

**Nursing at University College Hospital, London,  
1862 - 1948.  
From Christian Vocation to Secular Profession.**

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## **Abstract**

This thesis examines the development of nursing at University College Hospital, London, between 1862, the year in which the All Saints Sisters assumed responsibility for the provision of nursing services at the hospital, and the introduction of the National Health Service in July 1948. Although the care provided by the sisters marked a considerable improvement on what had gone before, in 1899 they were replaced by nurses whose motivation was professional rather than vocational. The profession of nursing was confirmed by the Registration Act of 1919.

Following an introduction, the initial chapters of the thesis are concerned with defining and developing the themes of Christian vocation and secular profession. Chapter four is devoted to nursing management across the period, and the following chapter to patterns of care. Prior to 1919 a system of primary care was in operation; this was superseded by task allocation.

Chapters six and seven outline the introduction of nurse training in some of the London teaching hospitals in comparison to the training of nurses at U.C.H. An analysis of the probationer records from 1890 - 1948 demonstrates recruitment and retention through these years. With the departure of the All Saints Sisters from U.C.H. in 1899 the school of nursing was established. A preliminary training school was introduced in 1926; ten years later University College Hospital school of nursing pioneered the block system of training which became the norm for all schools of nursing after the Second World War.

The next two chapters concentrate upon nursing developments in wartime. The All Saints Sisters were part of the British Red Cross team that served in the Franco-Prussian War of 1870 and the hospital and its nurses were fully involved in the two World Wars.

Although this period saw the transformation of nursing at U.C.H. from a Christian vocation to a secular profession, this thesis is as much concerned with continuity as with change - for example in noting the similarities between rules for the probationers and for the novitiates, which had continuing influence throughout the years of this study.

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# **Chapter One**

## **Introduction**

## **Introduction**

The aim of this study is to trace the development of nursing and nurse training at University College Hospital, (U.C.H.) London, from 1862, when the All Saints Sisters became responsible for the nursing services at U.C.H., until 1948, when the voluntary hospitals, including U.C.H., became part of the National Health Service. It is an examination of the quality of nursing care which evolved through these years, and how nurses learned to care in a clinical world which was very different in some respects to the clinical world of today. In 1862 there were no models of nursing care, theories of nursing, or textbooks to explain the rationale for the nursing care offered. Nursing and caring for sick people at U.C.H. in 1862 was based on the Christian ethic of loving one's neighbour as oneself. As the years of the nineteenth century went by, nursing accumulated a body of knowledge, a nursing body of knowledge which expanded rapidly through the twentieth century. In this gathering of knowledge, the Christian ethic of loving one's neighbour as oneself became the secular ethic of giving professional nursing care to the patients.

Nursing is a complex activity. There is continuous debate on whether nursing is an art or a science, a discipline in its own right, or subservient to medicine. Nursing is about being with people at times which are never forgotten, the rites of passage from the moment of birth to the moment of death. Nursing encompasses the range of emotions - from elation and joy to great sadness. Nursing is not only concerned with physical well being, it is concerned with wholeness. Nurses during their daily work therefore witness many forms of human suffering, indignity and pain. People who are suffering require special consideration and care at whatever level their suffering occurs. The suffering encountered by fellow human beings touches the souls of the carers. "What is finally illuminated through historical investigation of a portion of the human past is the human situation."<sup>1</sup> Nursing is about the human situation. Examining the human situation as manifested at U.C.H. during the 86 years from 1862 to 1948 may bring a measure of clarity to the present.



## **Method**

The method used in charting the transformation in nursing 1862 - 1948 at U.C.H. was based upon consultation of a broad range of sources - both primary and secondary. The data were then examined by using the fundamental questions of why, what, how, who and when.

**Why?** In the nineteenth century nursing was transformed through Christian vocation, the response from within the church which called for service to each other and especially to the poor and needy, one of Christ's commands to his followers. Appreciation of this distinctive aspect in the vocation of nursing is mostly summarised in a few words, whereas this study will examine its existence and trace the decline in the part played by this Christian concept of service within nursing, a reflection of the decline in Christian vocation in society at large.

**What?** Christian vocation ensured that nursing was transformed by the act of caring. The concept of caring became part of the professional ideal. Nursing care required organisation which reflected the growing importance of professional issues.

**Who?** The untrained nurse before 1860 cared for the sick in the context of her time - not all nurses were drunk and uncaring before the reforms of the latter half of the nineteenth century. Nursing was performed mainly by women; therefore any study of nursing has to consider the right of women to gain equality and complementarity and the role of nursing in this context. "The historian's ... contribution ... remains at the level of concrete results achieved by specialised and detailed research."<sup>2</sup> The specialised and detailed research in this study was the analysis of the training records of the probationers, all women, at U.C.H. from 1889 to 1948. It added the human situation behind the facts and figures of nurse training and caring for the sick.

**How?** Nurse training answers the question how was nursing transformed. Training Christian women to become certificated nurses was introduced at U.C.H. in 1862. The foundation of U.C.H. itself was unique in comparison to the other London teaching

hospitals; at the same time, it was part of the general expansion in medical knowledge. As the treatment for the physically and mentally sick became based in medical cure, the knowledge and responsibility for care of the sick moved from the church into the hands of the medical profession and the hospital committees. However, as the realisation and demands grew for a more skilled workforce as a result of the expansion in medical knowledge, so the need was apparent to train and equip nurses with the necessary practical and theoretical skills. Before 1862 nurse training did not exist at U.C.H., in common with other English hospitals; by 1948 U.C.H. had introduced the block system of training which became the standard programme for each school of nursing for many decades. U.C.H. school of nursing (U.C.H.S.O.N.) finally closed in March 1997. Nurse education is currently based in universities, a fact U.C.H. nurses through the generations would have applauded. But the issues of theory and practice remain, as well as a national problem of recruitment to nursing, and a shortfall of trained nurses.

When? The transformation in nursing was continuous through the years 1862 - 1948, however, wartime influenced the developments in nursing which were taking place during this period. The increased demand for nurses in the First World War led to use of Voluntary Aid Detachments (VADs), and the recognition of a second grade of registered nurse, State Enrolled Nurse (SEN), during the Second World War. Clinical skills were extended whilst nursing the wounded as, for example, in the casualty clearing stations during the First World War.

These components of nursing history will be outlined at a national level, but explored in detail through nursing at U.C.H. The history of nursing has been documented many times in different ways, reflecting the complexity that is nursing. This study will address the transformation of caring for the sick during the nineteenth century in response to Christian vocation through to the twentieth century and the professional ideal at U.C.H. It does not deal with such matters as hospital premises and general administration except insofar as they affect nursing.

Chapter one briefly outlines the Christian vocation of caring for the sick from the time

of Christ; sets the role of women in context within nursing history; reviews the secondary literature which was consulted; and identifies the primary sources.

### **The Christian Context**

The Christian vocation of caring for the sick was the original motivation for the transformation in nursing during the nineteenth century. At U.C.H. there is the very clear example of the introduction of the All Saints Sisters in 1860 to fulfil nursing duties in two wards. In order to set the events contained in this thesis in context, the Christian response in caring for the sick will be briefly traced from the time of Christ. The Christian vocation of caring for each other through the centuries has immense significance for the way in which nursing developed. The Christian vocation of healing the sick, physically, mentally and spiritually, has a clear and direct command from Christ. The four gospels emphasise the centrality of the healing ministry which has survived to the present day with varying effects. It is possible to view the great strides which have been made in medical skills as part of Christian healing - miracles of modern medicine.

The command to the twelve apostles in Matthew's gospel is the same command to all Christians through the centuries, covering a range of illnesses, physical, mental and spiritual. "Heal the sick, raise the dead, cleanse those who have leprosy, drive out demons" Matthew 10:7-8. Healing the sick involves humility, respect and love. "Love the Lord your God with all your heart and all your soul and with all your strength ... Love your neighbour as yourself." Mark 12:29-31. The command to love your neighbour as yourself is a basic rule for a nurse and can be difficult to put into effect. It is obviously easier to care for like minded people who express similar viewpoints to the carer, but far more difficult when the person concerned is repellent for any number of reasons, physical, mental or spiritual. Healing the sick was one of the commands obeyed by the apostles and the early church.

Nevertheless, more and more men and women believed in the Lord and were added to their number. As a result, people brought the sick into the streets and laid them on beds and mats so that at least Peter's shadow might fall on some of

them as he passed by. Acts 5:14-15.

There is evidence of prayer for healing and anointing with oil in Tertullian, Origen, Jerome, Ambrose, Chrysostom, Augustine; but increasingly after the fourth and fifth centuries it became associated with preparing the sick for death. "Is any one of you sick? He should call the elders of the church to pray over him and anoint him with oil in the name of the Lord. And the prayer offered in faith will make the sick person well; the Lord will raise him up." James 5:14-15. In the nineteenth and twentieth centuries anointing with oil once more became part of the church's care of the sick, rather than a preparation for death.

In England, Athelstan founded a hospital at York in 936, where nursing was carried out by eight sisters; two hospitals were established in Canterbury by Archbishop Lanfranc during the eleventh century; St. Giles in the Fields for Lepers was founded by Queen Matilda in 1101, where the work was the responsibility of Poor Clares; Queen Matilda also founded St. Katherine's in 1148; the Holy Cross was opened in 1132 at Winchester. One of the oldest nursing order of nuns was the Augustinian Sisters of the Hôtel Dieu in Paris.<sup>3</sup> The Beguines of Flanders were founded in 1180. They lived together in threes and fours in small houses, nursing in hospitals and in the homes of the sick poor. During the next century the number grew to approximately 200,000, having members in France, Germany and Switzerland.<sup>4</sup> St Vincent de Paul founded the Sisters of Charity in 1630, an Order, not of enclosed nuns, but one that would allow the work to be performed wherever it was needed. Mademoiselle le Gras was responsible for the practical nurse training they received of very simple skills. By 1660, when St. Vincent and Mademoiselle le Gras died, there were 350 sisters in 70 establishments in France and Poland. The Order continued to expand until the early nineteenth century, when it declined.<sup>5</sup>

In England, following the dissolution of the monasteries, there were no religious orders to care for the sick. Nursing without the Christian commission to heal the sick and love each other, became a job, comparable to domestic work. In the eighteenth and nineteenth centuries two movements revitalised church life in England - namely, the Evangelical and Oxford Movements. The Evangelicals enjoined a life of devotion, humility,

obedience to God, service to others, and acceptance of Scripture as the Word of God - Dr Barnado, Josephine Butler, the Earl of Shaftesbury, and the Reverend Benjamin Waugh were inspired Evangelicals.<sup>6</sup> At the time of the French Revolution many refugees came to England, amongst whom were a certain number of monks and nuns, who were welcomed with everyone else and given the opportunity to settle. The assimilation of these orders into the community, with the witness they gave of Christian devotion and care for others was a reminder to the English that these Orders and their service to the community had been absent since the time of the Reformation. In 1825, Dr Gooch wrote “let all serious Christians ... found an order of women like the Sisters of Charity in Catholic countries; let them be selected for good plain sense, kindness of disposition, indefatigable industry, and deep piety; let them receive not a technical and scientific, but a practical medical education.”<sup>7</sup>

One of the earliest results of the Oxford Movement was the formation of religious orders within the Anglican Church. Between 1845 and 1900, 60 communities for women were established, only some of which were nursing orders. The influence and importance to nursing of the Oxford Movement has been acknowledged, for example, “It was in line with the tenets of the High Church Movement;”<sup>8</sup> “Reformed nursing had its roots in the high-church religious revival of the 1840s and 1850s.”<sup>9</sup> Dr Pusey came to the conclusion through his study of the early church that the Anglican church should allow the development of religious communities which it had abandoned at the Reformation. He was aware that the social conditions in industrialised England needed the services of such groups. In 1839 he wrote

Newman and I have separately come to think it necessary to have some *Sœurs de la Charité* in the Anglo-Catholic Church...and think that there would be numbers of people who are yearning to be employed that way. My notion was that it might begin by regular employment as nurses, in hospitals and lunatic asylums, in which last Christian nursing is so sadly missed.<sup>10</sup>

There was opposition from the Evangelicals, who were suspicious of the religious sisterhoods and the possible influences of Rome. Most of the entrants to the religious

communities came from wealthy middle-class families or were the daughters of high church clergy or families. The dowries which some of them brought into the communities enabled the work to expand. The work which was undertaken by the religious orders and deaconesses centred around the three areas of nursing the sick, outreach to the poor both in town and country, and reform of fallen women.

The Community of St. Mary the Virgin, Wantage established in 1848, concentrated on education, developing penitentiary rescue work for girls, and care of mothers and new born babies.<sup>11</sup> St. John's House and Sisterhood was founded in 1848, with the aim "that an establishment be now formed entitled Training Institution for Nurses for hospitals, families, and the poor." In 1856 this Order took charge of nursing at King's College Hospital, where there had been an effort to improve nursing prior to its arrival. The Order left King's in 1883, partly as a result of the very reforms which were taking place in nursing because of the work of such religious communities.<sup>12</sup> The sisterhoods served rural as well as urban communities. The formation of the St. Margaret Community, East Grinstead, was based on the original Rule of St. Francis de Sales, but the way of life reflected that of the Sisters of Charity of St. Vincent de Paul.<sup>13</sup> All the communities demonstrated growth during the nineteenth century both in the scope of their work and in their role world wide. However they declined in the twentieth century. They all had to abandon houses that were established in the previous century, along with their responsibilities for caring for the sick and teaching in their schools. There has also been a decline in the number of women who have come forward to be part of a religious community - among many reasons the first may be "the very great increase in interesting work available to women and the many new opportunities for a life of total dedication in other fields".<sup>14</sup> Despite her objections to the sisterhoods, Miss Nightingale acknowledged that inclusion of the sisters could be beneficial so long as they were prepared to recognise the authority of a secular head, and secondly refrain from forcing their religious views on the patients.<sup>15</sup> The foundation of the All Saints Sisters, and their management of the nursing services at U.C.H. during the nineteenth century reflects these developments of the sisterhoods, and is outlined in detail in subsequent chapters; it was a reflection of the response by the church to the Christian vocation of caring for the sick.

The Guild of St. Barnabas was founded in 1876, another outcome of the Oxford Movement, providing a basis of spiritual direction for nurses who were not part of a religious community. The aim was to encourage the religious life of the nurse, both spiritually and in the working situation, by being a witness whilst on duty, participating in daily prayer, regularly reading the bible and receiving the sacrament of Holy Communion.<sup>16</sup> U.C.H. nurses were (and are) members of the Guild of St. Barnabas.

### **The Role of Women**

Nursing has made a vital contribution to the progress of women's rights. Women of the nineteenth century had to overcome the view of women which had prevailed throughout theology and history. The task was immense. To understand the enormity of the task, the place of women in society will be outlined to set the developments at U.C.H. in context. All the major world religions have regarded women as inferior to men, whilst having a central belief in honesty and love. Two contrasting images emerge: the good side of goddesses, virgins, mothers, purity and love, whilst the dark side is reflected by witches, prostitutes, seducers, malice and lust. Between the thirteenth and eighteenth centuries it has been estimated that hundreds of thousands of women, probably millions, lost their lives because they had been labelled "witches", usually by live burning at the stake; Baly indicates that "it has been estimated over 5 million people were either burned or drowned in various 'crazes' in Europe".<sup>17</sup> The role of the church was inconsistent with the very reason for its being, the God of love who commanded that people "love your neighbour as you love yourself." Some of the crimes which the women had allegedly performed included providing contraceptive measures, easing labour pains by offering drugs, probably herbal, and performing abortions, all nowadays part of recognised medicine. The healing properties of plants and trees were part of women's knowledge of healing during the Middle Ages. English physicians petitioned Parliament to put these women into prison. The female healer was equated with evil and magic.<sup>18</sup>

Genesis Chapters 1 and 2 contain the theological account of creation:



So God created man in his own image, in the image of God he created him; male and female he created them. Genesis 1:27.

So the Lord God caused the man to fall into a deep sleep; and while he was sleeping, he took one of the man's ribs and closed up the place with flesh. Then the Lord God made a woman from the rib he had taken out of the man, and he brought her to the man. Genesis 2: 21-22.

These three verses represent in essence the creation of human beings, verses which have caused debate, controversy and a rationale for human behaviour through thousands of years. For centuries men have reasoned that women were subordinate to men, part of the established order of educated male supremacy. Chrysostom, Augustine and Aquinas are examples of devout great thinkers who saw womanhood in this light, viewing marriage and procreation as sinful, diverting the thoughts of man from God. One of the difficulties in recognising the inequality of the sexes has been the interpretation from the bible of the maleness of God. We pray to God the Father, and in so doing underline the patriarchy of society. This undervalues the image of an all powerful God, who is both male and female.

In Genesis 1:27 God created male and female in his own image. In the beautiful ordered creation of Genesis 1, male and female have an equal part to play in maintaining the environment and human well being.

If Creation implies order, then that order is not restricted simply to the nonhuman world. If Creation is order, that order must include ordered human relationships and if God only guaranteed the stability of the physical universe, but was unconcerned about interhuman relationships then the Creation would be fundamentally immoral.<sup>19</sup>

The rural way of life, that is, caring for the animals and the land, can be traced through the pages of history and the bible, way back to the Creation. "Israelite women ... lived during the formation of ancient Israel when the people had a newly acquired sense of



unity and a common faith in Yahweh. Their situation demanded intense agricultural labour, together with the need to increase the population significantly.”<sup>20</sup> For ever women have been expected to learn from their mothers and grandmothers to care for the sick and nurture the children. It was the women who went to the tomb on the first Easter morning to anoint Jesus' body.<sup>21</sup> Industrialisation caused the migration from the land to the town and city in western society. The resulting changes and consequences in employment patterns brought about many of the issues which feminists have laboured so hard to resolve.

In Genesis 2:22 “the Lord God made a woman from the rib he had taken out of the man.” Although on one level in early and present rural communities, women had / have an equal part with men in the way of life, until the twentieth century politically, militarily and in Christian ministry, women played a subordinate role. The feminist movement of the nineteenth and twentieth centuries, which included nursing, had a crucial part to play in removing the prejudice that prevented women from attaining true equality in the work place. It could be argued that true equality has yet to be attained. Analysis of the top jobs reveals that there is still male predominance. But the feminists have opened the way for this to be addressed in future generations, as women come to terms with the removal of thousands of years of male prejudice “ ... universalism has been the project of the autonomous self, the quest of the solitary individual for the dimensions of consciousness”.<sup>22</sup>

In the last two centuries there has been growing recognition of human rights - the right of each individual, including women, to respect and equal status. Wright states “human beings are essentially equal, and thus a just (moral) system must treat them as such”,<sup>23</sup> The abolition of slavery and the slave trade is the great example of human rights, and this movement served as an inspiration for human rights at many levels, including the rights of women. Women began their professionalization by professionalizing various aspects of the domestic role from which they were trying to escape. Nursing and teaching are the obvious examples. Neither of these challenged man in his work place and so he could more easily accept the new role which single women were creating. Despite the gains made in employment choices, many women had to give up work when they married.

Unmarried women could enjoy careers which eventually had promotion and pension rights, although not always equal pay with their male colleagues, but they were required to resign if they married. Married women were probably the largest component in nursing in the early nineteenth century, but as the reforms in nurse training took effect, married women were excluded from the training programmes, especially in the London teaching hospitals. One of the effects of the deaths in the First World War of the young men who would have been of marital age during these years was the increase in the number of single women. Nursing with its image of women's work, would have seemed the natural career for someone deprived of husband and family. The First World War was one of the turning points in the recognition of women's work. The number of young men engaged at the front meant that women had to maintain the infra-structure of society at home to ensure not only that the war effort continued, but also a semblance of civilian life. The effect of the young men who returned from the war expecting employment posed a threat to the role women had found during the war.

British universities from 1875 conferred degrees on women, but this depended on the university concerned, for instance, although there were women and women's colleges at Oxford and Cambridge, Oxford did not confer degrees until 1920, and Cambridge did not give way until 1948. Women on the other hand could qualify as doctors of medicine long before this date, even in the London medical schools, although they were restricted in numbers and certainly faced a great deal of prejudice. The role of women in the church expanded during the nineteenth and twentieth centuries through missionary work at home, but particularly abroad. In the nineteenth century, women were prepared, and had the opportunity, to go abroad in answer to the call to serve God. Women were not permitted to run their local church at home, but they were capable of working and running the mission stations, because there were not enough men, an opportunity which was otherwise denied them, an outlet which had profound significance for the growth of world Christianity.<sup>24</sup>

Nursing reflects the arguments of equal status through profession and complementarity through vocation. Critics argue that nursing has been a disappointment in not being at the forefront of women's issues. "Vance et al ... document the impatience of feminist

activists with nursing, which many feminists characterize as a traditional and sometimes oppressive female occupation.”<sup>25</sup> This can be challenged as the history of nursing in the last 150 years is at the core of feminism, which has been defined as “a world view that values women and that confronts systematic injustices based on gender”.<sup>26</sup> Critics argue that nurses were, and are, subservient to the medical profession, which demonstrates a lack of understanding in the roles. They have obviously not encountered those ward sisters who were not subservient to the medical consultants, but who acted in partnership in the best interests of the patient. Nursing is not subservient to medicine, they are complementary.

## **Secondary Literature**

History of nursing books were written especially from 1950 onwards, reflecting the developments of the profession at the beginning of the century, as well as the changes in the nineteenth century. Full references to the secondary works reviewed in this section are given in the bibliography. A History of the Nursing Profession 1960 by Abel-Smith is an essential starting point for any study of the history of nursing. It contains statistics which are vital for comparison in a local study, such as this one at U.C.H. Abel-Smith quotes Miss Nightingale's letter to Miss Mary Jones in 1867 where she explained the importance of placing the management of nursing in the hands of one trained female head, making her responsible for everything, removing this power from the medical (male) staff, or even worse the chaplain. In fact, the control of matron over her nurses was to play a crucial role in recruiting nurses into professional organisations. The vocation of nursing during the nineteenth century transformed public opinion towards nurses who had proved that the most repulsive task could be transformed by caring. By the end of the nineteenth century, nursing represented an instalment in female emancipation. The medical and surgical advances of the nineteenth century were carried out in hospital on working-class patients. Abel-Smith discusses the advance of nursing towards registration, pointing out that the militant lady probationers were determined that the three year training period had to emphasise the rigours of nursing, only the fittest and best could survive. Despite all their efforts, it was as a result of the First World War that registration was eventually enacted. Registration did not solve the recruitment

problem which became very real during the 1920s and 1930s. The Second World War demanded numbers of nurses which reached a peak of 98,000 in 1944. The Hospitals 1800 - 1948 1964 by Abel-Smith provides useful information on the hospital movement. The Development of the London Hospital System 1986 by Rivett contains a valuable account of the manner in which the hospitals came into being, including the concept of relocating London's teaching hospitals during the first decade of the twentieth century.

Ministering Angels 1979 by Bingham traces nursing from its Christian vocation through the centuries to the changes in the nineteenth and twentieth centuries which brought about the reforms in nursing. In dealing with the results of registration, Bingham states that it gave trained nurses a status quite distinct from the mass of women who called themselves nurses. Of all the investigations into shortages of nurses and terms and conditions of work between the two world wars, the conclusions echoed those of the Labour Party report of 1927 that considering the length and technical expertise required to train as a nurse, nurses were undoubtedly the worst off in regard to pay and conditions than any similar group of workers. An Introduction to the Social History of Nursing 1988 by Dingwall, Rafferty and Webster provides a sociological dimension to the history of nursing. The desire for reforms in nursing came from two distinct groups - firstly, the physicians and surgeons who were introducing new ways of practising medicine; and secondly, the group from the reforming zeal of evangelical Christianity. But Dingwall, Rafferty and Webster claim that too much emphasis should not be placed on the effect of the sisterhood movement. Miss Nightingale's personal vocation was based on a personal relationship with God, rather than the sectarianism of the sisterhoods. Although there were a handful of well born women who became matrons or lady superintendents, the majority of nurses came from relatively humble backgrounds. Better educated than their predecessors as a result of the 1870 Education Act, they experienced a very different social discipline in the late nineteenth century, which was marked by the decline of the sisterhood movement and the secularization of hospitals. The debate over registration represented a struggle between those who wished to maintain the interests of the hospital and those who wanted to reconstruct nursing as a free profession. Even by 1939, though some coherence had been achieved following registration in 1919, nursing had not achieved the coherence it gained in the post war

period. Dingwall, Rafferty and Webster do not support the view that nurses were ever substantially recruited from the middle classes and therefore the shortage of recruits to nursing was far more likely a result of the ever growing demand; by 1939 the voluntary hospitals were employing three times as many nurses as they had been at the beginning of the nineteenth century. A Pictorial History of Nursing 1985 by Masson has a helpful mixture of photographs and text, both at war and in peace. There is a discussion on the problem of education in nursing; Masson identifies two schools of thought, firstly, that the young ladies from good families would occupy the executive positions in nursing, whilst the humbler country girl or widow did not need higher education to carry out the simple tasks of nursing; the second point of view held that all nurses should be educated to a certain standard and thereafter those who wanted higher education were entitled to such. Angels and Citizens 1988 by Summers adds understanding to the role of women from the Crimea to the First World War. The Rise of the Professional Society England since 1880 1989 by Perkin recounts and examines the changes in English society which incorporated the professional ideal, of which nursing was certainly a part.

A number of books trace the history of specific hospitals, frequently written to commemorate an anniversary. Many of these books record the dates of buildings, the reasons for expansion and the development of medicine. Nursing is usually contained within one chapter. The Middlesex Hospital 1949 by St.G. Saunders records the appointment of Miss Thorould as matron in 1870, and the subsequent developments in nurse training. The Royal Hospital of St. Bartholomew 1123 - 1973 1974 edited by Medvei and Thornton traces nursing from its monastic foundation which kept the Augustinian rule. The chapter on nursing (written by Miss Hector, one of St Bartholomew's sister tutors who herself wrote a standard text book of nursing for student nurses in the 1950s and 1960s) gives an account of the foundation of the school of nursing in 1877 and dates when the course altered. She relates how in 1877 the sisters and nurses never used the thermometers, this was a skill for the dressers (medical students). The new probationers had to learn from them how to use clinical thermometers, which did not please the ward sisters, who were themselves untrained. These untrained sisters were dismissed when the new reforms included sisters who were trained. In her conclusion Miss Hector considers that the St Bartholomew's nurse was



closer to the vocational model than the professional model, and that religious convictions were deeply felt. The church of St. Bartholomew the Less was crowded with nurses after supper on Sunday. The very foundation of St Bartholomew's seeps an influence from its ancient walls that tells of service of vocation and compassion, not service which has terms and conditions.

The London Hospital 1956 by Sinclair recounts the influence of Miss Lückes, matron, on nursing at the London over a number of years at the turn of the century. The London was founded in the eighteenth century by seven well intentioned men. Sinclair supports the view that every hospital had its own character, which consists of human contributions, with everyone doing something for someone else. The reform of nursing in the nineteenth century came from the conception of a rather stern atmosphere of religious dedication. In the grim conditions of the time this was not altogether unjustified. The Evelina 1969 by Priestley traced the necessity for children's hospitals, and the developments in the care of children. A report in 1852 revealed that although nearly 26,000 children died in London alone, there were no more than 11 beds set aside for them. The Times reported in 1871 that the wards in the Evelina were an example of the only places where children of the London poor could be seen undisguised by dirt. The Westminster Hospital 1966 by Humble and Hansell has a full account of the aims of its founders in 1716, based on the parable of the Good Samaritan and Paul's letter to Timothy. The Westminster Hospital pioneered one of the early experiments in nurse training, evidenced by the two nurses from the Westminster who accompanied Miss Nightingale to the Crimea. Miss Eager, matron 1847 - 1873, was the first person to use the term trained nurse, with the concept of having one trained nurse in charge of three wards with one nurse for each ward. Guy's Hospital 1725 -1948 1951 by Ripman records the foundation of this hospital originally for people with incurable disease, but later extended to people with diseases which could be treated. A very useful chapter on developments in nursing is included, which has been quoted in this thesis as a comparison for the developments at U.C.H. The accounts in all these books on nursing are extremely useful for demonstrating the diversity in training, and the many and varied reactions to the debate on registration.

The contemporary nursing journals of the 1980s and 1990s have provided further historical insights into the themes of this study. These include Nursing Times, Nursing Standard, The British Journal of Nursing and the Advanced Nursing Journal.

Books consulted on Christian vocation, and the decline of Christianity in twentieth century western society included the following. Pastoral Ethics 1990 by Atkinson has a chapter on the history of the church and healing. The split between church and medical practice has gone through various phases since the Reformation. The influence of the Cartesian / Newtonian model, in which nature was thought to work according to mechanical laws laid the foundation for the secular medical pattern of healing of the twentieth century. The Victorian Church (Parts One and Two) 1987 by Owen Chadwick traces the relationship between church and society during the nineteenth century, including a short section on the revival of the sisterhoods. The Making of the Modern Church 1993 by Worrall recounts the theological developments in the last two centuries, including the changing status of women, and the opportunity which the sisterhoods gave women to fulfil their vocation in nursing, teaching and charitable work; but this was at a time of growing doubt about the very foundations of Christianity because of a combination of science and biblical criticism. A History of English Christianity 1920 - 1990 1991 by Hastings traces the relationship of Christianity within English political events. At the beginning of the nineteenth century, the church reflected the secularized church of Jane Austen; the next 50 years witnessed an amazing recovery both in the established church and the free churches. In the later nineteenth century the Evangelical and Tractarian clergy demonstrated a deep seriousness in their pastoral care. The Edwardian age was a time of unmistakable decline in Christian belief of the middle classes. Between the two world wars, the sense of disillusionment with formal religion continued; the debate on science and biblical criticism were no longer relevant as agnosticism and an undefined expectation of scientific advance became the orthodoxy.

The feminist context was studied through the biblical commentaries by Atkinson The Message of Genesis 1-11 1990, Davidson Genesis 1-11 1973, and Rogerson Genesis 1-11 1991 - all three texts concerned with a critical reanalysis of the Creation. Daughters of the Church 1987 by Tucker and Liefeld traces the contribution made by women in the

New Testament, as well as the contribution made by women to the life of the church through the centuries. Two contrasting figures opened the Christian era: one an old man, Zechariah who doubted the message of the angel, and the other a young woman, Mary, who believed the message of the angel. The nineteenth century witnessed a growth in the work of women in the church, in organizational work, particularly in regard to home and foreign missions, and humanitarian endeavours. Published in 1987, it predates the decision by the Church of England (November 1993) to ordain women. What's Right with Feminism 1985 by Storkey, a collection of lectures and essays, is a comprehensive understanding of feminist theology. For Her Own Good 1979 by Ehrenreich and English explains the position of women within the patriarchal order of society. It is particularly concerned with the lives of ordinary women, doing ordinary jobs, whilst child bearing and child rearing. The era of factory production changed the activity of the household, which became concerned only with human activity, which was further eroded by the medicalisation and hospitalisation of birth and death. In a discussion on the witch trials of the middle ages, the emergence of the male physician is identified as a triumph of a professional on a par with lawyers and theologians, whilst the female healer was placed on the side of darkness, evil and magic. Hidden from History 1973 by Rowbotham is an account of the position of women in England from the seventeenth century, containing chapters on the trades unions and women. Unequal Opportunities 1800-1918 1986 edited by John is organised in three sections: sex and status, expansion and restriction in employment, and women and organisation. This distinguishes patterns of employment for women in the nineteenth century.

There are a number of theses and dissertations which are relevant to this study. The healing practices of housewives and witches were compared in a "Study of Nursing in the Seventeenth Century with special reference to the role of witches" 1992 by Anne-Marie Spozio. "The influence of the Nightingale Fund from 1855 to 1914 on the Development of Nursing" 1984 by Monica Baly traces the resources for the setting up of the Nightingale Fund, Miss Nightingale's attitude to it, the composition of the Council, and how the income was spent over the years 1860 to 1914. Miss Baly died in November 1998, having made a significant contribution in her lifetime to the importance of the study of nursing history within nursing today. There are four theses involved with



professional dimensions which had significance for this study at U.C.H. Firstly, "Professional Power and Sociological Analysis" 1981 by C.M. Davies concentrates on the overriding concern with professionalism which does not always provide the anticipated respect from others. Secondly, "Class, gender and professionalization: The struggle for British Midwifery 1900 - 1956" 1990 by B.V. Heagerty is a study of the alliances made between the female midwifery elite and male obstetricians and the result of these alliances, namely the control of the ordinary female midwife. Thirdly, "Aspects of Training and Recruitment Training and Post Certificate Experiences" 1980 by C. Maggs is a study of general nurses in England 1881 - 1914, concentrating on the rank and file nurses rather than politics. Fourthly, "The influence of the Ministry of Health on policies for nursing 1919 - 1968" 1994 by Elizabeth Scott examined the role and influence of the administrative civil servants on the development of policies on nursing and the role played by nurses employed on the staff of the Ministry of Health.

From the titles quoted it will be seen that there are books, articles, and theses on the history of nursing, the theory and practice of nursing, the history of the church in England during the last two centuries and the position of women; but there is no account of the Christian healing ministry within nursing from the time of the reforms in nursing during the nineteenth century, nor of the position of this healing ministry during the twentieth century. This study will address this issue.

