story. In the later iteration Kenny reminds the reader that the origin of the method lay '*not in the Halls of Science, but in the remote bush land of Australia*'. She also invites the audience to empathise with her subjective position within the narrative by reflecting on her emotional response to being chosen by providence to tread '*the rugged path that lay before me in the years ahead*'.

The narrative analysis of these stories serves to illustrate Shenhav's proposition that some narratives may possess a multiplicity which enables them to define reality for a given population, and to integrate speakers, texts, and audiences across space and time.⁵⁷² Multiplicity is defined by Shenhav as '*the process of repetition and variation through which narratives are reproduced at the societal sphere in order to become social and influential*'.⁵⁷³

The quality of multiplicity is derived from the reproduction and dissemination of core elements which are constant across the different instantiations of a narrative. The preceding analysis shows there are core narrative elements within the invention and discovery stories which remained constant over many decades, and in varying social contexts, signifying that these core elements have enduring social meaning for the narrators and the audience, and define the perception of the reality of the events which are the focus of these narratives.

The longevity of the discovery story is testament to its instrumentality in cementing Kenny's identity within the public consciousness and demonstrates the ability of a good story to resist critical analysis due to its capacity to appear to tell the *truth*. The truth, or authenticity in the discovery story, is established by Kenny presenting

⁵⁷² Myron J. Aronoff, "Narratives and multiplicity" in Ronald R. Krebs, Michael D. Jones, Myron J. Aronoff and Shaul Shenhav SR, "Review Symposium: Analysing Social Narratives", *European Political Science* vol. 16, no. 4, (2017), pp. 577–589.

⁵⁷³ Saul Shenhav, "Reply" in Ronald R. Krebs, Michael D. Jones, Myron J. Aronoff and Shaul Shenhav SR, "Review Symposium: Analysing Social Narratives", *European Political Science* vol. 16, no. 4, (2017), pp. 577–589.

herself as the sole witness to events which the audience can understand. Truth, of course, is a highly subjective concept. The truth in the discovery story should properly be considered as a parable which is constructed from metaphors sourced from Kenny's life. Examining the story from this perspective suggests that the inner life of the story is the discovery of purpose, respect, and meaning in Elizabeth Kenny's life, not the discovery of a treatment for polio.

6.4 Meaning from metaphor

The difficulty Kenny experienced in communicating her ideas to qualified health professionals is usually attributed to her lack of formal qualifications and ignorance of medical terminology. While this explanation may be partly true, it assumes her ideas could be communicated in the technical language of her era, and it assumes there is only one heuristic framework for knowledge production. In the 1930s and 1940s the business of science was the verification of a priori reasoning and rendering observable the hidden facts of reality. The idea that metaphor could be constitutive of theory or knowledge creation, rather than merely explanatory, was not a credible proposition in this era. In the absence of a meaningful technical language, the only option for Kenny was to express her ideas through metaphorical language.

Narration facilitates sensemaking, but the sense or purpose of the discovery story cannot be imputed from the structure alone, for this we need to explore the role of metaphor in conveying the conceptual meaning of the language or imagery from which the story is constructed. As explained in the methodology chapter, metaphor is not simply a rhetorical device which embellished everyday communication;

metaphor is fundamental to how humans perceive and interpret their existence. By building links to concepts which are familiar within a given cultural context, metaphors can explain ideas which are new, complex, or contested, and influence decisions and actions by shaping beliefs about their consequences within the real world.

Whilst the explanatory function of metaphor is now widely accepted, the process of production remains open to conjecture. Ricoeur posits that metaphor arises from the paradox of fiction, whereby abandoning reality in fiction allows us to know how to reconstitute it. Thereby, fiction is the productive dimension of imagination, and metaphor is the function of productive imagination which endows verbal icons with augmented meaning. The use of verbal icons in stories, fiction, and the portrayal of utopias, augments our understanding of reality and expands our perception of the world.⁵⁷⁴ Alternatively, Saulius Geniusas presents an Aristotelian argument that the concept of metaphor implies an intuitive perception of the similarity in dissimilarity, and without this intuitive perception there would be no metaphors.⁵⁷⁵ Gemma Fiurama conceives of metaphoricity as a fundamental feature of human life,

⁵⁷⁴ Ricoeur's concept of iconic augmentation is a development of his earlier discussion of metaphor as a narrative tool for reimagining reality. For an appraisal of iconic augmentation and metaphor see: George H. Taylor, "The Phenomenological Contributions of Ricoeur's Philosophy of Imagination", in *Social Imaginaries vol. 1, Issue 2*, (ed.) Jeremy Smith and Suzi Adams, (Bucharest: Zeta Books, 2015), pp. 13-31.

⁵⁷⁵ Saulius Geniusas, "Between Phenomenology and Hermeneutics: Paul Ricoeur's Philosophy of Imagination", *Human Studies* vol. 38, no. 2, (2014), pp. 223-241. DOI 10.1007/s10746-014-9339-8.

whereby metaphorical projections connect biological life to dialogic existence.⁵⁷⁶

Crucially, Fiurama's anthropomorphic concept of metaphoricity offers a means to explain the process which connected Kenny's life experiences to her conceptualisation of a disease and its treatment.

The cognitive metaphor concept espoused by Lakoff and Johnson has inspired a variety of approaches to the analysis of metaphorical language. Their schema for the conceptual mapping of target and source domains has proven especially useful in revealing the metaphorical reasoning in everyday language, nonetheless, recent exploration of the role of discourse analysis in social science research has highlighted awareness of the risks associated with the unsystematic identification of metaphor within narrative texts. The approach taken in this study builds on the process first outlined by Lakoff and Johnson, and refined by Rudolf Schmitt in 1997,⁵⁷⁷ and the Pragglejaz Group in 2007.⁵⁷⁸ Schmitt and the Pragglejaz Group advocate a systematic approach which they believe to be less subjective and more reliable. The so-called Metaphor Identification Process identifies metaphors within a discourse if a word or phrase satisfies the following conditions:

1. A word or phrase can be understood beyond the literal meaning in context of what is being said.

⁵⁷⁶ For an appraisal of metaphoricity and metaphoric projection see "Connections between language and life" in Gemma C. Fiurama, *The metaphoric process: Connections between language and life* (London: Routledge, 1995), pp. 1-12.

⁵⁷⁷ For an appraisal of systematic approaches to metaphor identification see: Rudolf Schmitt, "Notes Towards the Analysis of Metaphor", *Forum: Qualitative Social Research* vol. 1, no. 1, (2000), Art 20. www.qualitative-research.net/index.php/fqs/article/view/1130/2515.

⁵⁷⁸ The Pragglejaz Group is a group of international scholars based on the Netherlands.

2. The literal meaning stems from an area of physical or cultural experience – the source area.
3. Which in this context is transferred to a target area.

The meaning of the metaphorised word or phrase is assessed in the context of its use in the wider narrative or corpus.

Applying this process to the reading of the discovery story reveals the presence of several metaphorised words which transform the meaning of the narrative. These metaphorised words and their entailments are set out in table five.⁵⁷⁹ The analysis reveals the story contains words which represent iconic characters which have been metaphorised: the disease is symbolic of the silent prejudice and social alienation Kenny encountered as a young woman; the child personifies the absurdity of the random of human suffering; the parents are symbolic of the powerlessness of individuals faced with an existential threat; the doctor represents society's disregard for nonconformity; and the young nurse represents Kenny's realisation that she was alone in choosing how to act authentically.

This analysis of the discovery story demonstrates the validity of the proposition that metaphor serves a wider ontological purpose than the explanatory purpose advocated by Lakoff and Johnson. Fiurama posits that metaphor does more than reflect reality through semiotic mirror; the creation of metaphor enables the collaborative construction and transformation of possible human worlds.⁵⁸⁰ In this sense, the discovery story may be understood as being metaphorical because the

⁵⁷⁹ Labov uses the word entailment to describe the necessary or likely conclusion which follows from the use of a metaphorised word or phrase.

⁵⁸⁰ Fiurama, *Metaphoric process*, p. 10.

Table 5. Metaphorised icons within the treatment discovery story

Icon	Generalised metaphors	Entailments
Illness	<ul style="list-style-type: none">• Illness is a being.• Disease is an enemy.• Psychological forces are physical forces	<ul style="list-style-type: none">• Polio is an external threat which invades or overwhelms the individual.• Metaphysical threats mimic the action of human beings.• Experience of prejudice or social alienation is similar to the experience of illness.
Child	<ul style="list-style-type: none">• Life is suffering.• Believers are infected.• Society is a body.• The body is a battleground.• The self is fragile.	<ul style="list-style-type: none">• Kenny’s intervention is a counterfoil to the absurdity of polio.• The intervention restores order where disorder has reigned.• Belief will ease physical and psychological suffering.
Doctor	<ul style="list-style-type: none">• Ignorance is bliss.• The past is a captor.• Compliance is adherence.	<ul style="list-style-type: none">• Conventional wisdom is powerless in the face of a new malady.• Conformity is valued more than originality.
Parents	<ul style="list-style-type: none">• Life is struggle.• Hope is light.• The unknown is a wilderness.	<ul style="list-style-type: none">• Polio threatens the homeostasis which parenting seeks to achieve.• The crisis can only be overcome through belief.
Nurse	<ul style="list-style-type: none">• Knowing is seeing.• Choosing is being.• Knowledge is power.• Knowledge is liberation.	<ul style="list-style-type: none">• Authenticity is choosing to act as one believes is correct.• Choice brings consequences.• Choosing sets one apart from society.

vicissitudes of Kenny’s lived experience are symbolically condensed to create a novel perspective on reality.

Method as metaphor

Kenny produced the discovery story in the final decade of her life, during a period of reflection on her life achievements,⁵⁸¹ but there are recurring themes in her extant autobiographical writing which indicate the centrality of metaphor in her evolving conceptualisation of her method of treating polio patients.

My exhaustive but nonetheless selective reading of the corpus which Kenny produced between 1934 and her death in 1952 suggests there are systematic metaphors which shaped Kenny's practice and her conceptualisation of polio. The term systematic metaphor is used in the generic sense to describe a group of metaphors which can be recognised as sharing a collective meaning or forming a recognisable pattern.⁵⁸² Identifying systematic metaphors in a discourse on a topic provides an insight into the way a speaker or writer conceptualises the world, and allows us to '*draw inferences about their thoughts and feelings, their conceptualisations and communicative intentions, from the language they used*'.⁵⁸³ The systematic metaphors which I conclude are associated with the Kenny method are: method as revelation, method as liberation, and method as transformation. The entailments of these metaphors are set out in table six.

⁵⁸¹ Extant hand written drafts of the memoir show that she began writing about her early adult experiences soon after arriving in the United States in 1940.

⁵⁸² This definition of systematic metaphor is proposed in Robert Maslen, "Finding systematic metaphors" in *The Routledge Handbook of Metaphor and Language*, Elena Semino and Zsófia Demjén (ed.) (Abingdon: Routledge, 2017). The term systematic metaphor is also used to describe the process of systematic metaphor analysis – a schema for analysing metaphors within discourse analysis.

⁵⁸³ Maslen, *Systematic metaphor*, p. 89.

Table 6. Systematic metaphors of Kenny’s method of treating polio

Metaphor	Entailments and implications
Method as revelation	<ul style="list-style-type: none">• Seeing is knowing.• Truth is revealed.• Knowledge requires faith.
Method as liberation	<ul style="list-style-type: none">• The method frees the body from the physical constraints of orthodox practice.• The method frees the practitioner from the constraints of orthodox thinking.• The method frees the body from the constraints of the illness.
Method as transformation	<ul style="list-style-type: none">• The patient is transformed from a state of imperfection to a state of perfection.• The method gives purpose to the practitioner.