### **Primary Sources**

In 1983, at the time of the 150<sup>th</sup> anniversary of the foundation of U.C.H, the school of nursing and the U.C.H. Nurses' League established a museum to house the equipment, memorabilia, books, photographs and some student nurse records which had been stored in various places until this time. In 1986 the beautifully bound, handwritten records of the U.C.H. probationers from 1899 onwards, which had until then been kept in Matron's Office, were transferred to the museum, presently U.C.L.H. Trust Museum of Nursing. At this time (1986) of amalgamation between U.C.H. and the Middlesex, the Director of Nursing Services was anxious that they should be safely preserved. The comment on

each individual probationer revealed a hierarchy in nursing which no longer existed. For example,

“excellent nurse, difficult temper - inclined to grumble” [1899]

“good nurse, rough manner. Went to America” [1899]

“bad woman, most unsatisfactory” [1900]

“ill, pneumonia, died” [1901]

“fair nurse; too fond of talking to the doctors; became Theatre Sister” [1902]

At first the record for each probationer was brief, but became longer as the importance of training gained momentum. In 1995 a coverless book was found which contained the handwritten records of the applicants to nursing in the last ten years (1889 - 1899) of the All Saints Sisters at U.C.H.. These records of the probationers 1889 - 1948 have formed the major source for this thesis.

Minutes and regulations of the hospital committee gave an official outlook on the affairs of the hospital. The museum has a number of textbooks relating to the early part of the twentieth century, such as Theory and Practice 1930 by Gullan. A Complete System of Nursing by Ashdown was first published in 1917, reprinted several times - the edition in the museum is that of 1932; it is a guide to nursing people with conditions affecting the physiological conditions of the body.

The museum has equipment which reflects the history of the practice of nursing, the tools for the job, for example, the china vomit bowl with the U.C.H. coat of arms on the outside; the calculation inside the bowl is in apothecary's measure. Enamel ware replaced the china, which itself was replaced by stainless steel. Measuring vomit and observing the colour and odour were skills in nursing practice, as was the correct method for obtaining specimens, disposing of the vomit and cleaning the vomit bowls. Some of this detail is no longer part of nursing education. Beyond the years of this study (1948) such equipment was made in plastic, and finally, disposable. The syringes used for intramuscular injection and aspiration were glass, not disposable plastic; and the needles were reusable - it was nursing practice to judge whether or not they required resharpening by (lightly) testing the sharpness of the needles on the nurse's finger tip, no

longer necessary when disposable syringes and needles were introduced. The equipment is not part of this study as such, but it was very much part of the development of nursing practice 1862 - 1948. Cleaning the equipment, and resterilising for use was a responsible nursing duty, part of the training programme, before the introduction of the central sterilisation department. The records revealed that a number of probationers had time off sick because of burns and scalds as a result of sterilising the equipment on the ward by boiling in the steriliser. The autoclave drum is a reminder of night duty and the role of the probationer in stocking it before sending it for sterilising.

The uniforms changed through these 86 years. In 1862, the nursing probationers wore long dresses with starched aprons, and a cap to keep their hair in place. During World War One dresses generally, and uniforms in particular, became shorter, but starched aprons (suitable length) and caps to cover the nurse's hair remained. Again, nursing practice was affected by nursing uniform - floor length uniform restricts movement and therefore practice. Uniform was not only worn whilst on duty on the wards, but also in the classroom. There are a number of pamphlets, brochures and photographs in the museum which portray nursing through 86 years; particularly interesting are the photographs which show nursing in the 1905 Cruciform building - the same wards through 40 years.

The archives of the All Saints Sisters at Oxford revealed essential material relating to the nineteenth century; much of this material was handwritten and anonymous. This included Notes on the Foundation of our Community and some developments of Work; Recollections of an old woman; 1855 The Earliest Rule; Rules for Nurses; 1875 Office Book and the Diary of the Franco Prussian War.

Materials relating to the State Registration of Nurses were consulted in the archives of the Royal College of Nursing. Among the archives consulted at the Nightingale Museum, St. Thomas' Hospital, the most relevant to this thesis were those by Miss Nightingale herself - Notes on Nurses: Practical suggestions Addressed to English Ladies 1855; Subsidiary Notes as to the introduction of female Nursing into Military Hospitals in peace and war 1858 and Notes on Hospitals 1863. Among the archives of the Guild of

St. Barnabas are the early magazines of the Guild. The archives at the Royal College of Surgeons contained original material relating to nursing in wartime. Crimean War 1858 by Macleod had notes on the surgery performed in the Crimean war with remarks on the treatment of gun shot wounds. The report What we observed during a visit to the seat of War in 1870 1871 by Orton and Spanton had useful information concerning the All Saints Sisters. War 1914-18 1919 by Bowlby records some detail in the development of treatment of the wounded in the First World War. The experience of visiting the archives of the community of St. Mary the Virgin, Wantage, extended an understanding of the foundation of the sisterhoods.

From 1909 U.C.H. Nurses' League published a magazine twice a year. These have been quoted extensively as they provide a valuable insight into the views of nurses of the time: on the complexity that is nursing, the training period, post Certification and post Registration, the position of the married members, the wars, and the lives of its members. The editorials comment on national events as well as developments in nursing generally. There are articles on the latest advances in medicine which had consequences for nursing. The magazines reveal the community life of nursing at U.C.H. National journals established from the late nineteenth century onwards, some of which are still in current circulation, include The Nursing Times 1905 - 1960; The Nursing Mirror and Midwives Journal 1907 - March 1964; The Nursing Record 1.9.1888- 1892; The Nursing Record and the Hospital World January - July 1893, 1894 - 1902; which continued as The British Journal of Nursing with which is incorporated the Nursing Record 1902. These journals are held in the Historical Room R.C.N. Library.

Although no systematic large-scale attempt was made to collect written or oral evidence from nurses of the period covered in this study, some 20 members of the U.C.H. Nurses' League contributed written recollections of their training days which provided insights not available from official documents. Five older members provided relevant oral accounts of their days at U.C.H., particularly useful in relation to the organisation of care discussed in chapter five, that is, that the organisation of care had not always been based in task allocation. At two set reunions a questionnaire on nursing at U.C.H., see appendix 4, was given to the set members present, who subsequently recalled their days at U.C.H.

These questionnaires again were useful in examining the organisation of nursing care in chapter five. The sets involved were Set 55 and Set 100; six members of Set 55, and eleven members of Set 100 returned the questionnaire. Set 55 commenced training in September 1938, and Set 100 in October 1948.

## **Arrangement of Chapters**

Subsequent chapters examine the issues which have been introduced in this chapter.

Chapter two asks the question why was nursing changed during the nineteenth century. The Chapter examines definitions of vocation and profession which have meaning for nursing. Christian vocation had a response from women to nurse during the mid to latter part of the nineteenth century; part of this response is visible in the foundation of the religious orders such as the All Saints Sisters with their outreach to the sick and poor. There are facets of vocation which are mirrored in the professional ideal, which, without doubt, had a vital role in maintaining the impetus in the profession of nursing.

Chapter three examines further the professional dimension within nursing and the question why nursing was transformed, particularly the debate on the State Registration of Nurses, both prior to 1919 and the foundation of the General Nursing Council. Part of professional development was the establishment of the alumnae associations for each school of nursing - the Leagues, which fostered profession at a local level, and the College of Nursing at a national level.

Chapter four asks the question what was transformed in nursing by tracing the changes in management of care in the ward which resulted in improved patient care. The termination of the contract with the All Saints Sisters provides further insight in the organisation of care in the late nineteenth century. Subsequently, new management structures were established for the role of matron and the nursing department.

Chapter five determines the patterns of care. The organisation of nursing care changed over the years with the growth of theory and practice, and has ramifications for the

assumptions which are currently made in the organisation of care. Within the organisation of care, the very first model was the Christian model of caring; this was to change with the coming of State Registration.

Chapter six recounts the foundation and development of schools of nursing at U.C.H. and at other London teaching hospitals up to 1919, set against a discussion of the growing nursing curriculum and thus answers the question how was nursing transformed. There was no common training programme prior to 1919, the various schools of nursing developed their own patterns of training. Comparing and contrasting these patterns explains the arguments over the Registration debate.

Chapter seven continues to examine the question how nursing was transformed through the training programmes. In particular this chapter concentrates on the school of nursing at U.C.H. from 1919 to May 1948 with further analysis of the U.C.H. probationers 1919-1948. This analysis includes the numbers of women who entered training and who completed the course, reasons for discontinuing training, the gradual lowering of the age of entry into training and the home addresses of the probationers coming into nursing.

Chapter eight asks the question when was nursing significantly transformed. Whilst nursing was continuously changing through these years, war placed demands on nurses and nursing which conspicuously influenced its development from the Crimean War to World War Two in the necessity for increased numbers of nurses and hospital beds for casualties.

Chapter nine continues to focus on the wars of 1860-1948 and the implications of when nursing was transformed. Nursing was affected by the organisation required, the developments in clinical skills and the witness to suffering which is an essential part of service during wartime. The wars of this period had an impact on vocation, profession, the female role, Christianity and nursing care.

The Conclusion draws particular attention to the Christian vocation of caring, which was the basis of nursing. Care, as theory, was not an essential part of the training programme,

because it was inherent in the Christian way of life. It was only when this basis disappeared from society at large, and as nursing continued its preoccupation with professional and academic status, that nursing models of care began to emerge. Nurses at U.C.H. balanced the Christian vocation of caring with the professional developments of nursing.

## Notes

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## **Chapter Two**

### **Christian Vocation and Secular Profession**

## **Introduction**

Chapter two addresses the question why - why was nursing transformed? This chapter explores definitions of vocation and profession in order to understand the arguments that nursing encompassed both, that is, practitioners viewed nursing as either a vocation or a profession, and sometimes both. The connection between the rule of 1855 of the All Saints Sisters and the introduction of the rules for the nursing probationers in 1862 is demonstrated, underlining the Christian foundation of the vocation of the nursing probationers; the word probationer appears in the rule of 1855 to describe a member of the community in the novitiate “until she shall have passed a certain time of probation”. This time was one year and one day, and similarly when the All Saints Sisters started training nurses at U.C.H. the training period lasted for one year. Christian vocation did not protect the All Saints Sisters from controversy and in 1885 their connection with U.C.H threatened a donation from one of the charities which supported the voluntary hospitals. The dispute and the consequences for entrants to nurse training, will be discussed later in this chapter.

As nursing gained respectability and more women came into nursing, the vocation of nursing itself was transformed from a religious calling to a secular humanist response to care for fellow human beings. At the beginning of the twentieth century, nursing was a balance between vocation and profession. In fact there can be a close relationship between vocation and profession, depending on which definition is used. The concept of profession itself is not a single description, but one which has differences, and one which has changed throughout the twentieth century.<sup>1</sup> There is no doubt though that from the First World War onwards, fewer nurses regarded nursing as purely vocational without professional characteristics. Definitions of profession have been selected to provide a fundamental explanation of profession in nursing.

This chapter examines the basis of Christian vocation in nursing, religious controversy and the profession of nursing.

## **The Christian Vocation of Nursing**

Why was nursing transformed? Nursing in the early nineteenth century was a job mainly performed by married, widowed or deserted women when there was no other suitable employment available in which to earn money.<sup>2</sup> By the end of the nineteenth century it had been transformed into a vocation, particularly for single middle-class women. A simple answer to the question why? was vocation, vocation which was Christian in origin stemming partly from the realisation that the religious communities on the continent cared for the sick and poor in a way which had not been witnessed in England since the time of the Reformation and the dissolution of the monasteries. However, nursing vocation, as it developed in the latter part of the nineteenth century, was not only for those women in the newly established religious communities. Nursing vocation was open to women, Christian women who did not take vows. Increasingly nursing mirrored the religious communities, in its structures, such as community living in a nurses' home, the long hours on duty which allowed for few outside interests, and the rule that probationers had to be single. The U.C.H. records show that very few married women were accepted for training 1899 - 1948.

Vocation encompasses more than a desire to pursue a particular calling such as nursing. In responding to the call, there is acceptance of the discipline and responsibility which is involved. In nursing this not only consists of bedside nursing, management and education, the role also involves caring for people who are unable to perform their own self needs - the part of nursing which has been described as the "swampy lowlands of nursing"<sup>3</sup> which are not part of the ordinary person's existence, that is, assisting with bodily functions. Assisting with bodily functions requires skill and empathy so that the patient is comfortable and not embarrassed. It is the aspect of nursing which most people refer to when they admit they could not be a nurse.

Two definitions which illustrate vocation are as follows - firstly:

The action of God in calling a person to exercise some special (especially spiritual) function, or to fill a certain position, divine influence or guidance

towards a definite (especially religious) career; the fact of being so called or directed towards a special work in life; natural tendency to or fitness for such work.<sup>4</sup>

Secondly: "From the Latin *vocare* to call; the process of being summoned by God either to a special relationship with him, or to a specific task within that relationship."<sup>5</sup> This definition is the one that comes closer to the Christian vocation of nursing within the time period of this study, that is, 1862-1948.

Vocation includes the witness to suffering which can have a marked effect on each practitioner.<sup>6</sup> Witnessing the pain and degradation of illness and dying are part of nursing. Bringing relief to suffering must be one of the aspirations involved in the vocation of nursing. Sometimes the suffering is almost beyond human comprehension, for instance in war time. Dis-ease involves suffering mentally, physically and spiritually, whilst the dying patient needs special consideration; the mystery of death has effects on nursing practitioners, not least a constant reminder of mortality. Vocation in nursing requires self discipline in performing the necessary skills as well as a willingness to accept discipline in the clinical situation. It involves caring and compassion, both of which are the basis of the Christian way of life. Vocation has implications of working long hours with little financial reward. Responding to a vocational call in itself brings "rewards" that cannot be equated with money. But this presents a dilemma for everyone concerned, for in reality nurses require a just financial reward. Nursing cannot be left to voluntary agencies - just the point Miss Nightingale made. The vocation of nursing demands - and deserves - training and expertise.

Vocation is a word that no longer has a place in popular parlance; either the implication of responding to vocation in the twenty first century is too great a burden to bear, or the underlying philosophy of developing self to its greatest potential is at conflict with the concept that encompasses vocation, which to some extent requires denial of self. Vocation and profession have a sense of calling and serving others. For the purposes of this study vocation will be defined as the calling to care for the sick without counting the cost - in the context of this study the call is from God. Christian vocation in nursing

requires a body of knowledge, education and training to care.

## **Rules for Vocation**

There is a discipline within vocation which requires obedience by the practitioner. In his book Birth and Growth of a Community,<sup>7</sup> Peter Mayhew states that he found an old copy of the U.C.H. rules for nurses whilst on a visit to the All Saints Convent, Baltimore, U.S.A.<sup>8</sup> which correspond to a typewritten document in the library of the All Saints Sisters at Oxford. It would appear that the All Saints Sisters adapted their rule of 1855 to suit the lifestyle they expected from their nursing probationers at U.C.H. As such, it emphasises the expectation that the probationers were coming into nursing because of their Christian vocation.

The first part of the rule dealt with the character of the applicant: For the community, women were accepted “as a probationer upon the recommendation of a clergyman.” In nursing, “Women of a Superior Class” were trained to nurse the sick poor in hospitals, and as private nurses in the homes of the rich or poor. They had to be members of the Church of England, and were required to produce certificates of baptism, and of marriage, if applicable. They had to supply testimonials of good character, and have the ability to read and write.

The qualification of baptised member of the Anglican Church, under the authority of Mother Superior was the same for both. The ability to read and write by nursing probationers would have excluded a number of women, especially from the poorer classes. There is discussion by some nursing historians whether in fact nursing attracted the daughters of the middle classes - the “superior class” quoted in the text above. “The new ‘young ladies’ were a minority of the profession.”<sup>9</sup> “That core of middle-class nurses, while as important in nursing as in other women's occupations in the nineteenth century in terms of status and habits of gentility etc., were numerically insignificant, as contemporaries themselves acknowledged.”<sup>10</sup> These statements are not supported by the analysis of applicants to nursing at U.C.H. 1889 - 1899. For each applicant to U.C.H. 1889-1899, the All Saints Sisters recorded the social position of the applicant's father.

For the purposes of this definition, the social classes of the Registrar General were used.

Social Class I: Senior Professionals - doctors, lawyers, accountants

Social Class II: Intermediate Professionals - teachers, nurses and managers

Social Class III: Skilled Occupations

Social Class IV: Semi Skilled Workers - agricultural and machine workers

Social Class V: Labourers and Unskilled.<sup>11</sup>

**Figure 1 The Social Background of Probationers 1889 -1899<sup>12</sup>**

Year	Probationers	I	II	III	IV	V	No record
1889	9	1	1	3	1	0	3
1890	18	5	4	0	1	1	7
1891	28	9	2	7	4	1	5
1892	18	9	0	4	2	0	3
1893	15	11	0	3	0	0	1
1894	29	16	0	5	2	0	6
1895	12	6	0	1	1	0	4
1896	31	11	1	12	0	0	7
1897	19	6	2	6	3	0	2
1898	11	3	0	3	1	1	3
1899	17	7	3	6	0	0	1
Total	207	84	13	50	15	3	42

According to figure 1 it would appear that the entrants varied considerably in their family backgrounds, but there is clearly a preponderance of social classes I and III. It does show that nurse training was open to women with the relevant entry criteria for U.C.H. whatever their family background, despite the fact that many came from social class I and III. One explanation has to be that there were both paying probationers and probationers who were paid the training allowance. Figure 1 clearly demonstrates that social class I was the largest single provider of probationers at U.C.H.

For both community and nursing, there was a period of time for the probationers to learn, to be observed and assessed for their fitness to pass from probation to practitioner.

It gave the probationers the opportunity to understand the practical implication of vocation and whether or not this was in truth their calling. In the community the probationer was not admitted as a sister until she had passed a certain time of probation, “decided by the Director and Mother Superior of the house conjointly ... The shortest period of probation shall be one year and one day. If admitted to be a Sister she shall be required to give a promise of obedience to the Rules and Regulations of the Institute.” In 1862 the usual length of probation in nursing at U.C.H. was one year. “At the end of the first three months each Probationer will, if considered eligible, commence wages, and uniform, and be called Assistant-Nurse, but she will not be considered fit for any post of much responsibility until she has had a year's training.” This latter statement proves that this set of rules for nursing probationers can be dated from 1862 onwards, but no later than 1869, by which date the training period had been extended to two years. The novitiate was a testing time in all the orders. During this time the novice was kept apart from the rest of the community and could only talk to other novices and the novice mistress. She was observed closely for her spiritual development. There was a “novitiate” for probationer nurses. They were carefully supervised. The length of probation had increased to three years for both nursing and community probationers by the 1890s. A trained nurse was expected to maintain the standards of her training school, just as the professed nun maintained the discipline of the rule.

Vocation was not rewarded financially. In the community each sister was expected to contribute an appropriate sum of money annually from her income, to maintain the house whilst a member of the community. The sisters were not permitted personal possessions or money. Paying probationers became part of the nurse training school emulating the All Saints Sisters' contributions to the upkeep of the community. Sister Cecilia relied on the contributions of the paying probationers at U.C.H. to meet the financial shortfall of the nursing services in the 1890s. Nurses' pay has always been low; this early association with the sisterhoods is a possible contributory factor, particularly in the nineteenth and early twentieth centuries.

Similar standards of behaviour were expected from religious and nursing probationers. In the community courtesy to each other and strangers, personal neatness and care of the



house “shall be regarded by the Sisters as religious duties.” The nurses were expected to wear their uniform at all times except when on holiday; they had to keep their hair tidy. In the community “None may leave the House but at such times and in such companionship as the Superior shall approve, and must return home at the hour specified.” In nursing

The Nurses can have permission from the Sister of their wards to be absent for two hours at a time, up to 8 p.m. After this hour, or for any longer time, leave must be asked of the Sister Superior. At the end of eight months, they are entitled to a pass from 6 to 10 p.m. once a week.

Two hours off duty during the 12 hour day shift was again a standard for nursing well into the twentieth century, as was the requirement of matron's permission for a late pass. A quiet environment was valued both in the house: “It is strictly forbidden to laugh or talk on the stairs, and the Sisters are enjoined to move about quietly and to avoid all unnecessary noise, such as slamming doors,” while in the hospital:

The Nurses must strive to be courteous at all times, rising when the Chaplain, Resident Medical-Officer, Sister Superior, or any of the Gentlemen of the Committee enter the Ward, also when the Sisters, Medical Officers, or Students speak to them. The Nurses are not to stand talking in the Corridors or passages, or at the Entrance Doors. The Nurses must move about quietly, and must strive to enforce silence when the Chaplain, or any Clergyman is visiting in the Wards.

Courtesy, or nursing etiquette, is reflected in these rules. Many years later, an editorial in the U.C.H. Nurses' League Magazine defended this nursing etiquette.<sup>13</sup> Certainly this courtesy stressed the hierarchical nature of nursing and whilst the officials named were male with the exception of Sister Superior and the ward sisters, this courtesy was maintained within the nursing hierarchy. Noise was definitely not part of nursing - “noisy nurse” was used disparagingly in a few of the probationers' records.

The nurses' day was minutely regulated between prayer, work, eating and sleep. The

discipline was strict and there were long periods of silence. The 24 hours were divided up into prayer and work around the ancient times for prayer.<sup>14</sup> “Both the Sisters and the Probationers will attend the daily celebration of Holy Communion and the other Services in the church of All Saints, as far as the work of the House will permit, and according to the discretion of the Mother Superior.”<sup>15</sup> The sisters were expected to pray silently if prevented from attending the services or offices. After Compline, they had to be in bed by 10 p.m. There was a similar pattern for the nursing probationers. The day nurses had to be up at 7 a.m.; breakfast was at 7.30 a.m. and prayers at 8 a.m.. They were to make their beds properly, leaving their rooms tidy with no clothes left lying about in the rooms. Dinner was at 12.30 p.m.; tea at 4 p.m.; supper at 9 p.m.; prayers at 9.30 p.m., at which time the nurses were to retire quietly to their rooms. They were to be in bed with the gas extinguished, after which candles were not to be lit. The night nurses were required to have at least six hours in bed.<sup>16</sup> Supper was at 8 p.m., and breakfast at 9 a.m. Prayers for the night nurses were said at 8.30 p.m. They could go out either in the morning, when they had to be back by 12.15 p.m., or in the evening. They were not to get up before 4 p.m.

On Sundays the Night Nurses may go to church either morning or evening, but if they wish to go in the morning, they must ask the Sister Superior. The Day Nurses are to be at prayers at 8 a.m., unless they have been to Church. They may go to Church early any morning they like; but they are not to go out before breakfast for any other purpose without asking leave of the Sister Superior.

Clearly attendance at prayers by the nurses was part of the daily routine, just as it was for the All Saints Sisters. Prayer is an essential part of Christian vocation, taking many forms. In his book Healing Words, Dossey described his surprise at finding over one hundred experiments were cited in the scientific literature on the efficacy of prayer.<sup>17</sup> Prayer had effect not only when specific results were requested, but also when prayer was non specific.

... a simple ‘Thy will be done’ approach was quantitatively more powerful than specific results held in the mind. In many experiments a simple attitude of

prayerfulness - an all pervading sense of holiness and a feeling of empathy, caring and compassion for the entity in need - seemed to set the stage for healing.<sup>18</sup>

The emphasis on prayer was therefore an essential part of the healing process for nursing at U.C.H. at this time, a concept which may have been difficult for certain people to accept in the U.C.H. organisation with its secular foundation.

These rules set the “culture” of nursing at U.C.H. for almost the entire time that the training school was in existence, that is, until 1997; it was part of the “collective inheritance” and one that distinguished it from the other London training schools, each of which had its own ethos. Caring for the individual patient was of paramount importance. In particular, the rules for nurses concluded

The Nurses must restrain themselves from all impatience with the sick under their care; treating all alike, whether thankful or unthankful, with gentleness and forbearance, remembering the words of Him who said: “Inasmuch as ye have done it unto one of the least of these, my brethren, ye have done it unto Me.”<sup>19</sup>

This was the model of care for nursing at U.C.H. from 1862, one that had a deep and lasting influence on probationers and Certificated / State Registered nurses throughout their nursing careers.

### **Religious Controversy**

The rules emphasised that the All Saints Sisters would only receive women for training as nurses who were baptised members of the Church of England. In 1885 the Hospital Sunday Fund objected giving money to U.C.H. because of this.<sup>20</sup> In June 1885 Sister Cecilia admitted in a letter to the Daily News that only Anglicans were accepted for training “Your information is quite correct. We do not receive probationers who are not Church of England.”<sup>21</sup> The controversy which surrounded the issue of the religion of the U.C.H. probationers, and the letters which appeared in the press in 1885 have several dimensions - finance, faith and nurse training.

In view of the later criticism of their financial management in 1898, it should be noted that at this time (1885) the All Saints Sisters were regarded as a financial asset to the hospital -

For many years past the nursing at University College Hospital, Gower-street, has been undertaken by the All Saints Sisters for the sum of £2,500 a year, which a correspondent of the Spectator says is like a subscription of £1000 from these ladies - that is to say, the work could not be done, as a matter of business, for less than £3,500.<sup>22</sup>

Thus the sisters saw nursing at U.C.H. as part of their Christian vocation, and this was also of financial benefit to the hospital. The Hospital Sunday Fund, by objecting to the demand that the nursing probationers had to be baptised Anglicans, was attempting to interfere in the internal arrangements of the hospital by withholding their annual grant. This grant was generally based on the amount of the annual voluntary donations made to each particular hospital by the general public. "The income derived from annual subscriptions, in the case of a hospital which is largely dependent upon them, is a rough but fair criterion of the extent to which it commands, and probably deserves, the confidence of the public."<sup>23</sup> The nursing care offered by the All Saints Sisters was not an issue. The financial difficulties encountered by the voluntary hospitals throughout their existence are illustrated by the reliance on various forms of voluntary subscriptions including that of the Hospital Sunday Fund. It would appear that the aspirations of the Hospital Sunday Fund were in question. "Unfortunately, from the very first, the Council (of the Hospital Sunday Fund) ... has aspired to be the pioneer of hospital reform, and has made stipulations about management expenses and other things, all of which were absolutely foreign to its proper functions"<sup>24</sup> which was confirmed by the following consideration in this controversy.

The All Saints Sisters could not be accused of attempting to persuade their patients to become Anglo Catholics. There had been agreement from the first that the sisters would not evangelize their patients. In a handwritten account in the All Saints library of the U.C.H. experience, it would appear that the sisters did find this difficult, they knew that

the committee and supporters of the hospital regarded them with suspicion for many years. "Their nursing was wanted but they were not allowed to speak about religion to their patients."<sup>25</sup> The attitude of the committee changed during the time the sisters were at U.C.H. and eventually the sisters gained permission to speak to the patients who felt the need to talk about their spiritual life, and later it was agreed that "each patient might ask for and obtain visits from his own particular minister of religion".<sup>26</sup> Therefore this was not the reason for withholding the grant from U.C.H. by the Hospital Sunday Fund.

The only stipulation that was made with them was that they should not use their position for the purpose of proselytism; and it is admitted that they have faithfully performed their contract. They have no religious services in the hospital whatever, but they live in the neighbouring streets ... The only accusation of proselytizing in the case of University College Hospital is that which was brought, it seems upon very inadequate grounds, by an "Old House Surgeon" and this has been sufficiently disposed of by the emphatic statements of Dr Hare<sup>27</sup> at the meeting, and by correspondents, especially by that of Sir William Jenner which we published on Monday.<sup>28</sup>

There was no chapel for the sisters at U.C.H.; they would walk to All Saints Church every morning for mass at 7 a.m. They maintained contact with the community in Margaret Street in other ways too; they went to the home for Friday Duties and Vespers on Great Days; and they would attend the ceremonies of receiving of novices and the profession of sisters. Sister Catherine in her journal described the organisation required to attend mass.<sup>29</sup> The House Steward wrote on Sunday 15 August 1880 at 3 p.m. "Visited all the wards, and found all quiet, but noticed that neither the Sister Superior nor any one of the Sisters was on duty".<sup>30</sup> This surely was an unusual occurrence; there was such emphasis on maintaining cover for the hospital. Were they all at prayer? From this article it is worth commenting that the sisters retained the support of Sir William Jenner, 25 years after he invited them to nurse on the wards at U.C.H., and of Dr. Hare, both consultants at the hospital, that is, the reasons for originally engaging the sisters because of the nursing care which they offered remained unaltered.

The controversy also revealed contemporary attitudes towards the training of nurses. The “Old House Surgeon” remarked that any “respectable, sensible, and kind-hearted” woman could make a nurse. Miss Nightingale wrote that

the everyday management of a large ward, let alone of a hospital - the knowing what are the laws of life and death for men, and what the laws of health for wards - (and wards are healthy or unhealthy, mainly according to the knowledge or ignorance of the nurse) - are not these matters of sufficient importance and difficulty to require learning by experience and careful inquiry, just as much as any other art?<sup>31</sup>

An article in The Church Times of 13 August 1885, however, generally supported the merits of the training schools by this date of 1885 - “The advantage of well-conducted training is that it conduces the greatest excellence of the greatest number ...” and especially the training given by the sisterhoods.<sup>32</sup> Despite the fact that training became available to all denominations, the presence of the All Saints Sisters still gave training at U.C.H. their ambience. Morten wrote: “With regard to the London Hospitals a High Church woman would probably apply to University, or King's College; a Roman Catholic or Dissenter would apply to the London, which is the most unsectarian of the hospitals”.<sup>33</sup> Figure 2 shows the churchmanship of the probationers for the last decade of the All Saints Sisters at U.C.H. In the records the Anglo Catholics were denoted by the letter K and the broad and low Anglican Church by the letter C.

**Figure 2 The Religious Affiliations of the Probationers 1890 - 1899<sup>34</sup>**

Date	Anglo Catholic	Church of England	Others	Total
1890	8	9	1	18
1891	17	7	4	28
1892	12	4	2	18
1893	13	2	0	15
1894	18	7	4	29
1895	8	4	0	12
1896	20	10	1	31
1897	10	8	1	19
1898	1	8	2	11
1898	0	14	3	17
Total	107	73	18	198

Figure 2 makes clear that the greatest number of probationers were Anglicans. Nevertheless there is no evidence that probationers who applied from other denominations 1890 - 1899 were denied the right to train. It makes sense that as nursing was under the control of this Anglo Catholic community the applicant was likely to have similar beliefs. Figure 2 shows wide variations, for example, in 1890 there were almost equal numbers of Anglo Catholics and other members of the Church of England. The following year a large majority were Anglo Catholics. In the last two years when it was obvious that the All Saints community would leave, the Anglo Catholics no longer applied.

This reluctance by the Hospital Sunday Fund to give the annual donation in 1885 demonstrated the suspicion which surrounded the sisterhoods. The vocation of the All Saints Sisters was challenged, but because their nursing was of a good standard for 1885, they survived and were supported. However, in the long term, it could be that the hospital committee was alerted to the paradox of a religious community responsible for nursing at one of London's teaching hospitals, especially U.C.H. and its close connection with the secular foundation of University College, London. The seeds for the break in the link between the All Saints Sisters and U.C.H. in 1899 were possibly sown here in

the controversy of 1885.

Vocation did not protect the participants from controversy. Following the criticism by the Hospital Sunday Fund the requirement that a prospective nursing probationer at U.C.H. had to be a baptised member of the Church of England was withdrawn - after 1886 members of all denominations were accepted as probationers. However the newspaper articles published in 1885, quoted above, in defence of the All Saints Sisters reveal that the nursing care which they offered to the patients at U.C.H. was respected.

During the nineteenth century, vocation, an inner calling to serve the sick, had a Christian religious basis within nursing; it included acceptance of those aspects of nursing which require self awareness and self discipline by the practitioner. The vocation of nursing had similar structures to those of a religious community, clearly identified by the comparison of the rules and regulations for nursing probationers at U.C.H. in the early 1860s with the rule for the probationers of the All Saints community of the same era. The foundation, living conditions, daily life and devotion of the religious orders were mirrored in nursing for many years, for example, the living in system, the long hours, the devotion to duty, obedience and humility. U.C.H. maintained the contract with the All Saints Sisters for 37 years. In 1885 the writer of the article in the Church Times had stated “ ... the women who join them (*the sisterhoods*) are, in many instances, actuated by something more than a desire to attain excellence in a calling”.<sup>35</sup>

### **The Balance of Vocation and Profession in Nursing**

Christian vocation transformed nursing during the nineteenth century. However, during the same period concepts of profession were developing and therefore a balance can be determined between Christian vocation and the growing notions of profession which evolved during the latter part of the nineteenth century and the early twentieth century, particularly in the period 1899 - 1919. The All Saints Sisters left U.C.H. in 1899 and a new regime was established. But one of the All Saints Sisters had commented that there were enough Christian nurses “to maintain the (Anglo) Catholic tone of the hospital”.<sup>36</sup> U.C.H. nurses were not alone in their Christian vocation. In 1920 Sir Henry Burdett



wrote of the voluntary hospitals.