The *method as revelation* metaphor is simultaneously the most ubiquitous and the most complex of the method metaphors. Examples of this metaphor emerge in the earliest commentary on her clinic in Townsville in 1934 and remains prominent throughout the 1940s in her press statements, autobiographical, and technical publications. The revelatory nature of the method is communicated through the act of revealing her unique and original knowledge of the disease to unsuspecting health officials and incredulous medical practitioners, and her confidence that the superior efficacy of her techniques would be self-evident through the act of observing her therapy being administered. As she frequently stated – ‘*Believe what you see with your own eyes*’.⁵⁸⁴

⁵⁸⁴ “Kenny Institute Beacon of Hope to Polio Victims), *Washington Times-Herald*, September 3, 1944.

Kenny appears so convinced of the entailment between seeing and knowing that a chapter in her memoir, in which she castigates the medical profession for refusing to accept the visible improvement in her patients' condition, is given the title *Eyes have they but they see not*. In her posthumously published second memoir she uses familiar words:

*The conditions present in the tissues were not those which were recognized throughout the medical world
Where medicine saw strong normal muscles pulling against weak affected ones, I saw tightened, shortened structures pulling against weak affected ones.
Where medicine saw a loose, flaccid paralyzed muscle, I saw one whose activity was, in some way, cast aside...*⁵⁸⁵

To enhance the credibility of her claims that the method was superior, Kenny agreed to medical practitioners observing the operation of the Townsville and Brisbane clinics. Her press statements indicate she was confident the visible improvements in her patients' physical function would be acknowledged by these observers. At the same time, she produced several films which she used to demonstrate her techniques to medical practitioners in Australia. To her dismay and irritation, medical practitioners dismissed her films as propaganda, and claimed they saw no evidence of the superiority of her patients' recovery.

The *method as revelation* metaphor is reflected in Kenny's insistence that her patients believed in the restoration of control of their limbs through an act of faith shared with the therapist. This duality in the belief in recovery by the patient and

⁵⁸⁵ Kenny, *My Battle and Victory*, pp. 18-19.

the therapist placed Kenny in opposition to the assumed passivity of the patient in the traditional nurse/patient and doctor/patient roles. The Kenny method required the patient and the therapist to believe in recovery in a manner which is reminiscent of a shared religious experience. Whilst the repetitive application of hot packs is the signature characteristic of Kenny's method, the symbolism of this ritualised behaviour has not previously been recognised. Viewing the process as a performative metaphor enables the method to be understood in the context of a wider metaphor of healing through faith.

The *method as revelation* metaphor is strengthened during the 1940s by Kenny capitalising on the misconception in the United States that she was a member of a religious order. In magazine articles which she authored or exerted editorial control she is referred to as the '*healer from the outback*' and reported as having '*God as her doctor*'. The message to the American audience was that her knowledge of polio and her mission to reveal the superiority of her method was guided by an authority higher than science. The framing of Kenny's story within a divinity narrative has received little attention in the literature, but it did not go altogether unnoticed. As discussed in chapter two, the American sociologist JE Hulett observed in 1945 that the widespread acceptance of Kenny's claims of the superiority of her techniques was based on her ability to use language which framed her concept of polio as a divine revelation,⁵⁸⁶ but the significance of Hulett's observation remained virtually unrecognised in the polio corpus.

⁵⁸⁶ Hulett, *Kenny Healing Cult*, p. 366.

At an elementary level, the narration of Kenny's method aligns with the widely recognised entailments of the *medicine is war* metaphor: illness attacks the body; doctors use technology to fight disease; the war with disease inevitably involves sacrifice and privation. The medicine is war metaphor also implies that there are multiple potential outcomes of warfare: defeat, truce, or liberation. Of these outcomes the *method as liberation* metaphor has an importance resonance with the Kenny method. Crucially, the method as liberation metaphor provides an explanation for the most enigmatic and fiercely contested feature of the Kenny method – her abandonment of prolonged immobilisation of paralysed limbs. The use of immobilisation to correct deformity and promote healing was hegemonic in the treatment all forms of paralysis in the early twentieth century, yet Kenny abandoned conventional immobilisation for no apparent reason.⁵⁸⁷ Kenny's insistence that recovery was aided by removing splints and casts attracted entrenched opposition from medical practitioners in Australia, America, and the United Kingdom, but may have underpinned support from patients and their families for her techniques. Edith Hall speaks passionately about loneliness and isolation imposed on children by the constraints of conventional care,⁵⁸⁸ and the memoirs of polio survivors are redolent with descriptions of the psychological and physical liberation of being treated with Kenny's method. Hall argues that Kenny's approach was liberating because it literally freed the patient's body from the imprisonment of orthodox therapy.

The families of polio patients also found liberation in Kenny's conceptualisation of polio and its treatment. Kenny's approach to therapy gave families a sense of hope

⁵⁸⁷ Her abandonment of conventional immobilisation is discussed in chapter three.

⁵⁸⁸ Hall, *In the ward*.

and a sense of control, as the Kenny method involved visible and repetitive actions which would lead to recovery, rather than the imposed passivity of conventional treatment. Kenny shifted the focus away from the medical fascination with the action of the virus, to a new focus on rehabilitation and the patient's ownership of healing through cooperation and belief in recovery.

The *method as liberation* metaphor is also recognisable in narratives which portray the liberation of the practitioner from the constraints of orthodox thinking. Kenny believed her method could only be understood if medical practitioners and nurses abandoned preconceptions of the disease which had been imposed by their formal training. Kenny's insistence that medical practitioners must purge themselves of ingrained prejudice to allow her truth to be revealed is viewed by Hulett as further evidence of her role as a charismatic cult leader. Hulett's interpretation of Kenny's behaviour is insightful as she made no apology for insisting that her trainee technicians were undergoing a process of indoctrination and initiation.⁵⁸⁹ To her own detriment she failed to recognise that many potential trainees were not persuaded to become one of her novitiates.⁵⁹⁰

⁵⁸⁹ Kenny first reported her dissatisfaction with nurses who refused to relinquish their orthodox views when she was defending her inability to train technicians in Townsville in 1934. She used the terms indoctrination and initiation to describe her training in autobiographical publications throughout the 1940s.

⁵⁹⁰ Kenny only managed to train twelve technicians in the first seven years she worked in Minneapolis despite the investment of hundreds of thousands of dollars by the NFIP and Kenny's own fundraising for the Elizabeth Kenny Institute. Levine, *I knew Sister Kenny*, p. 65.

The concept that the patient is transformed from a state of disorder to a state of order through the therapeutic process is prominent in all of Kenny's treatment and discovery narratives. This metaphor of *method as transformation* is strongly aligned with the entailments associated with wider metaphors of illness and disease: polio produces mayhem within the body; recovery requires the restoration of order and control; recovery is achieved through self-discipline; recovery requires re-education of alienated muscles. Kenny's avoidance of the word "*cure*" to describe a patient's recovery from polio has often been interpreted as semantic pedantry,⁵⁹¹ but neither cure nor recovery is consistent with the concept of the method as transformation. The entailment of the method as transformation metaphor is that a person stricken with polio has their homeostasis disrupted. Kenny's treatment transforms the person into a new state of homeostasis which enables them to live an approximation of a normal life, thus making the concept of recovery redundant.

The *method as transformation* metaphor also incorporates the recurrent narrative that the method bestows a purpose on the practitioner. Rather than sitting passively in witness to the misery of children, practitioners of Kenny's method are given a gift which will enable them to '*dedicate the labor of their hands and the devotion of their hearts to the end that healing may be brought to the suffering children of every land, of every creed, and of every race*'.⁵⁹² Kenny's words suggest she believed that the life of the practitioner of her method would be transformed as hers had once been:

⁵⁹¹ Kenny's selective use of cure and recovery in describing the effect of her treatment is appraised in chapter six.

⁵⁹² Kenny and Ostenso, *And They Shall Walk*, p. 281. Kenny repeatedly used the term gift to describe her method and her invention of the Sylvia Stretcher.

*'As dawn broke on that far-off day and the rays of the rising sun shone upon the mountain tops, I received a message which altered the whole course of my existence and set my feet upon the thorny path which I have trod for forty years.'*⁵⁹³

Kenny's long journey was, of course, metaphorical as her polio career was less than twenty years in duration. But, debunking the literal accuracy of her words is not the primary point of this analysis. As Fiurama observes, *'the boundary between the poetic use and the heuristic use (of metaphor) must ultimately remain vague'*.⁵⁹⁴ The appraisal of Kenny's use of metaphorical language, and the representation of systematic metaphors within the conceptualisation of her method, is intended to elicit an understanding of the way Kenny conceptualised her method and conceptualised her world. The extent to which Kenny possessed an insight into her metaphorical portrayal of her method, and her metaphorical portrayal of her discovery of her method, is impossible to know. Kenny frequently griped about the curiosity displayed towards her personal life, claiming *'the work'* was all that mattered,⁵⁹⁵ but others observed that her method was confined to her personal relationship with each of her patients – in other words, *she* was the work. The exploration of the role of metaphor in Kenny's conceptualisation of polio and her work offers an insight into the inseparability of scientific enquiry and the existential experience of the individual person.

⁵⁹³ Kenny, *My Battle*, p. 15.

⁵⁹⁴ Fiurama, *Metaphoric process*, p. 12.

⁵⁹⁵ Kenny used the term *the work* as a catch all phrase to describe her campaign to disseminate the use of her therapy.

6.5 Conclusion

This chapter presents the findings of an analysis of two stories which Kenny narrated during her lifetime. The analysis shows the invention story and the discovery story are problem-resolution personal experience narratives which share a common plot structure and narrative function. Both stories predict the author's destiny following life changing events, and both stories use the medium of newspaper reports as their primary mode of dissemination. Both stories are performative in that they enact the truth which they claim to represent. There is little evidence that the discovery story has a factual basis, and there is little evidence of its veracity being questioned in Australia or the US during her lifetime. The story, which has universally been considered as a record of an historical event, should properly be interpreted as a narrative which employs conceptual and systematic metaphors to authenticate Kenny's identity as a nurse practitioner to an American audience.

Chapter Seven – The purpose of the discovery story

7.1 Introduction

This chapter appraises the capacity of the discovery story to act as a narrative glue which provides continuity to the disconnected phases of Kenny's life and her episodic habitation of the heterotopia of the clinic. The chapter also considers how the credibility of the story is bolstered by its conformity with prevailing cultural norms, and the representation of idealised characters within a heterotopic setting. Finally, the chapter examines how the widespread acceptance of the story as a factual representation of her discovery may have inadvertently undermined the scientific credibility of the method, thereby easing the incorporation of her techniques into conventional medical care.

7.2 A narrated life

The analysis presented in the previous chapter shows the invention story and the discovery story are problem-resolution personal experience narratives which share a common plot structure and narrative function. Both stories predict the author's destiny following life changing events, and both stories use the medium of newspaper reports as their primary mode of dissemination. Crucially, both stories are performative in that they enact the truth which they claim to represent,⁵⁹⁶ even

⁵⁹⁶ The term performative refers to the level the spectator of the performance perceives the unfolding of a story in a scenic transmission. The audience is imagining the enactment of the narrative. Ute Berns "Performativity", in *The living handbook of narratology*, ed. Peter Hühn (Hamburg: Hamburg University Press, 2014). <http://www.lhn.uni-hamburg.de/>

if the veracity of the event are open to dispute. Nonetheless, as Labov observes; '*tall tales, myths and outright lies*' never stood in the way of a good story.⁵⁹⁷

These stories are also linked by their contribution to the personal myth which Kenny was authoring. Dan McAdams, who had no apparent knowledge of Kenny, could be writing the dust cover of her life story when he describes the plot of a romantic myth.

*We embark on a long and difficult journey in life in which circumstances constantly change and new challenges continually arise. We must keep changing and moving if we are to win in the end. But we are confident that we will win*⁵⁹⁸

The discovery story embodies the culmination of her personal myth; a myth which delineates her identity, illuminates her values, and embodies her personal truth.⁵⁹⁹

McAdams endows the concept of personal myth with noble and enabling qualities, seeing it as the product of a psychosocial quest for finding existential meaning and understanding, rather than an exercise in narcissistic delusion. Crucially, McAdam's concept of the purpose of stories in building a personal myth over a lifespan, and the process by which they are embedded in our lives, provides a mechanism for explaining the reciprocity between the individual and the society in which they live. The mythic tone of the stories which we hear throughout childhood and in our youth, creates a predisposing framework for understanding the events which shape

⁵⁹⁷ Labov, *Further steps*, p. 397.