The concept of the voluntary hospitals of this country constitutes one of the noblest monuments of our Christian civilisation. We believe and hope that the day is far distant when any serious attempt will be made to substitute State hospitals for the noble medical charities scattered throughout England, charities which are at one and the same time the wonder of foreigners and the just glory and pride of the British nation.<sup>37</sup>

When the Middlesex Hospital was rebuilt in 1935 the cost of the project had been raised by the time the Duke of York (later George VI) performed the opening ceremony. He also emphasised the importance of the voluntary hospital system “our magnificent voluntary hospitals are a truly beneficent asset in our national organisation.” He went on to extol the philosophy which was the foundation of care “... we must cling to the spiritual association with the sick and needy or we may as well organise our hospitals as the telephone and the wireless and lose the human touch”.<sup>38</sup> The whole basis of the voluntary hospital system was, for many, the Christian way of life.

## **The Profession of Nursing**

There are many and diverse definitions of “profession” and the process of a group in society attempting to become a profession. In order to understand the developments within nursing prior to State Registration in 1919 four definitions of profession have been selected for discussion.

- 1: A vocation in which a professed knowledge of some department of learning is used in its application to the affairs of others, or in the practice of an art founded upon it. Applied specifically to the three learned professions of divinity, law and medicine; also to the military profession. In the wider sense any calling or occupation by which a person habitually earns his living.<sup>39</sup>

According to this definition, profession is closely akin to vocation in that there is a

calling to a specific role in society which requires a body of knowledge. Nursing has a professed knowledge which is used in its application to the affairs of others.

2: In 1915 Abraham Flexner having observed medicine, the law and the ministry, defined the following six characteristics of a profession:

1. It is basically intellectual, carrying with it high responsibility.
2. It is learned in nature, because it is based on a body of knowledge.
3. It is practical rather than theoretical.
4. Its technique can be taught through educational discipline.
5. It is well organised internally.
6. It is motivated by altruism.<sup>40</sup>

In comparison to the definition from the Shorter Oxford English Dictionary above, Flexner did not include the words vocation or calling, but did acknowledge a motivation by altruism.

3: Nearly 50 years later, in 1963, a functionalist perspective of the role and rewards of professionals was summarised by the work of Bernard Barber who argued that it involved four essential characteristics. These were

- 1 a body of systematic and generalised knowledge which can be applied to a variety of problems...
- 2 professionalism involves a concern for the interests of the community rather than self interest...
- 3 the behaviour of professionals is controlled by a code of ethics which is established and maintained by professional associations and learned as part of the training required to qualify as a professional...
- 4 the high rewards received by professionals, which includes the prestige accorded to professional status as well as earnings, are symbols of their achievements.<sup>41</sup>

Flexner had not included the last characteristic in his definition, that is, the high rewards, either in prestige or earnings.

4: By 1980, Haralambos<sup>42</sup> included judges, barristers, solicitors, architects, planners, doctors, dentists, university lecturers, accountants, scientists and engineers in the higher professions, whilst teachers, nurses, social workers and librarians belonged to lower professions.<sup>43</sup> Many of these occupations came with the growth of modern society in the nineteenth and twentieth centuries. It became important for these groups of workers to demonstrate that their contribution to the overall cohesion was essential to society's well being. The ministry of the church is not included, either as a higher or lower profession. One of the oldest and most venerable of Flexner's list was discarded. Ministry has a calling and therefore without doubt is a vocation. It would appear that the exclusion of the ministry from Haralambos' list of professionals meant that by 1980, profession no longer included a calling or vocation.

There are, however, conflicting viewpoints on the motives of practitioners trying to establish professional status, with increasing criticism of the view that professions provide a service to society. For example, the increased lifespan of people can be viewed as the result of medical knowledge and skill, the altruistic service by the medical profession. A contrary view is that of Ivan Illich who argued in 1973 that the environmental factors, such as food, housing, working conditions and hygiene are far more important than medical provision in determining health and therefore longevity.<sup>44</sup> It can be argued that professions protect their own interests. Noel and José Parry defined professionalism in 1976 as "a strategy for controlling an occupation in which colleagues set up a system of self government".<sup>45</sup> The restriction of entry into nursing by control of training and qualification was part of the agenda - there were set criteria for entry to the training schools, and there was the final examination set by each training school. Control of the conduct of members was crucial, and this was reflected in the disciplinary process during training, and the censure of the collective whole on any member who broke the collective rule, for example, in 1911 when two nurses were dismissed from the Private Nursing Staff at U.C.H. (reason not disclosed) it was hoped that they would resign voluntarily from the League, without the embarrassment of having

to ask them to resign.

All these definitions of profession agree that a body of knowledge is required: “professed knowledge of some department of learning”,<sup>46</sup> “learned in nature, because it is based on a body of knowledge”,<sup>47</sup> “a body of systematic and generalised knowledge which can be applied to a variety of problems”.<sup>48</sup> The body of knowledge in nursing gradually evolved. The training schools did not offer only hands on experience; there were lectures. Here the probationers were expected to take notes, write them up and hand them in to matron or home sister for correction. Text books were written, for example, Nightingale wrote Notes on Nursing in 1859 (although she always maintained this was not a textbook, it deserves inclusion); Lückes wrote a textbook on general nursing in the last decade of the nineteenth century. Morten advised applicants to nursing in 1895 to ascertain the book used at each hospital, in order to become familiar with the text before entering training. Textbooks and lectures are used here as an indicator of the growth of a body of systematic knowledge which linked to clinical practice. A comparison of three texts on the art of bathing a patient, demonstrates the growing body of knowledge.

In 1859 Nightingale did not give a precise ordered account of how to bath a patient, but emphasised the importance of doing so:

The amount of relief and comfort experienced by the sick after the skin has been carefully washed and dried, is one of the commonest observations made at a sick bed. But it must not be forgotten that the comfort and relief so obtained are not all. They are, in fact, nothing more than a sign that the vital powers have been relieved by removing something that was oppressing them. The nurse, therefore, must never be put off attending to the personal cleanliness of her patient under the plea that all that is to be gained is a little relief, which can be quite as well given later.<sup>49</sup>

By 1907, when Maxwell and Pope wrote Practical Nursing A Text-Book for Nurses the instructions were more precise:

If the patient is very dirty, it may be necessary to expose the part that is being washed. When washing a dirty patient, it is also well, after washing the face, to put a little ammonia in the water, and if the feet are very dirty or are much calloused, to use sapolio when washing them, and it is sometimes well, after washing, to wrap them in gauze or a small towel, wet in hot - 112°F. - soap suds, and cover this with a dressing rubber - so that the bed will not be wet.<sup>50</sup>

In the following 1930 text of Gullan's Theory and Practice of Nursing there is a far more systematic account of performing a bedbath, with detail for every part of the body:

Before a patient is bathed, temperature, pulse and respiration must be known. Draughts must be excluded, everything collected at once - plenty of hot water, two flannels, two towels, soap, spirit and powder, and in case of an admission, fine comb, white wool, carbolic 1 in 20, tow, turpentine, and nail-brush. Without undue exposure every part should be washed with good soap-lather and friction, rinsed and thoroughly dried in turn, and if necessary, powdered, particular attention being paid to any parts that are difficult to clean - folds of skin, finger and toe nails, feet, ears, umbilicus, axillae and groins. Where possible the hands and feet should be washed in the basin. The back must have special care.

There are then specific instructions for nails, feet, pediculi, hair, mouth and teeth, marks on the skin, and the necessity of regular bathing.<sup>51</sup>

These three texts illustrate the body of knowledge which developed over the years, an illustration that was based in practice. Nursing surely developed its body of knowledge with rigorous and lengthy study. And the fact remains that the proponents of vocation within nursing, for example, Miss Nightingale, Miss Lückes, the All Saints Sisters, also recognised the importance of a body of knowledge.

Profession incorporates the concept of service: “application of the affairs of others”,<sup>52</sup> “motivated by altruism”,<sup>53</sup> “a concern for the interests of the community rather than self interest”.<sup>54</sup> The concept of giving altruistic service is surely at the heart of giving nursing

care, and yet it is the part of nursing which receives little recognition by some exponents, who would argue rather that it held up the progress of nursing towards being a fully recognised profession. The issue of vocation and profession, in its Christian and secular definition, with a concern for the community, is well illustrated by the following correspondence which appeared in the U.C.H. Nurses' League Magazine in 1910:

I have wondered for sometime if ... we as trained nurses, could not do something to help the profession to which we belong, and which at present seems to have lost somewhat the high ideals and aims that not so very long ago attached to it...I want those who take up nursing as just something to do to realise to the full the motto of the St. Barnabas' Guild, 'Je le pansai; Dieu le guérit'.<sup>55</sup> Surely if we did so, we should be better women and consequently better nurses<sup>56</sup>

that is, that in giving nursing care, God's healing and wholeness was at work.

The definitions contain characteristics of behaviour: "the practice of an art",<sup>57</sup> "it is well organised internally",<sup>58</sup> "the behaviour of the professionals is controlled by a code of ethics which is established and maintained by professional associations and learned as part of the training required to qualify as a professional".<sup>59</sup> The Christian basis is exemplified in several ways which included anecdotal evidence, the obituaries, and the communal life. The Christian basis of hospital life was exemplified by Miss Nightingale who gave it as a code of ethics to her probationers in 1873 "how shallow a thing is hospital life - which is, or ought to be, the most inspiring - without deep religious purpose".<sup>60</sup> Moriarty described an incident in theatre during the First World War when surgery was not performed on a child until his baptism had been verified.<sup>61</sup> The obituaries demonstrate the importance of Christian belief for each practitioner in a way which was not demonstrated in later generations. When Sister Vickers died in 1913 the following obituary appeared.

Risen with Christ! With Him she shared the dawn.

The glory and the joy of Easter morn.

With Him she shared the mystery of tomb,

The wondrous wakening from its transient gloom.<sup>62</sup>

Miss Cavell faced the firing squad because of her vocation and profession; and there were many women in this war faced with caring for the wounded in France who were also inspired by vocation and profession.

It is very evident reading the U.C.H. Nurses' League Magazines 1909 - 1919, that the inherited life in community continued after the departure of the All Saints Sisters. Prayers were said communally morning and evening in the dining room; the strict rules concerning late passes, lights out, and the exclusion of male visitors continued; the long hours on duty did not encourage an active social life outside the community of the nurses' home - which at this time (1899 - 1926) was one wing of the Cruciform at U.C.H.; they relied on each other for the necessary support (emotional and physical) during the rigours of the training programme; the times of homesickness - for many, it was an experience of leaving home for the first time; and last, but by no means least, the witness to suffering on the wards.

In Barber's definition "profession" elicits reward, in terms of either prestige and / or financial gain. "The high rewards received by professionals, which includes the prestige accorded to professional status as well as earnings are symbols of their achievements."<sup>63</sup> There is no such characteristic either in the Oxford Shorter Dictionary definition or in Flexner's categories. Nursing salaries have always been low for a variety of reasons - an increase in pay might have attracted the wrong sort of applicant, the fact that nursing was dominated by women, the paymasters were men, the voluntary hospitals relied on voluntary donations and could not afford too much in terms of nursing salaries, and initially most nursing recruits at the London teaching hospitals came mainly from the middle classes and did not necessarily rely on their nursing salary for money, a situation that was to change after the First World War. Although a reasonable salary was the target of the nursing leaders, financial gain, in terms of high salaries, was not evident in the period 1899 - 1919. In 1902 the average annual remuneration for a trained nurse in hospital was approximately £57. In comparison, a certificated female teacher was earning about £80 per annum. A private nurse was earning two guineas a week with meals provided. Compared to the salary of the trained nurse in hospital, the private nursing staff gained financially even allowing for those times of unemployment and the charges

made by organisers of private nursing. If the nurse chose to be salaried she received between £30 and £50.<sup>64</sup> Salaries for nurses at sanatoria were £25 to £30 per annum. The starting salary of a sister in the Queen Alexandra's Imperial Military Nursing Service (Q.A.I.M.N.S.) in 1914 was £30 per annum, rising eventually to £50.<sup>65</sup> The question of high salaries attracting the wrong sort whilst balancing the fact that nurses deserved a fair rate for the job was recognised. In 1920, the editor of the League Magazine wrote: "It is not consistent with the spirit of nursing ever to put the question of payment first, but it is very difficult and becomes increasingly so as life advances and health declines to maintain a high standard of aim and an altruistic outlook when there is any real financial anxiety".<sup>66</sup>

Perkin described the professional ideal as being "based on trained expertise and selection by merit".<sup>67</sup> This can surely be applied to nursing. But his description and analysis of the growth of profession through the twentieth century does not totally fit the development of nursing, because nursing requires an element of vocation.

There is another dimension to vocation and profession within nursing which requires attention, which is not part of the characteristics so far discussed, and that is the position of women. Without doubt, nursing and rights for women were interlinked. Nursing was an early provider of a new role for women. Miss Nightingale is accused of not supporting the women's movement, and at the same time of upholding the authority of the medical profession. This is contrary to her expressed views at the time of the Crimean War: "The war in which we are engaged seems destined to be productive of ... some social changes ... of all the changes anticipated, we cannot regard any one of greater importance than the opening of a new field of employment for the energies of our unoccupied or perhaps ill-occupied women, whose social state places them above the need of working for their bread, but whom public opinion in England has hitherto condemned to expend all their energies on works of no or at least doubtful utility."<sup>68</sup> The revolution in education during the nineteenth century introduced women to their brothers' schooling. An editorial in the U.C.H. Nurses' League Magazine in January 1916 commented



... when the War is over, shall we fall back, into the easy going, pleasure loving, idleness, that rather characterised us before the War? Or is it rather, that, given the opportunity, women, and men too, are now beginning to realise the great powers that belong to women (outside the merely physical ones) who have been trained and educated during the past half century, to meet the present demand? ... Have not our schools, colleges, hospitals and playgrounds been, under a far seeing Providence, used to enable women of all classes, and especially the necessarily unmarried ones, to help themselves in a more practical and womanly way than ever before?<sup>69</sup>

The First World War had great significance for the development of the right of women to work in many different roles, which may not have been sustained after the war, but had an impact long term. When the war was over women over 30 years of age were given the vote. Again an editorial in the League Magazine in 1918 urged U.C.H. nurses to vote. It encouraged them to consider the areas of work where they had influence and every right to cast judgment. "Learn something of citizenship, and remember that even though you yourself may not want a vote, your vote, if intelligently used, may help some less fortunate Sister, and above all, it *will* help this England of Ours."<sup>70</sup>

## **Conclusion**

In 1898, writing in the Preface to General Nursing Lückes expressed concern that

There is a real danger at the present day that the fact that nursing is an art may be lost sight of, and work which affords scope for the exercise of some of the most beautiful qualities of which human nature is capable may thus be degraded into a mere "Profession" ... remember ... it never occurs to us to say of anyone of those of whose connection with us we are the most proud "She came out first in Examinations", but that "Her work succeeds because she does it faithfully in a bright unselfish spirit". There are many belonging to us of whom we say with just pride "They help all with whom they come into contact - not because they can produce any number of Certificates, but because they "Love so much!"<sup>71</sup>

But examinations were to become a vital part of professional development in the twentieth century. "Whatever you did for the least of these brothers of mine, you did for me" was not to remain the essential motivation. Nursing had become a profession distinguished by the amount of knowledge required. "Those disciplines whose knowledge exemplified rigorous lengthy study in the basic sciences and humanities were ranked as professions, whereas those with lesser knowledge requiring shorter periods of study were classified as near-professionals or marginals."<sup>72</sup> The body of knowledge within nursing continued to develop throughout these years. Expert knowledge is an important component of both vocation and profession.

The answer to the question why was nursing transformed? lies within these concepts of vocation and profession, and the development of a role for women outside the home. Perkin describes the growth of the professional society,<sup>73</sup> yet whilst nursing undoubtedly exhibits the classic characteristics of the professional ideal, for many practitioners nursing was (and is) far more than a profession. It was (and is) a vocation and a way of life.

## Notes:

1. Perkin H. 1989 The Rise of Professional Society England since 1880 (reprinted 1996) Routledge, London.
2. One of the probationers at St Bartholomew's, who commenced training in 1881 wrote "drunkenness was very common among the staff-nurses, who were chiefly women of the charwoman type, frequently of bad character, with little or no education, and few of them with even an elementary knowledge of nursing." On the other hand, some of the ward sisters had received training at the Nightingale School, but even among the untrained ward sisters, all had had long experience which made them capable practitioners. Medvei V.C., Thornton J.L. 1974 The Royal Hospital of Saint Bartholomew 1123 - 1973 W.S. Cowell Ltd., Ipswich pp.249-250.
3. Schon 1983 cited by Holman C. "Reflecting on Practice as a Way to learn about the Nursing Care of Older People" U.C.H. Nurses' League Magazine Vol.20 No.39, January 1997 p.45.
4. Brown L. (Editor) 1993 The New Shorter Oxford English Dictionary on Historical Principles Clarendon Press, Oxford.
5. Campbell A.V. 1987 A Dictionary of Pastoral Care The London Press, Bristol p.293.
6. For example, Trotting Through Life by Dorothy Meyrick and her account of the tragedy she witnessed in 1938. Meyrick D. 1995 Trotting Through Life Tony Cottle, Bishopston.
7. Mayhew P. 1987 All Saints: Birth and Growth of a Community Parchment Ltd., Oxford p.109.
8. Sister Helen, who established this convent in Baltimore, had trained as a nurse at U.C.H.
9. Abel-Smith B. 1960 A History of the Nursing Profession Heinemann Ltd., London p.57.
10. Maggs C. 1983 The Origins of General Nursing Biddles Ltd., Guildford p.21.
11. Jary D., Jary J. 1991 Collins Dictionary of Sociology Harper Collins Publishers, Glasgow.
12. Taken from the handwritten archives on each applicant in the U.C.L.H. Trust Museum of Nursing.

13. Editorial U.C.H. Nurses' League Magazine Vol.2 No.5, May 1920.
14. 6.40      Lauds  
       7        Daily Celebration of Holy Communion  
       8.45     Terce  
       12      Sext  
       3        None  
       5        Evensong  
       5.45    Vespers  
       9        Compline.
15. Anon. Manuscript, Archives, All Saints Sisters' Library, Oxford.
16. Miss Nightingale had recommended eight hours sleep for night nurses.
17. Dossey L.1994 Healing Words Harper Collins, U.S.A. p.xv.
18. Dossey L.1994 Healing Words Harper Collins, U.S.A. p.xvii.
19. Anon. Manuscript, Archives, All Saints Sisters' Library, Oxford.
20. The Hospital Sunday Fund had been founded with “the very simple suggestion that on a certain Sunday a collection should be made at every place of worship in the metropolis in aid of the metropolitan hospitals, thus following the example which had been long before set in Birmingham. The idea of the founders of the Fund was to obtain possession of an aggregate of small gifts from people who were not subscribers to any hospital, but who might, if appealed to, be willing to give something.” Church Times 13 August 1885.
21. Sister Cecilia Daily News June 1885.
22. Church Times 7 August 1885.
23. Church Times 13 August 1885.
24. Ibid.
25. Anon. Manuscript, Archives, All Saints Sisters' Library, Oxford.
26. Ibid.
27. At U.C.H., Assistant Physician 1850, Physician 1859, Consulting Physician 1867.  
 Merrington W.R. 1976 University College Hospital and its Medical School: A History  
 Heinemann Ltd., London p.276.
28. Church Times 7 August 1885.
29. Sister Catherine Manuscript, Archives, All Saints Sisters' Library, Oxford.

30. House Steward 1880 House Minutes, U.C.L.H. Trust Museum of Nursing.
31. Nightingale F. 1860 Notes on Nursing (1969) Dover Publications Inc., New York p.134.
32. Church Times 13 August 1885.
33. Morten H. 1895 How to Become a Nurse and How to Succeed 3rd Edition, The Scientific Press, London.
34. Taken from the handwritten archives on each applicant U.C.L.H. Trust Museum of Nursing.
35. Church Times 13 August 1885.
36. Anon. 1899 Manuscript, Archives, All Saints Sisters' Library, Oxford.
37. Rivett G. 1986 The Development of the London Hospital System 1823-1982 Oxford University Press p.374.
38. Anon. "The Opening of the Middlesex Hospital" The British Journal of Nursing with which is incorporated The Nursing Record Vol.83 No.2003, June 1935.
39. Brown L. (Editor) 1993 The New Shorter Oxford English Dictionary on Historical Principles Clarendon Press, Oxford.
40. Flexner A. cited in Moloney M.M. 1986 Professionalization of Nursing Current Issues and Trends J.B. Lippincott Company U.S.A. p.8.
41. Barber B. cited in Haralambos M. 1985 Sociology Themes and Perspectives Second Edition University Tutorial Press Limited, Slough pp.70-71.
42. Haralambos M. 1985 Sociology Themes and Perspectives Second Edition University Tutorial Press Limited, Slough.
43. Haralambos M. 1985 Sociology Themes and Perspectives Second Edition University Tutorial Press Limited, Slough pp.69-70.
44. Illich I. cited in Haralambos M. 1985 Sociology Themes and Perspectives Second Edition University Tutorial Press Limited, Slough p.71.
45. Parry N. Parry J. cited in Haralambos M. 1985 Sociology Themes and Perspectives Second Edition University Tutorial Press Limited, Slough p.73.
46. Brown L. (Editor) 1993 The New Shorter Oxford English Dictionary on Historical Principles Clarendon Press, Oxford.
47. Flexner A. cited in Moloney M.M. 1986 Professionalization of Nursing Current Issues and Trends J.B. Lippincott Company U.S.A. p.8.

48. Barber B. cited in Haralambos M. 1985 Sociology Themes and Perspectives Second Edition University Tutorial Press Limited, Slough pp.70-71.
49. Nightingale F. 1860 Notes on Nursing (1969) Dover Publications Inc., New York p.93.
50. Maxwell A.C. Pope A.C. 1907 Practical Nursing A Text-Book for Nurses G.P. Putman's Sons, New York p.191.
51. Gullan M.A. 1930 Theory and Practice of Nursing H.K. Lewis & Co. Ltd. London pp.91-92.
52. Brown L. (Editor) 1993 The New Shorter Oxford English Dictionary on Historical Principles Clarendon Press, Oxford.
53. Flexner A. cited in Moloney M.M. 1986 Professionalization of Nursing Current Issues and Trends J.B. Lippincott Company U.S.A. p.8.
54. Barber B. cited in Haralambos M. 1985 Sociology Themes and Perspectives Second Edition University Tutorial Press Limited, Slough pp.70-71.
55. "I will dress it; God will cure it".
56. G.W. "Correspondence" U.C.H. Nurses' League Magazine Vol.1 No.3, September 1910.
57. Brown L. (Editor) 1993 The New Shorter Oxford English Dictionary on Historical Principles Clarendon Press, Oxford.
58. Flexner A. cited in Moloney M.M. 1986 Professionalization of Nursing Current Issues and Trends J.B. Lippincott Company U.S.A. p.8.
59. Barber B. cited in Haralambos M. 1985 Sociology Themes and Perspectives Second Edition University Tutorial Press Limited, Slough pp.70-71.
60. Nightingale F. "Address to Probationer Nurses 1873". Archives Guild of St. Barnabus.
61. Moriarty D. 1989 Dorothy The Memoirs of a Nurse 1889-1989 Sidgwick & Jackson Limited, London p.123.
62. Le Sueur E. "In Memory of Sister Vickers" U.C.H. Nurses' League Magazine Vol.1 No.8, April 1913.
63. Barber B. cited in Haralambos M. 1985 Sociology Themes and Perspectives Second Edition University Tutorial Press Limited, Slough pp.70-71.

64. Abel-Smith B. 1960 A History of the Nursing Profession Heinemann Ltd., London p.55.
65. Madgett M. "Travels Of my Aunt" Nursing Times Vol.92 No.7, 14 February 1996 p.52.
66. Editorial U.C.H. Nurses' League Magazine Vol.2 No.5, May 1920.
67. Perkin H. 1989 The Rise of Professional Society England since 1880 (reprinted 1996) Routledge, London p.4.
68. Nightingale F. 1855 Notes on Nurses: Practical Suggestions Addressed to English Ladies Balliere, London.
69. Editorial U.C.H. Nurses' League Magazine Vol.2 No.1, January 1916.
70. Editorial U.C.H. Nurses' League Magazine Vol.2 No.4, December 1918.
71. Lückes E. 1898 General Nursing 1st Edition, London.
72. Carr-Saunders, Wilson P., Cited in Moloney M.M. 1986 Professionalization of Nursing Current Issues and Trends J.B. Lippincott Company U.S.A. p.5.
73. Perkin H. 1989 The Rise of Professional Society England since 1880 (reprinted 1996) Routledge, London.

## **Chapter Three**

### **Professional Organization**



## **Introduction**

Chapter three continues to examine the question why was nursing transformed? The first two decades of the twentieth century were crucial in the battle for State Registration. The major arguments for and against were formulated in the context of the development of nursing in the late nineteenth century. The development of professional organisations at local and national level will be outlined using the headings of professional organisations, the College of Nursing, and State Registration.

There is one very important attribute of a profession which requires preliminary consideration - the right of the profession to control the entry, examinations and regulation of the practitioners. Noel and José Parry<sup>1</sup> defined this as follows:

1. restriction of entry into the occupation
2. an association which controls the conduct of its members
3. a successful claim that only members are qualified to provide particular services.<sup>2</sup>

These three factors can be identified as the basis of the work of the General Nursing Council (G.N.C.) in that the Council inspected the training schools, administered the preliminary and final state examinations, set guidelines on entry requirements and maintained disciplinary procedures. The G.N.C. was not a voluntary agency inaugurated and controlled by nurses. It was regulated by the conditions which were part of the 1919 Act. The emphasis in training shifted from importance of individual character to the ability to meet the set criteria.

The final section deals with pay and conditions. By the 1920s and 1930s there was concern about the lack of suitable candidates coming forward for training, and the long hours, severe discipline and poor salary were presumed to be factors. As well as working long shifts on duty, there was a hidden ethos of staying on duty until everything was done; it was not nursing etiquette to ask to go off duty on time. Attempts to secure a just reward in terms of pay and improvement in conditions will be examined, including the situation at U.C.H. in 1935.

## Professional Organizations

From the late nineteenth century onwards, leaders within nursing attempted to improve the status of nursing through the establishment of various organizations. Mrs Bedford Fenwick,<sup>3</sup> founded the British Nurses' Association (B.N.A.) in 1887 as part of her crusade to improve the status of nurses and nursing. The object of the B.N.A. was to petition Parliament for the foundation of a State Register of Nurses for two groups - one for those nurses who had trained for three years plus a certificate of good character, and one for educated ladies with only one year of training.<sup>4</sup> The Nursing Record (1888) pointed out that nursing "hitherto ... has been almost entirely without any recognised medium for making its requirements known; and has never had the efficient means of inter communication which is so essential for the proper consideration of a large and increasingly important body".<sup>5</sup> In 1894 the Matrons' Council of Great Britain and Ireland was established at the instigation of Mrs Bedford Fenwick<sup>6</sup> and Miss Isla Stewart.<sup>7</sup> The first meeting of the proposed Council attracted the attendance of 100 matrons. The aims were to provide meetings and conferences to enable the establishment of a uniform system of nurse education in British hospitals.<sup>8</sup> These two associations, however, did not meet with the approval of all matrons; they obviously attracted like-minded supporters for their stated outcomes.

In the United States, the alumnae associations were nurses' professional organisations. The first was founded in 1889 and eight years later nearly every training school had its association, whose guiding principles provided an opportunity for post graduate education, benevolence and social contact; these three guiding principles provided the basis for the Leagues and Associations which were subsequently established in the U.K. The League of St. Bartholomew's Nurses was established in 1899. At U.C.H. Miss Finch, matron,<sup>9</sup> presided at a meeting of sisters and nurses to investigate the "advisability of forming a Nurses' League in connection with the Hospital" in 1909.<sup>10</sup> The main objects of the U.C.H. Nurses' League<sup>11</sup> were:

- a) To form a bond of union between past and present Members of the Nursing Staff (for example, the annual magazine / social events).

Within one year the membership had reached 100. Badges in the shape of a small shield in silver gilt, enamelled in the hospital colours were available and everyone was encouraged to wear one. The League also added to the close-knit community spirit which was engendered in the years after the departure of the All Saints community.

b) For mutual help and social intercourse (for example, the benevolent fund).

In 1910, the U.C.H. Nurses' League established a benevolent fund<sup>12</sup> for its members where they could offer assistance to each other - an example of serving one another. The fund was supported by the voluntary donations of the members or their friends. Grants were made as necessity arose to any of the U.C.H. nurses who were in need. An example of the help given was financial assistance towards a holiday when otherwise the nurse concerned would have been overcome by work.

c) To encourage the maintenance of a high ideal of work and conduct (for example, lectures on nursing issues).

The League was very anxious to maintain and develop the professional competence of its members.

Lectures on miscellaneous subjects of professional and general interest ... will be delivered at the hospital once a fortnight ... to those members who are engaged in work out of hospital this course should prove a most valuable one, as it will afford an opportunity of getting into touch with some of the new methods of treating disease and help such in bringing their professional knowledge up to date.<sup>13</sup>

The lectures for the year 1912 included:

“Venereal Disease, Syphilis and treatment with ‘606’ ” given by Miss May Thorn M.D.

“Electro-Medical Apparatus” by R. Higham Cooper Esq. L.S.A.

“Immunity - principles of treatment” by Dr Thiele.

“Drugs and their preparation for Administration” by R.R. Bennett Esq. B.SC., F.I.C. and illustrated by “lantern slides”.

The lectures were a great success. A series of articles on developments in nursing care in the magazine also had the aim of maintaining the professional competence of League members.

d) To endeavour to promote professional interests (for example, registration).

The League provided a forum for identifying with the training school, maintaining a high standard that was recognised in nursing. In the years which followed, U.C.H. was staffed almost entirely by U.C.H. trained nurses who were also members of the League. The League kept the trained nurse in touch with the latest clinical developments. The training school and hospital served as the Alma Mater<sup>14</sup> to which the successful nurse returned again and again. They recorded the achievements of the graduates - one result of training enabled nurses to travel the world, and this is reflected in the journals and magazines. “They allowed the newly trained nurse to see why she had gone through the ‘high suffering’.”<sup>15</sup>

The correspondence in the League Magazine provided an opportunity for members to debate professional issues such as, for example, the following exchange. The status of the professional nurse was causing at least one League member concern. She wrote that she hoped her letter would open up a debate on the reasons why nursing was encountering difficulties in 1910. “Nursing is undoubtedly one of the best professions for women, being so essentially woman's work, and I know of no work in which a woman can be so happy, if she takes it up in the right spirit i.e. love of the work.” The writer had observed that some women were going into nursing for love of money, and she was surprised at those members of the profession who grumbled about the hours, the low pay and criticism of fellow workers, not to mention the undignified behaviour of some on and off duty.<sup>16</sup> In reply the following year one of the ward sisters debated the role of the ward sister in training the probationers and the ever present difficulty of deciding that someone is unsuitable for training. She felt that the ward reports on the probationers

were the most appropriate forum for weeding out the unsuitable members of the profession as there would always be people who passed their interview, no matter how skilled matron was in determining character. It was thus imperative for the ward sisters to have the courage of their convictions and report to matron when a probationer was failing to attain the standards required - in the final analysis it was not kindness to allow her to continue training to become an unworthy certificated nurse.<sup>17</sup>

The Leagues provided a focus for vocation and profession for the post certificated nurse at a local level at a time when there was no cohesive national organisation. The development of profession is very evident from the activities of the League, but so is the concern for each other and for the well being of the patients. The U.C.H. Nurses' League Magazine has been quoted extensively in this study. It gives evidence of a growing understanding of the needs of profession whilst acknowledging Christian vocation, for example, in the December 1916 edition the following comment appeared: "God never accepts work which we ought not to be doing, but He does expect us to seize every hour of every day to do what ought to be done."<sup>18</sup> Even within this developing professional body, the Christian vocation was an underlying principle.