⁵⁹⁸ McAdams, *Stories we live by*, p. 51

⁵⁹⁹ Dan McAdams argues that fashioning a personal myth is a process which enables the individual to find order and meaning in a Godless world of existential nothingness. McAdams, *Stories we live by*, pp.33-35.

our lives, and provides a template for telling the stories which communicate our existential search for meaning. Whether or not Kenny consciously chose a mythic form for the discovery story is a matter of conjecture; but there is no doubt that her audience understood its underlying truth.

No life is narrated through a single mythical form. Whilst the romantic tone is dominant in Kenny's telling of her life story, the narrative also positions her as a tragic heroine whose quest is thwarted by the indifference and the vanity of her antagonists. Early iterations of the discovery story emphasise the romance of the Australian bush, and the plucky inventiveness of the young nurse bringing hope to a sick child. Later iterations, typified in the film *Sister Kenny*, accentuate the personal cost of her battle with medical orthodoxy. The final iteration, published posthumously in 1955, was written while she was experiencing the depressive symptoms of advanced Parkinson's Disease. The tone of her final attempt to present her life story is melancholic and tinged with anger that her gift to mankind had not been universally applauded.

*The sun is low on the horizon and I am also nearing life's sunset. Looking back on the stormy years that have passed, I am ever grateful that a kindly Providence endowed me with a tenacity of purpose that led me to hold on to my beliefs until they had been placed in the hands of those members of the medical profession with the mind and heart of the true physician, who will use this knowledge for the benefit of humanity.*⁶⁰⁰

The stories which Kenny told of her invention and discovery integrate her knowledge of rehabilitation, incrementally accumulated over a period of decades, with her

⁶⁰⁰ Kenny, *My Battle and Victory*, p. 124.

emerging self-conception of her identity as a nurse, within the context of the personal myth which gave her life purpose and meaning. Conventional analysis of the Kenny treatment controversy has relied on the assumption of narrative objectivity in the discovery story to guide the interpretation and analysis of Kenny's approach to the treatment of poliomyelitis, as if her stories were akin to a photographic record of the events. The detailed analyses of the invention story and discovery story presented in chapter six is not designed to simply denounce their factitiousness, rather, it liberates them from the constraints of the tradition of empiricism as the highest source of knowledge. The power of the stories which Kenny authored lies not in the objective facts or events they purport to depict; it stems from our interpretation and understanding of the meaning of the stories.

The stories which Elizabeth Kenny told about her life are part of her life. As George Rosenwald and Richard Ochberg succinctly conclude '*what is told and what is lived promote each other*'.⁶⁰¹ This beguilingly simple statement represents a complex proposition which has great resonance for the role of the discovery story in Kenny's life. Rosenwald posits that life stories which people tell are only comprehensible when those stories have '*intelligibility specific to the culture*'.⁶⁰² Therefore; stories which conform to prevailing cultural norms are recognised as being sensible, and those which do not are either disregarded or rejected as being implausible. Kenny's formulation of her discovery story incorporated fragments of personal experience organised by a narrative of discovery which reflected a known social role and

⁶⁰¹ George C. Rosenwald and Richard L. Ochberg, *Storied Lives*. (New Haven: Yale University Press, 1992), p.8

⁶⁰² Rosenwald and Ochberg, *Storied Lives*, p. 265.

resonated with the persona which Kenny presented to her American audience. The refinement of the recorded narrative which is evident in the newspaper articles is a product of the acceptance and reinforcement of the credibility of the story by the positive response of the American audience.

The credibility of the discovery story also derives from its quality as an idealised representation of characters, rituals, and relationships within a heterotopic textual setting. In the story, idealised characters – Kenny, the child, the doctor, and the parents – inhabit a real, but heterotopic, construction of a past which is both alien and familiar to the audience. The arcane rural setting, whilst not an obvious place of deviance, is the emplacement of a disruptive revelation which will change the natural order outside the heterotopic setting. The discovery story aligns with Foucault's categorisation of a heterotopia of crisis – a place where individuals are brought together by an imposed crisis rather than shared characteristic or interest. The textual heterotopia in the story can represent a multitude of settings by creating one space in a slice of time, which is isolated and penetrable, whilst remaining temporally and spatially recognisable. The audience, once drawn into the idealised space, can imagine themselves joining in the rituals and share in experiences of the inhabitants and imagine the possibility of recovery in the real world.

The longevity of the Kenny discovery story suggests that it embodies a narrative which had the capacity to resonate far beyond the needs and interests of a polio weary American public. The discovery story has in fact outlived the memory of the storyteller and the disease which inhabits the core of the story. In essence, the discovery story has achieved a life of its own and is an example of the capacity a

story to possess its own agency, or, in the words of Arthur Frank, to become an *actor* possessing its own capacities and capable of working symbiotically with humans to enable social relations.⁶⁰³

The extent to which the discovery story has overshadowed the contribution Kenny made to the development of rehabilitation therapy can be demonstrated through the following personal anecdote. In 2014 I was contacted by a local historian, based in Minneapolis, who was seeking advice on obtaining historical records which would assist her to write an illustrated biography of Sister Kenny for an intended audience of school children. The enquirer explained she was concerned that the current generation of young people were unaware of the work of '*a great lady*'.⁶⁰⁴ I provided the enquirer with some bibliographic recommendations and a copy of a conference paper I had written for a history of medicine conference. The paper included a discussion of the absence of evidence to corroborate the alleged discovery in 1911. Two weeks later the enquirer contacted me again to express her dismay at learning that the discovery was a '*falsehood*'. The enquirer stated she was struggling to imagine how she could convey this to children, and implied that it would be difficult to discuss the significance of Kenny's work without reference to the story as it made such a good '*jumping off point*'. I replied with an assurance that my analysis of the available evidence was open to challenge by other researchers and should not be interpreted as an incontrovertible truth. Whilst my assurances were given in the spirit of academic collaboration, the episode was a stark reminder to me of the consequences of questioning the plausibility of a noble reputation.

⁶⁰³ Frank, *Letting Stories Breathe*, p. 13.

⁶⁰⁴ Susan Latta, personal communication to author, 2 Feb – 4 March 2014.

Frank argues that a primary capacity of a story is its ability to enact the truth by showing that '*something original comes to be, as if for the first time, in the full significance that the story gives it*'.⁶⁰⁵ Kenny's discovery story reveals a truth which balances her need to present a story which, in Frank's words, would '*ring true*', with her need to authenticate her ownership of her therapeutic techniques. In doing so the story has achieved a symbolic meaning which has overshadowed the proper memorialisation of its author. The anecdote presented above suggests that the significance of Kenny's contribution to polio rehabilitation is dependent on, or possibly secondary to, the story of its discovery.

7.3 Hell is full of good intentions or desires

The meaning of the oft misquoted and misunderstood aphorism *l'enfer est plein de bonnes volontés ou désirs*,⁶⁰⁶ is not lost in the creation of the Kenny discovery myth. Within months of arriving in America, Kenny's methods were being adopted by influential medical practitioners in Minneapolis and receiving a cautious endorsement by the NFIP. Nonetheless, many moderate practitioners remained sceptical or unconvinced. With the assistance of her benefactors in Minneapolis, she quickly set to work on the production of her second attempt to explain the

⁶⁰⁵ Frank, *Letting Stories Breathe*, p. 40

⁶⁰⁶ This aphorism is widely attributed to the Cistercian Abbot, Bernard of Clairvaux, who lived in the 12th century. The literal translation approximates to *hell is full of good intentions or desires*. The modern rendition, *the road to hell is paved with good intentions*, is thought to have originated in the 17th century. The aphorism was originally interpreted as meaning there is no value in good intentions unless they are acted upon, but in the current era it is interpreted as meaning action based on illconceived good intentions can lead to perverse or unexpected results.

principles and methods of her therapeutic system,⁶⁰⁷ whilst simultaneously embarking on a public relations campaign to promote her discovery story through the American news media. This two-pronged approach to asserting her credibility, and the credibility of her techniques, seems counterintuitive as there were risks in claiming that the fortuitous application of an arcane home remedy was the foundation of a therapy for a viral illness which had confounded medical science for decades. Would sceptical medical practitioners believe, in the absence of a scientific explanation, that hot rags could cure infantile paralysis?

There are several factors which may have contributed to Kenny giving prominence in America to her discovery narrative to support her claim to have discovered a new and more effective treatment for polio. Despite her attempt to produce a coherent appraisal of the clinical foundations of her therapeutic techniques in Australia,⁶⁰⁸ she had failed to convince a sceptical Australian medical profession through an intellectual argument that her techniques were new or original. Kenny had built her personal credibility as a nurse with knowledge of rehabilitation techniques on her war time nursing experience. Despite her public profile in the Australian news media throughout the 1930s, and the political support for the network of state sponsored clinics which employed her techniques, she failed to produce a consistent narrative which established the originality of her techniques. The Australian medical profession remained resolute in their assertion that her methods lacked originality and produced effects no better than conventional medical practice. It therefore

⁶⁰⁷ Elizabeth Kenny, *The Treatment of Infantile Paralysis in the Acute Stage* (Minneapolis: Bruce Publishing Company, 1941).

⁶⁰⁸ Elizabeth Kenny, *Infantile paralysis and cerebral diplegia: methods used for the restoration of function* (Sydney: Angus and Robertson, 1937).

seems likely that Kenny anticipated that in America she would need a pre-emptive riposte to the criticism she faced in Australia that her techniques were not original. Finally, Kenny may have felt encouraged to give prominence to her personal story because America's most successful medical philanthropic organisation was under the control of a lawyer, not a doctor, thereby lessening her need to defer to the collective authority of an empowered medical profession.

7.4 The purpose of the discovery narrative

The analysis presented in the previous chapter shows that the problem-resolution personal experience narrative which Kenny presented to the American public was the embodiment of a personal myth which delineated her identity, illuminated her values, and embodied the truth of her claim to be the discoverer of a new and original treatment for polio. This narrative rapidly gained traction with the American public for several reasons. First, and foremost, the narrative resonated with the hegemonic American myth of the self-made man. The expression *the American dream* encapsulates the notion that any American – by default male – can achieve success through individual talent, hard work, and discipline or moral conviction.⁶⁰⁹ The proposition that any American can aspire to a better, richer, and happier life, builds on the notion of America being an exceptional society uniquely founded on expressive individualism. Kenny's portrayal of herself as a cultural type forged in a

⁶⁰⁹ The expression the American dream was coined by James Truslow Adams in his populist history of America published in 1931. Whilst the concepts associated with American exceptionalism were not original, Adams gave the term and the concept a lasting currency. For an appraisal of Adams' contribution to the concept of American exceptionalism see Jim Cullen, *The American Dream: A Short History of an Idea That Shaped a Nation* (New York: Oxford University Press, 2003).

frontier land was readily understood by the American public, as was her claim to have overcome adversity through personal sacrifice.⁶¹⁰

A further factor contributing to the uncritical acceptance of Kenny's discovery narrative was its correspondence with narratives which appraised the existential threats posed by polio, war, and political ideologies to American values and the American dream.⁶¹¹ The metaphorical representation of polio as a shadowy threat to the American dream is discussed in the Introduction chapter. America had been at war with polio for over a decade when Kenny brought her campaign to America. Polio was perceived as a subversive threat which infiltrated families – the foundation of the American dream. As Daniel Wilson observes '*the American dream envisioned only healthy children, not ones wearing braces and using wheelchairs*'.⁶¹² Kenny's narrative opportunistically focusses on the response of an individual pioneer nurse to the terror of stricken children and their helpless families, and characterises

⁶¹⁰ Within the construct of the role of the self-made man within the American dream there is a conundrum in the apparent contradiction in the reliance of collective wellbeing on providential success through expressive individualism. Within this construct, failure to succeed stems from the inability of individuals to respond to crisis or challenge rather than the weight of entrenched social, political, and economic inequality. The paradox that mutual wellbeing in society relies on expressive individualism is countered by the reification of individual philanthropy over collective responsibility. For an appraisal of the foundational myths which underpin the modern construction of American cultural identity see Heike Paul, *The myths that made America* (Verlag: Bielefeld, 2014).

⁶¹¹ Whilst the ideological threats to American values changed throughout the span of the polio pandemic – fascism, communism, nuclear war, and secularisation – they shared the characteristic of being perceived to be external threats which struck at the foundations of the American way of life.

⁶¹² Daniel J. Wilson, *Living with Polio: The epidemic and its survivors*, (Chicago: University of Chicago Press, 2007), p. 17.

institutional responses as remote, ineffective, and obstructive.⁶¹³ It locates the battle with the infiltrator directly in the family home, not in laboratories, hospital wards, or medical clinics. Kenny's narrative enabled and empowered individuals to actively confront their enemy, whereas the narratives of medicine disempowered the victims of the disease and marginalised their families. Ultimately, Kenny's narrative placed her at the core of recovery; anyone wishing to emulate her success would need to adopt her narrative, not simply mimic her methods.

Whilst the primary purpose of the discovery story was to bolster Kenny's claim of ownership of a new approach to treating polio, the story had the added benefit of consolidating the episodic nature of her nurse identity and her role in the heterotopia of the clinic. In the 1930s Kenny legitimised her nurse identity by claiming she had developed her concepts and methods during her war time nursing experience. In the 1940s the discovery story confirmed her nurse identity in the pre-WW1 years. Establishing an uninterrupted nursing career over an extended period fulfilled several needs. First, affirming that she was a nurse in a remote area prior to the war helped to explain her marital status, having forsaken personal happiness for her career. Second, affirming she was a nurse prior to WW1 bestowed her life with greater nobility as nursing was more vocation than profession in the pre-war era. Third, aligning her personal identity as a youth with a recognisable historical nursing identity enhanced her credibility as a nurse with an American audience as her behaviour and appearance did not match the conventional view of nursing in an

⁶¹³ The irony of Kenny's portrayal of her noble endeavours in the Australian outback is that the network of clinics which were established in Australia between 1934 and 1939 were entirely the product of the financial and bureaucratic support provided by her political allies.

advanced industrial economy. Finally, the story provided a narrative glue which gave continuity to the disconnected phases of her habitation of the clinic.

There were clear material benefits to Kenny framing the origin of her nurse identity in this way, but it remains difficult to ascertain the extent to which the story was knowingly shaped by her existential choices. The narrative ends with a call by the narrator for the reader to empathise with the consequences of her fateful encounter, but the reference to the rugged path ahead is superfluous to the core purpose of the story. The addition of these references to the struggles she endured in her quest for recognition reveals more about Kenny than she may have intended. Kenny's words suggest that near the end of her life she may have been struggling with the authenticity of the nurse identity she had constructed throughout her adult life.

Outwardly, Kenny projected the image that she had crafted her authentic identity through choices which were rational and consistent with accepted social roles for women of her generation. These choices included: choosing nursing as a career; acting patriotically in enlisting in the AANS; devoting her energies to the CWA; offering her therapeutic system for no personal reward. In making these choices she gave the impression that she had demonstrated her commitment to live her life in accordance with her freedom to act rather than follow a path which she was expected to pursue; thereby exemplifying Sartre's declaration that *existence precedes essence*.⁶¹⁴ The introduction of elements into the discovery story which

⁶¹⁴ David Cooper observes that the phrase *existence precedes essence* has become the most recognised slogan for the existentialist philosophical movement. The phrase summarises

imply her destiny had been predetermined by a random event is therefore a contradiction to the narrative which she had disseminated in Australia throughout the 1930s. The conflicting messages in the discovery story suggest that Kenny was experiencing angst with respect to the existential choices she had made during her life. It appears that in the final decade of her life Kenny doubted the choices she had made in her attempt to resolve her need for public acceptance and endorsement, and her desire for freedom from societal constraints. Perhaps the leap of faith she displayed when she donned her nurse's cape in 1911 was the ultimate expression of succumbing to the safety of the herd rather than a rejection of it.

7.5 Unintended consequences

Despite the instrumentality of the story in demarcating Kenny's ownership of her techniques and defining her identity as a nurse it was a sword with two edges. The story provided a narrative which framed the method as being discovered by an individual rather than being developed through a process. In other words, there was an empirical basis to her discovery which was unadulterated by normative beliefs or theories.⁶¹⁵ The simplicity of the discovery story undoubtedly enabled its dissemination through the print media, but it may have coincidentally undermined

the existentialist proposition that existence is a process of becoming rather than a fixed state of being. See: David Cooper, "Existentialism as a philosophical movement", in *The Cambridge Companion to Existentialism*, ed. Steven Crowell (Cambridge: Cambridge University Press, 2012), pp. 27-49

⁶¹⁵ Unlike medical practitioners, who responded to the known pathology of polio, Kenny treated the observed paralysis regardless of its underlying pathology. Her first attempt in 1937 to communicate her treatment regime did not differentiate between polio or cerebral diplegia; conditions with completely different pathologies and underlying causes.

her accompanying objective to maintain control over the use of her techniques by other health care professions. Kenny claimed she developed her method through intuition guided by divine inspiration whilst insisting it could only be properly learned through two years of tuition. The tension between these conflicting positions exposed her to criticism which ultimately was her undoing in America. Kenny claimed that her techniques were difficult to learn yet the definitive summary of her treatment regime, a twenty-nine pages pamphlet published by the NFIP in 1945, *A Guide for Nurses in the Nursing Care of Patients with Infantile Paralysis*,⁶¹⁶ provides a more detailed and useful description of the treatment of spasm than Kenny managed to produce in her twenty years career as a polio therapist.⁶¹⁷

There could be no better example of the law of unintended consequences than the case of Kenny's invention of her discovery story. The appropriation and adoption of Kenny's ideas and practices by medical practitioners has often been framed as a form of medical plagiarism, but the preceding analysis demonstrates that Kenny was responsible for creating the context which allowed this appropriation to occur. In claiming her discovery occurred '*not in the Halls of Science, but in the remote bush land of Australia*' she simultaneously claimed the discovery as her own and trivialised its scientific credibility. Her final memoir, published posthumously, provides no indication she understood that the more convincing the story became the easier it was for the medical profession to adopt her ideas and practices while

⁶¹⁶ NFIP, *A guide for nurses in the nursing care of patients with infantile paralysis*, Publication No. 45 (NFIP, 1945).

⁶¹⁷ The most succinct description of the system was co-authored with Dr. John F. Pohl. See: John F. Pohl and Elizabeth Kenny, *The Kenny Concept of Infantile Paralysis and Its Treatment* (Minneapolis: Bruce Publishing Company, 1943).

continuing with their own narrative which prioritised the importance of science in defeating the root cause of the disease.

7.6 Conclusion

The power of the stories which Kenny authored lies not in the objective facts or events they purport to depict, but in our interpretation and understanding of the meaning of the stories. Kenny's formulation of her discovery story incorporated fragments of personal experience organised by a narrative of discovery which reflected a known social role and resonated with the persona which Kenny presented to her American audience. The longevity of the story and the contribution it made to cement her identity within the public consciousness demonstrate the ability of a story to resist critical analysis. The discovery story achieved a life of its own, a life which has overshadowed the disconnected identities which Kenny inhabited throughout her life.

Nonetheless, despite ennobling the author and cementing her public identity, it may be argued that the story inadvertently undermined the scientific credibility of the method, thereby easing the incorporation of her techniques into conventional medical care. The acceptance of the story as a factual representation of the development of her approach to the treatment of paralysis has obscured our understanding of the process which guided the development of a therapeutic regime which was at the centre of one of the great medical polemics of the mid-twentieth century.

Conclusion

Summary of key findings

The key findings are organised as responses to the research questions.

1. What was the origin and purpose of the treatment discovery story which Kenny produced in the 1940s?

This study suggests that Kenny created the discovery story in the early 1940s, drawing on metaphorised symbols and experiences organised in a narrative structure she borrowed from an earlier invention story created in the 1920s. The discovery story should properly be understood as a personal experience narrative which embodies Kenny's self-identity, illuminates her values, and enacts the truth of the superiority of her therapeutic method. The discovery story fulfilled two primary purposes for Kenny: it authenticated her identity as a nurse practitioner to an American audience; and it validated her claim to have discovered a new treatment for a new disease.

2. How did Kenny's evolving personal myth influence the conceptualisation of her therapeutic system?

This study argues that Kenny's evolving self-concept as a nurse, inventor, and therapist, drew on systematic and conceptual metaphors which shaped the development of her clinical practice and the conceptualisation of her therapeutic system. This conclusion provides a rebuttal to the oft repeated claim that Kenny appropriated her method without due acknowledgement to her clinical colleagues. Whilst Kenny's method utilised pre-existing technologies and practices, it should still

be considered as her own because she applied a unique metaphorical framing to the knowledge she incrementally accumulated within the context of her evolving personal identity. Crucially, Kenny's conceptualisation of polio and her therapeutic system offers an insight into the interdigitation between scientific enquiry and the existential experience of the individual person.

3. Did stigmatisation associated with discredited characteristics influence the professional response to the adoption of her therapeutic techniques?

This study did not find evidence of overt discrimination towards Kenny by members of the Australian, American, or British medical profession based on assumptions about her sexuality or gender. Nonetheless, the study did find evidence that her masculine demeanor, contempt for men, and her preference for same sex intimacy, were considered discredited characteristics during her lifetime, and that she attempted to avoid being labelled as a discredited individual by projecting the impression of adhering to the social norms of her era. Kenny's primary defence against social approbation was to seek sanctuary in the clinic, wherein her otherwise discredited attributes were normalised, and her quest for social acceptance was enabled.

Implications of the findings

The findings of the study confirm the validity of the proposition that the development of medical knowledge cannot solely be understood through the examination of a depersonalised scientific method, it also needs to be understood through an appreciation of the metaphorical concepts which frame and inform the production and the communication of that knowledge, and an appreciation of the

existential choices which shape the individual's scientific endeavours. In recognising the role of metaphor in the personal narratives which identify the existential choices and conditions for living in and with science, this study may provide a response to the criticism that Söderqvist's concept of existential biography lacks a causal link between a scientist's inner life and the creation of scientific theory. Notwithstanding the importance of addressing this criticism, the most important outcome of this study rests on the insight which may be drawn from the examination of the ethical choices of one person's existential project. Whilst Söderqvist focuses on the edifying quality of existential biography, the '*reorienting our familiar ways of thinking about our lives in unfamiliar terms*',⁶¹⁸ this study shows that inspiration may be drawn from all the ethical choices that an individual contemplates, noble and flawed, in their quest for personal fulfilment and authenticity.

This study also illuminates the contribution of heterotopias to the development of Kenny's personal identity and her identity narrative. The heterotopia of the *clinic* gave Kenny an opportunity to perform social roles which were congruent with her rejection of the conventional roles of wife or mother, and her decision to remain unmarried. The story which Kenny constructed to explain her discovery of her therapeutic system may be conceived as a textual heterotopia which presents an idealised construction of the past which disrupts the natural order outside its heterotopic setting. The textual heterotopia in the story can represent a multitude of settings by creating one space in a slice of time, which is isolated and penetrable, whilst remaining temporally and spatially recognisable to its audience.

⁶¹⁸ Söderqvist, *Existential projects*, p. 74.