### **The Royal College of Nursing**

Dame Sarah Swift<sup>19</sup> viewed progress of nursing through the raising of standards in education and practice. Her work during the First World War with the Joint War Committee confirmed that the training of nurses was not consistent in that each hospital had its own system of training - hospitals varied widely in the clinical experience offered to the probationers, plus the additional training for the Voluntary Aid Detachments (VADs) during the First World War. In 1916 she was sufficiently concerned about the arguments over State Registration as it affected nursing to initiate talks with Sir Arthur Stanley.<sup>20</sup> Stanley addressed a diplomatic letter to the nurse training schools proposing the formation of a College of Nursing, pointing out that although there was not total agreement on the issue of registration among nurses themselves, nevertheless there should be an organization which could represent nurses. The letter immediately received a very favourable response and a conference was called at St. Thomas' Hospital. From

U.C.H., Captain Butler C.V.O.<sup>21</sup> and Miss Finch, matron, were chosen to attend the consultative sessions. At the first meeting of the College on 18 May 1916, Sir Arthur Stanley, announced that 70 training schools and societies had nominated representatives to the Consultative Board.<sup>22</sup> The new College was formed and registered with the Board of Trade; a Council had to be appointed to control the affairs of the College of Nursing Limited. Part of the vision for the College was to encourage the education and training of nurses in all the branches by aiming at a common curriculum for the schools, and to recognise and approve schools; it would create its own register of nurses who had already been certificated. The College recognised municipal hospitals and infirmaries with at least 250 beds as suitable for training from which nurses could be admitted to the College's register; however, there had to be a resident medical or surgical officer, at least one course of lectures a year, and an examination for qualification. Male nurses and mental nurses were tacitly excluded from membership of the College. The Council of the College was empowered to make rules for regulating the formation, maintenance and publication of the register, and the conditions of admission to the register.<sup>23</sup> The support of other important nurses was forthcoming, namely Miss Alicia Lloyd Still,<sup>24</sup> Miss Rachel Cox-Davies,<sup>25</sup> and Miss Haughton.<sup>26</sup> The support of these matrons was crucial; previously, the schools of nursing which they represented, had opposed the concept of State Registration, but the impact of the war and the growth of the professional ideal had changed this and gained their approval for formal recognition. Support came from some leading members of the medical profession, for example, Sir Cooper Perry.<sup>27</sup>

The supporters of registration were opposed to the establishment of the College, considering it as a distraction from the main agenda of professional nursing, namely that of registration. But in all the years in which they had attempted to attain this, they were still only a minority amongst nurses. The Royal British Nurses' Association and Mrs Bedford Fenwick declined the opportunity to amalgamate with the College. Opposition also came from a different direction. One of the early pioneers in the reforms in nursing, Miss Lückes, was opposed to the College of Nursing for two reasons. Firstly, she was opposed to the College's recommended three years of training; she remained convinced that the two year training offered at the London could not be bettered. "But our London Hospital training is so efficient and we turn out such excellent nurses that I'll be hung if

I will give up what is proved successful simply because other people with less good organisation and with less care cannot do likewise.”<sup>28</sup> Secondly she also opposed the College because in her view it sounded like the introduction of trade unionism in nursing. “The College of Nursing has done and is doing more than any other Association of Nurses to drag down nursing into a trade.”<sup>29</sup>

The education department of the College recognised that nurses were entitled to higher education after a basic training. Therefore, in 1918 with this aim in mind courses were arranged with Bedford College and the University of London which awarded the Diploma in Nursing, especially relevant to future nurse teachers. One of the far sighted and significant proposals discussed was reflected in a meeting of the U.C.H. Nurses' League on 21 June 1919, when Miss Cox Davies gave a short address on the Chair of Nursing which it was hoped would be shortly established at one of the universities. “She explained briefly and clearly the importance of this proposal, and the advance it would mean to the status of the nursing profession from the educational point of view.”<sup>30</sup> The U.C.H. Nurses' League supported the College, and also by this time supported State Registration. Miss O'Brien<sup>31</sup> wrote an article in the magazine supporting the foundation of the College.

Reading through and thinking over the objects for which the College had been founded, there can surely be no doubt as to the desirability of such an organisation ... Among the many things which have been proved by war conditions surely nothing is more apparent than the need for organisation among members of the Nursing profession, and it has become a matter of urgency that some steps shall be taken to create a standard of training and a definite qualifying examination ... it behoves every member of the League to devote some time to the consideration of the question, and then to action, by applying for Registration without delay.<sup>32</sup>

The position had changed completely since 1904 when registration was not supported at U.C.H. It would appear that it was the position of nurses during the First World War which was the significant contributory factor.

The foundation of the College of Nursing provided a national focus for the organisation of nursing. Perkin indicates that the professional organisations were more successful in uniting almost the whole of each relevant occupation in comparison to trade unions. It was one of the growing body of qualifying organisations - by 1880 there were 27, by 1900 a further 21, by 1918 another 27 and by 1939 an additional 46.<sup>33</sup> The College of Nursing had the role of a professional organisation prior to registration, but it was not to be the qualifying body for nursing, this was to be the function of the General Nursing Council.

### **State Registration**

A 1908 publication by the Society for the State Registration of Nurses gave the example set in other countries. A system of registration for nurses and midwives had been introduced into Egypt, the British Colonies of Cape Colony and Natal in South Africa, New Zealand, the Transvaal, the German Empire, Belgium and, in the U.S.A., in the States of New York, North Carolina, New Jersey, Virginia, Maryland, Indiana, California, Colorado, Connecticut, the District of Columbia, New Hampshire, West Virginia, Iowa, Minnesota, Illinois and Georgia. Nurses in Australia, Canada and various British colonies were organised to obtain the necessary legislation.<sup>34</sup> It would therefore appear that the profession of nursing in England was not keeping pace with developments elsewhere in the world.

Before World War One, nurses in the U.K. were divided over the issue of State Registration. Miss Nightingale opposed registration because of her belief that the development of character and moral awareness was the crucial element of nurse training. She acknowledged clinical competence, but considered that the learning and examination in, for example, medical and surgical nursing was of secondary importance. She had envisaged the course at St. Thomas' as being suitable for women who had a vocation for nursing, not only the wealthy middle classes, but also farmers' daughters. Until her death in 1910, Miss Nightingale used her considerable influence to prevent registration. She was convinced that a nurse should be able to perceive the condition of her patient by observing the patient's facial expression, change of mood and tone of voice - virtually



an awareness of body language; “it is impossible to learn it (*that is, nursing*) from any book, and ... it can only be thoroughly learnt in the wards of a hospital”.<sup>35</sup> Miss Lückes saw nursing as a vocation without gain and not for self; she became one of the strongest opponents of the move towards registration. “The scheme of registration is, in our judgement, calculated to lower rather than raise the present standard of Nursing by concentrating the attention of Nurses on the theoretical examination, the passage of which is ultimately to get their names placed on a public Register.”<sup>36</sup> Examinations are tests of knowledge; nursing is not a purely academic subject; whilst theory is crucial to the understanding of the care required, it is the interaction at the bedside which is all important. For Miss Lückes, only the training school and matron could assess the potential of a nurse. For this reason, an independent body granting certificates could not assess these quintessential skills of bedside nursing by a theoretical, written examination.

The debate over registration reflected the wider issue of measuring a person's capability. The nineteenth century witnessed the growth of examinations. “Examinations have been the key means both of establishing standards of trained intelligence and of conducting competitive education.”<sup>37</sup> Undoubtedly there were differences in the training programmes and consequently between practitioners within nursing. There was the difference between the lady probationers who were more likely to gain promotion, and the ordinary probationers who generally trained for one year longer than the ladies. District nurses gained experience over six months. Most of the London hospitals provided a high standard of training, but the circumstances of the smaller and poorer hospitals meant that the probationers were often used as cheap labour without much provision for the theoretical part of their training. Because training varied so greatly, the registrationists argued that a central body should be inaugurated to establish and maintain standards in the schools of nursing. It was also argued that to ascertain that each individual potential practitioner had reached the required standard, she should take an examination set by an outside agency. Only those who were successful in passing the examination should be permitted to register and were entitled to be “nurse”. The advocates of profession in nursing were adamant that nurse training should be long and hard to test the capacity of the practitioner and to prove the status of the new profession. It was seen by them as part of the wider feminist movement. Mrs Bedford Fenwick is

widely acknowledged in equating “the nurse question and the woman question as one and the same”.<sup>38</sup>

One encouragement for the pro registrationists was the example of the midwives who gained recognition with the 1902 Midwives Act. The Central Midwives Board began by setting up a roll of practising midwives. Women who had been acting as midwives for one year prior to that date and who could provide evidence of good character were encouraged to apply for registration until April 1905. From 1910 no woman could attend a birth if she was not registered, or working under doctor's supervision. The Midwives Board had two objectives: firstly to upgrade the qualifications of practising midwives through the powers of the local authorities, and secondly to supervise the new training procedures for midwives.

The efforts of the pro registrationists resulted in a Select Committee of the House of Commons on the registration of nurses, which reported in 1905. It favoured registration, and three years as the most suitable training period. Of the 33 people who gave evidence, Miss Lückes was the only nurse representative to speak against registration. Sir Victor Horsley<sup>39</sup> represented the British Medical Association (B.M.A.) at the Select Committee. The B.M.A. was in favour of State Registration, recognising that the time had passed when private groups could organise registration. The doctors, however, were divided on the issue. The Incorporated Medical Practitioners' Association represented the General Practitioners (G.P.s) who were against the State Registration of Nurses, because in rural areas they feared the competition that this would bring. The matron at U.C.H. 1899 - 1902 was Miss Harriette Hamilton. Sir Thomas Butler commented that “she had no sympathy whatever with the British Nurses' Association”<sup>40</sup> which implies that she was not in favour of the registration of nurses, especially as she had trained at St. Thomas' and was to return there as matron. When in January 1904 a letter was received at U.C.H. from Mrs Bedford Fenwick on behalf of registration, the letter was left unanswered as the Central Hospital Council for London<sup>41</sup> was considering the matter. The Council's attitude was summed up in the statement “This Council is opposed to any State Registration of Nurses. Steps will be taken on behalf of the Council to oppose any bill in Parliament having such registration as its object.”<sup>42</sup> Many signatures were collected

to support this philosophy by the Central Hospital Council for London, including a number from U.C.H. From this evidence it is apparent that at this date of 1904, there was not support amongst U.C.H. nurses for State Registration. The fact that Sir Victor Horsley gave evidence to the Select Committee in favour of registration, and that he had lectured to the U.C.H. probationers, and was at this time one of the U.C.H. consultants, adds weight to the argument that the U.C.H. nurses must have felt strongly that registration was not right for nursing. They were not subservient to their medical colleague, however distinguished.

The stalemate continued until the First World War, with both nurses and public divided or unconcerned about the issue. Despite the stalemate, a registration bill was taken before Parliament every year from 1904 to 1914 without success. Attitudes were changed by the events of the First World War. With the coming of war the efforts of the nurses were directed elsewhere - nurses were needed in large numbers; there was an increase in the number of nurses who trained, although this was not the case at U.C.H. In order to meet the demands for nurses in the First World War, VADs made up the numbers, replacing staff in civilian hospitals who left to serve in the armed forces. The introduction of the VADs into the hospitals alerted the certificated nurses that their position was in jeopardy, with the result that they united to oppose the potential threat from untrained nurses who had not endured the three years of training. Reference to this dilemma is made in the League Magazine in that many women had discovered that the paucity of their training did not equip them to fulfil the role for which they had volunteered.

Most of our hospitals were in the early days of the war besieged by women of all classes, who thought that a few days in the wards (a fortnight at the outside) would teach them all there was to know about nursing, and in some cases, women with only this knowledge had actually gone to France and Belgium only to find how useless they were in a real time of need.<sup>43</sup>

U.C.H. nurses had come to the conclusion that registration of nurses was now a necessity. Perkin maintained that women's employment in the First World War was the

basis of their emancipation.<sup>44</sup> Similarly, it is interesting that the State Registration of Nurses owes a great deal to the consequences of the First World War, that is to the creation of the VADS and not to all the moves by pro registrationists before the War - “young women with express training and assuming full nurses’ uniform - with the addition of the red cross - were treated by medical men and society people as trained nurses”<sup>45</sup>

The Nurses' Registration Act became law in December 1919. One of the provisions of the Act was that a General Nursing Council for England and Wales should be established, and that it would be the duty of the Council to form and keep a Register of nurses for the sick. The Register consisted of the following parts:

- a) a general part containing the names of all nurses who satisfy the conditions of admission to that part of the register.
- b) a supplementary part containing the names of male nurses.
- c) a supplementary part containing the names of nurses trained in the nursing and care of persons suffering from mental diseases.
- d) a supplementary part containing the names of nurses trained in the nursing of sick children.
- e) any other prescribed part.<sup>46</sup>

Bingham assessed the effect of registration as transforming nursing from a job, a calling, a vocation, into a profession equal to medicine and the law.<sup>47</sup> Registration did indeed convey a measure of professional status on nursing - it fulfilled some criteria of a profession such as the body of knowledge possessed by those who had spent time in training, the right to control entry and dismiss those who did not reach the required standard, and a code of ethics. However nursing did not equal medicine or the law in terms of recompense. Professional status encompassed a hierarchy, which stretched further down the social scale to include occupations which previously would not have been included in the professional ideal.<sup>48</sup>

Nurses who could prove that they had received three years of training prior to 1919, or

who had been engaged in the practice of nursing in conditions which the G.N.C. recognised, were admitted to the Register. Chairman of the registration committee was Mrs Bedford Fenwick who “regarded herself as personally responsible for the veracity of the qualifications of every nurse whose name was admitted to the register”.<sup>49</sup> There were some nurses who practised prior to 1919 whose training did not meet the criteria, but whose experience was considerable, who were (justly) aggrieved. “I am only one of hundreds too young to have been nursing before 1900, and too old to have trained since 1919.”<sup>50</sup> It meant that everyone on the Register had to conform to the regulations governing their admission to the Register, and to have attained the standard of nursing education required to qualify them to receive the title of Registered Nurse. 40,451 applications were received for registration from nurses who had trained at recognised hospitals prior to 1919. Between 70,000 and 80,000 applications had been expected for registration at the time of the Parliamentary debates. This shortfall can be accounted for partly by the attitude of some matrons who told their nurses that it was unnecessary to register because their hospital certificate was all that was required.<sup>51</sup> The first compulsory final state examination was held in 1925, and the first 4,005 nurses were admitted to the Register by this examination.

At U.C.H. nurses were encouraged to register because although registration was not compulsory, it would be a distinct advantage to nurses in the future. The Register was printed and therefore the public was made aware of whether or not a nurse had received a formal recognised training. “It will also mean that everyone on the Register will have conformed to the regulations governing their admission to the Register, and have attained the standard of nursing education required to qualify them to receive the title of registered nurse.”<sup>52</sup> At the U.C.H. Nurses' League Annual General Meeting in 1927 there was significant debate as to whether a member would only be admitted if she was a State Registered Nurse. It was unanimously decided that non registered nurses should not be debarred from joining the League. From 1919 onwards the importance of the hospital certificate in comparison with State Registration gradually declined. It is possible to trace the number of U.C.H. nurses who gained the hospital certificate in the 1920s, but who did not take the state examination, but from 1938 onwards the situation gradually changed in that not all the nurses who qualified as a State Registered Nurse

(S.R.N.) completed their fourth year of training at U.C.H. to qualify for the hospital certificate, that is, S.R.N. replaced the hospital certificates which had been the evidence of training prior to State Registration.

The State Registration of Nurses reflects the legal and political advances that were made by women prior to the 1920s. Between 1918 and 1920 women were enfranchised in Britain, Germany, Austria, Netherlands, Poland, the U.S.A. and the U.S.S.R. The editorial in the U.C.H. Nurses League Magazine of May 1922 re-examined the position of women.

During the last few years the position of women in the world has been entirely altered. What a small and ardent section had been striving to achieve for generations came to pass in the end so easily that it was hardly recognised. Whether we wanted them or not, women have new rights, new privileges and because we have these, new duties and new responsibilities.<sup>53</sup>

The editor pointed out that one of these new responsibilities was the importance of voting. After 1920 the world economic situation was responsible to a degree for the lack of movement in equal rights for women. This was reflected in nursing in that the pay and conditions of nurses did not improve significantly during these years.

### **Pay and Conditions**

One of Barber's characteristics of profession was the "high rewards in terms of financial assets and prestige".<sup>54</sup> Pay and conditions within nursing will be considered generally, prior to a discussion on the situation which existed at U.C.H. in 1935, which highlights the dilemma of nursing salaries.

Examination of the pay and conditions within nursing 1920 - 1948 is pertinent for two reasons: firstly the shortfall in probationer numbers and secondly the low level of nurses' pay. An article in the U.C.H. Nurses' League Magazine identified the shortage of probationers in 1921, particularly a shortage of the right sort of probationer which meant

that the welfare of nursing in the future might rest in the hands of women with low educational attainment without the “high sense of responsibility towards the great trust which will be theirs”. The article examined reasons why nursing was failing to attract suitable applicants - firstly because of the expanding number of professions open to women, secondly some women who became nurses as a contribution to the war effort were not interested in maintaining nursing as a lifetime career, and thirdly the salaries of trained nurses did not compare favourably with those of trained members of other professions.<sup>55</sup> Nurses' pay was insufficient to provide a comparable standard of living to other professions open to women, particularly in a world of economic difficulties. Family incomes at all levels of society were affected, including those families who at one time supplemented their daughters' nursing salaries.

At U.C.H. numbers of probationers continued to grow to meet the demands of the training programme and the expansion of the hospital, although it would appear that there was a shortage of establishment, that is, the hospital committee had not allocated sufficient resources for enough probationers / trained nurses to meet the demands that were placed on them. The wastage rate was variable, but not excessive in terms of the national average. The story was different outside London. The smaller voluntary hospitals were obliged to take those women who were not willing or able to wait until the age of entry required at the London teaching hospitals. Part of the entry to the smaller hospitals also consisted of the rejects from the training schools and of older women. More than 60% of the municipal training schools had difficulty in finding suitable recruits whereas only about a fifth of the London voluntary training hospitals were affected. Part of the response to the shortage was lowering the age of entry, the voluntary hospitals following the example of the smaller voluntary and municipal hospitals. “The average age of the nurse was getting younger ... all this indicated the decline in the old type of nurse.”<sup>56</sup> Some hospitals were accepting women who were 18 years old in the early 1920s although the average age was 20 or 21; by 1931 the usual minimum age of admission was 19. The probationer archives at U.C.H. show that the age of entry was slightly above this throughout this period, and it was only at the beginning of the Second World War that the age of entry included 18 year olds; but the records support the observation that the age of entry was gradually reduced.

One of the comments contained in the report of the Athlone Committee (1937) observed “Girls go from an atmosphere of trust at school to being treated as irresponsible children”.<sup>57</sup> It was an anomalous situation where the probationer could find herself with a great deal of responsibility on the ward, accepting the rigorous discipline thought necessary, but was treated like a child in the nurses' home, for example, lights out and late passes. Without doubt the discipline and conditions of nursing were harsh; what had started as necessary to promote a new approach to the act of nursing in the nineteenth century, had become embalmed in tradition, and closed to change. An editorial in the 1920 League Magazine reflected on the discipline within nursing. On entry into training, the probationers were not accustomed to discipline or forgetting self. The discipline of the training years could be equated to ordinary good manners practised to a fine degree and was necessary to form the character of the nurse - an echo of Miss Nightingale's argument. It was vital that a trained nurse could deal with the suffering which she encountered daily in her work. This in itself meant that nursing was not a trade, although there were attempts to make it so. During the war the conditions of nursing had engendered a call to revolt which had not been heeded.

We must all unite to fight against any tendency to self indulgence, any relaxation of the discipline which has existed in all good training schools. The sisters we remember best, and in the end most grateful to, were those who were most rigorous in maintaining that discipline, who permitted no slips to pass unnoticed, no deviations from the narrow path of duty, until at last they were often able to produce “devotion of duty”, that quality which has played so great a part in the war, and which there is still such need of in these unrestful and troubled times.<sup>58</sup>

Here is an argument for retaining the discipline so that the essence of nursing, devotion to duty, could be preserved. But even at this stage in the early 1920s the serious shortage of probationers was partly due to that very discipline which was considered essential. However, it was an approach to nursing that was disappearing. The vocation of selfless devotion in nursing for little pay was an outdated concept. The concern for pay and conditions within nursing led to the appointment of the following committees.



### **The Lancet Commission:**

In 1930 the Lancet Commission investigated the reasons for the shortage of probationers, with the expectation that recommendations could be made to recruit suitable candidates. It was obvious by this date that there were many more opportunities for women outside the traditional ones of nursing and teaching. The Lancet Commission recommended that the discipline should be reviewed, and that the system of hierarchy, compulsory attendance at meals, lights out in the nurses' homes at a set time and late passes should be amended.<sup>59</sup> The Report reflects the arguments which surrounded the developments in nursing throughout the years of this study and beyond.

### **The Athlone Committee:**

In 1937 the Athlone Committee found that the percentage of probationers with secondary education entering training had increased from the time of the Lancet Commission in 1930: 61% to 75% in the voluntary hospitals and from 6% to 29% in the municipal hospitals. The Athlone Committee recommended that trained nurses should be paid a higher wage and that a Nurses' Salary Committee should be introduced to investigate the possibility of structuring nurses' salaries for a 96 hour fortnight with four weeks annual leave. The Committee came to the conclusion that accommodation and catering needed to be improved in a number of hospitals; that more domestic staff should be employed, thereby relieving the nurse of the daily routine of domestic duties; that the petty rules and restrictions which added to the difficulties of a nurse's life should be reviewed. There was recognition that most of the voluntary hospitals would not have sufficient funds to meet these demands and therefore it was recommended that grants should be paid from public funds to the voluntary hospitals to meet the cost of the improvements in the hours, salaries and the other measures proposed.<sup>60</sup>

### **The Rushcliffe Committee:**

During the Second World War more nurses were needed to care for the wounded, both military and civilian. In April 1941 standard rates of pay were imposed by the government which were above existing rates both in the municipal and voluntary hospitals. The government promised to reimburse part of the difference and thus became

more involved in the running costs of hospitals. The Rushcliffe Committee of 1943 recommended that the salaries of trained nurses should be further increased.<sup>61</sup>

### **The Wood Committee:**

The Wood Committee of 1947 attributed wastage of student nurses to hospital discipline, the attitude of senior staff, food, hours and pressure of work, in that order. It found that in one small group of first year nurses, 33% of their training was devoted to domestic duties; second year, 24 % of time; third year 16 % of time. The Committee believed that if the student was relieved of such duties, two years would suffice for general training. This was refuted by the G.N.C., as was the suggestion that training schools should be separated from the hospitals.<sup>62</sup>

### **The Situation at U.C.H. (1935):**

At U.C.H. the evidence supports the reports of long hours and hard work which have been quoted prior to 1935; in particular two documents detail the probationers' discontent with their working conditions. In a typewritten script dated 1 September 1935 and headed "Memorandum for the consideration of the Committee" four areas were specified, namely Night Duty, Tuition, Food, Off-Duty. It closed by pointing out that the recommendations contained therein had been approved by the Lancet Commission in 1932, and that to maintain the best interests of U.C.H. the improvements should be introduced immediately.<sup>63</sup> The probationers had reached the point where they organised a petition themselves to improve the situation.

One improvement occurred while I was at U.C.H. We were supposed to have two nights off duty each month of the three months on duty. I had precisely two nights off in the whole three months of my first spell. Admittedly I did get a week off at the end. At about this time a group of bold and determined Probationers organised a petition - backed up by our signatures: they quoted figures for the more generous off duty periods in the State hospitals and eventually we were allowed two nights off in fourteen. That was wonderful.<sup>64</sup>

It would appear that the probationers often worked five to nine weeks on night duty without a break - 87½ hours per week. An attempt before 1935 to improve the situation at U.C.H. had failed because of shortage of staff. It was pointed out that working a 12½ hour shift was dangerous for patient and nurse. Three months per year on night duty was the maximum that should be imposed on the nurses. The night nurses had to take their meals - considered inadequate - on the ward; it was recommended that time off the ward would be beneficial.

In the section headed "Food" the complaint was made that the food was often badly cooked and the diet deficient for people who were doing hard physical work for long hours under pressure. The list of sick nurses reflected to a degree the poor nutrition, and although improvement in nurses' food would involve spending public money, it could be justified from the patients' point of view in that the nurses would not be so run down and tired.

The section headed "Off Duty" reflects the complaints that were made nationally. A request was made that off duty should be known at least a week in advance, with an acknowledgement that "it is now realised that some outside personal life is as necessary to a nurse as anyone else", a far cry from the days of the All Saints Sisters. As far as staffing the wards was concerned, wards with 24 or more patients should have four nurses working and not just three. Apparently three nurses working on the 24 bedded wards was usual practice, suggesting considerable under staffing. Another recommendation advised that some of the heavier wards, that is, those wards where patients required significantly greater physical nursing, should be staffed by five rather than four nurses during the day and three at night instead of two.

Conditions did improve - by 1938, the nurses in training at U.C.H. had two nights off a fortnight. The salaries of the trained staff, sisters and staff nurses, were altered from May 1938, in accordance with the new scales recommended by the College of Nursing. The block system was introduced during these same years which can partly account for the significant increase in the number of probationers. It was gradually accepted that the domestic duties of nurses could be done by the ward maids, and an increasing number

of orderlies were employed to do sweeping, dusting and other domestic work on the ward.

The shortage of probationers in nursing in the 1920s and 1930s had many causes. The wider choice of career open to women was undoubtedly one of the factors; however, women increasingly had to be financially independent, they no longer could - or desired to - rely on parents or husband, and nursing pay was so low that it was difficult to achieve financial independence at a level commensurate with concepts of profession.

Low pay for nurses and debates about it have a long history. In the 1920s and 1930s the shortage of probationers and trained staff was particularly associated with low pay, and whether pay at levels relative to other occupations would encourage the wrong sort of individual into nursing. The major problem was that the voluntary hospitals relied on donations, and therefore costs had to be kept to a minimum. The system of staffing the wards with one or two trained members of staff plus probationers was an economic method of servicing the hospitals.

## **Conclusion**

The foundation of the College of Nursing provided a national focus in the context of the First World War. It encompassed the ideals of profession, enabling nursing to proceed in a way that was recognisably professional at a national level, but it was also bound by those characteristics which are distinguishably vocational.

At the end of the war in 1918, women over the age of 30 were enfranchised, such was the recognition of the part they had played during the hostilities. Then in 1919 the Sex Disqualification Removal Act created the legal principle that neither sex nor marriage should disqualify a woman from pursuing any civil profession. This Act altered the career prospects for women. It broadened the professional choices for women in areas which had hitherto been closed, for example, chartered accountancy, the civil service and social work were now open to women, to the extent that by 1921 some 60 % of social welfare related workers were women. Until this time teaching and nursing had been the

traditional choices, but in future nursing particularly would have to compete with a wider range of choices. The unspoken prejudice against married women was part of a broader issue in society in general - nursing was not the only occupation which demanded that women had to give up working when they married. Yeaworth in 1978 described nursing “as an occupation for large numbers of women and a career for few”.<sup>65</sup>

Registration was recognised as part of the movement to gain autonomy for women. Registration gave public recognition to one of the facets of profession, that of control over who can practise - “it regulates its own control over the admission to, and dismissal from, the profession”.<sup>66</sup> The arguments and recriminations over the issue of registration had run for many years. It would appear that the majority of nurses came to realise the significance and benefits of registration in the years and conditions of the First World War. Crucial to the claim to profession was the establishment of the G.N.C. in 1919. This was the mechanism which was to control the right of entry to the profession through the Register, and later, in 1943, the Roll. The G.N.C. had the power to dismiss practitioners who had breached the code of practice, another of the crucial elements of profession. The Nurses' Registration Act did not create instant harmony within the ranks of the practitioners, but it established an official standard for the future development of the profession. It allowed nurses who had trained prior to 1919 under certain guidelines, that is, the size of the training hospital and variety of clinical experience, to gain access to the Register including a voluntary state final examination in 1924, whilst those probationers in training from the introduction of the first compulsory final state examination in 1925 gained access to the Register via the examination. “The majority of the profession still liked to think of nursing as a vocation, but far more nurses were needed than could be realistically expected to feel a ‘call’.”<sup>67</sup> By the middle of the twentieth century, nursing was a profession, by which time “probationers” had become “student nurses”.

Whilst nursing fulfilled the characteristics of a profession prior to 1919, at the same time Christian vocation was the basis for the work. The editor commented in the 1920 League Magazine: “It is a tradition in most professions, but most peculiarly in ours, to put the benefit of the work always before the benefit of the worker. Self-forgetfulness is the

highest quality of a nurse, easy for some to achieve, difficult for others, but always maintained as the ideal. Once that ideal is lost sight of, our profession will cease to be called a sacred calling.”<sup>68</sup> English society, however, had changed. The First World War was highly significant in affecting church attendance, which had been gradually declining since the 1851 Census. “Perhaps the most striking change in ‘mentalité’ was the steep decline in religious attendance, now absolute instead of relative, after the First World War.”<sup>69</sup> Nursing too had changed; it had become a profession, but something very precious was lost in the process, namely the Christian vocation of loving one's neighbour as oneself.

## Notes:

1. Parry N. Parry J. 1976 The Rise of the Medical Profession Croon Helm, London.
2. Haralambos M. 1985 Sociology Themes and Perspectives (Second Edition) University Tutorial Press Limited, Slough pp.72-73.
3. Ethel Gordon Manson, matron of St. Bartholomew's 1881 - 1887, when she left to marry Dr Bedford Fenwick.
4. Bowman G. 1967 The Lamp and the Book The Queen Anne Press, London pp.2-3.
5. Editorial The Nursing Record Vol.1 No.1, 5 April 1888.
6. The inspiration for this came from across the Atlantic where Isabel Hampton, superintendent of nurses at the Johns Hopkins Hospital, Baltimore, had established The American Society of Superintendents in 1893.
7. Matron at St. Bartholomew's Hospital 1887 - 1910.
8. McGann S. 1992 The Battle of the Nurses Scutari Press, Middlesex p.65.
9. As Miss Finch had trained at St. Bartholomew's Hospital, possibly the St. Bartholomew's Nurses' League acted as an example. Miss Finch was appointed matron at U.C.H. in 1902.
10. Anon. "Constitution and Bye-Laws" U.C.H. Nurses' League Magazine Vol.1 No.1, November 1909.
11. Ibid.
12. This Fund eventually took the title "The Dora Finch Benevolent Fund" in grateful memory of Miss Finch.
13. Editorial U.C.H. Nurses' League Magazine Vol.1 No.7, October 1912
14. There was great sadness when the report was made to the U.C.H. Nurses' League Executive Committee that Region had taken the decision in 1994 to close Bloomsbury and Islington College of Nursing and Midwifery. The general comment was "Oh no. Not the training school". The closure of the schools of nursing has had far reaching implications for the profession of nursing.
15. Maggs C. 1983 The Origins of General Nursing Biddles Ltd., Guildford p.118.
16. G.W. "Correspondence" U.C.H. Nurses' League Magazine Vol.1 No.3, September 1910.

17. Nemo "Correspondence" U.C.H. Nurses' League Magazine Vol.1 No.4, March 1911.
18. Holmes E.E. cited by Riddell M. "Second London General Hospital, Chelsea" U.C.H. Nurses' League Magazine Vol.2 No.2, December 1916.
19. Dame Sarah Swift, matron in Chief of the British Red Cross Society, formerly matron of Guy's Hospital.
20. The Hon. Arthur Stanley, Treasurer of St. Thomas' Hospital and Chairman of the Joint War Committee.
21. I have been unable to trace Captain Butler's connection to U.C.H.
22. Bowman G. 1967 The Lamp and the Book The Queen Anne Press, London p.36.
23. Ibid. pp.41- 43.
24. Alicia Lloyd Still had been matron of the Brompton Hospital 1904, matron of the Middlesex Hospital 1909, before she became matron at St. Thomas' in 1913.
25. Matron of the Royal Free Hospital.
26. Matron of Guy's Hospital.
27. The medical superintendent of Guy's Hospital.
28. McGann S. 1992 The Battle of the Nurses Scutari Press, Middlesex p.30.
29. Ibid. p.31.
30. Anon. "The Victory at Home" U.C.H. Nurses' League Magazine Vol.2 No.5, May 1920.
31. Honorary Secretary to the U.C.H. Nurses' League.
32. O'Brien J. "The College of Nursing Ltd." U.C.H. Nurses' League Magazine Vol.2 No.2, December 1916.
33. Perkin H. 1989 The Rise of Professional Society England since 1880 (reprinted 1996) Routledge, London p.20.
34. Society for the State Registration of Nurses 1908 R.C.N. Archives.
35. Nightingale F. 1860 Notes on Nursing (1969) Dover Publications Inc., New York p.127.
36. McGann S. 1992 The Battle of the Nurses Scutari Press, Middlesex p.25.
37. Aldrich R. 1982 An Introduction to the History of Education Hodder and Stoughton Ltd., Kent p.57.



38. Abel-Smith B. 1960 A History of the Nursing Profession Heinemann Ltd., London p.64.
39. Assistant surgeon at U.C.H. 1885; surgeon 1893; consulting surgeon 1906; died 1916 whilst serving with the forces during the First World War. Merrington W.R. 1976 University College Hospital and its Medical School: A History Heinemann Ltd., London p.277.
40. Butler T. "University College Hospital 1902" U.C.H. Nurses' League Magazine Vol.4 No.5, April 1931.
41. Formed in November 1897 to defend the interests of the London teaching hospitals. Representatives of the management bodies and medical staff formed the Council. Rivett pointed out that it was ineffective: it fought for reduction in hospital rates (1898); considered hospital abuse (1899); discussed the anti-vivisection campaign (1900); opposed the creation of a central bed bureau, proposed by the Hospitals Association, because it was inexpedient and lacked practical utility (1903); opposed State Registration of Nurses (1904); considered the charter of the King's Fund unsatisfactory (1907); gave evidence to the Royal Commission on the Poor Laws (1908) and commented on the National Insurance Bill (1911). Rivett G. 1986 The Development of the London Hospital System 1823-1982 Oxford University Press p.152.
42. Davenhall E. 1982 U.C.H. Matrons Rollmark Limited, Norfolk p.17.
43. G.W. and M.O. "A Suggestion" U.C.H. Nurses' League Magazine Vol.1 No.11, November 1914.
44. Perkin H. 1989 The Rise of Professional Society England since 1880 (reprinted 1996) Routledge, London p.234.
45. British Nursing Journal cited in Baly M. 1995 Nursing and Social Change (3rd Edition) Routledge, London p.150.
46. Abel-Smith B. 1960 A History of the Nursing Profession Heinemann Ltd., London pp.96-97.
47. Bingham S. 1979 Ministering Angels Osprey Publishing Limited, London p.105.
48. Perkin H. 1989 The Rise of Professional Society England since 1880 (reprinted 1996) Routledge, London p.3.
49. McGann S. 1992 The Battle of the Nurses Scutari Press, Middlesex p.49.