Finally, this study confirms the lasting importance of C. Wright Mills' call for social scientists to exercise their sociological imagination. Wright proclaimed that no matter how focussed or how broad the examination of the features of social reality, the imaginative researcher should ask '*what is the structure of this particular society as a whole*', '*where does this society stand in human history*', and '*what varieties of men and women now prevail in this society and in this period*'?⁶¹⁹ Mills intended these questions to guide the investigation of contemporary issues and troubles, but this study extends Mills' vision by seeking to understand an individual life within a societal and historical context, and in doing so has demonstrated the value of self-consciously applying a subjective analysis to historical data.

Rewriting the Kenny legend

The person who emerges in this study is far more complex and nuanced than the two dimensional character commonly portrayed in the historical record, or, indeed, fashioned in her own biographical record. This study shows that Kenny inhabited multiple discontinuous identities throughout her adult life – entrepreneur, nurse, inventor, healer, therapist, and scientist – as she pursued social status and personal autonomy, and as she sought to avoid stigmatisation. This study also demolishes the myth of Kenny as an asexual, quasi-religious, figure who relinquished personal happiness to dedicate her life to the care of children. The real Elizabeth Kenny was a woman who preferred intimacy with women and struggled to conceal discredited characteristics. Whilst there is no direct evidence that Elizabeth Kenny understood or sought to inhabit an idealised lesbian identity, her behaviour, previously dismissed as idiosyncratic or defensive, suggests she was aware of the stigma

⁶¹⁹ Mills, *Sociological Imagination*, pp. 6-7.

associated with the incongruence between prevailing social norms and her preference for same sex intimacies.

Elizabeth Kenny should properly be remembered as a woman who achieved unprecedented international fame and forged an identity through improvisation, ingenuity, creativity, deception, and concealment, in an era where societal structures subjugated women. Kenny achieved material success and social status without the benefit of financial resources or education but demonstrated none of the altruism or nobility which she sought to portray in later life. Kenny's relegation to the status of an arcane historical curiosity within a decade of her death is testament to the systemic sexism which forgives the frailties of men but demands perfection from women.

Two stories shaped the course of Kenny's life. One acted as the template for the narration of her identity; one became her legacy. This legacy, memorialised in print and film, and venerated until the present day, is a misrepresentation of Kenny's life, but perhaps more importantly, it is a distraction from our proper understanding of the existential foundation of the therapeutic system which bears her name. This study has shown that the stories which are synonymous with Kenny's life have universally been interpreted as reports of psychic or experiential reality, whereas they should be understood as personal identity narratives which verify the authenticity of her existential identity. The polio treatment discovery story should be understood as a problem resolution personal experience narrative which embodies Kenny's experiences of social stigmatisation, her metaphorical understanding of polio, and her quest for a socially sanctioned personal identity.

Data sources

Primary sources:

1. Letters, memos, reports, and notes produced by Kenny, dating from 1937 to 1952, located in the Elizabeth Kenny Papers at the Minnesota History Center in Minneapolis, Minnesota. This is the largest archive of her personal and work related correspondence.
2. Letters, memos, reports, and notes produced by medical scientists, doctors, nurses, massage therapists, politicians, bureaucrats, polios and members of the public between 1940 and 1955, held in the Elizabeth Kenny Papers at the Minnesota History Center.
3. Letters, memos, reports, and notes produced by Kenny between 1932 and 1952, located in the Elizabeth Kenny Papers, Fryer Library, University of Queensland.
4. Letters, memos, reports, and notes produced by medical scientists, doctors, nurses, massage therapists, politicians, bureaucrats, polios and members of the public in Australia between 1934 and 1952, located in the Rae W. Dungan Collection and the Raphael Cilento Collection, Fryer Library, University of Queensland.
5. Photographs depicting Elizabeth Kenny and the treatment of polio during her lifetime. Most of these were produced in the United States during the 1940s and are in the Elizabeth Kenny Papers at the Minnesota History Center. Additional photographic records are sourced from websites and digital archives, mainly hosted in the United States and Australia.

6. Incomplete drafts of her 1943 autobiography, held in the Elizabeth Kenny Papers at the Minnesota History Center.
7. Publications authored or co-authored by Elizabeth Kenny:
 - Kenny, Elizabeth. *Infantile Paralysis and Cerebral Diplegia: Method of Restoration of Function*. Sydney: Angus and Robertson, 1937.
 - Kenny, Elizabeth. *The Treatment of Infantile Paralysis in the Acute Stage*. Minneapolis: Bruce Publishing Company, 1941.
 - Kenny, Elizabeth and Martha Ostenso. *And They Shall Walk*. New York: Dodd, Meade & Company, 1943.
 - John F. Pohl and Elizabeth Kenny. *The Kenny Concept of Infantile Paralysis and Its Treatment*. Minneapolis: Bruce Publishing Company, 1943.
 - Kenny, Elizabeth. *Physical medicine: The science of dermo-neuro-muscular therapy as applied to infantile paralysis*. Minneapolis: Bruce Publishing Company, 1946.
 - Kenny, Elizabeth. *My Battle and Victory*. London: Robert Hale Limited, 1955.
8. The transcripts and evidence of Committees of Inquiry and Royal Commissions undertaken in Australia during the 1930s.
 - Queensland Royal Commission on Modern Methods for the Treatment of Infantile Paralysis, 1938.
 - Cilento, Raphael. *Report on Sister E. Kenny's after-treatment of cases of paralysis following poliomyelitis* (1933).
 - Cilento, Raphael. *Report on the muscle re-education clinic, Townsville (Sister E Kenny) and its work*.
 - Queensland Royal Commission on Modern Methods for the Treatment of Infantile Paralysis (1934).
9. Microform copy of the Clifton Courier; available at the State Library of Queensland.

10. Scrap books of newspaper and magazines cuttings produced by Kenny admirers in the 1940s and 1950s, held in the Elizabeth Kenny Papers at the Minnesota History Center
11. Notes of interviews conducted by the researcher in 2009 with Margaret Ernest, Kenny's secretary from 1940 to 1945, and Phyllis Beetsch, Victor Cohn's daughter.
12. Newspaper and magazine cuttings from articles published between 1940 and 1952 in the USA, held in the Elizabeth Kenny Papers at the Minnesota History Center.
 - Kenny, Elizabeth. "God Is My Doctor", *The American Weekly*, 26 March 1944.
 - Potter, Robert D. "Sister Kenny's Treatment for Infantile Paralysis", *The American Weekly*, 17 August 1941.
 - Robinson, Stewart. "Sister Kenny", *The Family Circle*, 30 July 1943.
 - Yoder, Robert M. "Healer From The Outback", *Saturday Evening Post*, 17 January 1942.
13. Newspaper and magazine articles published in Australia between 1910 and 1952. These are available in a digitised format on Trove – an online database of newspapers hosted by the National Library of Australia.
 - "Ambulance Display", *The Telegraph*, 11 August 1926.
 - "Ambulance Stretcher Sister Kenny's Invention", *Daily Standard*, 19 November 1926.
 - "Boon to Sufferers", *Daily Standard*, 11 August 1926.
 - "Clearing Sale", *Clifton Courier*, 19 June 1915.
 - "Country Telegrams", *Brisbane Courier*, 28 October 1913.
 - "Generous Action of Queensland Nurse", *Australian Women's Weekly*, 23 February 1935.
 - "Gossip from Women's Clubland", *Queensland Figaro*, 29 May 1915.

- “Hospital Control. Victorian System Explained. Evidence before royal commission”, *Brisbane Courier*, 20 June 1930.
- “Improved Stretcher Sister Kenny’s Invention”, *The Brisbane Courier*, 10 January 1930.
- “Infantile Paralysis: Re-educational clinic”, *Townsville Daily Bulletin*, 18 October 1934.
- “Infantile Paralysis”, *Brisbane Courier*, 5 July 1930.
- “Kenny Institute Beacon of Hope to Polio Victims), *Washington Times-Herald*, September 3, 1944.
- “Little Girl’s Ordeal”, *Western Star & Roma Advertiser*, 26 May 1926.
- “New Ambulance Stretcher”, *Daily Standard*, 11 August 1926.
- “New Treatment”, *The Auckland Star*, 9 March 1935.
- “Nobby’s Loss Sister Kenny Farewelled”, *Daily Mail*, 20 August 1926.
- “Nurse Kenny”, *Clifton Courier*, 13 July 1912.
- “Nurses Award”, *The Queenslander*, 13 November 1930.
- “Olla Podrida”, *Muswellbrook Chronicle*, 18 December 1925.
- “Paralysis in Children”, *Townsville Daily Bulletin*, Friday 9 March 1934.
- “Personal”, *Clifton Courier*, 5 June 1915.
- “Professional Notice”, *Clifton Courier*, 4 November 1911.
- “Red Cross Society”, *Brisbane Courier*, 21 June 1915.
- “RMS Medina for London”, *Sydney Morning Herald*, 26 June 1915.
- “Romance of C.W. A. President’s Invention”, *Tweed Daily*, 8 September 1928.
- “Scientific Works”, *Queensland Times*, 23 August 1923.
- “Serious Accident”, *Warwick Daily News*, 18 May 1926.
- “Sister Kenny’s Treatment for Infantile Paralysis”, *Australian Women’s Weekly*, 27 November 1937.
- “Sister Kenny’s Treatment”, *The Courier-Mail*, 16 Feb 1935.
- “Sylvia Stretcher Inventor Going Abroad”, *Queensland Times*, 15 January 1929.
- “Sylvia Stretcher Sister Kenny’s Invention Appreciated”, *Daily Standard*, 25 February 1927.
- “Sylvia Stretcher”, *The Daily Standard*, 25 February 1927.

- “Sylvia Stretcher”, *The Telegraph*, 19 November 1926.
- “The ‘Sylvia’ Stretcher”, *Townsville Daily Bulletin*, 23 August 1927.
- “The Home For Babies”, *Sydney Morning Herald*, 19 October 1911.
- “Thousands Mourn at Funeral of Sister Kenny”, *Canberra Times*, 2 December 1952.
- “To Aid the Sick”, *Warwick Daily News*, 9 August 1926.
- “Town Council, Thursday General Meeting, Sanitary Inspector’s Report”, *Warwick Examiner and Times*, 12 December 1914.
- O’Malley, Brendan. “Bush nurse Sister Elizabeth Kenny beloved by polio kids”, *The Courier Mail*, 3 April 2009.

Secondary sources:

1. Research notes produced by Victor Cohn between 1952 and 1955, which include interviews conducted in Australia in 1953 and 1955 with surviving acquaintances, family members, and former patients, held in the Elizabeth Kenny Papers at the Minnesota History Center.
2. Research notes produced by Wade Alexander between 1995 and 2002, which include interviews conducted in Australia with surviving acquaintances, family members, and former patients. These notes are held in the Elizabeth Kenny Papers at the Minnesota History Center. Copies are available at the Sister Kenny Museum in Nobby, Queensland.
3. Unabridged first draft of Wade Alexander’s 2003 biography gifted to the author by Wade Alexander.
4. Journal articles and monograph literature dating from 1905 examining the emergence of the polio epidemics, the development of treatment strategies for cases of poliomyelitis, and the efforts to produce a viable vaccine.

5. Journal articles and monograph literature examining the life and work of Elizabeth Kenny, and the polio treatment controversy.

Bibliography

Ackroyd, Peter. *Queer City: Gay London from the Romans to the present day*. London: Chatto & Windus, 2017.

Acton, Carol. "Negotiating Injury and Masculinity in First World War Nurses' Writing". In *First World War Nursing: New Perspectives*, (ed.) Alison S. Fell and Christine E. Hallett. Abingdon: Routledge, 2013.

Alexander, Wade. *Sister Elizabeth Kenny*. Rockhampton: Central Queensland University Press, 2003.

APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation. *Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. American Psychological Association, 2009.

Aronoff, Myron J. "Narratives and multiplicity". In Ronald R. Krebs, Michael D. Jones, Myron J. Aronoff and Shaul Shenhav SR, "Review Symposium: Analysing Social Narratives", *European Political Science* vol. 16, no. 4, (2017), pp. 577–589.

Australian Bureau of Statistics, *Australian Historical Population Statistics*, cat. no. 3105.0.65.001, 2014.
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3105.0.65.0012014>

Australian Government, Department of Health. *National Notifiable Diseases Surveillance System tables (dis_au19_91)*.
<http://www9.health.gov.au/cda/source/cda-index.cfm>.

Baker, William. "The significance of biography in historical study". In *Boswell's Children: The Art of the Biographer*, (ed.) Rae Bruce Fleming. Toronto: Dundurn Press, 1992.

Bamberg, Michael, and Allyssa McCabe. "Editorial". *Narrative Inquiry* vol. 8, no. 1, (1998), pp. iii-v. doi.org/10.1075/ni.8.1.

Bate, Weston. "Hart, Eady (1848–1931)", *Australian Dictionary of Biography*. National Centre of Biography, Australian National University, 2005.

Beito, David T. *From mutual aid to the welfare state: fraternal societies and social services, 1890 – 1967*. University of North Carolina Press, 2000.

Bentley, Philip, and William Dunstan. *The Path to Professionalism: Physiotherapy in Australia to the 1980s*. Melbourne: Australian Physiotherapy Association, 2006.

Berger, Ronald and Richard Quinney. *Storytelling sociology: narrative as social inquiry*. Boulder: Lynne Rienner Publishers, 2005.

Berns, Ute. "Performativity". In *The living handbook of narratology*, (ed.) Peter Hühn. Hamburg: Hamburg University Press, 2014. <http://www.lhn.uni-hamburg.de/>

Borisenkova, Anna. "Narrative foundations of knowing: Towards a new perspective in the sociology of knowledge", *Sociological Research Online* vol. 14, no. 5, (2009), p. 17. <http://www.socresonline.org.uk/14/5/17.html>.

Brewer, John. "Imagining the Sociological Imagination: the biographical context of a sociological classic", *The British Journal of Sociology* vol. 55 no. 3, (2004) pp. 317-333.

Brown, Theodore M. and Elizabeth Fee. "Alfred C. Kinsey: A Pioneer Of Sex Research", *American Journal of Public Health* vol. 93, no. 6 (2003): pp. 896-897.

Brownson, Ross C. and Diana B. Petitti. *Applied Epidemiology*. Oxford: Oxford University Press, 2006.

Burchill, Elizabeth. *Australian nurses since Nightingale*. Richmond: Spectrum Publications, 1992.

Butler, Arthur G. *Official History of the Australian Army Medical Services, 1914–1918 Vol. 1 – Gallipoli, Palestine and New Guinea*, 1938.

Butler, Arthur G. *Official History of the Australian Army Medical Services, 1914–1918 Volume 3*, 1943.

Carr, Edward Hallett. *What is history? (2nd Ed.)*. London: Penguin Books. 1990

Carter, Kimberly F. "Trumpets of Attack: Collaborative efforts between nursing and philanthropies to care for the child crippled with polio 1930 to 1959". *Public Health Nursing* vol. 18, no. 4, (2001), pp. 253-261.

Casely, Elma. "Physiotherapy in South Australia". *Australian Journal of Physiotherapy* vol. 1, no. 4, (1955), pp. 164-169.

Cilento, Raphael. *Report on Sister E. Kenny's after-treatment of cases of paralysis following poliomyelitis*. 1933.

Cilento, Raphael. *Report on the muscle re-education clinic, Townsville (Sister E Kenny) and its work*. 1934.

Clark, Marcus. *A short history of Australia*. Sydney: Penguin Books Australia, 1963.

Clow, Beverly. "Who's afraid of Susan Sontag? or, myths and metaphors of cancer reconsidered". *Social History of Medicine* vol. 14, no. 2, pp. 293-312.

Cohler, Deborah. *Citizen, invert, queer : lesbianism and war in early twentieth-century Britain*. Minneapolis: University of Minnesota Press, 2010.

Cohn, Victor. *Sister Kenny The Woman Who Challenged The Doctors*. Minneapolis: The University of Minneapolis Press, 1975.

Cole, Wallace H. and Miland E. Knapp. "The Kenny Treatment of Infantile Paralysis: a preliminary report". *Journal of the American Medical Association* vol. 116, no. 23, (1941), pp. 2577-2580.

Cooper, David. "Existentialism as a philosophical movement". In *The Cambridge Companion to Existentialism*, (ed.) Steven Crowell, pp. 27-49. Cambridge University Press, 2012.

Crabtree, Benjamin and William Miller. *Doing Qualitative Research 2nd Edition*. Thousand Oaks: Sage Publications, 1999.

Crofford, Emily. *Healing warrior: A story about Sister Elizabeth Kenny*. Minneapolis: Carolrhoda Books, 1989.

Crowley, Patrick. "Paul Ricoeur: The Concept of Narrative Identity". *Paragraph* vol. 26, no. 3, pp. 1-12.

Cullen, Jim. *The American Dream: A Short History of an Idea That Shaped a Nation*. New York: Oxford University Press, 2003.

Cumpston, John Howard Lidgett. "Anterior poliomyelitis". In *Health and disease in Australia: a history*, (ed.) Milton Lewis, pp. 326-328. Canberra: AGPS, 1989.

Czarniawska, Barbara. *Narratives in Social Science*. London: Sage, 2004.

Daly, Mary, and Jerome Greenbaum, Edward Reilly, Alvah Weiss, Philip Stimson. "The Early Treatment of Poliomyelitis: with an evaluation of the Sister Kenny treatment". *Journal of the American Medical Association* vol. 118, no. 17, (1942), pp. 1433-1443.

Day, Michael. "UK doctors protest at the extension to nurses' prescribing powers". *BMJ* vol. 331, no. 7526, p. 1159.

de Kruiff, P. "What Science Is Doing", *The President's Birthday Magazine*, (National Foundation for Infantile Paralysis, 1938).

Delbaere, Marjorie. "Metaphors and myths in pharmaceutical advertising". *Social Science & Medicine* no. 82, (2013), pp. 21-29.

Denton, Margaret. "Further comments on the Elizabeth Kenny controversy". *Australian Historical Studies* no. 114, (2000), pp. 152-158.

Denzin, Norman K. *Interpretive Interactionism 2nd Edition*. London: Sage Publications, 2002.

Doan, Laura and Jane Garrity, ed. *Sapphic Modernities: Sexuality, Women and National Culture*. New York: Palgrave MacMillan, 2006.

Doan, Laura. *Disturbing practices : history, sexuality, and women's experience of modern war*. Chicago: University of Chicago Press, 2013.

Doan, Laura. *Fashioning Sapphism: The Origins of a Modern English Lesbian Culture*. New York: Columbia University Press, 2000.

- Doan, Laura. *Old Maids to Radical Spinsters*. Urbana: University of Illinois Press, 1991.
- Dodge, Jennifer and Sonia M. Ospina, Erica G. Foldy. "Integrating Rigor and Relevance in Public Administration Scholarship: The Contribution of Narrative Inquiry". *Public Administration Review* vol. 65, no. 3, (2005), pp. 286-300.
- Dungan, Rae W. *Report on work done by Sister Kenny at the muscle re-education clinic, Townsville*. 1934.
- Eakin, Paul J. *How our lives become stories*. London: Cornell University Press, 1999.
- Faderman, Lillian. *Odd Girls and Twilight Lovers: A History of Lesbian Life in Twentieth-Century America*. Harmondsworth: Penguin Publishers, 1991.
- Faderman, Lillian. *Surpassing the love of men*. London: The Women's Press, 1981.
- Farnbach, Marjorie. "Physiotherapy for poliomyelitis patients". *Australian Journal of Physiotherapy* vol. 1, no. 4, (1955), pp. 182-187.
- Fell, Alison S. and Christine E. Hallett (ed.). *First World War Nursing: New perspectives*. Abingdon: Routledge, 2013.
- Fess, Elaine E. "A history of splinting: To understand the present, view the past". *Journal of Hand Therapy* vol. 15, no. 2, (2002), pp. 97-132.
- Finger, Anne. *Elegy for a disease: A personal and cultural history of polio*. New York: St Martin's Press, 2006.
- Finkelstein, Marv. "Toward teaching a liberating sociological practicality: challenges for teaching learning and practice". *Teaching Sociology* vol. 37, no. 1, (2009), pp. 89-102. doi.org/10.1177/0092055X0903700108.
- Fiurama, Gemma C. *The metaphoric process: Connections between language and life*. London: Routledge, 1995.
- Forrester-Brown, M. "Treatment of anterior poliomyelitis". *The British Medical Journal* vol. 1, no. 4021, (1938) pp. 252-3.

Foucault, Michele. "Des Espace Autres", translated by Jay Miskowiec. *Architecture Mouvement Continuité*, 1984.

<https://foucault.info/documents/heterotopia/foucault.heteroTopia.en/>

Frank, Arthur W. *Letting stories breathe: A socionarratology*. London: The University of Chicago Press, 2010.

Franzosi, Roberto. "Narrative analysis: Why and how sociologists should be interested in narrative". *Annual Review of Sociology* no. 24, (1998) pp. 517-554.

Garber, Elizabeth, (ed.). *Beyond History of Science: Essays in Honour of Robert E Schofield*. Bethlehem: Lehigh University Press, 1990.

Geniusas, Saulius. "Between Phenomenology and Hermeneutics: Paul Ricoeur's Philosophy of Imagination". *Human Studies* vol. 38, no. 2, (2014), pp. 223-241. DOI [org/10.1007/s10746-014-9339-8](https://doi.org/10.1007/s10746-014-9339-8).

Gill, A. Bruce. "Kenny concepts and treatment of poliomyelitis". *Journal of Bone and Joint Surgery* no. 26, (1944), pp. 87-98.

Godden, Judith. *Lucy Osburn a lady displaced: Florence Nightingale's envoy to Australia*. Sydney: Sydney University Press, 2006.

Goffman, Erving. *Stigma: notes on the management of spoiled identity*. London: Penguin Books, 1963.

Golden, Janet, and Naomi Rogers. "Nurse Irene Shea studies the 'Kenny Method' of treatment of infantile paralysis 1942-43". *Nursing History Review* no. 18, (2010), pp. 189-203.

Goldman, Armond S., and Elisabeth J Schmalstieg, Daniel H Freeman, Daniel A Goldman, Frank C Schmalstieg, "What was the cause of Franklin Delano Roosevelt's paralytic illness?". *Journal of Medical Biography* vol. 11, (2003), pp. 232-240.

Gould, Tony. *A Summer Plague*. New Haven: Yale University Press, 1995.

Gubrium, Jaber F., and James A. Holstein. *Analyzing narrative reality*. Thousand Oaks: Sage Publications, 2009.

Hall, Edith M. "In the Ward Next Door to Sister Kenny". *The Australian Nurses' Journal* vol. 10, no. 10, (1981), pp. 57-58.

Hankins, Thomas Leroy. "In defence of biography: The use of biography in the history of science", *History of Science* vol. 17, (1979), pp 1-16.

Hansen, Bert. "American physicians' earliest writings about homosexuals, 1880-1900". *The Milbank Quarterly* vol. 67, supplement 1, (1989), pp. 92-108.

Hansen, Bert. "Public careers and private sexuality". *American Journal of Public Health* vol. 92, no. 1, (2002), pp. 36-44.

Hardcastle, Virginia G. *Constructing the Self*. Philadelphia: John Benjamins Publishing Company, 2008.

Harris, Kirsty. *More Than Bombs and Bandages: Australian Army Nurses at Work in World War 1*. Newport: Big Sky Publishing, 2011.

Harris, Kirsty. 'Red Reflections on the Sea: Australian Army Nurses serving at Sea in World War 1'. *Journal of Australian Naval History*, vol. 6, no. 2 (2009) p.p. 51-73.