50. Abel-Smith B. 1960 A History of the Nursing Profession Heinemann Ltd., London p.109.
51. Ibid. p.111.
52. Riddell M. "State Registration of Trained Nurses" U.C.H. Nurses' League Magazine Vol.2 No.7, September 1921.
53. Editorial U.C.H. Nurses' League Magazine Vol.2 No.8, May 1922.
54. Barber B. cited in Haralambos M. 1985 Sociology Themes and Perspectives (Second Edition) University Tutorial Press Limited, Slough p.71.
55. Wiles M. "The Shortage of Probationers" U.C.H. Nurses' League Magazine Vol.2 No.7, September 1921.
56. Abel-Smith B. 1960 A History of the Nursing Profession Heinemann Ltd., London p.118.
57. Bingham S. 1979 Ministering Angels Osprey Publishing Limited, London p.182.
58. Editorial U.C.H. Nurses' League Magazine Vol.2 No.5, May 1920.
59. Dingwall R., Rafferty A.M., Webster C. 1988 An Introduction to the Social History of Nursing Routledge, London pp.99-101.
60. Abel-Smith B. 1960 A History of the Nursing Profession Heinemann Ltd., London pp.146-147.
61. Baly M. 1995 Nursing and Social Change (3rd Edition) Routledge, London pp.172-173.
62. Baly M. 1976 Nursing and Social Change (1st Edition) Routledge, London pp.242-243.
63. Anon. "Memorandum for the consideration of the Committee, 1 September 1935" Typewritten Manuscript, U.C.L.H. Trust Museum of Nursing.
64. Moore M.M. Manuscript, U.C.L.H. Trust Museum of Nursing.
65. Yeaworth cited in Leddy S., Pepper M.J. 1993 Conceptual Bases of Professional Nursing (3rd Edition) J.B. Lippincott Company, U.S.A. p.55.
66. Tschudin V. 1992 Ethics in Nursing Butterworth-Heinemann Ltd., Oxford p.131.
67. Bingham S. 1979 Ministering Angels Osprey Publishing Limited, London p.181.
68. Editorial U.C.H. Nurses' League Magazine Vol.2 No.5, May 1920.
69. Perkin H. 1989 The Rise of Professional Society England since 1880 (reprinted 1996) Routledge, London p.229.

## **Chapter Four**

### **Nursing Management**

## **Introduction**

In Chapters two and three the transformation of nursing from job to vocation and then to profession was examined asking the question why? Chapter four examines the question “what?” - what was transformed within nursing as it changed from a job to a vocation prior to 1919. The first three sections are concerned with the work of the All Saints Sisters at U.C.H. The period of 1862 - 1899 witnessed the introduction of the skills which form the basis of nursing care of the patients. In an account of nursing at St. Bartholomew's in 1877 before the introduction of training, one of the first probationers wrote:

Nursing was utterly unknown. Patients were not nursed then, they were “attended to” more or less; but there was only one nurse in each side of the ward... The patients had their beds made once a day, the bad cases had their sheets drawn at night. All wounds suppurated, and required dressing or poulticing twice or three times a day.<sup>1</sup>

From this description the basis of nursing skills and management can be detected, that is, there was one nurse for each side of the ward, and cleaning was an important element even then. There is no reason to suppose that this was not the average scene of a hospital ward in England from the time of the Reformation to the mid nineteenth century and certainly one that could be applied to nursing services at U.C.H. prior to the introduction of the All Saints Sisters. From the minimal evidence available it is possible to trace “what” nursing achieved in the nineteenth century through to the sophisticated care of the twentieth century.

It can be argued that the question “what” was transformed was the element of caring in nursing. Therefore this chapter will examine the development of nursing care and its management in terms of physical, mental and spiritual care during the years when the All Saints Sisters were at U.C.H. Following their departure in 1899, the structure of the nursing hierarchy - matron, ward sisters, the private staff - is examined in the context of offering nursing care to the patients.

Patient care, and the management involved therein, was (and is), the focus of nursing. The concept of caring has caused immense debate within nursing for many decades -

Caring for another person ... has connotations of concern, compassion, worry, anxiety, and of burden; there are also connotations of inclination, fondness and affection; connotations of carefulness, that is, of attention to detail, of responding sensitively to the situation of the other, and there are connotations of looking after, or providing for, the other.<sup>2</sup>

### **The All Saints Sisters at U.C.H.**

The foundation of the All Saints community followed the pattern of many of the sisterhoods which were established in the nineteenth century. Whilst the essence of the community was the religious life of observance and obedience, a number of the communities responded to the call of the social gospel, as in the case of the All Saints community, in caring for the sick and needy. The All Saints community was founded in 1851 when Miss Harriet Brownlow Byron went to live in Mortimer Street and took with her three incurable invalids and two orphans. She was joined by other ladies and they moved into three houses in Margaret Street, opposite All Saints Church, then under construction. There are several recorded comments that visitors to the convent were impressed with the atmosphere of tranquillity and simplicity. The rule drawn up for the community was based on that of Saint Augustine. During the 1850s it was recognised as one of the fashionable communities, along with that at Clewer.<sup>3</sup> The Constitution of the Society of the All Saints Sisters of the Poor was established in legal form in 1859. Acts 4:31-5,<sup>4</sup> which reflects the early Christian community, was the inspiration for the rule of St. Augustine. Part of the Preface to the All Saints Rules and Admonitions of 1855 states

It is also another object of this Institution to afford opportunities for persons apart from the world and its distractions to 'perfect Holiness in the fear of the Lord', to grow in the love of our Holy Saviour, and to show forth love to Him by acts of love to His poor and afflicted.<sup>5</sup>

This is the essence of Christian caring, “to show forth love to Him by acts of love to His poor and afflicted”, caring which was introduced into the nursing services at U.C.H. in 1860.

There are various accounts of the introduction of the All Saints Sisters to University College Hospital. The Middlesex Hospital is much closer to Margaret Street and therefore the obvious choice. Merrington quotes a letter from Mother Foundress requesting whether two sisters could have nursing experience at the hospital.<sup>6</sup> Mayhew in his history of the community of All Saints has the same introduction.<sup>7</sup> Anson, however, quotes one of the physicians at the hospital, Sir William Jenner,<sup>8</sup> a friend of Mother Foundress, asking her to send two sisters, which would explain the fact that U.C.H. was chosen rather than the Middlesex.<sup>9</sup> In a hand written note which resembles Sister Catherine's writing, the comment is made that “In the early days the Sisters were asked to go as aides to Sir William Jenner”.<sup>10</sup> Mother Harriet Brownlow Byron gave assurances that they would not try to influence the religious views of their patients. The hospital committee and matron agreed to the sisters nursing the sick and dressing the wounds of patients in two of the wards of University College Hospital. In the library of the All Saints Sisters there is a handwritten account of the events, which indicates that Sir William Jenner recognised that the nursing on the wards was generally of a poor standard, and that he was impressed with the work of the All Saints Sisters; he arranged for Mother Foundress to be asked on All Saints Day 1860<sup>11</sup> to undertake the nursing in wards 5 and 6, with Sister Elizabeth as head nurse. Sister Elizabeth had just entered the community and was still a novice. She took three women with her to train as nurses. They were willing to recognise the rules of the hospital, and matron's authority. The wards were soon in a state of "order and comfort". The head nurse of wards 5 and 6 resigned shortly after their arrival, because of accusations of misconduct. The “order and comfort” were the basis for the growth of nursing care during the 37 years the All Saints Sisters were at the hospital. They were able very quickly to increase their numbers from Margaret Street and Mortimer Street at times of crisis. In August 1861, for example, there was a terrible railway disaster at Camden Town; between 30 and 40 victims were admitted to U.C.H., about 15 of whom were admitted to wards 5 and 6. Sister Elizabeth received help from the sisters at the All Saints home on that night and for several days

thereafter.

Because of the efficiency of the nursing in wards 5 and 6, when the committee met in October 1861 they gave matron six months notice and on 2 June 1862 the whole management of nursing was taken over by the All Saints Sisters. Sister Elizabeth was professed on 4 June 1863 and appointed Sister Superior; she held the office of Sister Superior till May 1878, when she was obliged to resign through ill health. Sister Gertrude Anna was then appointed Sister Superior, a post she held for four years, when she left to be assistant Superior at the Mother House. Whilst Sister Gertrude Anna was Sister Superior better accommodation was provided for sisters and nurses, and a large room was set apart as an Oratory, a quiet room especially for prayer, which emphasised their devotion to liturgy and prayer, caring for the sick and poor. It was a particularly remarkable achievement at this specific hospital, part of University College, London, which, when it was founded in 1826, was described as the “godless institution of Gower Street” because of the firm intention of having no religious requirements or religious teaching.<sup>12</sup> In 1882 Sister Cecilia, after working for 12 years in the wards, was made Sister Superior remaining in charge until the autumn of 1898.<sup>13</sup>

### **Management of the Nursing Services**

Under the All Saints Sisters, the organisation of nursing care was the responsibility at ward level of a head sister and a sister for each pair of wards, plus two probationers in training in each ward, as well as servants for the cleaning. During their tenure, one nursing staff member to every four patients became the norm, a ratio higher than that of any other London teaching hospital. Components of modern nursing become apparent:

1. written rules for the control of drugs.
2. at some time they began the practice of the nurse in charge carrying the drug keys, rather than hanging them behind the office door, both a safety procedure and a sign of authority.

One of the allegations against the previous practitioners was the misuse of drugs.

3. reports on patients.

These were written reports, and so began the system of recording nursing care to maintain continuity; a reason for the requirement that applicants had to be able to read and write.

4. a daily report by the Sister Superior had to be written for the hospital committee. Copies of these reports are still in existence.
5. attempts were made to reduce the cases of typhoid fever among nurses and patients.
6. clinical thermometers, three to the ward, were introduced,<sup>14</sup> to which the sisters objected at the number of times the doctors requested temperatures had to be recorded. The sisters' objection might give a clue to the criticism made of them in 1898.

Taking temperatures would have originally been a medical skill, but as so often with the clinical skills, this became a nursing duty because nurses were in the wards for 24 hours.

These are examples of what was transformed in nursing skills. The account written by Sister Catherine about the cholera epidemic of 1866 which affected the work at the London Hospital adds understanding of the developments in nursing care taking place in the early 1860s. The night nurses at the London in 1866 were

quite a different class to the day-nurses - simply poor women who came from their own homes to take the night duty ... It was a fearful sight people writhing in pain and so little to be done for souls or bodies. Several priests came and did what they could ... When we reached home in the morning we had to have baths and change all our clothes for fear of infection before breakfast and then we went back to our work at U.C.H. and rested that night.<sup>15</sup>

G.E.J. describing her training at U.C.H. in the 1890s, related some of the duties on night duty - outlining some of the tasks in nursing.

A tiny room was used as a kitchen where patients' meals were prepared. It was very dark and down one step from the ward ... Before going to her ward the



night probationer had to collect her scanty meal and her “staffs”, and if there was an egg, a rasher of bacon, or a sausage to cook, it was cooked on a little methylated stove at the bottom of the patients' bath! The staff nurse's meal was also laid in the bath-room, on a small table which we tried to make nice with flowers etc. There were no ward maids in those days, only scrubbers, and we all had part of the ward to sweep as well as all dusting, brasses, meals and washing up, with the exception of the dinner things.<sup>16</sup>

Part of the new system of nursing involved cleaning anything and everything. Miss Nightingale had been insistent on the importance of maintaining a germ free environment - the environmental model of care. From the beginning of their training probationers were taught how to clean floors, beds, equipment. “The work was very hard - lockers, locker-boards, and tables of course, to scrub every day.”<sup>17</sup> Nurses reminiscing about their training days recounted details of the cleaning regime. “Tin dressing tins had to be polished like silver with turpentine and bath-brick, and mackintoshes were scrubbed in the ward, on the coal - box, a large square wooden affair.”<sup>18</sup> Cleaning remained part of nursing for decades, even though there was evidence that some of it was unnecessary and some could be performed by non nursing staff. It became part of the registration debate and continued thereafter. Critics came from both within the profession and without. From the turn of the century, generally, ward maids were employed. Maggs argues that the domestic work was part of social control “Because control was equated with moral character, and since the training of the new nurse involved this crucial component, tasks which appeared to be non nursing duties could be used to inculcate self discipline, to help the trainees learn how to control others by learning how to control themselves”.<sup>19</sup> The cleaning did not denigrate nursing in the eyes of the public; there was a line in a hymn “who sweeps a room, as for thy laws, makes that and the action fine,”<sup>20</sup> which summarises the attitude to these tasks by many people of this generation. On the other hand, it is worth pointing out that at present, the number of patients with hospital acquired infection is on the increase, and therefore there was indeed an important reason for keeping the environment scientifically clean.

By the 1890s the hours on duty at U.C.H. were 8.30 a.m. to 9 p.m. with 2 hours off

every other day; holiday entitlement was one month per annum.<sup>21</sup> On this evidence, the working week at U.C.H. in 1895 was 80.5 hours. At other hospitals the average hours per week of the probationers were as follows:

<b>Hospital</b>	<b>1898</b>
Guy's Hospital	87.0
St. Mary Abbotts Poor Law	86.0
Birmingham General	82.25
The London	81.0
Poplar & Stepney Sick Asylum	80.0
Royal South Hants	79.5
Sheffield Union Infirmary	78.0
Leeds Union Infirmary	77.25 <sup>22</sup>

This demonstrates the diversity in conditions at the various categories of hospitals and even at the London teaching hospitals. From these examples it can be seen that the longest working week was 87 hours, the shortest 77.25, a difference of 9.75 hours, and an argument for the standardization emphasised by the registrationists.

The Sister Superior's reports to the general committee illustrate the housekeeping role. Funds were needed for amenities for the patients, for night nurses, for better provision for cleaning, for more bed linen for the patients, for a little heat in the corridor, and above all, for more rooms for the nursing staff. A sanitary inspector of the hospital in 1871 brought about a renovation in the nurses' quarters in 1872. Sister Cecilia who succeeded Sister Gertrude Anna in that year, pleaded with the committee in 1884 to persuade the surgeons to use fewer towels when operating. She had ordered another 200 towels at a cost of about £6.<sup>23</sup>

### **The End of the Connection**

The All Saints Sisters remained at U.C.H. until 1899, a period of 37 years. Although the major criticism levelled at the community both at the time and since was of financial

mismanagement, this is too simplistic; there were a multiplicity of reasons why the nursing at U.C.H. by an Anglican sisterhood was severed. By the 1890s criticism of the All Saints Sisters came from within the hospital itself; it would appear that the sisters had not kept in touch with the developments in nursing, such as control of infection and they had objected to the number of times they had to record patients' temperatures; they were also accused of poor financial management.

Financial problems, especially the cost of extra nursing staff required by the sisters, had provoked antagonism on the part of the hospital committee. In the years 1887/88/89 the average annual cost of each bed occupied at U.C.H. was £93 9s. 6d; at St. Mary's it was only £77 9s 10d; at the Westminster £65 16s 1d. The financial problems mounted. In a special committee's first report of March 1898, it was recommended that the sisterhood should "at once pay all accounts due on 31 December 1897, so that the hospital should be in no danger of discredit owing to the indebtedness of its nursing staff".<sup>24</sup> It seems to have been generally agreed that financial competence was not the sisters' strongest attribute. In addition in 1884 one of the surgeons had complained of the dirty state in one of the wards of the hospital "there was dust everywhere ... sluttish conditions of the closets and washing places"<sup>25</sup> - although this does not quite fit with the impression of the community. Lord Monkswell, on behalf of the hospital committee wrote to the Mother Superior on 28 October 1898. The committee was suggesting, after long discussions, that the hospital manage its own nursing service. He acknowledged on behalf of the hospital the "heavy debt of gratitude" owed to the sisters "for the many years during which the nursing had been devotedly carried on by the Sisterhood".<sup>26</sup> Mother Superior replied by return of post. She said that it had been

a pleasure and a privilege to have the hospital nursing committed to our care for so many years ... the community was ... quite ready to make way for any system which seems to the Authorities of the hospital more advantageous to its well being. She would withdraw her Sisters in six months time, or at a time to suit the hospital.<sup>27</sup>

Mayhew suggests that perhaps a note of relief may be detected in the Mother Superior's

response; Mother Mary Augustine was a wise woman. There was another letter from the chairman of the general committee, referring to his personal awareness of the devotion and assiduity with which members “of your body ... have worked in the service of the hospital”.<sup>28</sup>

There is other evidence concerning the withdrawal of the All Saints Sisters from U.C.H. contained in the library at Oxford, which demonstrated their realisation of a problematic financial situation. From one or two remarks between one of the sisters and Mother Superior, it would appear that the sisters who worked at U.C.H. realised that Sister Cecilia was not managing the situation as she should be, really through no fault of her own.

I enclose the statement which I hope is what you wanted me to write. I could not give details of the loans as they are mixed up in the accounts of the Nurses' Home - the two funds are kept in one banking account and this complicates matters. I am a little nervous as to the result of all this, but it cannot be right to go on as we are.<sup>29</sup>

Mother Superior must have questioned the content of the letter. Four days later there were further explanations re the account for the private and hospital nurses.

... the private Nurses are quite a separate body from the Hospital Nurses, and are supported by their own earnings. In the books the two accounts are kept apart in separate columns of the Cash book, but in practice Sister Cecilia mixes them together, for example if the Nurses' Home has a good year she helps the Hospital or if as in 1896 the Nurses' Home does not pay she charges the deficit to the Hospital account ... May I suggest that Sister Cecilia should be told exactly what her debt is, and also asked to face the fact that she ought to ask the Hospital Committee for more money - I only hope she will not be angry with me, but I trust that I have done right in the matter, I felt it could not be wrong to tell you.<sup>30</sup>

This letter gives a clear explanation of the circumstances in which Sister Cecilia had organised the nursing services during the final years at U.C.H. The private nursing staff were paid £25 to £35 per annum at this time, plus a percentage on their earnings; the paying probationers at U.C.H. paid £30 the 1st year, £20 the 2nd year, and £15 the 3rd year. At the Middlesex, the lady pupils paid a guinea a month for 12 months - an interesting comparison in view of the fact that at U.C.H. they paid more and for three years.<sup>31</sup> In their defence the sisters organised a survey of other hospitals to show that they were not mismanaging the hospital finances. There is a comparison of nurse patient ratio, from which at first sight U.C.H. does not emerge very well.

#### **Proportion of Patients to Nurses.**

Royal Infirmary Edinburgh	4.4 Patients to each Nurse
Middlesex	3
Charing Cross	2.6
Royal Free	2.6
Kings College	2.3
University College	2.1

The main explanation for the high ratio of nurses at U.C.H. was “that the Medical School at U.C.H. is a very large one adds to the number of Nurses required, as the operations are many and important and the proportion of chronic cases small”.<sup>32</sup> This underlines the importance of the developments in medical skills at the hospital, and that it was a hospital for acutely ill patients in central London. The high proportion of nursing staff at U.C.H. reflects why the All Saints Sisters ran into financial difficulty as their budget had not been increased.

In 1879 the Hospital was enlarged and opened with a nursing staff of 53

In 1885 the staff was 50

In 1897 the staff was 100

Sister Cecilia wrote to the hospital committee explaining how the situation had

developed. It would appear that the financial arrangements at the hospital had been unsatisfactory for 14 to 15 years, but that Sister Cecilia had been unwilling to disturb the agreement of 1885.<sup>33</sup> “When the sum of £192.5s. per month was assigned to the Sister Superior for board, uniform, wages and personal laundry, expenses, the nursing staff was about 50 in number, now it is about 100.” Besides the additional numbers, other items had added to the expense, such as: outdoor uniform and the laundry for nurses; the district nurse; improvement in food because many of the nurses came from a different class in life from previous nurses; a nurse in outpatients to keep order. The cost of the increasing numbers of nursing staff added to hospital expenditure.

The fees of the paying probationers added to the monthly sum paid by the hospital committee. In 1896, the average monthly income was £237.10s. whilst the monthly expenditure was £266.5s.4d., resulting in a monthly deficit of £28 15s. 4d. The monthly deficit became an increasing sum. “I have not been strict in always enforcing payment from nursing pupils when they were not well off.” Sister Cecilia laid certain facts before the hospital committee:

1. U.C.H. employs no ward maids
2. At U.C.H. the number of patients occupying each bed in the course of the year is larger than in many hospitals  

e.g.	at U.C.H. in one year	3055 in patients
	Westminster	2934
	Kings	2468
3. U.C.H. medical school is so large, important and enterprising, and the work has increased so greatly in scientific directions, that a large staff of nurses is needed; the operations are numerous & important & the proportion of chronic cases small.<sup>34</sup>

This letter from Sister Cecilia highlights the fact that the nursing service was underfunded and that since the last settlement in 1885 the demands on nursing had grown. The question has to be asked why was Sister Cecilia so reluctant to go to the hospital committee with the facts before it reached this crisis point. Could it be that she

knew if she did so the All Saints Sisters would have been asked to leave before 1899? In view of the developments in 1898/1899 this was a very real possibility.

In the second half of the nineteenth century the number of hospital beds in England rapidly increased. In 1851 there were 7,619 patients in hospitals, a figure which had multiplied to 39,184 by 1901.<sup>36</sup> A comparison of the position in 1862/63 when the All Saints Sisters became responsible for the nursing services with that in 1899 demonstrates the increase in numbers of patients treated at U.C.H.:

	<b>1862/63</b>	<b>1899</b>
Inpatients	1,348	2,556
Deaths	158	246
Outpatients	18,948	38,562
Expenditure	£7,388.92	£17,374.61 <sup>36</sup>

(for detailed figures please see Appendix 1).

It would appear that the hospital committee has to bear some responsibility for mismanagement of financial affairs if Sister Cecilia was not given an increase in budget to meet the increased cost in nursing services. The hospital committee were well aware of the increased number of patients treated, especially as it became apparent that the old building would have to be replaced to accommodate the new developments in medicine. The committee would also have been aware of the increase in numbers of nurses because Sister Cecilia was required to submit a report on a regular basis of the current number of nurses.

There was also criticism of the sisters' management of the nursing service. Merrington describes the practice of training nurses to care for the sick poor in the hospital, but, as soon as they showed competence, they were sent to nurse the sick privately in their own homes.<sup>37</sup> Certainly, there were a number of nurses who were engaged in this sphere, and in the correspondence quoted below they were part of the overall problem. The practice of sending nurses out from the voluntary hospitals as private nurses was well known. For example, at the London Hospital a private nursing institution was established in 1886

by Miss Lückes. It enabled the medical staff to recommend nurses with recognised training to their private patients. The number of nurses on the private staff increased yearly as did the demand for nurses with recognised training. In 1894 there were 45 nurses on the staff, which had grown to 284 in 1914.<sup>38</sup> At St. Bartholomew's Miss Manson started a private nursing service in 1885 named the St. Bartholomew Trained Nurses' Institute. The extra fee for nursing maternity and massage cases was paid to the nurse herself and not the Institute, such was Miss Manson's concern for the rights of the trained nurse.<sup>39</sup> At Guy's, Guy's Hospital Trained Nurses' Institution employed only nurses who had trained at Guy's. For three years the candidates trained with the other probationers at Guy's; when they had obtained their general certificates, they then served for a year and a half as private nurses, at the end of which time they received a further certificate.<sup>40</sup> In other words, it was common practice, and the All Saints Sisters at U.C.H. were not alone in pursuing this policy.

But there are other considerations at U.C.H. in the dismissal of the All Saints Sisters, which at this distance in time can only be surmised. Sir William Jenner and Dr. Hare both died in 1898, the two consultants who supported the All Saints Sisters at the time of the religious controversy in 1885; Sir William had been crucial in the invitation asking them to nurse at U.C.H. At this decisive point in 1898, therefore, two of their supporters were no longer alive. The major part of the finance for the 1905 building of U.C.H. was donated by Maples. There has long been an understanding that the original purpose of the Outpatients' Department was to be a chapel, but that Maples would not give the money if there was a Christian chapel on site. Could it be that the anti-Christian viewpoint influenced the thinking when discussions were taking place on nursing in the new building?

Another dimension to the withdrawal of the All Saints Sisters includes the following comment, written by one of the sisters "1899 ... so many attendances at lectures were required and the Sisters found it most difficult to keep up with the newer methods being introduced - and secular nurses were forthcoming who could carry on the Hospital efficiently and maintain a Catholic tone".<sup>41</sup> The attendance at lectures and the newer methods, the pressure of developing a secular profession, were part of the reason for the



withdrawal of the All Saints Sisters. For them nursing the sick was a vocation, a response to the call of Christ to heal the sick. The 19th and 20th century understanding of profession was secular. There is no evidence in the U.C.H. archives or the All Saints archives that the sisters took part in the registration debate. Was registration and professional development an issue for the hospital committee as they planned the new hospital? For example Sir Victor Horsley, one of the consultant surgeons, was to give evidence to the Select Committee in 1905 on the registration of nurses on behalf of the B.M.A. and in favour of registration. When the training schools at the other London voluntary hospitals are examined, the Sister Superiors at U.C.H. did not reflect the lady superintendents at the other hospitals whose sole determination was the advancement of the secular profession of nursing.

Bullough and Bullough make an interesting observation on the sisterhood movement in the United States. One of the strengths of the sisterhood movement was that it improved standards in care, but as the growth of hospitals increased so did the demand for nurses and there were insufficient recruits to the sisterhoods and therefore increasingly, secular nurses were employed. In the United States “by 1892 the sisters had been more or less eased out of nursing, indicative of the change in nursing from a voluntary religious vocation to an emerging profession”<sup>42</sup>

In 1860 the concept of modern nursing was just beginning to emerge partly in response to the ability to affect medical cure. The All Saints Sisters emphasised the Christian vocation of healing the sick, and in so doing brought into focus the human capacity to care. Religious orders were not the only agencies to provide nursing. The Christian vocation was strong in many of the leaders in nursing during the nineteenth century, and was the essential motivator in the transformation of nursing from being a job for many women when there was no other means of earning a living. The Christian command to care for each other enabled practitioners to witness suffering, giving comfort where possible, and to perform those parts of nursing which are not part of every day existence for most people. The All Saints Sisters gained nursing experience on two wards at U.C.H. commencing in 1860. The great improvement in the standards achieved on these two wards induced the hospital committee to place the nursing services for the whole

hospital into the control of the All Saints Sisters. The basis for nursing was thus the Christian vocation of caring for each other throughout the hospital. Alongside the Christian vocation to care was the physical and active part of nursing which began to introduce some of the components of clinical nursing. During these years a body of nursing knowledge was beginning to emerge. This body of knowledge would give reason and explanation for the innovations which took place. "Christian doctrine promoted vigorous and precise training enabling the subject (*the nurse*) to develop skill in mental and physical self control."<sup>43</sup>

The withdrawal of the All Saints Sisters from U.C.H. is understandable from the perspective of the changes which were taking place in the wider community, and within nursing itself. The ideal of the Christian vocation was not to disappear immediately, or even completely, but the corporate acknowledgement would not survive in the twentieth century.

### **Nursing Management under Matron**

One of the consequences of "profession" within nursing, that is, the growth of nursing management will be examined in subsequent sections in this chapter in the period 1899 - 1919. Management is required by a religious community, but as far as nursing was and is concerned, it assumed much greater importance. "The whole essence of professionalism lies in having a fund of expertise which goes well beyond the present problem or situation ... This means extensive training, as well as experience."<sup>44</sup> During the years 1899 - 1919, the increasing professionalism and accumulation of a body of nursing knowledge demonstrates an interaction between Christian vocation and the input of the secular and clinical.

When the All Saints Sisters left U.C.H. in 1899 the hospital closed for one month. During this time the new nursing structures came into being, reflecting nursing practice elsewhere. Matron was appointed, responsible for the nursing services, nurse education and the housekeeping duties within the hospital. The growing concepts of professionalism can be identified within this role. The 1899 set of rules for the nursing

department devised by the hospital committee further illustrates what was transformed within nursing, giving a clear indication how far the management of nursing care had advanced by 1899. The function of matron / lady superintendent in a hospital had developed into the key role during the nineteenth century, emphasising the hierarchical nature of nursing. Matron was accountable to the nursing committee. She had to be a single woman, or a widow without dependants;<sup>45</sup> between the ages of 30 and 45 years; with a full hospital certificated training and administrative experience.<sup>46</sup>

Management can be defined in the context of the following six functions:

1. Establishing overall purpose and policy.
2. Forecasting and planning for the future.
3. Organizing work, allocating duties and responsibilities.
4. Giving instructions or orders.
5. Control - checking that performance is according to plan.
6. Co ordinating the work of others.<sup>47</sup>

Matron's role was reflected within these functions in three distinct aspects to the job as given in the rules, namely, leadership and service, education and housekeeping.

1. Leadership and Service:

Matron was expected to live on site, and could not absent herself from the hospital for more than 24 hours without permission from the nursing committee. She had to arrange for the assistant matron to perform her duties in her absence, ensuring that they were never away from the hospital at the same time. Matron was entitled to one month's leave per annum. Drucker defined leadership as “a spirit of management that confirms in the day to day practices of the organisation strict principles of conduct and responsibility, high standards of performance, and respect for the individual and his work”.<sup>48</sup> These concepts were reflected in the role of matron in the organisation, that is, she was involved in establishing the overall purpose and policy of the nursing service, and in forecasting and planning for the future.

## 2. Nurse Education:

Matron appointed the nurses, probationers, and lady probationers. She was responsible for the complete training of every probationer in every department of the hospital. Matron selected the sisters and recommended them for appointment to the nursing committee. She did not have the power to assign any sister to any ward without the approval of the medical officer. Matron had the power of suspension and dismissal with the proviso that as far as the nursing staff were concerned this was with the sanction of the hospital committee. She was expected to present to the nursing committee a list of all the names of the sisters and nurses plus remarks concerning their conduct and efficiency. These duties mirror sections three and four cited above, that is, organizing work, allocating duties and responsibilities, and giving instructions or orders.

## 3. Housekeeping:

Matron's responsibilities for the patients included the daily diet orders for the patients, and the orders for the provisions and other articles required for nursing duties. Matron was expected to prevent waste of the hospital consumable stores, and to encourage economy and efficiency. The gifts of fruit, flowers, linen and other items had to be acknowledged promptly. Any visitors who wished to inspect the building were expected to be treated with courtesy and attention. Matron had responsibility for the household furniture, beds, bedding and linen belonging to the hospital, for which she kept an inventory. She was expected to visit the wards daily, to ensure that everything was kept clean and in good order.<sup>49</sup> Sections five and six of management functions are clearly illustrated in these duties - control, checking that performance is according to plan, and co-ordinating the work of others.

The Nursing Record and The Hospital World on 1 April 1899 announced the appointment of Miss Hamilton “unanimously out of 42 candidates, Matron of University College Hospital”.<sup>50</sup> She had trained at St. Thomas' and was to return there as matron in 1902. Miss Hamilton was “a woman of outstanding character and did a remarkable piece of work in establishing the Training School”<sup>51</sup> following the departure of the All Saints Sisters. Miss Finch became matron in 1902, and continued the work in developing the training programme. She retired in 1923 and Miss Darbyshire was appointed to the

post, retiring in 1935. She had been a founder member of the Royal College of Nursing in 1916; she represented the matrons of the voluntary hospitals on the 1930 Lancet Commission.<sup>52</sup> She was also an ardent advocate of the part that nurses' leagues had to play, both locally and nationally. Miss Darbyshire ensured that a room in the basement of the Rockefeller nurses' home became a chapel, the All Saints Chapel, which remains to this day. Miss Saunders was appointed matron in 1935, resigning when she married in 1939. She was succeeded by Mrs. Jackson, who had trained at Kings' College Hospital when she was widowed. She remained as matron at U.C.H. until 1950.<sup>53</sup>

### **The Ward Sisters**

Sir Thomas Butler wrote of the period 1899 to 1902 that it had been necessary "to organise an entirely new staff from other hospitals and institutions".<sup>54</sup> The new ward sisters gave devoted service in establishing the training school. The hospital committee devised a set of rules for the ward sisters in 1899, setting out the main responsibilities of the job. The ward team is a formal group with common characteristics. Huczynski and Buchanan defined the characteristics of formal groups as follows:

1. they have a formal structure
2. they are task orientated
3. they tend to be permanent
4. their activities contribute directly to the organisation's collective purpose
5. they are consciously organised by somebody for a reason.<sup>55</sup>

These characteristics can be identified within the ward team. The trained staff were the permanent feature whilst the probationers only stayed weeks / months. The rules which concerned the sisters at the hospital emphasised that she should be single or a widow without encumbrance, and that she was required to have three years' medical and surgical training in a recognised training school for nurses. The appointment of a sister to a ward had to be approved by the medical officer of the ward concerned. She was responsible for her ward during the day, but not even sister could return to her ward when off duty without the permission of matron. Sister supervised the work of the staff

nurses. She was responsible for ensuring that they went to meal times punctually, and as far as possible, that they went off duty on time. The role of the ward sister as the central manager of this unit has remained pivotal. She has always been expected to give expert advice to those under her supervision. Sister's role could be divided into patient care, nurse training and housekeeping.