Herek, Gregory M., and Jeanine C. Cogan, J. Roy Gillis, Eric K. Glunt. "Correlates of Internalized Homophobia in a Community Sample of Lesbians and Gay Men". *Journal of the Gay and Lesbian Medical Association* vol. 2, no. 1, (1997), pp. 17-25.

Highley, Kerry. *Dancing in my dreams*. Melbourne: Monash University Publishing, 2016.

Holroyd, Michael. "Literary and historical biography". In *New directions in biography*, (ed.) Anthony M. Friedson, pp. 12-25. Honolulu: University Press of Hawaii, 1981.

Holstein, James A., and Jaber F. Gubrium (ed.) *Varieties of narrative analysis*. London: Sage Publications, 2012.

Holstein, James A., and Jaber F. Gubrium. "Narrating the Self". In *The Self We Live By: Narrative Identity in a Postmodern World*, pp. 103-123, Oxford: Oxford University Press, 2000.

Hulett, J. Edward Jr. "The Kenny Healing Cult: Preliminary Analysis of Leadership and Patterns of Interaction". *American Sociological Review* vol. 10, no. 3, (1945), pp. 364-372.

Hunter, Albert, and John Brewer. "Multimethod research in sociology". In *Handbook of mixed methods in social and behavioural research* (ed.) Abbas Tashakkori and Charles Teddlie, pp. 577-594. London: Sage Publications, 2002.

IP Australia. Patent No. 1928 016293. <https://www.ipaustralia.gov.au/>

IP Australia. Patent no. 3172/26. *Australian Official Journal of Patents*, 5 March 1927.

Ivic, Sanja. "Ricoeur's narrative theory applied to science". *Philosophical Papers and Reviews* vol. 1, no. 3, (2009), pp. 44-51. <http://www.academicjournals.org/ppr>.

James, Jamie. *Biography, Autobiography. Fiction* (2016).
<https://fsgworkinprogress.com/2016/07/29/biography-autobiography-fiction/>

Jardine, Nick. "Uses and abuses of anachronism in the history of the sciences". *History of Science* vol. 38, no. 3, (2000), pp. 251-270.

Jennings, Rebecca. *A Lesbian History of Britain*. Oxford: Greenwood World Publishing, 2007.

Johnson R. Burke, and Anthony J. Onwuegbuzie. "Mixed Methods Research: A Research Paradigm Whose Time Has Come. *Educational Researcher* vol. 33, no. 7, (2004), pp. 14–26. doi.org/10.3102/0013189X033007014.

Josselson, Ruthellen. "The hermeneutics of faith and the hermeneutics of suspicion". *Narrative Inquiry* vol. 14, no. 1, (2004), pp. 1-28. doi.org/10.1075/ni.14.1.01jos.

Kendall, Florence, "Sister Elizabeth Kenny Revisited". *Archives of Physical Medicine and Rehabilitation* no. 79, (1998), pp. 361-365.

Kennett, Margery, and Vicki Stambos, Ann Turnbull, Aishah Ibrahim, Heath Kelly. "Report of the Australian National Polio Reference Laboratory, 1 July to 31 December 1999". *Communicable Diseases Intelligence* vol.24, no. 5, May 2000, pp. 118-121.

Kenny, Elizabeth, and Martha Ostenso. *And They Shall Walk*. Minneapolis: Dodd, Mead & Company, 1943.

Kenny, Elizabeth. *Infantile paralysis and cerebral diplegia: methods used for the restoration of function*. Sydney: Angus and Robertson, 1937.

Kenny, Elizabeth. *My Battle and Victory*. London: Robert Hale, 1955.

Kingston, Beverly. *My wife, my daughter and poor Mary Ann: Women and work in Australia*. West Melbourne: Thomas Nelson, 1975.

Knibbs, George. *Inquiry into the cost of living in Australia, 1910-1911*. Melbourne: Commonwealth Bureau of Statistics Melbourne, 1911.

Knibbs, George. *Official Yearbook of the Commonwealth of Australia 1901-1907 No. 1 – 1908*. Melbourne: McCarron Bird and Co., 1908.

Knowles, Murray, and Rosamund Moon. *Introducing metaphor*. Milton Park: Routledge, 2006.

Kovecses, Zoltan. *Metaphor: a practical introduction*. New York: Oxford University Press, 2002.

Krafft-Ebing, Richard von. *Psychopathia sexualis: eine klinisch-forensische studie*. Stuttgart: Verlag von Ferdinand Enke, 1886.

Kragh, Helge. *An introduction to the historiography of science*. Cambridge: Cambridge University Press, 1987.

Kukkonen, Karin. "Plot". In *The living handbook of narratology*, (ed.) Peter Hühn. Hamburg: Hamburg University Press, 2014.
<http://www.lhn.uni-hamburg.de/article/plot>.

Labov, William, and Joshua Waletzky. "Narrative Analysis: oral versions of personal experience". In *Essays on the verbal and visual arts: proceedings of the 1966 annual spring meeting of the American Ethnological Society*, (ed.) June Helm, pp. 12-44. University of Washington Press, 1967.

Labov, William. "Some further steps in narrative analysis". *Journal of Narrative and Life History* vol. 7, no. 1-4, (1997), pp. 395-415.

Lackoff, George. "Contemporary theory of metaphor". In *Metaphor and Thought 2nd Edition*, (ed.) Ortony A, pp. 202-251. Cambridge: Cambridge University Press, 1993.

Lakoff, George, and Mark Johnson. *Metaphors we live by*. Chicago: University of Chicago Press, 1980.

Landauer K.S., and G. Stickle. "An analysis of residual disabilities (paralysis and crippling) among 100,000 poliomyelitis patients: with special reference to the rehabilitation of postpoliomyelitis patients". *Archives of physical medicine and rehabilitation*, vol. 39 (1958) pp. 145-151.

Lane, Heather, SueAnne McLachlan, and Jennifer Philip. "The war against dementia: are we battle weary yet?". *Age and Ageing* no. 42, (2013), pp. 281-283

Laurant, Miranda, and David Reeves, Rosella Hermens, Jose Braspenning, Richard Grol, Bonnie Sibbald. "Substitution of doctors by nurses in primary care". *Cochrane Database Systematic Review* (2005). doi/10.1002/14651858.CD001271.pub2/full.

Leckie. Shirley A. "Biography Matters: Why Historians Need Well Crafted Biographies More Than Ever". In *Writing Biography: Historians and Their Craft*, (ed.) Lloyd E. Ambrosius, pp. 1-26. Nebraska: University of Nebraska Press, 2004.

Levine, Herbert J. *I knew Sister Kenny: A story of a great lady and little people*. Boston: The Christopher Publishing House, 1954.

Ligon, Betty L. "Sister Elizabeth Kenny: A controversial participant in the war against polio". *Seminars in Pediatric Infectious Disease* vol. 2, no. 4, (2000), pp. 287-291.

Lincoln, Yvonna, and Egon Guba, "Establishing Trustworthiness", in (ed.) Alan Bryman and Burgess Robert, pp. 397-444. *Qualitative Research*. London: SAGE Publications, 1999.

Lonardi, Cristina. "The passing dilemma in socially invisible diseases: Narratives on chronic headache". *Social Science & Medicine* vol. 65, no. 8, (2007), pp. 1619-1629.

MacKay, Charles. "The place of muscle re-education in the treatment of anterior poliomyelitis (Infantile Paralysis)". *British Medical Journal* vol. 2, (1920), pp. 513-515.

Madsen, Wendy. "Early 20th century untrained nursing staff in the Rockhampton district: a necessary evil?". *Journal of Advanced Nursing* vol. 51, no. 3, (2005), pp. 307–313.

Madsen, Wendy. *Nursing history: Foundations of a Profession*. Frenchs Forest: Pearson SprintPrint, 2007.

Marcus, Eric. *Making History: The struggle for gay and lesbian equal rights*. New York: Harper Collins, 1992.

Marshall, Alan. *I can jump puddles*. Melbourne: FW Cheshire, 1955.

Martyr, Philippa. "A small price to pay for peace: The Elizabeth Kenny controversy re-examined". *Australian Historical Studies* vol. 108, (1997), pp. 47-65.

Maslen, Robert. "Finding systematic metaphors". In *The Routledge Handbook of Metaphor and Language*, (ed.) Elena Semino and Zsófia Demjén. Abingdon: Routledge, 2017.

Mason, Jennifer. *Qualitative Research 3rd Edition*. London: Sage Publications, 2018.

McAdams, Dan P. *The stories we live by: Personal myths and the making of the self*. New York: Willian Morrow, 1993.

Mee, Charles L. *A nearly normal life*. Boston: Little, Brown and Company, 1999.

Meister, Daniel R. "The biographical turn and the case for historical biography". *History Compass* vol. 16, no. 1, (2017), pp. 1-10. doi/10.1111/hic3.12436/full.

Miller, David P. "Intellectual property and narratives of discovery/invention: The League of Nations' draft convention on 'scientific property' and its fate". *History of Science* vol. 46, (2008), pp. 299-342.

Miller, James Roger. "D'Alton McCarthy Jr; A Protestant Irishman Abroad". In *Boswell's Children: The Art of the Biographer*, ed. Rae Bruce Fleming. Toronto: Dundurn Press, 1992.

Miller, Neil. *Out of the past*. New York: Vintage Books, 1995.

Mills, Charles Wright. *The Sociological Imagination*. New York: Oxford University Press, 1959.

Mills, F.H. "Treatment of acute poliomyelitis: An analysis of Sister Kenny's methods". *The British Medical Journal* vol. 1, no. 4020, (1938), pp. 168-170.

Minton, Henry L. "Femininity in men and masculinity in women: American psychiatry and psychology portray homosexuality in the 1930's". *Journal of Homosexuality* vol. 13, no. 1, (1986), pp. 1-21.

Nerlich, Brigitte. "Low carbon metals, markets and metaphors: the creation of economic expectations about climate change mitigation". *Climatic Change* vol. 110, no. 1-2, (2012), pp. 31-51.

NFIP. *A guide for nurses in the nursing care of patients with infantile paralysis*. Publication No. 45. NFIP, 1945.

O'Malley, Brendan. "Bush nurse Sister Elizabeth Kenny beloved by polio kids", *The Courier Mail*, 3 April 2009. Trove NLA.

Oppenwal, Sonda R. "Sister Elizabeth Kenny, an Australian Nurse, and Treatment of Poliomyelitis Victims. *Journal of Nursing Scholarship* vol. 29, no. 1, (1997), pp:83-87.

Oshinsky, David M. *Polio: An American story*. New York: Oxford University Press, 2005.

Patrick, Ross. *A history of health and medicine in Queensland 1824-1960*. St Lucia: QUP, 1987.

Patterson, Wendy. "Narratives of events: Labovian narrative analysis and its limitations". In *Doing Narrative Research*. (ed.) Molly Andrews, Corinne Squire, Maria Tamboukou. London: Sage Publications, 2008.

Paul, Heike. *The myths that made America*. Verlag: Bielefeld, 2014.

Paul, John R. *A history of poliomyelitis*. London: Yale University Press, 1971.

Pearn, John. "The Sylvia stretcher: a perspective of Sister Elizabeth Kenny's contribution to the first-aid management of injured patients". *Medical Journal of Australia* vol. 149, (1988), pp. 636-638.

Pellauer, David, and Bernard Dauenhauer. "Paul Ricoeur", *The Stanford Encyclopedia of Philosophy* (Winter 2016 Edition).
<https://plato.stanford.edu/archives/win2016/entries/ricoeur>.

Persson, Asha, and Wendy Richards. "From closet to heterotopia: A conceptual exploration of disclosure and 'passing' among heterosexuals living with HIV". *Culture, Health & Sexuality* vol. 10, no. 1, (2008), pp. 73-86. doi: 10.1080/13691050701669048.

Plummer, David. *One of the boys: masculinity, homophobia and modern manhood*. Binghamton: Harrington Park Press, 1999.

Pohl, John F. "The Kenny Treatment of Anterior Poliomyelitis: report of the first cases treated in America". *Journal of the American Medical Association* vol. 118, no. 17, (1942), 1428-1433.