#### 1. Patient Care.

Sister was expected to keep a record of patients on the ward, with details of admissions, discharges and deaths. She was responsible for ensuring that all the instructions of the medical staff were effectively obeyed, and for the administration of the medicines and stimulants in the ward. She attended the medical rounds when they took place, and was present in theatre at operations in cases from the ward. Sister was expected to remain in the ward during visiting hours. She made a list of instructions for the care of the patients by the night nurses. Sister supervised the serving of meals - serving the meals for the patients with the nurses taking it to the patients in bed, or, for those patients well enough, then to the large table which was situated in the middle of the ward.

#### 2. Nurse Training.

Sister's role included supervision of the training of the probationers on the ward. Every month she sent matron a written report on the conduct and capacity of each nurse and probationer on the ward. No evidence has been found of the monthly reports on the nurses and probationers, except that the final reference recorded in the archives usually has a comment on the nurse's conduct, that is, whether it was good, satisfactory or unsatisfactory. There was no difficulty with identification of the really good or the really bad probationers, but with the small number who were borderline. The discipline imposed by some of the sisters at this time assisted in the training programme.

#### 3. Housekeeping.

Sister as manager of the ward was expected to prevent unnecessary waste; she supervised the use of electricity and gas. All the nursing staff who trained prior to 1948 were skilled at preventing waste, they knew that the financial affairs of the hospital depended on voluntary contributions. Sister was not permitted to prescribe medication

for any member of her staff who was ill. Sister and staff nurse were not allowed to take time off at the same time, as sister's duties were performed by the staff nurse in sister's absence. Every day she was expected to order the required diets, stimulants, medicines and drugs, a practice that changed as the years went by. Every week sister ensured that surgical stores were ordered, these to be kept under lock and key. Part of the responsibility included keeping stock of the beds, bedding, linen, kitchen utensils, and crockery belonging to the ward. She was expected to make an inventory of this and give it to matron at quarterly intervals to be checked. The steward's department was closed in 1909 and the catering part of his job was taken over by the housekeeping sister. She became responsible for catering for the entire hospital, including the resident medical, nursing and domestic staffs. To assist her a new appointment was created, that of assistant housekeeper.<sup>56</sup>

How much has this role changed? Laxade and Hale noted that "the nursing profession, having lived through a nursing process revolution in the 1970s and a primary nursing revolution in the 1980s, is likely to find itself in the midst of a managed care revolution as it approaches the 21st century." They go on to cite Zander who described managed care in 1990 as "a clinical system that structures and designs the care-giving process at the patient / provider level to achieve cost and quality outcomes more effectively".<sup>57</sup> The ward sisters of this period achieved a care-giving process fully aware of quality within the constraints of their budget.

The decline of Christian vocation in nursing is evident in the practice of vocation and prayer. One of the ways in which the Christian command to heal the sick was recognised was through the power of prayer. It was the custom in many hospitals for prayers to be said publicly in the wards at given times, a custom that appears to have continued in some instances until the mid 1960s. Prayers were said publicly in the wards at U.C.H. during the time of the All Saints Sisters, and as far as can be ascertained in the first 20 years of the century. In a small survey of nursing at U.C.H. in the 1930s, corroborated by oral evidence, it would appear that this practice was still in operation on some wards as late as 1938. The evidence from the survey included the following remarks:

“Before handover in the evening, depended on the ward sister”;

“Sometimes - Sunday evenings”;

“On some wards”.<sup>58</sup>

In a work schedule for the night staff nurse on Ward IV at U.C.H. in 1935, prayers were said at 8.30 p.m., with the staff nurse standing by the dispensary and the probationer standing by the ward door. Maybe the fact that prayers were only said on some wards related, not only to the faith of the sister, but also to the length of time she had been in nursing. Thus those sisters who had trained in the “old days” were the ones who said the prayers, whilst the sisters who trained after 1919 would have been trained under the guidelines of the General Nursing Council.

The Obituaries in the League Magazine of 1926 and 1933 speak of the faith of the ward sisters as in earlier decades. Sister Fanny lived a “very consistent life, expressing a deep and happy faith in practical saintliness”. As a senior staff nurse, she had been caring in directing the probationers through their training and newly qualified staff nurses. When she became sister in theatres she developed the uncanny sense of anticipating what the surgeons required. She became sister of Ward I where she was an example of “the vocational spirit at its best”. She then became sister of the Trained Nurses’ Institute. From its beginning, she was a firm and leading member of the U.C.H. Nurses’ League. She died in 1925.<sup>59</sup>

Sister Sleigh came to U.C.H. in 1900 at the age of 23, obtaining her certificate in 1904. She became sister of Ward VII (3/1) in 1907 remaining in post for the next 18 years. She had great skill in nursing acute cardiac or pneumonia cases. Sister Sleigh was very experienced in running her ward with efficiency, and in training her nurses. During her last illness she was nursed at U.C.H., the hospital she loved so much and which she served so faithfully. “She was called to higher service on 27 October 1932.”<sup>60</sup>

These sisters represent nurses of the old tradition of Christian vocation, where public acknowledgement was acceptable. One of the All Saints Sisters had written in 1899 that there were enough nurses to maintain the Catholic tone of the hospital. Sister Fanny and



Sister Sleigh represent that generation. Once a secular code of ethics became part of the profession of nursing post 1919, Christian vocation became a private and individual response.

During World War Two patients were evacuated from the main building of U.C.H., and whilst some of the wards were used at various times in the war, it was never fully reoccupied until 1945. Written and oral evidence from nurses who trained post Second World War clearly demonstrates that prayers were never said publicly in the wards after the reoccupation. It would appear that the tradition of saying prayers publicly in the wards at U.C.H. came to an end during the upheavals of World War Two. Healing the sick is poorer as a result. The power of praying for healing is recorded in the gospels, and continues to this day; and within prayer for healing is the complex question of suffering. Despite this, there are numerous examples of the effectiveness of prayer in healing. Studies have been conducted on the relationship between prayer and healing - "many conducted under stringent laboratory conditions, which showed that prayer brings about significant changes in a variety of physical conditions".<sup>61</sup> Prayer is no longer said publicly by the ward sisters in hospital. It has disappeared from the daily routine of nursing - the verbal and public appeal to God for healing of the patients in the care of the nursing staff, despite an apparent greater acknowledgment of wholeness. Articles currently appear in nursing journals claiming that "the religious and spiritual needs of patients are not addressed when planning nursing care".<sup>62</sup>

### **The Private Staff**

During this period of 1899 to 1919, U.C.H. continued the private nursing system of caring for the rich in their own homes. Despite articles in the League Magazine indicating that this service had commenced in 1908, the records of the All Saints Sisters show that there was a private nursing service at U.C.H. during the 1890s. The rules for the private staff convey a time when nursing could simply take place in the patient's home, although there were indications that there was a greater acceptance by the wider community that hospitals were places for treating the sick of all classes. The private nurses were not permitted to return to the Trained Nurses' Institution when they had

been nursing patients with infectious diseases before they had been thoroughly disinfected, following which they were not available for duty for one week. A charge of half fees was made for that week. A nurse could not remain with the same patient for more than two months without special permission from matron. If nurse was attending on the day of operation she could take with her a box containing the necessary appliances and sterilised dressings, at the cost of one guinea (£1.5p.) to the patient. The nurse could expect her travelling expenses to be paid, with an allowance of 2s. 6d.(12½p.) per week for washing and an additional 10s. 6d. (52½p) per week if she was not required to wear uniform.<sup>63</sup>

The private nursing service was part of the nursing at U.C.H. and the private nurses were recognised as valued members of the general nursing team. The private nurse was under the direct supervision of the staff sister, and was expected to nurse any patient allocated to her in any part of London or in the country. She was required to carry out very carefully the instructions of the patient's doctor; to attend to the needs of the patient; to have everything ready for the patient's use; to keep the sick room neat and well ventilated, but was not to do the work of a domestic servant. She was expected to respect the confidentiality of the patient and his/her family. She was allowed eight hours off duty in every 24 hours, which was to include at least one hour outdoor exercise. She was advised most strongly not to take wine or spirit. If the patient was well enough, she was allowed to attend divine service each Sunday. Accommodation was provided at the home of the patient if at all possible. She could take four weeks annual leave by arrangement with the staff sister. The retiring age for these nurses was 50 years. They could join a co-operative pay scheme whereby they paid a percentage of seven and a half per cent on their fees and received 17s. 6d (87½p.) a week when they were unemployed.

## **Conclusion**

By the end of the nineteenth century the public attitude to nursing had been transformed. No longer were nurses the lowest form of domestic service, but had become a vocation suitable for the daughters of the upper and middle classes. The new nursing incorporated the concept of keeping the ward spotlessly clean, and against this background developed the skills to care for people who were ill, perhaps dying, and increasingly for whom there

was the possibility of cure.

From available evidence it would appear that the financial management of the nursing services at U.C.H. required review by the 1890s. Sister Cecilia produced enough evidence to show that the demands made on the nursing services were such that the budget was inadequate. However during the 37 years that the All Saints Sisters were at U.C.H. "nursing" was transformed; they had kept their rule and had shown care for their patients. It is far more likely that the developments in nursing outside of U.C.H. were more influential in the decision by the hospital committee to end the contract than any financial mismanagement.

When the All Saints Sisters left U.C.H. the hospital committee devised a new set of rules for the nursing department, reflecting the growing influence of the professional ideal, with no corporate acknowledgement of the ideal of Christian vocation such as the rule of 1855 of the All Saints Sisters. The detailed review of the rules for matron, the sisters and the private staff illustrate the growth of the nursing service and the management of the care required. The development of a management structure within nursing reflects the realisation within English society that profession requires expert management structures.<sup>64</sup>

The role of matron was pivotal in the new system of nursing. The role reflects many of the functions which have been identified as components of management. The women who occupied this role at U.C.H. were women with gifts in leadership skills. They took nursing forward and developed the care, training, and professional issues so that U.C.H. nurses could identify themselves among the leaders in the current developments. Their Christian vocation can be identified in their way of living and serving the community, without a public and corporate acknowledgement. Private nursing accounted for more nurses than hospital nursing. One of the criticisms of the All Saints Sisters had been that once the probationer was trained she was sent to nurse private patients and the hospital was left with unskilled nurses. The 1899 rules for the private staff provided a professional framework for nurses in private homes away from the discipline of hospital.

The rules for the ward sister in 1899 were designed to enable her to do just what Zander described in 1990. These rules were printed and given to each ward sister. This was their professional responsibility. In one such set of rules of a ward sister of 1909 at U.C.H. is the handwritten addition to rule 18 “She shall be in the Ward during visiting hours of the friends of the patients, except when absent with leave” - followed by the handwritten rule “& lead prayers at 8 p.m.”.<sup>65</sup> This was indeed an era of vocation and profession in nursing management. Sister Esther was an example of a sister who:

was brought up in the old school when duty came before everything. ... We all derived immense benefit from the discipline she imposed upon us all, and whether we then realised it or not, it is, of course, not possible to become orderly and efficient without this training, and generations of nurses and students owed part of their formation to Sister Esther.<sup>66</sup>

## Notes:

1. Medvei V.C., Thornton J.L. (Editors) 1974 The Royal Hospital of Saint Bartholomew 1123-1973 W.S.Cowell Ltd., Ipswich pp.249-250.
2. Kuhse H. "Caring is not enough: reflections on a nursing ethics of care" The Australian Journal of Advanced Nursing Vol.11 No.1, September-November 1993 p.33.
3. Anson P.F. 1958 The Call of the Cloister S.P.C.K. London pp. 304-317.
4. Acts 4:31-5:
  31. After they prayed, the place where they were meeting was shaken. And they were all filled with the Holy Spirit and spoke the word of God boldly.
  32. All the believers were one in heart and mind. No-one claimed that any of his possessions was his own, but they shared everything they had.
  33. With great power the apostles continued to testify to the resurrection of the Lord Jesus, and much grace was upon them all. There were no needy persons among them. For from time to time those who owned lands or houses sold them, brought the money from the sales
  35. and put it at the apostles' feet, and it was distributed to anyone as he had need.
5. Preface 1855 All Saints Rules and Admonitions All Saints Archives, Oxford.
6. Merrington W.R. 1976 University College Hospital and its Medical School: A History Heinemann Ltd, London p.251.
7. Mayhew P. 1987 All Saints: Birth and Growth of a Community Parchment Ltd., Oxford p.108.
8. Sir William Jenner was an eminent physician; it was through his work in the late 1840s that the distinction between typhoid and typhus was made. At U.C.H. his appointments were: assistant physician 1850; physician 1854; in charge of skin department 1859; consulting physician 1879. Merrington W.R. 1976 University College Hospital and its Medical School: A History Heinemann Ltd., London p.276.
9. Anson P.F. 1958 The Call of the Cloister S.P.C.K. London p.321.
10. Sister Catherine Manuscript, All Saints Archives, Oxford.
11. The same year as the foundation of the training school at St. Thomas'.
12. Harte N. 1986 The University of London 1836 - 1986 The Athlone Press Ltd., London p.64.

13. Anon. Manuscript, All Saints Archives, Oxford.
14. Mayhew P. 1987 All Saints: Birth and Growth of a Community Parchment Ltd., Oxford p.109.
15. Sister Catherine Manuscript, All Saints Archives, Oxford.
16. G.E.J. "Then and Now." U.C.H. Nurses' League Magazine Vol.2 No.12, April 1926.
17. Medvei V.C., Thornton J.L. (Editors) 1974 The Royal Hospital of Saint Bartholomew 1123-1973 W.S.Cowell Ltd., Ipswich p.249.
18. G.E.J. "Then and Now." U.C.H. Nurses' League Magazine Vol.2 No.12, April 1926.
19. Maggs C. 1983 The Origins of General Nursing Biddles Ltd., Guildford p.25.
20. George Herbert (1833):  
v.1. Teach me, my God and King,  
In all things thee to see;  
And what I do in anything  
To do it as for thee.
  
- V.5. A servant with this clause  
Makes drudgery divine;  
Who sweeps a room, as for thy laws,  
Makes that and the action fine.  
No.337 1989 Hymns Ancient and Modern (Eighth Impression)The Canterbury Press, Norwich p.447.
21. Morten H. 1895 How to Become a Nurse and How to Succeed 3rd Edition, The Scientific Press pp.19-20, 24.
22. Maggs C. 1983 The Origins of General Nursing Biddles Ltd., Guildford p.96.
23. Mayhew P. 1987 All Saints: Birth and Growth of a Community Parchment Ltd., Oxford p.110.
24. Ibid. p.110.
25. Merrington W.R. 1976 University College Hospital and its Medical School: A History Heinemann Ltd., London p.254.

26. Mayhew P. 1987 All Saints: Birth and Growth of a Community Parchment Ltd., Oxford p.111.
27. Merrington W.R. 1976 University College Hospital and its Medical School: A History Heinemann Ltd., London p.255.
28. Mayhew P. 1987 All Saints: Birth and Growth of a Community Parchment Ltd., Oxford p.111.
29. Anon. 1898 Manuscript, All Saints Sisters' Library, Oxford.
30. Anon. 1898 Manuscript, All Saints Sisters' Library, Oxford.
31. Morten H. 1895 How to Become a Nurse and How to Succeed 3rd Edition, The Scientific Press pp.19-20, 24.
32. Sister Cecilia 1898 Manuscript, All Saints Sisters' Library, Oxford.
33. Interesting that 1885 had been the year of controversy with the Hospital Sunday Fund.
34. Sister Cecilia 1898 Manuscript, All Saints Sisters' Library, Oxford.
35. Abel-Smith B. 1960 A History of the Nursing Profession Heinemann Ltd., London p.50.
36. U.C.H. Report for the year 1910 p.44.
37. Merrington W.R. 1976 University College Hospital and its Medical School: A History Heinemann Ltd., London p.255.
38. McGann S. 1992 The Battle of the Nurses Scutari Press, Middlesex pp.14-15.
39. Ibid. p.36.
40. Ibid. pp.161-162.
41. Anon. 1899 Manuscript, All Saints Sisters' Library, Oxford.
42. Bullough V.L., Bullough B. 1979 The Care of the Sick The Emergence of Modern Nursing Neale Watson Academic Publications Inc. Goon Helm Ltd., London p.106.
43. Nelson S. "Humanism in nursing: the emergence of the light" Nursing Inquiry Vol.2 Issue 1 March 1995 p.37.
44. Coventry W.F, Barker J.L. 1981 Management Heinemann Ltd., London p.9.
45. Married nurses at U.C.H. were rarely seen until much later in the century, reflecting the circumstances of women outside of nursing.
46. Hospital committee rules for the nursing department so far as relates to the matron Rules 15 February 1899.

47. Huczynski A. Buchanan D. 1991 Organizational Behaviour Prentice Hall International (U.K.) Ltd. pp.480-1.
48. Drucker P. cited in Huczynski A. Buchanan D. 1991 Organizational Behaviour Prentice Hall International (U.K.) Ltd. pp.479-480.
49. Hospital committee rules for the nursing department so far as relates to the matron Rules 15 February 1899.
50. Anon. "Appointments: Matron" The Nursing Record and The Hospital World Vol.22 No.54, 1 April 1899.
51. Darbyshire R.E. "Then and Now" U.C.H. Nurses' League Magazine Vol.3 No.8, April 1934.
52. Anon. "The New Vice-Chairman of the G.N.C." U.C.H. Nurses' League News Sheet No.12, April 1935.
53. Davenhall E. U.C.H. Matrons 1982 Rollmark Limited, Norfolk pp.28-32.
54. Butler T. "University College Hospital 1902" U.C.H. Nurses' League Magazine Vol.4 No.5, April 1931.
55. Huczynski A. Buchanan D. 1991 Organizational Behaviour Prentice Hall International (U.K.) Ltd. p.167.
56. Hospital committee rules for the nursing department as far as relates to a) ward sisters b) the night sister c) the housekeeper d) staff nurses Rules 21 June 1899.
57. Laxade S. Hale C.A. "Managed Care 1: an opportunity for nursing" British Journal of Nursing Vol.4 No.5 1995 p.290.
58. Set 55; six U.C.H. League members from Set 55 completed the questionnaire included in Appendix 4.
59. Anon. "Sister Fanny" U.C.H. Nurses' League Magazine Vol.2 No.12, April 1926.
60. Anon. "Alice Sleigh An Appreciation" U.C.H. Nurses' League Magazine Vol.3 No.7, April 1933.
61. Dossey L. "Prayer" Readers Digest April 1996 p.116.
62. Charters P. cited by Hancock B. "Are nursing theories holistic?" Nursing Standard Vol.14 No.17, 12 January 2000.
63. Hospital committee trained nurses' institution Rules 1905.
64. Perkin H. 1989 The Rise of Professional Society England since 1880 (reprinted 1996) Routledge, London.



65. Hospital committee rules for the nursing department as far as relates to a) ward sisters b) the night sister c) the housekeeper d) staff nurses Rules 21 June 1899.
66. Gwynne Williams C. "Sister Esther" U.C.H. Nurses' League Magazine Vol.14 No.28, September 1955

## **Chapter Five**

### **Care and Control**

## **Introduction**

Chapter five continues to examine the question what was transformed in nursing, particularly during the twentieth century. The focus in this chapter is on the patients and the nursing staff at ward level. The style of management is examined in depth, and also its significance in terms of gaining professional status. The chapter explains the models and use of primary care and task allocation. An example is provided of nursing care in 1927. The significance of the nurses' chart for nursing management is examined. By evaluating documents in the UCLH Trust Museum of Nursing, such as the work schedules quoted in this chapter and the written evidence in the questionnaire given to the two sets shown later in the chapter, it became apparent that various methods were used to utilise the varying skills of nurses to meet the clinical needs of the patient. Through the latter part of the nineteenth century and the first three decades of the twentieth century a form of primary care was in existence, where one staff nurse or senior probationer was responsible for the care of patients on one side of the ward and the junior probationer was allocated to work with the staff nurse. Following the establishment of the General Nursing Council to comply with the State Registration Act 1919, evidence had to be collected of the accomplishment of clinical skills as part of registration, gathered through the three years of training in the Nurses' Chart. It would appear that the acquisition of skills came to dominate the organisation of hospital nursing where the labour force was predominately probationer nurses, so that from 1930 onwards, task allocation developed as the favoured form of organising nursing care in the wards.

Just as there were rules for the nursing department, so there were house regulations for the patients. Examination of the house regulations for the patients, revised in 1900 (corrections added in 1905) with the construction of the new U.C.H. well under way, reveals an attitude towards the sick poor for whose benefit this voluntary hospital partly existed.

## **The Patients**

Examination of the 45 house regulations of 1905<sup>1</sup> demonstrate the interrelationship of vocational and professional ideals in care. They disclose the role of U.C.H. as a voluntary hospital, patients were admitted on ticket or as an emergency. The voluntary hospitals depended on charitable giving by the public, which enabled the people who cared for the sick to maintain their vocation - the charitable giving and the vocation to heal the sick came from the same command to heal the sick. The patients' conditions reflected the fact that University College Hospital was about medical education and had been so since its foundation in 1833. Only treatable acute conditions were admitted, so that the medical students could be taught. This rule was not for the benefit of the patient, but for the benefit of the medical profession. Patients with infection were not admitted (except typhoid and diphtheria) in those days before antibiotics, nor were patients admitted with chronic, long term illness - two months was the longest time that the patients could remain in U.C.H. The regulations emphasise the main purpose of the hospital as one which served medical education, which required a flow of the above patients.

The visiting times were not altered for years; adults were permitted visitors 4 to 5 p.m. Mondays to Friday, and 3 to 4 p.m. on Sundays; children were only allowed visitors, their parents or parents nominees, on Sundays 3 to 4 p.m.<sup>2</sup>

Patients were to prepare for sleep at 8 p.m., with no conversation permitted after 8.30 p.m. From a nursing point of view, it would be interesting to know if the rule of no conversation after 8.30 p.m. was enforced - and how. The fact that these patients could expect to remain in hospital for weeks rather than days, and that they had to ask permission to get out of bed is possibly reflected in the architecture of U.C.H. and the cross shape of the wards, in principle, of the Nightingale open type, that is, all the patients could be seen - they could be controlled. A ward of 28 beds had two bathrooms and two toilets - only adequate because the patients were kept in bed for so long. With a longer stay in hospital, a meaningful relationship with the patients had greater potential, that is, the possibility of holistic care had greater opportunity within

professional boundaries.

These regulations reflect the social status of the patients. Had the rich and wealthy been admitted to hospital at this time, the same set of regulations would not have applied. They reflect very strongly social control and were effective. Without such rules and regulations many wards in the 1990s found it necessary to include in the ward philosophy the directive that the nursing staff have the right to respect, to carry out their nursing care without the threat of violence from the patient or his/her relatives.<sup>3</sup>

Descriptions of Christmas, however, demonstrate the concept of vocation in the wider holistic sense in the efforts by the hospital staff to help the patients enjoy the festive season. Three days were set aside to celebrate the festival; this included decorating the ward, carol singing on the wards by the nurses on Christmas Eve, the consultants' visit on Christmas Day to carve the turkey; the decorations came down on the third day so that the hospital could resume its normal routine.<sup>4</sup> The League Magazine for a number of years described in detail the efforts that each ward had made in Christmas decorations. One of the traditions which developed through the years was the visit to Covent Garden at Christmas time to ask the traders for gifts for the wards; there was always a very generous response. This tradition has disappeared.

In 1910 members of the Nurses' League were invited to show their continued affection for their training school by providing garments for use in the wards. It was felt that the married members and private nurses in particular could contribute in this way, and that if each member made one garment per year a considerable number would accumulate. Their gifts were greatly appreciated by the ward sisters, who were thus enabled to promote the comfort of their patients. All the garments received were displayed either at the Spring or Autumn gathering of the League and distributed to the different wards immediately thereafter. This contribution of garments is not recorded after the First World War - and therefore coincides with the introduction of State Registration - but it demonstrates the closeness of the association between the nurses and the hospital, which was not confined to strictly professional activity. The poverty of the patients is reflected in the thanks from Sister Mabel " ... the infants of many poor mothers, who otherwise

would have left the hospital with but a scanty addition to nature's simple garb have been warmly and prettily clothed.”<sup>5</sup> After the First World War the following appeal was made to League members to

extend their sympathies to my present work amongst the sick children of Dr. Barnado's Homes ... amongst the children of our soldiers and sailors, and many a child who has lost its father, fighting for us, finds its way into Homes and Hospitals ... help me with my motherless bairns, who need almost everything when admitted to the Homes.<sup>6</sup>

The appeal speaks eloquently of the conditions of the poor and the response by this group of nurses.

### **Primary Care**

The method of organising bed side nursing care explains partly what was transformed in nursing, and in this the role of staff nurse requires consideration. New rules were devised for staff nurses in 1899, although provision was made for staff nurses who were already employed at U.C.H. before the introduction of these rules in July 1899, and who may not have met the necessary criteria. A staff nurse had to be within the ages of 26 and 36 years of age, 26 relating to the entry age of 23 years for the probationers, having completed three years training in medical and surgical nursing at a recognised training school. A staff nurse was entitled to three weeks leave of absence per year. On day duty, she was under the control of the ward sister. On night duty staff nurse was under the control of night sister and could not leave the ward without sister's permission. She had to carry out the instructions which the ward sister gave her when she arrived on duty. She had to keep a report book and have it ready by 8 a.m. when sister arrived for day duty.<sup>7</sup>

Staff nurse was responsible for the nursing of cases allocated to her on one side of the ward. The present trend towards team nursing and primary nursing would suggest that the delivery of nursing care is following an earlier pattern.

Primary nursing is usually organised in one of two main ways. In the first system, all nurses in a ward are primary nurses and all act as associate nurses for each other. In the second system, only some nurses are primary nurses; others are associate nurses who do not have care planning responsibilities.<sup>8</sup>

In the early part of the century staff nurse was the primary nurse, and the probationers the associate nurses. Furlang's article on primary nursing was written in 1996, but the organisation fits the period 1899-1919.

One Primary Nurse described the role thus: 'To be responsible for a patient from admission to discharge. To assess, plan, implement and evaluate patient care. To work closely with the associate nurse. To communicate with the multi disciplinary team. To teach, counsel and support the patient / relatives / associate nurse. To promote the self care philosophy and a holistic approach to care. To plan nursing care for a 24 hour period.'<sup>9</sup>

This pattern in the organisation of the delivery of care was to change following the introduction of State Registration.

Staff nurse assisted in the practical teaching of the probationers on the ward. This method of training nurses in the clinical situation is vital in a profession which requires practical bedside skills. It is the aspect of nurse training that has continually presented problems, that is, how to ensure that the probationer / student has clinical supervision until she herself is an efficient practitioner, especially as the probationer / student was part of the paid work force, and therefore very much a worker and not only a learner.

In the 1910 U.C.H. Nurses' League Magazine there was a series of articles looking at the role of various members of the nursing profession, including one entitled "The Role of the Nurse" which discusses care and cure.

It remains for the nurse to learn the art of comforting and pleasing ... none of those principles is more important than that which defines a nurse's position with regard to the "cure" as compared to the "care" of the patient. The first is the

special province of the physician or surgeon, the second that of the nurse ... but the task is no easy one; it requires never failing persistent effort, immense patience and that tolerance for human weakness which is the special possession of the nurse who would bring her patient out of his or her "heaviness" ... the conviction still remains that a nurse who concerns herself with the cure of her patients somehow loses touch with what is her special work. Otherwise, how is it that often a most brilliant, scholarly nurse not infrequently is found to be absolutely wanting in true nursing instincts?<sup>10</sup>

Caring cannot be learnt solely in the classroom or from books. This argument supports the views of Miss Nightingale and Miss Lückes, who both opposed the academic, written examination system.

The nurse's role in witness to suffering includes, on occasion, appreciating to the full the hopelessness of the patient's condition. Whatever the suffering, the nurse has to find the way in which s/he can deal with such witness to remain an effective nurse. Kahn and Steeves identify three elements of patient suffering. "First suffering is linked to issues of meaning and quality of life. Second, describing the contextual or environmental influences on the experience are of paramount importance in understanding and interpreting the construction of any given individual's suffering. Finally, the suffering of an individual deeply affects those who care for that person."<sup>11</sup> In learning to care, the probationer had to learn how to witness suffering, with skilled supervision from staff nurse.

But if she had sedulously set herself the task of attending to the comfort and the happiness of the afflicted mortal ... how infinitely better it would be for the patient. Such a nurse would be a veritable treasure and would be added to the list of nurses who have the power of heartening their patients and getting them over ugly stiles; or, if this were not possible, of at least showing their patient the wisdom of sitting down and quietly facing the inevitable ... Care for her patient will tax all her powers of sympathy, and a lively determination to make herself an accurate observer of those methods which are her belongings will give just



that amount of living interest in the game, and will satisfy the newer aspirations which are the belongings of the modern nurse.<sup>12</sup>

This article could be cited as the philosophy of nursing at U.C.H. in 1910, and the basis of bedside care by staff nurse. In 1973 Heide included in feminine traits “caring, tenderness, compassion, intuitive ability to relate to people, supportiveness of others' needs and wants, superb ability to nurture others, submissiveness, passivity, subjectivity, and emotionality” whilst amongst masculine traits “decisiveness, initiative, objectivity, persistence, aggressiveness, rationality, bravery, and dominance”.<sup>13</sup> Addressing the American Nurses' Association in 1988, Barbara Jordan<sup>14</sup> stated “You have reason to be proud of your profession, proud of the service you provide to men and women all over the world, and you have every reason in the world to be proud to care - because when you care, things happen ... when you don't care, things happen”.<sup>15</sup>

Caring in the context of nursing involves discipline. Discipline is not a concept that appears in nursing textbooks. Nursing discipline was all encompassing as demonstrated in the following examples. There was the discipline of living in the nurses' home, being in by 10 p.m. with offenders being sent to matron. It remained one of night sister's duties, long after the years of this study, to check that the lights were out in the Rockefeller nurses' home. The discipline of meal times, which required punctuality and knowing where to sit in the dining room according to the seniority of the set. The discipline of not speaking to sister, but waiting for sister to speak first; of respect for everyone senior to the probationer - opening the door, keeping silence in their presence; respect for authority. The discipline of obeying orders, the discipline of caring, for example, for a patient with pneumonia, knowing when and how to react in a critical moment of time. The discipline of cleaning which was so much part of nursing and the training programme; the work schedule quoted later in this chapter is an example of this. Keeping the environment clean was very obviously part of prevention of infection. From the day of arrival into training, probationers were taught how to clean. There were hidden purposes in cleaning; it numbed the mind when witnessing suffering - cleaning could occupy attention without having to think; cleaning underlined the concept of service to others. Cleaning was only one of the facets which instilled discipline into the

new recruit. It was time consuming and monotonous, yet the daily / weekly cleaning rota was performed vigorously. The discipline of coping with anything and everything - reflecting the practice of organising the work load for the shift to ensure all was completed quickly and efficiently, thus being prepared for the unexpected emergency.

### **Task Allocation**

Task allocation meant that sister - or in her absence, staff nurse, reviewed the nursing care required by the patients on the ward for the next 24 hours, and recorded that care as a series of tasks in the appropriate books. Thus the washes - big bath / bed bath / help wash / self wash / up and about - would indicate the appropriate wash required by the patient. The task would be allocated to the nurse appropriate to her level of training. Washing was definitely a task for the junior nurses, although this depended on the condition of the patient. If the patient was seriously ill, then the task would be performed by a more senior probationer. Without doubt, sister was well aware of the nursing care required by the patients in her ward. She would go round the patients twice a day to monitor their progress. Staff nurse would do the same in her absence. They would impart the necessary information at handover - morning, afternoon and evening. It was also written in the nursing records. Merchant maintained that "routinised approaches to care, and in particular task allocation, had been the traditional model in the United Kingdom for the delivery of nursing care".<sup>16</sup> This is not the experience at U.C.H. It would appear that task allocation became the method for the delivery of care in the early 1930s, but especially by the date of the two work schedules quoted below from 1935/6, the byproduct and result of taking the nurse's chart to the wards.

The organisation of nursing care by task allocation came under intense criticism in the 1970s and 1980s because it was claimed that it created a situation where the care was nursing focused rather than patient focused. It has (apparently) been discontinued in the light of the accumulation of the body of knowledge and the introduction in the latter half of the twentieth century of the nursing process, patient allocation, nursing models, primary nursing, all of which emphasise individual patient care.

... both the modern academic nursing approach and the old-fashioned practical training nursing approach presume some kind of theory about the needs of patients and clients and how nurses can best provide for those needs. The difference may be that for modern nursing such theory is self-consciously explicit, while for nurses trained in the traditional manner theory was implicit; it was the hidden mutually accepted but taken for granted understanding that underpinned the fabric of care.<sup>17</sup>

One of the new probationers at St. Bartholomew's described the organisation of care in 1877 "But there was only one nurse in each side of the ward".<sup>18</sup> Moriarty, describing her training at U.C.H. during the First World War, wrote "Two weeks after I entered University College Hospital, there was a death on my side of the ward".<sup>19</sup> Again, the reference to one side of the ward. There is a fine line in this debate over patient or bed allocation, when the patients on one side of the ward are continuously allocated to one (or two) nurses. The oral and written evidence at U.C.H. proves that nursing care was organised along the principles of primary care. One staff nurse was responsible for the care of the patients on one side of the ward and she would instruct the first year probationer as appropriate in the knowledge of accumulation of skills; on the other side of the ward, the senior probationer worked with the second year probationer. From further evidence it would appear that this system was continued well into the years following State Registration, that is, it did not come to a sudden end with a transition to task allocation. By the mid 1930s, however, it is obvious that task allocation was the system of management. The following work schedule, contained in figure 3, comes from two hand written accounts of night duty at U.C.H. in the mid 1930s; the schedules clearly delineate the tasks for the night staff nurse and night probationer.