Pohl, John F. *The Kenny Concept of Infantile Paralysis and its treatment*. Minneapolis: Bruce Publishing Company, 1943.

Polkinghorne, Donald E. "Validity Issues in Narrative Research". *Qualitative Inquiry* vol. 13, no 4, (2007), pp. 471-486. doi.org/10.1177/1077800406297670

Prüll, Cay-Rüdiger. "Book review – Science as autobiography: the troubled life of Niels Jerne". *Medical History* vol. 48, no. 3, (2004), pp. 388-389.

Pugh, T.P. *Pugh's (Queensland) Official Almanac, Directory and Gazetteer*. Brisbane: Edwards Dunlop & Co., 1912.

Queensland Department of Public Health. *Annual report of The Commissioner of Public Health*. Brisbane: Department of Public Health, 1906 -1912. QPL 328.94304/1902.

Queensland Government. *Health Act Amendment Act 2 Geo. V. No. 26*, (1911).
http://classic.austlii.edu.au/au/legis/qld/hist_act/haaaao19112gvn26261/

Queensland Government. *Report of the Queensland Royal Commission on Modern Methods for the Treatment of Infantile Paralysis*. 1938. Queensland State Archives, A/73214.

Queensland Office of Economic and Statistical Research. *Queensland Past and Present: 100 Years of Statistics, 1896–1996*. 2009.
<http://www.oesr.qld.gov.au/products/publications/qld-past-present/index.php>

Queensland Treasury. *Historical Tables, Demography, 1859-2008*. 2009.
<http://www.qgso.qld.gov.au/products/tables/historical-tables-society/index.php>.

Radford, Gary P., and Marie L. Radford, Jessica Lingel. "The library as heterotopia: Michel Foucault and the experience of library space". *Journal of Documentation* vol. 71 Issue 4, (2015), pp.733-751. doi.org/10.1108/JD-01-2014-0006.

Rae, Ruth. *Scarlet Poppies: The army experience of Australian nurses during World War One*. Burwood: College of Nursing, 2004.

Randall, Carla E., and Michele Eliason. "Out Lesbians in Nursing: What would Florence say?". *Journal of Lesbian Studies* no. 16, (2012), pp. 65-75.

Reisfield, Gary M., and George R. Wilson. "Use of metaphor in the discourse on cancer: When the tumor is not the target". *Journal of Clinical Oncology* vol. 22, no. 19, (2004) pp. 4024-4027

Renders, Hans, and Binne de Haan, Jonne Harmsa (ed.). *The Biographical Turn: Lives in History*. London: Routledge, 2016.

Reumann, Miriam G. *American Sexual Character*. Oakland: University of California Press, 2005.

Riessman, Catherine K. *Narrative methods for the human sciences*. Thousand Oaks: SAGE, 2008.

Robbins, Frederick C., and Thomas M Daniel. "A history of poliomyelitis". In *Polio*, (ed.) Thomas M. Daniel and Frederick C. Robbins, pp. 5-22. Rochester: University of Rochester Press, 1997.

- Rogers, Naomi. "American Medicine and the Politics of Filmmaking: Sister Kenny (RKO, 1946)". In *Medicine's Moving Pictures*, (ed.) Leslie J. Reagan, Nancy Tomes, and Paula A. Treichler, pp. 199-238. Rochester: University of Rochester Press, 2007.
- Rogers, Naomi. "Gender, history and the process of forgetting: The case of Sister Kenny", Paper presented at SUNY Stony Brook University, 2010.
- Rogers, Naomi. "Silence has its own stories: Elizabeth Kenny, Polio and the culture of medicine". *Social History of Medicine* vol. 21, no. 1, (2008), pp. 146-161.
- Rogers, Naomi. "Sister Kenny Goes To Washington". In *The Politics of Healing*, (ed.) Robert D. Johnston. New York: Routledge, 2004.
- Rogers, Naomi. "Sister Kenny". *ISIS* vol. 84, no. 4, (1993) pp. 772-774.
- Rogers, Naomi. *Dirt and Disease: polio before FDR*. New Brunswick: Rutgers University Press, 1992.
- Rogers, Naomi. *Polio Wars*. New York: Oxford University Press, 2014.
- Rosenwald, George C. and Richard L. Ochberg. *Storied Lives*. New Haven: Yale University Press, 1992.
- Russell, Ruth L. *From Nightingale to Now: Nurse Education in Australia*. Sydney: Harcourt Brace Jovanovich, 1990.
- Rustin, Mike. "Reflections on the biographical turn in social science". In *The turn to biographical methods in social science: Comparative issues and examples*, (ed.) Prue Chamberlayne, Joanna Bornat, Tom Wengraf, pp. 33-52. London: Routledge, 2000.
- Schultz, Beverly. *A Tapestry of Service: The evolution of nursing in Australia*. Melbourne: Churchill Livingstone, 1991.
- Schwandt, Thomas J. "Three epistemological stances for qualitative inquiry: Interpretation, hermeneutics, and social construction". In *Handbook of qualitative research (2nd ed.)*. (ed.) Norman K. Denzin and Yvonna S. Lincoln, pp. 189-213. Thousand Oaks: Sage Publications, 2000.

Selya, Rena. "Primary suspects: Reflections on autobiography and life stories in the history of molecular biology". In *The history and poetics of scientific biography*. (ed.) Thomas Söderqvist, pp. 199-206. Aldershot: Ashgate Publishing, 2011.

Sheets-Pyenson, Susan. "New directions for scientific biography: The case of Sir William Dawson". *History of Science* no. 28, (1990), pp. 399-410.

Shell, Marc. *Polio and its aftermath*. Cambridge: Harvard University Press, 2005.

Shenhav, Saul. *Analyzing Social Narratives*. New York: Routledge, 2015.

Smallman-Raynor, Matthew, and Andrew D. Cliff. *A World Geography Poliomyelitis: Emergence to Eradication*. Oxford: Oxford University Press, 2006.

Smith, Ann G. "Macnamara, Dame Annie Jean (1899–1968)". *Australian Dictionary of Biography*. National Centre of Biography, Australian National University, 2009. <http://adb.anu.edu.au/biography/macnamara-dame-annie-jean-7427/text12927>.

Smith, Mark K. "C. Wright Mills: power, craftsmanship, and personal troubles and private issues". 2009. <http://infed.org/mobi/c-wright-mills-power-craftsmanship-and-private-troubles-and-public-issues/>

Söderqvist, Thomas. "A new look at the genre of scientific biography". In *The History and Poetics of Scientific Biography*, (ed.) Thomas Söderqvist, pp. 1-16. Denmark: University of Copenhagen, 2007.

Söderqvist, Thomas. "Existential projects and existential choice in science: Science biography as an edifying genre". In *Telling lives in science: Essays on scientific biography*, (ed.) Michael Shortland and Richard R. Yeo, pp. 45-84. Cambridge: Cambridge University Press, 1996.

Söderqvist, Thomas. "The Seven Sisters: Subgenres of 'Bio' of Contemporary Life Scientists". *The Journal of the History of Biology* vol. 44, no. 4, (2011), pp. 633-650.

Söderqvist, Thomas. "What is the use of writing lives of recent scientists?". In *The historiography of contemporary science, technology, and medicine*, (ed.) Ronald E. Doel and Thomas Söderqvist, pp. 101-127. London: Routledge, 2006.

Statler, Vicky. *Lesbians on... Choosing our icons*. LIP publishing, 2010.

- Stevens, Patricia E., and Joanne M. Hall, "A critical analysis of the medical construction of lesbianism". *International Journal of Health Services* vol. 21, no. 2, (1991), pp. 291-307.
- Sudradjat, Iwan. "Foucault, the other spaces, and human behaviour". *Procedia – Social and Behavioral Sciences* vol. 36, (2012), pp. 28-34.
doi.org/10.1016/j.sbspro.2012.03.004.
- Summers, Anne. *Angels and Citizens: British women as military nurses 1854–1914*. London: Routledge and Kegan Paul, 1988.
- Swaim, Mark W. "A dogma upended from down under: Sister Elizabeth Kenny's polio treatment". *North Carolina Medical Journal* 59(4): (1998), pp. 256-260.
- Tauber, Alfred. *The Immune Self: Theory or Metaphor?* Cambridge University Press, 1996.
- Taylor, George H. "The Phenomenological Contributions of Ricoeur's Philosophy of Imagination". In *Social Imaginaries vol. 1, Issue 2*, (ed.) Jeremy Smith and Suzi Adams, pp. 13-31. Bucharest: Zeta Books, 2015.
- Thame, Claudia. *Health and the State: The Development of Collective Responsibility for Health Care in Australia in the First Half of the Twentieth Century*. PhD Thesis, Australian National University, 1974.
- The Global Polio Eradication Initiative. "Polio Eradication and Endgame Strategic Plan 2013-2018". <http://polioeradication.org/who-we-are/strategy>
- Thomas, Henry. *Sister Elizabeth Kenny*. New York: G.P. Putnam's Sons, 1958.
- Tilman, Rick. "C. Wright Mills 'The Sociological Imagination': A Reappraisal". *The American Sociologist* vol. 20 no. 3, (1989), pp. 283-287.
- Ueffing, Philipp, and Tom Wilson. "Estimating Historical Total Fertility Rates for Australia and Its States". *Historical Methods: A Journal of Quantitative and*

Interdisciplinary History vol. 47, no. 3, (2014), pp. 152-162.

doi.org/10.1080/01615440.2013.847775.

Verbeek, Georgi. "Anachronism and the rewriting of history: The South Africa case".

The Journal for Transdisciplinary Research in Southern Africa vol. 2, no. 1, (2006), pp.

181-200. doi.org/10.4102/td.v2i1.314.

Vicinus, Martha. "Distance and Desire: English Boarding School Friendships, 1870-

1920". In *Hidden from History: Reclaiming the gay and lesbian past*. (ed.) George

Duberman, Martha Vicinus and Martin Chauncey, pp. 212-229. New York: NAL

Books, 1989.

Wand-Tetley, J I. 'Historical Methods of Counter-irritation'. *Rheumatology* vol. 3,

Issue 3, (1956), pp. 90-98. doi.org/10.1093/rheumatology/III.3.90.

Wengraf, Tom, and Prue Chamberlayne, Joanna Bornat. "A Biographical Turn in the

Social Sciences? A British-European View". *Cultural Studies Critical Methodologies*

vol. 2, no. 2, (2002), pp. 245-269.

White, Hayden. "The value of narrativity in the representation of reality". *Critical*

Inquiry vol. 7, no. 1, (1980), pp. 5-27.

White, Richard. *Inventing Australia*. Sydney: Allen & Unwin, 1980.

Willis, Evan. "Sister Elizabeth Kenny and the Evolution of the Occupational Division

of Labour in Health Care". *Australian and New Zealand Journal of Sociology* vol. 15,

no. 3, (1979), pp. 30-38.

Willis, Evan. *Medical dominance: the division of labour in Australian health care*.

Sydney: George Allen & Unwin, 1983.

Wilson, Daniel J. *Living with Polio: The epidemic and its survivors*. Chicago: University of Chicago Press, 2007.

Wilson, John R. "Sister Kenny's Trial by Royal Commission". *History of Nursing Journal* vol. 4, no. 2, (1992), pp. 91-99.

Wilson, John R. "The Sister Kenny Clinics: what endures?". *The Australian Journal of Advanced Nursing* vol. 3, no. 2, (1986), pp. 13-21.

Wilson, John R. *Through Kenny's Eyes: An exploration of Sister Elizabeth Kenny's views about nursing*. James Cook University of North Queensland, 1995.

Wirtzfeld, Adam W. *Sister Elizabeth Kenny*. 2004.

Wright, Wilhelmine G. "Muscle Training in the Treatment of Infantile Paralysis". *Boston Medical and Surgical Journal* vol. 167, (1912), pp. 567-574.