**Figure 3 Work Schedules 1936/37:**

**(a) Night Staff Nurse<sup>20</sup>**

**(b) Night Probationer<sup>21</sup>**

	<b>Night Staff Nurse:</b> (Ward IV [4/3] Female Medical)	<b>Night Probationer:</b> (Ward 9-12 [5/1] Female Skin & T.B.)
8 p.m.	Report on duty Laundry with Pro. Pack drums	On duty. Put kettles on & make jelly. Lay Breakfast trays. T.B.s in T.B. kitchen also tray with mugs for T.B.s 6 a.m. tea. Do the store tins & leave out on dresser.
8.25 p.m.	Prayers (Pro stands by ward doors. S. Nurse by Dispensary).	
8.30 p.m.	Report from Sister Give report to Pro.	Do laundry with Staff Nurse
9 p.m.	Do round. 3 hrly Feeds & Drinks S.O.S.	
9.15 p.m.		Start cleaning Put B.P.s in Lysol & let soak - keep each ward's separate. Scrub board, chair & mat in each bathroom. Clean bath, sink & shelf in each bathroom. Clean the 4 lavatories & polish seats twice weekly & change Lysol.
10 p.m.	Treatment (Backs. T.P.R.s & Feeds) Write up Books: - Daily returns and Telephone List - Discharge papers. Cleaning	Clean - bedpans mouthwash mugs & bowls washing bowls small sinks, sluice & windowsills. Change Lysol in mop bowl. Measure up urines in jugs & put up specimens from each. Scrub board with Lysol & soap. Clean large sink with Lysol & Mason's dust. Polish & tidy shelf.
11 p.m.		Cook Staff Nurse's supper.
11.30 p.m.	Meal	Stay in ward: Write out store list & specimen labels (list of visit days on back of urine bk.) Rule urine measurement book on Saturday nights.
12 p.m.	2 hrly. Feeds	Own supper - wash up Put on porridge - if sausages or bacon put in flat tins
1 a.m.		Put out bins & stoving - if any.
2 a.m.	2 hrly. Feeds & backs if awake Put out Drum Draw up any drugs to be checked by Night Sister. Do special trays. Inspect Pro's cleaning. Stock etc.	

3 a.m.		Cut bread & butter - about 20 slices using real butter for T.B.s
3.30 a.m.		Change water in beakers Measure sputum & boil mugs
4 a.m.		Give out mouth washes in 9 & 10
4.30 a.m.	Treatment	B.P.s & give out bowls & commence washings etc. in 9 & 10. Make beds.
5 a.m.	T.P.R.s	
5.30 a.m.	B.P.s; H.A.B.s; A.C. Mists and Aperients	
6 a.m.	Special Breakfasts Feed Patients	Give out breakfasts in wards 9, 10, 11. (not T.B. patients) Give tea to T.B.s Mouth washes in 12 & B.P.s Collect trays Measure all urines & enter in book T.P.R. " sputums " " " "
6.30 a.m.	Write Report (Night Sister usually does a round at this time). Night Sister's Note P.C. Mists	
7 a.m.	Tidy Desk (Sister has a tray. Put Telephone List & Enter B.O.s, Urine, daily returns, Washing List & 4 hrly T.P.R. List in T.P.R. Book) Washings Beds 17-24 Visit Beds: 17-20 Monday 21-24 Tuesday Make beds i/c Pro.	Do any sluicing Wash marked china Take down Night Sister's note Bring in bins & clean & line with paper Tidy sink room Clean inkstand on Sister's Desk Locker Tops.
7.30 a.m.		Collect T.B. mugs & find out what they want for breakfast Cook T.B. breakfasts Tidy kitchen
8 a.m.	Give out 2 hrly Feeds & feed helpless patients	
8.10 a.m.	Report to Sister Do a round i/c Sister Clean Mouth Boxes Clean trolleys etc. & tidy generally	
8.30 a.m.	Off duty. Take Telephone List & daily returns to the Front Door. Repairs to Housekeeping Sisters' Office.	Off duty.

Figure 3 demonstrates task allocation from a nursing view point. It portrays a very rigid routine through 12 hours. There were similar routines for day duty, which included two hours off during the 12 hour shift. The accumulation of skills through this regime becomes obvious with the comparison of the two levels - skills that were necessary to become a professional nurse. But it was this very emphasis on technical skill that has received such criticism. "Hard core traditionalists believe that all nursing is about helping patients with their basic functions and keeping strictly to current rules and principles of hygiene."<sup>22</sup> However these work schedules mask the concern for the patient as a person which has always been essentially part of nursing.

Nursing depended on the medical sciences for its technical efficiency and competency but this was grounded in a moral framework which held the patient to be a person of absolute value and inestimable worth. This spiritual dimension of nursing underpinned the character of nurses and was therefore responsible for the quality of their care and hence the whole ethos of nursing.<sup>23</sup>

In chapter three the complaints of the probationers at U.C.H. in 1935 were highlighted. It was claimed that the junior probationer should not have to do so many of the cleaning duties, and, in fact, if there was an emergency in the ward the senior nurse had to leave the patient to summon help from the junior probationer. This is without doubt obvious from the list of duties quoted, where the senior nurse would remain in the ward to complete her schedule, whilst the junior probationer would be cleaning in the ancillary offices.

### **The Nursing Care of a Patient with Pneumonia 1927**

For a different perspective, the following description of the nursing care of a patient with pneumonia over a 24 hour period which appeared in the 1927 U.C.H. Nurses' League Magazine,<sup>24</sup> is cited so that further understanding of this period in the 1920s and 1930s in the organisation of care can be made.



### General Nursing Considerations:

1. To guard against Heart Failure: recumbent position - patient must do nothing for himself, not even move himself in bed. The state of the pulse must be watched and reported to the physician in charge - drugs and stimulants may be ordered: Digalen 4 hourly alternating with Brandy, frequently ordered.
2. To facilitate Respiration: Fowler's position often found to be the best for lobar pneumonia. In any case, the patient should never lie on the side of the unaffected lung, particularly if that be the left lung. In acute cases when pain is present on breathing often a local application of Antiphlogistine affords decided relief. The inhalation of oxygen is most useful periodically during the disease, particularly when the patient appears cyanosed.
3. To ensure sleep: sleep is very important. Patient is usually clothed in a gamgee jacket with a sleeping gown over it. Bedclothes should not be heavy - perhaps one blanket only if the doctor so orders. Air ring to sit on - because of emaciation or old age; a water bed would distinctly add to the comfort of the patient. Mouth must be kept clean - cleaning before and after "meals". Everything should be arranged so that the patient may secure sleep; occasionally a meal may be missed if the patient is sleeping. Soporific drugs are not given in pneumonia.
4. To maintain the strength of the patient: as long as the temperature is high the patient will be on "fluids" - nourishing, varied, milk, milk tea, milk coffee, Ovaltine, cocoa, or egg beaten up in milk - every two hours. Copious fluids - barley water, lemonade, orange juice, may be given between "meals".  
Mouth care: if dirty, the infection will spread, the fluids will carry the infection via the gastro intestinal tract to the blood stream; the patient will lose his appetite, which may keep him awake.  
Special care should be taken during and after the crisis; for the patient will so easily catch cold or chill during this period, unless very well looked after. Plenty of hot water bottles, blankets etc. should be in readiness when the crisis is expected.  
Bowels must be opened once a day if possible - aperients or enemata according to physician's wishes. Often expectoration is aided by the administration of

ordered of Mist. Ammon i/c Ipecac or Mist. Ammon i/c Ether either t.d.s. or four hourly.

### A Day's Nursing

- 7 a.m. Patient will be thoroughly blanket bathed, and given a fresh gamgee jacket and sleeping gown (alternate ones being kept in order to freshen the patient by changing gowns morning and night.) An assistant will be required to help with the patient's back. After bathing patient may be exhausted and cyanosed, and oxygen may be administered.
- 8 a.m. Mist. given also Brandy, Milk i/c water given.
- 10a.m. T.P.R. taken. Injection Digalen given (charted 4 hourly). Milk coffee given.
- 11 a.m. Patient sleeping.
- 12noon Mist. given, also Brandy and Ovaltine given.
- 12.30p.m. Patient complained of feeling very hot. Face and hands sponged with warm water. Patient then sleeps.
- 2 p.m. T.P.R. taken; injection Digalen given. T. = 104.8° Patient is tepid sponged. Milk cocoa given.
- 3 p.m. T. = 103.4°
- 3.30 p.m. Patient sleeping.
- 4.15 p.m. Patient wakes. Mist. given, also Brandy. Milk tea.
- 5 p.m. Lemon drink given.
- 5.30 p.m. Patient's face and hands are washed, also all anterior surfaces. Back done. Gowns changed. Patient is exhausted and cyanosed. Oxygen given.
- 6 p.m. Digalen given. Egg in milk given.
- 7 p. m. Sleeping comfortably.
- 8 p.m. Mist. given, also brandy. Ovaltine given.<sup>25</sup>

This description of the nursing care of a patient with pneumonia indicates that this patient was on complete bedrest “not to do anything for himself”- not even move himself in bed, therefore the nurse had to do everything for him. This was not a patient for the unskilled probationer: but the unskilled learnt by helping and observing the skilled.



Learning the significance of taking the pulse and knowing when to report it to the medical staff required skill; but again the unskilled probationer needed to learn, especially as this was a patient with pneumonia where excellence in nursing skill was paramount. Sitting the patient up in bed promoting full lung expansion was good nursing care. Encouraging sleep, as part of the healing process, remains part of the daily activity of living. Grouping the nursing tasks to fit in with the patient's sleep pattern speaks of patient centred care. "Everything should be arranged so that the patient may secure sleep." Task allocation did not prevent care which was organised for the patient's needs. Encouraging fluids and nourishing food again is patient centred care, and at the time of this article in 1927 it would appear that much more attention was paid to this aspect of care than could be supposed in the year 2001. Special care should be taken during and after the crisis - following the introduction of antibiotics nurses have not had the experience of the essential and vital contribution nursing made to the outcome of "crisis".

Task allocation in this case would have promoted excellent patient centred nursing care. The patient would have received maximum attention to detail and supervision. S/he would have been nursed by one nurse (staff nurse) through the shift with assistance (from the probationer) as necessary. "The nurse is in a unique position to hear it all, to hear what is spoken and unspoken, in body language, context and configuration of meanings."<sup>26</sup> The table above with the list of duties to be performed through the night was task allocation. The duties of the probationer in particular were onerous. However, current knowledge at the time maintained that the wards had to be kept immaculately clean to avoid cross infection. This was the task for the probationers. In the example of the night probationer the ward had patients with tuberculosis (TB), this in the days before chemotherapy was available for treatment of TB and therefore it was right to take every precaution. Task allocation could therefore be justified from the perspective of prevention of infection and therefore of benefit to the patient.

### **The Nurse's Chart**

Task allocation was a simple and safe way of easing probationers into nursing,

combining theory and skills learnt in school with the practical application in the clinical situation. “Advocates suggest that it also has advantages for student nurses in that they can be allocated tasks which are known to be within their ability.”<sup>27</sup> It ensured that the probationers were socialised into the ward routine before they encountered some of the more distressing aspects of nursing. Task allocation was a way of coping with those distressing aspects of nursing - completing the tasks allowed time away from the suffering and numbed the mind. “Nurses can view the care they give as work to be done, thus minimising emotional involvement and associated anxiety.”<sup>28</sup> This very precise picture of routine ensured that nursing care of the highest standard was given to a patient in a critical condition. From a nurse’s point of view, it was obvious what had to be done at a given moment in time - and ticking off the tasks - cleaning / baths / Temperature, Pulse, Respirations (TPRs) / Blood Pressures (BPs) - was satisfying. From a patient’s point of view, to receive such care and attention would / should have instilled trust. The heavy emphasis on tasks was partly, if not totally, the result of the introduction by the G.N.C. of the nurse's chart which probationers had to complete on every ward, and submit as part of the evidence at the final state examination. This examination was not only a written paper, there was also a practical component to it which consisted of such tasks as making a bed, laying up a trolley, moving a patient, plus discussion. The preciseness of those tasks can be demonstrated by consideration of laying up a trolley - there was a correct place for each item of equipment, including the cotton wool balls. In the pursuit of gaining professional status, nursing had imposed the state examination to become State Registered with the G.N.C. The emphasis on clinical skills and biomedical knowledge produced some results which vindicated Miss Nightingale's opposition to State Registration and her concern for the difficulty in determining the candidate's suitability to the title “nurse” in such circumstances. An early example of a nurse's chart,<sup>29</sup> dated 1928, had 17 categories, each with subdivisions; these included:

Domestic Ward Management

Bed making, general and special

Temperature, Pulse and Respiration

Reading of Bed Tickets (that is Prescriptions)

Sponging

Lavage  
Enemas  
Injections  
Passing of Catheter  
Treatment and Nursing of Acute Cases (of Typhoid Fever; other infectious diseases)  
Douches and Irrigation  
Eyes - Bathing Dressing, Instillation of Drops / Ears - Syringing, Dressing  
Making of Bandages  
Dressings  
Preparing and serving Meals and Feeds  
Report on Stools and Urine Measures.<sup>30</sup>

By 1945, the Nurse's Chart had become a small book, with the skills listed in alphabetical order, and blank pages either side to record "Special Treatment Seen or Done".<sup>31</sup> The tasks in the work schedule mirror the skills in these charts; for example the night probationer had to start the cleaning of the bathrooms and lavatories at 9.15 p.m. In the nurse's chart there is a section for "care of Kitchen, Bathroom, Lavatory". The night staff nurse had to do the T.P.R.s at 10 p.m., whilst the nurse's chart has a section on "Temperature, Pulse and Respiration". Task allocation has been severely criticised within nursing since the 1970s. "Task allocation has been compared to assembly line working, bureaucratic organization, and is associated with non-individualised care and follows the logic of efficiency in its decomposition of the patient (that is, work) into a series of repetitive tasks usually carried out sequentially, but not necessarily carried out by the same nurse."<sup>32</sup> However, it has to be acknowledged that the way in which this method of care was delivered was significant. Two nursing textbooks of the period point out the importance of the patient as an individual.

They (that is, nurses) must look upon their patients as individuals to be cared for personally, not merely as 'cases' to be treated medically.<sup>33</sup>

An operation looms large in the mind of the patient, - a thing of dread, of the unknown. He recognises no difference between a major and a minor operation,

both are equally feared. The usual cause of dread is the thought of the anaesthetic - the loss of conscious control, the fear that he may die under it ... The nurse should never lose sight of this aspect ... she should give the patient her full attention while accompanying him to theatre, while remaining in the anaesthetic room ... she must never repel the patient with the callous attitude of 'being used to it'.<sup>34</sup>

Figures 4 and 5 compare the duties which members of sets 55 and 100 identified as being part of the training programme on the wards demonstrates the emphasis on tasks in nurse training during these ten years. The tasks had to be accomplished before state finals could be taken.

**Figure 4 Tasks during Training Set 55 (September 1938)<sup>35</sup>**

First Year Duties:	Second Year Duties:	Third Year Duties:
Back rounds	Catheterisations	Checking & helping
Bathing	Dressings	weekend cleaning
Bed making	Enemas	Last Offices
Bedpans	Injections	Medicine round
Bed baths	Medicine round	Preparing trolleys for Doctors procedures
Blanket baths	Preparation of sterilisers -	Skin Prep. & Pre and Post
Dusting	boiling of instruments	operative care
Extra cleaning	Removal of sutures	Staff Nurse duties in Sister's
Female chaperoning	T.P.R.s & B.P.s	absence
for medical students	Treatments ordered	Writing report
Locker rounds	by Doctors	
Meals		
Mouth care		
Running errands		
Weekend cleaning		

Figure 4 demonstrates that these tasks were very much part of the training programme and add effectively to an illustration of the complexity and skills acquisition which was part of training and the dedication required to accomplish the tasks.

**Figure 5 Tasks during Training Set 100 (October 1948)<sup>36</sup>**

First Year Duties:	Second Year Duties:	Third Year Duties:
Back rounds	Accompanying patients to theatre	Bathing
Bed making	Dressings	Bed making
Bedpans	Enemas	C/O I.V.I. & blood
Blanket baths	Fluid balance charts	transfusions
Chaperoning	Injections	Dressings
Cleaning	Medicine round	Medicine round
Drinks - milky	Packing drums	Often in charge of ward especially in
Feeding patients	Pre & Post operative care	evening & at weekends
Flowers	Procedures e.g. passing Ryle's tube	Removal of sutures
Laundry	Specialling	Teaching junior nurses
Locker rounds	T.P.R.s & B.P.s	T.P.R.s & B.P.s
Meals		Treatments
Running errands		
Testing urines		

These tasks in figure 5 mirror the tasks in the nurses' chart and illustrate the progress from first year basic nursing to third year skilled nursing tasks. Despite the increase in technical clinical skills because of nursing the wounded in World War Two, there is little difference in comparison between the two sets. The move from the general introduction to hospital life in the first year through basic care of the patient and the cleaning routine of the ward, to the introduction to nursing clinical skills in the second year, and organisation and teaching in the third year, remained the background to training.

One of the sister tutors<sup>37</sup> at U.C.H. during the Second World War who remained in post for over 20 years, taught the requisite skills in the classroom, but also emphasised the importance of using the tasks as opportunities to talk, and to listen, to the patients. Berry and Metcalfe point out that "... methods of organising the delivery of care such as task allocation and patient allocation should be considered as ideal types which are seldom found in their pure forms." They go on to cite Moulton "... it became clear that there was no clear dividing line between task and patient allocation systems, but that wards could be placed on a continuum of ward management patterns, the two extremes being a reflection of emphasis rather than fundamental policy".<sup>38</sup> The organisation of nursing care has to balance the needs of patients which can alter within a short time, the need of

completing a certain number of tasks through the time of a shift, and matching the skills of the nursing staff on duty to the needs of the patients and the tasks.

The G.N.C. recognised the balance between theory and practice that was necessary to become a State Registered Nurse. National written examinations were introduced to cover the theory aspect of a profession. The ability to practice the clinical tasks was assessed on the wards during the three years of training, and also in the final practical examination set by the G.N.C. These tasks came to dominate the organisation of nursing care, and possibly the shortage of staff on the wards would have accentuated this organisation. Evelyn Pearce wrote “The nurse's function was to serve the patient with genuine commitment and compassion which involved communication, sensitivity and kindness, through the careful and competent application of skills and techniques, and in co operation with medical and other colleagues in a team that was genuinely patient centred”.<sup>39</sup> In this training school at U.C.H., treating the patient as a person was also considered essential, nursing care was not merely ticking the list of skills.

## **Conclusion**

The house regulations for patients of 1905 reflect the needs of the institution rather than those of the patients in the strict control of daily routine. However, the vocational aspects of nursing are discernible in some of the work patterns. Whilst it is obvious that 5 a.m. waking is putting the needs of the institution before that of the patients, it could be that this pattern predates professionalism and relates to the custom of getting up at sunrise.

The transformation of caring within nursing continued post 1919 and the introduction of State Registration. The professional ideal demanded and recognised efficiency in clinical skills. But the hallowed tradition of maintaining a spotlessly clean environment continued. Task allocation became the basis for the management of nursing care, providing a safe framework for the probationers to learn and become proficient in the necessary skills. Caring for the patient physically, mentally and spiritually, transformed nursing through the Christian vocation of the 1860s to the professional ideal post 1919:

“there is much grief and pain in our lives, but what a blessing it is when we do not have to live our grief and pain alone”.<sup>40</sup> Moriarty wrote of the witness to suffering which remained with her forever, as it does with all practitioners. But it was the caring in these circumstances which transformed nursing. Working on the Diphtheria Ward for children in 1916, Moriarty witnessed the struggle to save a child's life by tracheotomy. The child died “The tragedy of little Lucy May has remained undimmed by time”.<sup>41</sup>

Nursing skills were introduced in the nineteenth century, at U.C.H. under the guidance of the All Saints Sisters. Nursing skills expanded under the new management structures in the early part of the twentieth century. Following State Registration in 1919, professional clinical skills became measurable as well as essential for the patient's well being. Nevertheless caring was “what” transformed nursing during the latter part of the nineteenth century, and was to remain so for the greater part of the twentieth century. The editor of the League Magazine wrote in 1923 “we are not real nurses unless we share in the suffering of others”.<sup>42</sup>

The way in which that care was organised changed during the years. In the nineteenth century it was based in the model of Christian caring and organised so that one trained nurse worked with one probationer organising the care for patients on one side of the ward. This has similarities to primary nursing. The character in the organisation of care changed in the late 1920s early 1930s when it would appear that becoming skilled in the tasks became the overriding factor to meet the requirements of the G.N.C. and so nursing care became organised in what is known as task allocation. This method of delivering care received much criticism in the latter decades of the twentieth century. And yet some recognition is apparent in the value of the system and that it was not detrimental to individualised patient care. “Task allocation does not necessarily mean that the philosophy of a holistic approach to care is abandoned.”<sup>43</sup> Hilton and Goddard argue that task allocation ensures six characteristics of quality assurance - efficiency, effectiveness, equity, accessibility, appropriateness and acceptability.<sup>44</sup> Despite the concentration on tasks, as evidenced in the work schedules quoted at length in this chapter, the format of care was still based in the Christian model of care, where the needs of the individual are paramount - “whatever you did for the least of these brothers

of mine you did for me”. But the basis of Christian care was to change gradually with the coming of the G.N.C. and the introduction of concepts of a professional code of conduct.



## Notes

1. Hospital Committee Patients' Regulations 1905.
2. Hospital Committee Patients' Regulations 1905.
3. "All nurses have the right to carry out their duties free from harassment and abuse from patients, relatives or fellow professionals." Jupiter Ward at U.C.H. 1996.
4. Matron and the sisters would celebrate with a dinner and dance on Christmas evening, whilst the nurses had their Christmas dinner on Boxing evening which also included a dance.
5. Sister Mabel "A Plea for the Babies" U.C.H. Nurses' League Magazine Vol.1 No.11, November 1914.
6. Abon A.V. "An Appeal for the Children" U.C.H. Nurses' League Magazine Vol.2 No.3, October 1917.
7. Hospital Committee Rules for the Nursing Department as far as relates to a) Ward Sisters b) The Night Sister c) the Housekeeper d) Staff Nurses Rules 21 June 1899.
8. Furlang S. "Practitioners' perceptions of primary nursing" Professional Nurse Vol.11 No.5, February 1996 p.309.
9. Ibid. p.311.
10. Anon. "The Role of the Nurse" U.C.H. Nurses' League Magazine Vol.1 No.3, September 1910.
11. Kahn D.L. Stevens R.H. "Witness to Suffering: Nursing, Knowledge, Voice and Vision" Nursing Outlook Vol.42 No.6, November / December 1994 p.260.
12. Anon. "The Role of the Nurse" U.C.H. Nurses' League Magazine Vol.1 No.3, September 1910.
13. Heide (1973) cited in Leddy S. Pepper M.J. 1993 Conceptual Bases of Professional Nursing (3rd Edition) J.B. Lippincott Company, U.S.A. p.55.
14. Congresswoman and Professor.
15. Jordan B. cited in Leddy S. Pepper M.J. 1993 Conceptual Bases of Professional Nursing (3rd Edition) J.B. Lippincott Company, U.S.A. p.198.
16. Merchant J. "Task allocation: A case of resistance to Change?" Nursing Practice Scutari Publications Vol.4 No.2, 1991 p.16.

17. Bradshaw A. "What are nurses doing to patients? A review of theories of nursing past and present" Journal of Clinical Nursing Vol.4, 1995 p.82.
18. Medvei V.C. Thornton J.L. (Editors) 1974 The Royal Hospital of Saint Bartholomew 1123 - 1973 W.S. Cowell Ltd., Ipswich p.249.
19. Moriarty D. 1989 Dorothy The Memoirs of a Nurse 1889-1989 Sidgwick & Jackson Limited, London p.96.
20. Anon. Manuscript Work Schedule 1936/37 for Night Staff Nurse Ward IV U.C.L.H. Trust Museum of Nursing.
21. Anon. Manuscript Work Schedule 1936/37 for Night Probationer Ward 9-12 U.C.L.H. Trust Museum of Nursing.
22. Castledine G. "A definition of nursing based on nurturing" British Journal of Nursing Vol.3 No.3, 1994 p.134.
23. Bradshaw A. "What are nurses doing to patients? A review of theories of nursing past and present" Journal of Clinical Nursing Vol.4, 1995 p.90.
24. Pneumonia was described as having a sudden onset, with general malaise and headache, sometimes vomiting present; rigor, a sudden rise in temperature to 103° or even higher, was usual. The rise in temperature was maintained until about the seventh or eighth day, when it fell by crisis in ordinary cases. Pain was generally felt in the affected part throughout the course of the disease. Dyspnoea was usually present, with the respirations short and rapid, and sometimes painful. Expectoration was scanty and of a rusty colour. Herpes sometimes appeared around the mouth and nose.
25. Welldon E.M.H. Prize Essay - "Lobar Pneumonia: Its Symptoms and Nursing" U.C.H. Nurses' League Magazine Vol.3 No.1, April 1927.
26. Bowers R. Moore K.N. Bakhtin "Nursing Narratives, and Dialogical Consciousness" Advanced Nursing Science Vol. 19 No.3, 1997 p.75.
27. Merchant J. "Task allocation: A case of resistance to Change?" Nursing Practice Scutari Publications Vol.4 No.2, 1991 p.16.
28. Ibid. p.16.
29. "Each nurse is to take her chart to her Ward Sister on entering the ward, whether for day or night duty. Nurses on night duty may ask Night Sister to mark their charts for special treatments. The Sisters are asked to mark Probationers' charts in black ink, and Staff Nurses' charts in red ink."

30. Nurse's Chart 1928 U.C.L.H. Trust Museum of Nursing.
31. Nurse's Chart 1945 U.C.L.H. Trust Museum of Nursing.
32. Berry A.J. Metcalfe C.L. "Paradigms and practices: the organization of nursing care" Journal of Advanced Nursing Vol.11, 1986 p.589.
33. Ashdown A.M. 1932 A Complete System of Nursing J.M. Dent & Sons Ltd., London p.2.
34. Gullan M.A. 1930 Theory and Practice of Nursing H.K. Lewis & Co. Ltd., London pp.211-212.
35. Set 55; six U.C.H. League members from Set 55 completed the questionnaire included in Appendix 4.
36. Set 100; eleven U.C.H. League members from Set 100 completed the questionnaire included in Appendix 4.
37. Sister Marjorie Clare.
38. Moulton cited by Berry A.J. Metcalfe C.L. "Paradigms and practices: the organization of nursing care" Journal of Advanced Nursing Vol.11, 1986 p.590.
39. Pearce E. cited by Bradshaw A. "What are nurses doing to patients? A review of theories of nursing past and present" Journal of Clinical Nursing Vol 4, 1995 p.90.
40. Nouwen H. 1994 Here and Now Living in the Spirit Darton, Longman and Todd Ltd., London p.92.
41. Moriarty D. 1989 Dorothy The Memoirs of a Nurse 1889 - 1989 Sidgwick & Jackson Limited, London pp.125-126.
42. Editorial U.C.H. Nurses' League Magazine Vol.2 No.9, July 1923.
43. Hilton P. Goddard M. "Taken To Task" Nursing Times 17 April 1996, Vol.92 No.16, p.44.
44. Ibid. p.44

## **Chapter Six**

### **Schools of Nursing 1862 - 1919**

## **Introduction**

Previous chapters examined the transformation in the status of nursing during the nineteenth and twentieth centuries, asking the questions why and what, firstly through the response of Christian vocation and secondly through the growth of the concepts in secular professionalism. Chapter six focuses on the schools of nursing prior to State Registration in 1919 asking the question “how?” was nursing transformed. It is divided into two broad periods with a division in 1899. Before 1850 there were a few experimental trials in training, but it was post 1860 and the introduction of training that changed the status of nursing. Without doubt, Miss Nightingale and the sisterhoods saw training as enabling the probationers to perform their Christian vocation more effectively. This chapter will review nurse training at various hospitals, firstly to set the U.C.H. training school into perspective and secondly to demonstrate the diversity prior to State Registration.

Recognition that some training should be given to nurses had gained momentum mid nineteenth century, partly in response to the necessity of bedside nursing in the care of patients. The religious orders were among the first to include this as part of their outreach. From the 1850s there was a slow but definite growth in the number of hospitals which offered training. Initially this was for approximately one year, but as the skills required of the nurse expanded, and the actual experience in training by the innovators increased so the period, on the whole, lengthened to three years by 1900. “As a consequence of the development of science and the practical application of scientific principles, nurses needed more knowledge and skills. More time was necessary to adequately prepare a nurse for practice.”<sup>1</sup> From the 1860s there were two methods of entry into nurse training. There were the lady probationers who paid for their training and who were therefore deemed entitled to a shorter training, and the probationers who were paid during their training and therefore had to take longer to complete, usually by a year. During this time they gained varied clinical experience by working on different wards; this in itself was an innovation.

Nurse training expanded and developed from 1862 at U.C.H. On the whole, the

probationers learnt their craft on the wards, but they also had theoretical instruction from the sisters and the medical staff. When the All Saints Sisters left in 1899, matron, assisted by home sister, was responsible for the training of nurses. In 1918 the first sister tutor at U.C.H. was appointed.

Vicinus suggests that nursing had complex issues of gender, class and status. The voluntary hospitals were run by men, that is, the hospital secretary was always male; the patients at this time were from the working class; and the treatment of the patients was directed by the all male medical staff. Nursing had to define a role for itself, and one that broke the image of the domestic servant of previous generations.<sup>2</sup> This was the role performed by nurse training.

### **Training 1862 - 1899**

The early training schools could be compared to apprentice type training, reflecting most professions prior to the twentieth century. There were many women who were also working towards the transformation of nursing prior to Miss Nightingale - for example, 14 of the women who went to the Crimea with her were selected because they had nursing experience.<sup>3</sup> There had been experimental schemes in nurse training, for example, "in 1856 St. John's House greatly expanded its work by taking over the whole nursing of King's College Hospital."<sup>4</sup> However, the Nightingale training school played a crucial role in the reform of nursing in England, partly because it was among the first of its genre, and partly because of the vision which understood that training was an act which was a lifetime's experience to be shared with others.

In 1860<sup>5</sup> agreement with St. Thomas' Hospital meant that the fund of £44,039, donated by the public in gratitude for Miss Nightingale's work in the Crimea, paid for board, lodging, uniform and the wages of the probationers - £10 per annum, as well as fees to matron and the sisters and resident medical officer for tuition. At the end of one year the probationers received a certificate, followed by three years in whatever posts they were offered, at a salary of £20 per annum. The entry requirements included evidence of good character, age between 25 and 35, single - although widows and deserted wives were

considered. Miss Nightingale formulated the rules for the wearing of uniform, expected behaviour, working conditions, and tuition of the probationers. The ward sisters initially were themselves untrained and therefore it is not surprising that some of the early reports from the first trainees found that their instruction could have been improved. Prayers were said twice daily in the wards of St. Thomas' Hospital, in the nurses' home there were weekly bible classes and music classes. On two days a week the probationers had one and a half hours for self directed study.<sup>6</sup> A comprehensive list of nursing skills had to be acquired by the end of one year. The training programme was revised in 1872, still with emphasis on character building, as well as the acquisition of clinical knowledge and skills.

The training school at the Middlesex Hospital was established in 1870 when Miss Godiva Thorould became lady superintendent, retiring 35 years later. She trained at U.C.H. with the All Saints community, starting in 1866 and was the first Middlesex matron to have received training. A nurses' home had been built at the Middlesex in 1869 which was extended in 1878. Miss Thorould introduced a one year training for lady probationers in 1870. They had to be over 25 years of age. Their privileges included arriving on duty after the staff nurses, thus creating some tension among the staff. They had to wash one patient and make his bed. The sisters were appointed from the lady probationers.<sup>7</sup>

Nurse training was introduced at the London Hospital in 1873 by the Board of Governors, at which time matron herself was untrained so theory was limited. Miss Lückes was appointed matron in 1880, having trained at the Westminster Hospital. She introduced a new system of nurse training which entailed reducing the length of training from the three years practical work in the wards without any instruction or supervision, to two years with a combined theoretical and practical input. Miss Lückes was a keen advocate of the two year training period, and never altered her view. This was not without criticism from the supporters of the three year training course outside the hospital.<sup>8</sup> In 1880 the theoretical component at the London consisted of three courses of lectures. General nursing was the first part of the course, followed by elementary anatomy and surgical nursing and thirdly elementary physiology and medical nursing.



There was an examination at the end of each course. The lectures took place in the evening, with night nurses expected to attend before going on duty. The first year of training was perceived by Miss Lückes as the time for learning the duties of a nurse, whilst nurses could gradually consolidate their experience in nursing special cases, and eventually assuming increased responsibility taking staff nurse duties to cover illness and holidays. The probationers were awarded their certificates at the end of the two years and were entitled to become staff nurses. Miss Lückes introduced Preliminary Training School (P.T.S.) at the London in 1895, an innovation in nurse training. Miss Lückes wrote: “a pause on the threshold would give eager beginners time and opportunity to realise the importance of the new life and work on which they are about to enter, work that is taken up far too lightly at the present time by many sadly lacking the necessary vocation.”<sup>9</sup> At this time it lasted for six weeks and consisted of practical nursing, elementary anatomy and physiology and some invalid cookery. Probationers had examinations in these subjects at the end of P.T.S. It enabled the probationers to perform the basic nursing duties with a degree of skill and insight which otherwise took weeks, if not months, to accumulate.<sup>10</sup>

Matron and the treasurer at Guy's suggested a new programme of nursing administration in 1879. This proposal met intense opposition from the medical staff and the sisters. In the discussions which followed the nurses' training school emerged. There were lady probationers who trained for one year, and the ordinary probationers who trained for three years. Matrons and sisters were initially appointed from the lady probationers. In 1877 the system of lectures given to the nurses by the superintendent was introduced. In 1898 surgical and nursing lectures were introduced for the first year probationers.<sup>11</sup>

Between 1847 and 1873 Miss Eager, matron at the Westminster, promoted the idea of an experienced nurse in charge of a group of three wards with one untrained nurse on each ward. The Merryweather sisters became matron and superintendent in 1873; they established the nurses' training school the following year in 1874.<sup>12</sup>

The training school at St. Bartholomew's Hospital dates from 1877, with a one year course lengthened to two years in 1879. Miss Manson (Mrs Bedford Fenwick after



1887) was appointed matron in 1881, and at once implemented changes to improve the standard of nursing through the training of nurses. She extended the training to three years, combining theory and practice. The newly qualified probationers were encouraged to stay and establish the training school, because, as with all the newly established schools of nursing, the ward staff were themselves untrained. Miss Stewart succeeded Miss Manson as matron; she reorganised the training in 1894, introducing the concept of four years of training - three years as a probationer and after gaining the certificate, remaining as a staff nurse for a fourth year. The probationers had to be between the ages of 23 and 35, medically fit, with the ability to pass an examination in elementary anatomy, physiology and science as proof of their general intelligence and education. They had to work for one month's trial at the hospital before they were taken into training, which began at four appointed times in the year. Matron gave the lectures to the new probationers for the first six months in basic nursing practice to include the giving of medicines and enemas, invalid cookery, preparation of patients for surgery plus the skills of bed bathing and bed making. Paying probationers started in 1884 in groups of 12 to 15. Their minimum length of stay was three months, although many remained for two or three years.<sup>13</sup>

### **Training at U.C.H.**

The training of nurses at U.C.H. commenced in 1862 when the All Saints Sisters became responsible for nursing throughout the hospital. Training was extended to women who were not in the religious community, although until 1885 they had to be confirmed members of the Anglican Church. The All Saints Sisters stated that "Women of a superior class" were to be "trained for nursing the sick poor ... and for private nursing."<sup>14</sup> The rules for entry to the 1862 training school were discussed in chapter two. One of the early memories of training comes from Sister Catherine:

In the Autumn (1865) I was allowed, to my great joy to go to University College Hospital to be trained and I worked there the following year, both before and after I became a postulant. Sister Elizabeth was Sister Superior, Sister Emily Mary had 1 and 2 Wards, and I think Sister Helen had 3 and 4.<sup>15</sup>

Training in these early days lasted for one year, but Miss Eliza Penny trained at U.C.H. from 1869 until 1871, an indication that the training had developed from one to two years.<sup>16</sup> Mrs. Welch trained from 1878 to 1880, again two years of training.<sup>17</sup> By the time G.E.J. wrote of the discipline of community living in the 1890s, the training period lasted three years for the nursing probationers. She wrote of the influence of the religious orders:

arriving at the dining room as the door shut at 6.30 a.m. If you found the door shut, it meant that Home Sister was calling the names and saying 'Grace' and you were late. If you were late three times you had to report to Matron, and if you reported three times in a month you lost your one day off!<sup>18</sup>

Losing the day off a month because of failure to arrive before 6.30 a.m. for breakfast is a further reflection on the discipline within nursing at this time. G.E.J. elaborated on the long hours on duty:

We were tired, happy 'Pro's' only two hours off a day, with one 6 - 10 a week and a whole day off a month and occasional theatre leave by special permission from Matron. In spite of all our discomfort, I am sure we, of that time, look back on the happy time we spent during our training days, and some of us returned to sisters' posts.<sup>19</sup>

At the end of the training the probationers received the hospital certificate. Sir Victor Horsley<sup>20</sup> offered to give the nurses lectures whilst he was surgical registrar; Sister Cecilia accepted his offer to continue the lectures when he became professor at the Brown Institute as she recognised the value of these lectures in nurse training.

One of the schools in the United States which was influenced by the system of training at U.C.H. was that of Bellevue Hospital, where the superintendent was Sister Helen, one of the All Saints Sisters who trained at U.C.H. Initially the student nurses only worked on selected wards but as the medical staff of the hospital became impressed with the care offered on the wards where the students worked, so more wards were placed under the

control of the school of nursing - reminiscent of the introduction of the All Saints Sisters at U.C.H. Included in the improvement in care was an improvement in the appearance of the wards, with beneficial effects for the patients. The training lasted for one year, although the students were expected to remain at the hospital for a second year, again a parallel with the English system. In the early days there was little theoretical input, however, in 1876 the school published the first nursing textbook in the U.S.A. The students learnt their skills on the wards under the instruction of the head nurse.<sup>21</sup> Sister Catherine wrote:

In America. The work there began in 1872 when the services of the Sisters was asked by Rev. Joseph Richey, Rector of Mt. Calvary Ch, Baltimore, Maryland. A group of Sisters went in answer to this call on Dec.10.1872. The Sisters worked in the parish, & work was begun among the Negroes - During the first year some New York ladies were trying to improve the condition of Bellevue Charity Hosp N. York - Mrs. Osborne chief; they wanted to establish a Training Sch. for Nurses - One of the All Saints Sisters (Sr. Helen) went to help in this; to organise the first Training Sch. for nurses in America.<sup>22</sup>

### **U.C.H. Probationers 1890 - 1899**

1890 - 1899 were the last ten years of the All Saints Sisters at U.C.H. The rebuilding of U.C.H. (the Cruciform) commenced in 1897, having been 20 years in the planning. This presented repercussions for the nursing services, one being a temporary reduction in the number of beds in order to accommodate the rebuilding. The organisation of the nursing services had to take into account the disruption caused by the building programme.

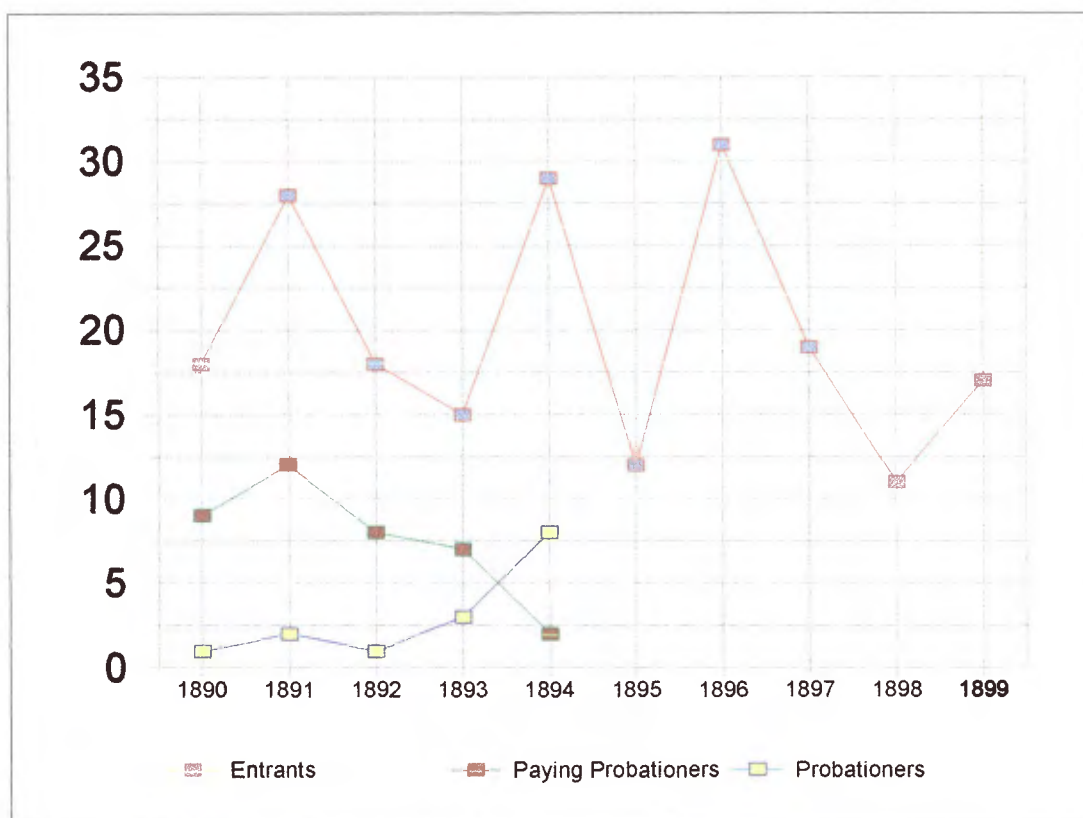
Morten encouraged prospective probationers to consider:

1. Whether you wish to train one, two or three years for your Certificate.
2. Whether you wish to pay for being taught or to be paid for learning.
3. Whether you wish hard work and wide experience or a quiet time and less knowledge.<sup>23</sup>

Figure 6 demonstrates that this diversity in nurse training was available at U.C.H. in the last decade of the nineteenth century, when only the applicants details are recorded.

### Figure 6 Probationers Who Entered Training at U.C.H. 1890 - June 1899 [a]<sup>24</sup>

Figure 6 records the number of probationers in the three categories for training.



PP (paying probationers) paid for two years, whilst P (probationer) only paid for one year. Sister Cecilia made this point in defending the difficulty of making the nursing service solvent. Even so there were no paying probationers for the five years after 1894. The entrants were the probationers who trained for three years and received payment during this time. In the three years 1891, 1894, and 1896 there was a significant rise in the number of entrants, with no obvious explanation and despite the rebuilding programme.

**Figure 7 Probationers Who Entered Training at U.C.H. 1890 - June 1899 [b]** <sup>25</sup>

Year	Entrants	P.P.	P.	Total.
1890	18	9	1	28
1891	28	12	2	42
1892	18	8	1	27
1893	15	7	3	25
1894	29	2	8	39
1895	12	0	0	12
1896	31	0	0	31
1897	19	0	0	19
1898	11	0	0	11
1899	17	0	0	17
Total	198	38	15	251

In figure 7 the year refers to the year of entry to training at U.C.H. There is no indication of how many of the 251 probationers in figure 7 completed the course 1890 - June 1899; there is no reason, however, to doubt that the majority of the probationers did complete the course as no evidence has been found to the contrary. If the completion rate had been poor it would have been cited as one of the reasons for the hospital management committee to end the contract with the All Saints Sisters - this was never suggested. The number of entrants to training in this decade is comparable to the number for the next decade 1899 - 1909.

**Figure 8 Age at Entry 1889 - June 1899<sup>26</sup>**

Year	18	19	20	21	22	23	24	25	26	27	28	29	30	30+	Total
1889	0	0	0	0	2	0	0	0	2	1	0	0	1	0	6
1890	0	0	0	0	1	2	2	0	3	2	1	0	2	4	17
1891	0	0	0	1	2	3	2	2	3	2	2	5	1	5	28
1892	0	0	0	2	0	2	5	1	2	0	2	0	0	3	17
1893	0	0	0	0	1	3	3	1	0	1	3	0	1	2	15
1894	0	0	0	0	1	3	5	1	2	4	2	3	0	8	29
1895	0	0	0	0	2	1	2	0	2	1	3	0	0	0	11
1896	0	0	0	0	1	7	7	5	2	0	5	0	3	1	31
1897	0	0	0	0	0	4	1	5	1	2	1	3	1	0	18
1898	0	0	0	0	0	1	1	0	1	1	1	1	3	1	10
1899	0	0	0	0	0	3	5	2	2	2	1	0	1	1	17
Total	0	0	0	3	10	29	33	17	20	16	21	12	13	25	199

Figure 8 reveals the age of the probationers at entry to training for the period 1889 - June 1899. The majority of entrants, that is, 161 were in their 20s when they started training; 25 were over the age of 30; the single largest number 33 were 24 years of age. In 1895 Morten gave the age of entry as 24 - 36,<sup>27</sup> but in some years probationers were accepted under the age of 24; 29 were 23 years of age whilst the youngest was 21. The age of 52 of the probationers was not recorded. There was a general consensus of opinion in the nineteenth century that the age of entry should be above 21; in fact it was 23 in the voluntary hospitals. This was the age when it was thought that women reached sufficient maturity to respond positively to the physically and mentally demanding nature of the work. Women were not accepted for training after the age of 35 as it was felt that after this age they would find it too exhausting. On the other hand the lower entry age at the provincial hospitals influenced the others. At Guy's, for instance, in 1913 the entry age was lowered from 23 to 21. It was becoming apparent that families could not afford to keep their daughters at home until the age of 23 before they worked. After the First World War if the candidate was suitable, then she was accepted under the age of 21.<sup>28</sup>

Figure 9 Home Address 1888 - 1899<sup>29</sup>

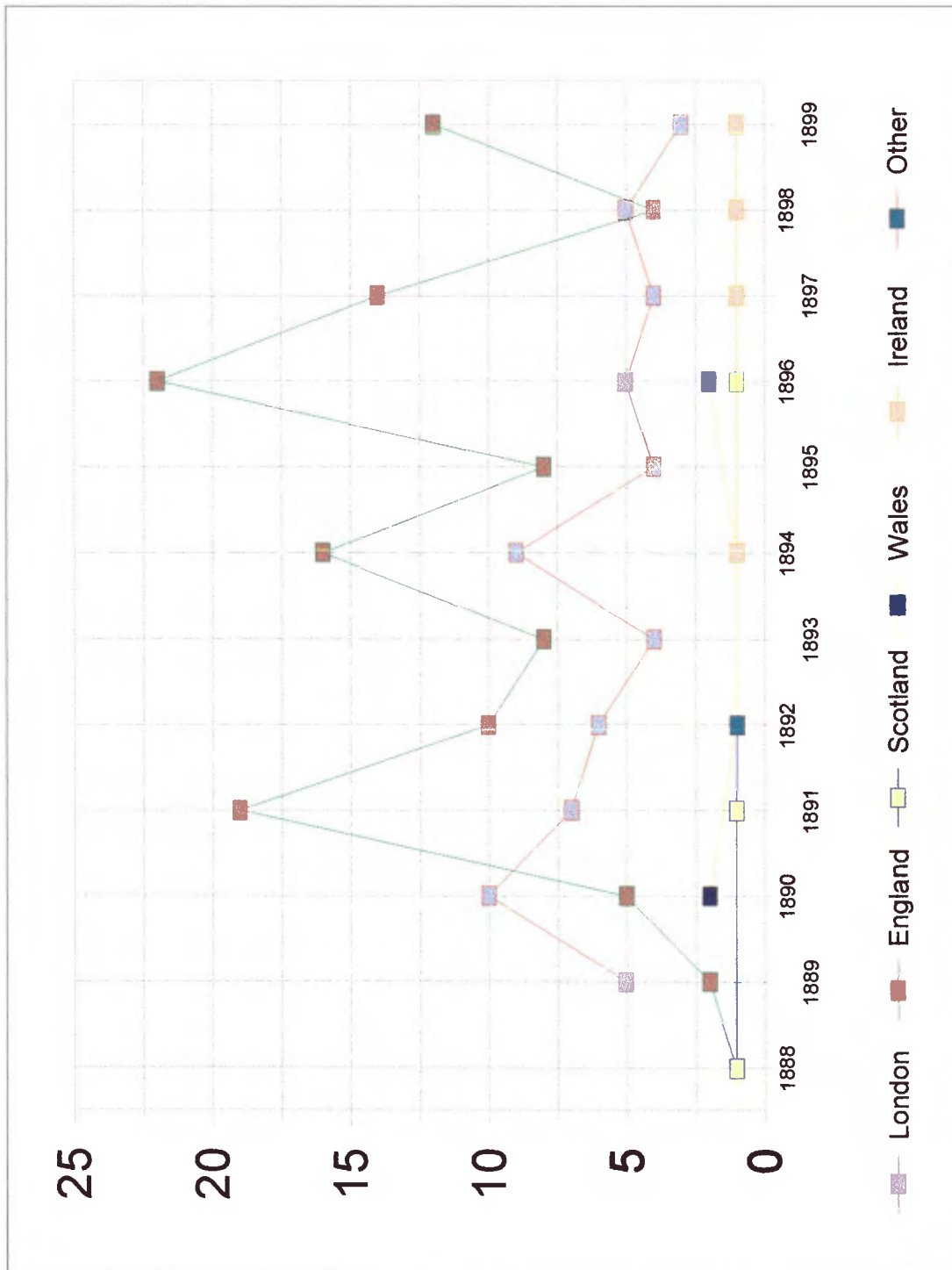




Figure 9 reveals the home address of the probationers at U.C.H. 1890 - June 1899, which has a bearing on one aspect of the importance of nurses' homes. G.E.J. described her training at U.C.H. sometime in the 1890s. There were frequent references to accommodation:

... I first started at a home in University Street ... two or three houses had been taken by the hospital and we shared rooms, with only one bathroom, the water for this being boiled as required on a gas ring! ... My next move came when I went on "night" and we conveyed our belongings to Russell House, Tavistock Square, ... (After night duty) I went on "day" and once more changed my abode, this time to Fitzroy Street. There again, we shared rooms, and you may imagine the wild rush in the morning, when, called at 5.45 a.m. you flung on your outdoor uniform (aprons not allowed) ran along Havland Street, across Tottenham Court Road, down University Street to the top of the Hospital, hastily changed your things, leaving them in your locker.<sup>30</sup>

This description of moving from house to house through training, and the living conditions in some of them was part of the argument for providing nurses' homes. Not only the probationers, but the All Saints Sisters working in the hospital also had to sleep in different houses close by and frequently had to change their quarters. Nurses' homes were a necessary part of the socialization programme and hidden curriculum; they were also necessary to provide secure accommodation for aspiring professionals in parts of cities, in this case London, where the professional and middle classes did not usually live. At U.C.H. accommodation for nurses was incorporated into the new building of the Cruciform, the south west wing, which was to remain as such until 1926.

Figure 9 demonstrates that in the last decade of the nineteenth century most of the women who entered nurse training at U.C.H. came from English home addresses outside of London, although a number did have London home addresses; more came from Wales than from Ireland and Scotland; and there were a few from around the world, some of whose parents were missionaries. The fact that the entrants were not from the local population is another factor in the importance of providing nurses' homes. These



numbers support Maggs' contention that in the period 1881-1921 women were more likely to move from rural to urban areas, from Wales, Ireland and to some extent Scotland to the major centres rather than the market towns.<sup>31</sup>

Prior to 1860 nursing at U.C.H. was the same as every hospital, that is, it was performed by unskilled women against overwhelming odds, in view of the carer / patient ratio. When the All Saints community became responsible for nursing at U.C.H. in 1862 they immediately introduced a one year training which extended to two years by the end of the decade and three years by the 1890s. Nurse training at U.C.H., therefore, commenced before training was introduced at many other London hospitals. It has many comparisons with the Nightingale school - both the sisters and secular nurses left U.C.H. when trained to take the system elsewhere.

### **Training 1899 - 1919**

The programmes at the hospitals in this section demonstrate the diversity in nurse training. In comparing the timing and length of lectures, it becomes apparent that there was validity in the argument of the nurses who campaigned for State Registration for nurses (see Appendix 2) and a more consistent training programme.

In 1905 Miss Isla Stewart<sup>32</sup> introduced P.T.S. at St. Bartholomew's. During the six weeks course, the probationers received instruction in elementary anatomy, basic nursing care and invalid cookery with an examination at the end of this. Those who passed then had three months trial on the wards; if their work and health were satisfactory, appointment as a probationer was confirmed. In the first year probationers were given 18 lectures on practical nursing by matron and the sisters, plus 14 lectures on elementary anatomy and physiology, again with an examination at the end of this time. Failure meant that the probationer was dismissed. During the second year there were 16 lectures each on medical and surgical nursing. The third year lectures included nine on elementary bacteriology, five practical nursing sessions in gynaecology, three in ophthalmology and lastly theatre nursing. A certificate of efficiency was awarded to those who were successful in passing the examination; those who failed could retake after six months.

From 1908 it was decided to award the hospital certificate at the end of the fourth year, in recognition of the training received during this time in staff nurses' duties.<sup>33</sup>

A new nurses' home was opened at Guy's in 1902 to replace the dormitories at the top of the hospital building where the nurses had lived. The nurses' home provided 213 bedrooms; there was a dining room and in the basement a swimming pool. In 1902 the increased accommodation enabled Miss Swift<sup>34</sup> to introduce P. T. S. It took 15 pupils for a six weeks course in practical housework, elementary anatomy and physiology, hygiene, bandaging, dressings and invalid cookery. At the end of this time matron conducted a practical examination before allowing the probationer to proceed to the wards, where another two months was required before being accepted as a full time probationer. The first year lectures included 12 lectures each of anatomy and physiology, with medical and surgical nursing given by the medical staff, followed by lectures given by one of the sisters. The second year included lectures in pharmacy and dispensing; examinations took place at the end of the second year. Failure in any part meant termination of the probationer's contract. In her final year the probationer had additional responsibility on the wards. Miss Swift wrote "My idea was to make nurses undertake their own education as grown-up women, not as children; if they choose to disregard the rules, they bring their own punishment upon themselves, and if they are persistently wilful they must go."<sup>35</sup> The nurse's chart had also been introduced whereby sister signed for each skill as the probationer became proficient. An examination which included a "viva" and practical nursing test was held before the probationer was deemed competent to wear her "strings" and manage the ward.<sup>36</sup>

Miss Hamilton, appointed matron at U.C.H. in 1899, returned to St. Thomas' as matron in 1902. P.T.S. at St. Thomas' was introduced in 1910. Until then lectures had only been given to the first year probationers, but from 1910 lectures were extended into the second year also.<sup>37</sup> The first sister tutor in England and Wales, Miss Agnes Gullan who had trained at U.C.H., was appointed in 1914 at St. Thomas'.

A new nurses' home was opened at the London Hospital in 1906, bringing the total accommodation to 432 bedrooms for all the nurses. Classes and lectures were arranged

so that the probationers could attend in their off duty time. The training programme at the London remained two years in length during these years whilst Miss Lückes<sup>38</sup> was matron. When the College of Nursing was established she encountered considerable problems as the training was generally expected to be three years by 1916. She vigorously defended the position at the London. She wrote "It is rather hard lines on the London to have familiar attacks upon it from time to time violently renewed by those who are jealous of our success, but we are not likely to lower the standard of our training because of this idle clamour for 'three years'."39

Miss Lückes' determination to keep the course at two years met opposition from members of the profession, including Miss Finch.

How thankful one feels now, that in choosing your training school, the choice fell on a hospital where the training period lasted for three years in the wards, and that one had not been appointed 'Sister' at the end of eight months or one year as at the 'London Hospital'.<sup>40</sup>

The training schools of these London hospitals varied and examples of the metropolitan and poor law training schools echoed the diversity. Whilst the London dogmatically refused to lengthen the training period beyond two years, at the other end of the scale, nurses at St. Bartholomew's were only certificated after four years, which included the fourth year as a staff nurse to consolidate the experience. P.T.S., established at the London in 1895, was introduced in the period 1902 to 1910 at St. Bartholomew's, Guys' and St. Thomas'. The content of the lectures varied, although each school considered it important to give some basic nursing theory as a guide to the practical skills.

### **Training at U.C.H. August 1899 - 1919**

In 1898 Sister Cecilia had written a letter of explanation re the financial situation on nursing services to the hospital committee; in it she had drawn attention to the diversity and growth in the treatment of patients which required skilled nursing care. The training needed to offer such care obviously affected the nursing curriculum; apart from the basic

skills of nursing, an understanding of the medical specialisations was required so that appropriate nursing care could be offered. Inevitably when the All Saints Sisters left the training course changed.

Miss Hamilton took up her post as matron in March 1899; part of her role included developing the training programme for the probationers at U.C.H. Although lectures had been given previously to the probationers, a more systematic series was planned and the medical staff were involved in the examinations. A new set of rules was devised for the probationers, drawn up by the house committee and adopted on 5 July 1899. Probationers had to be between the ages of 23 and 33 years of age at the time of their provisional appointment. A probationer had to provide evidence that she would be a fit person to perform the duties of a nurse, this was to include evidence of character, state of health, general fitness of disposition and temperament. Nowhere in this set of rules is there mention of educational attainment, although the ability to read and write had been included in the requirements by the All Saints Sisters. There was no prerequisite condition that the probationer should be a Christian. Following an interview with matron, she was appointed for a trial month, possibly for a second month. At the end of this time, the probationer had to be declared physically fit by a member of the staff, designated by the hospital for that purpose. During the 20 years 1899 - 1919 it would appear that only one probationer was not passed medically fit, although a number of them did become ill during training. If the probationer passed all this, then she could be appointed by the matron for a period of four years, which could include working during her fourth year on the private nursing staff.<sup>41</sup> In comparison with the schools at St. Bartholomew's and Guy's, the trial period was shorter at U.C.H., although the total contract was for four years.

When on day duty, the probationer was under the control of the ward sister; she was expected to obey the instructions of the medical officers, matron or the ward sister. The role of sister in teaching the probationers has been emphasised, particularly as the theory component was based in clinical practice. Sister's "work is not so much to nurse the patients herself as to teach others how to do so, and in the best way. It is far easier to do the work oneself than to teach others."<sup>42</sup> On night duty the probationer was under the

control of the night sister, and had to receive her permission to leave the ward. Night sister also arranged the time at which the probationer had her meals during the night in the room adjoining the ward. The probationer had to receive matron's permission if she wished to return to the ward in her off duty time. This was presumably part of the philosophy that nurses should not become too friendly with their patients. Some of the remarks recorded on trained nurses in the archives would substantiate this. If a nurse was considered "kind to the patients" the other phrase which accompanied this was that she was "not a good nurse".

The probationer had to attend all the lectures, classes, and courses of instruction required for her training. This meant that she had to come off the ward to attend these lectures, and she was expected to attend after night duty before going to bed. Matron and home sister gave most of the nursing lectures. A separate classroom was not provided for many years - either the dining room or the lounge of the Trained Nurses' Institute doubled as a classroom. This suggested that the importance of theory within nursing was subservient to the learning experience on the ward. Moriarty confirmed that lectures were given to the probationers in the nurses' lounge by home sister, and that the curriculum consisted of protocol, the basics of bandaging and splint making, and elementary physiology. The visual aid of those days was a figure which home sister produced, fitted with hooks on which were hung vital organs.<sup>43</sup>

On completion of training, that is four years, the probationer was awarded the hospital certificate which stated that she had passed the necessary hospital examinations, attended the appropriate lectures, and worked in the wards and departments of the hospital. It was signed by the chairman of the nursing committee, by one of the physicians, one of the surgeons and by matron.<sup>44</sup>

As far as conditions of service were concerned, the probationer was entitled to the salary, and allowances for the washing of her uniform as recommended by the hospital committee. She was under the supervision of the matron and could be suspended by her, but dismissed only by the hospital committee. The probationers in 1899 were entitled to three weeks leave of absence per annum at a time to be decided by matron.

Maggs described the regime under which probationers were called at half past six in the morning, at a quarter past seven breakfast was served in the dining hall, at a quarter to eight prayers were said in the chapel, and at eight o'clock the probationers presented themselves for duty on the wards. During the morning they cleaned, including lamps, inkstands, and spatulas, thoroughly; they dusted the ward, washed the patients' lockers, doctors' tables and windowsills; prepared and served the patients' lunch; cleared the lunch dishes; helped the nurse with the patients when and as required. At half past eleven or a quarter past twelve, as arranged by the sister, probationers went to dinner, returning to their wards in three quarters of an hour.<sup>45</sup>

**Figure 10 Probationers Who Entered Training at U.C.H. August 1899 - 1919<sup>46</sup>**

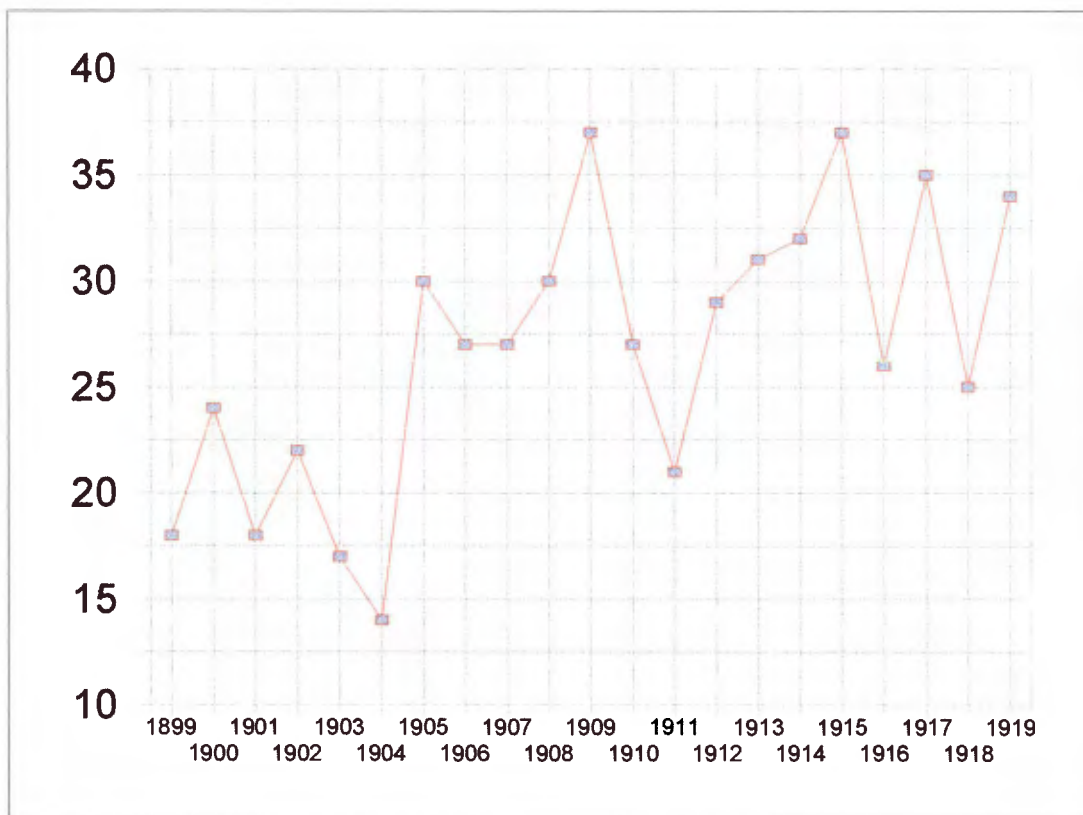


Figure 10 indicates not only the fluctuations, but also the gradual rise in the number of probationers coming into training throughout the whole period from August 1899 to 1919.



**Figure 11 Probationers at U.C.H. August 1899-1909** <sup>47</sup>

Year	Enter	Cert.	Left	Waste %	P.P.	C.M.B.	Massage
1899	18	17	1	5.55	1	1	0
1900	24	17	7	29.16	0	0	0
1901	18	14	4	22.2	2	0	0
1902	22	18	4	18.18	1	2	1
1903	17	15	2	11.76	3	4	1
1904	14	12	2	14.28	5	0	1
1905	41	30	11	26.82	6	5	1
1906	27	17	10	37.03	4	5	0
1907	27	22	5	18.51	3	4	2
1908	30	21	9	30	1	6	1
1909	37	31	6	16.21	1	12	0
Total	275	214	61	22.18	27	39	7

Figure 11 records the number of probationers coming into training at U.C.H., with an analysis of the number who completed the course. Paying probationers were still accepted for training. The records reveal that subsequently a number of probationers qualified as midwives of the Central Midwives Board (CMB) and in massage. On 30 August 1899 the first probationers of the re-established U.C.H. school of nursing entered training. The records of the probationers became more detailed after August 1903. In 1899 one record does not have “Certificated” entered, although the nurse concerned was a very good nurse and appointed sister at U.C.H. and elsewhere. In the decade 1899 - 1909, 275 women were accepted for training; the outstanding year for entry was 1905, when the rebuilding of the Cruciform was completed. The second highest intake was in 1909 when the hospital could afford to open the remaining wards on the fifth floor. Of the 275 women who entered training, 214 were certificated. This represents a pass rate of 77.8%. The newly appointed ward sisters who replaced the All Saints Sisters gave devoted service in establishing the training school. Subsequently 37 of the 214 certificated nurses of the decade 1899 -1909 (17.2%) were appointed sister at U.C.H., either as ward sister, theatre sister, or departmental sister. Some only stayed a short time, but others remained for many years.



Figure 12 Numbers of Probationers Who Left Training August 1899 - 1919 <sup>48</sup>

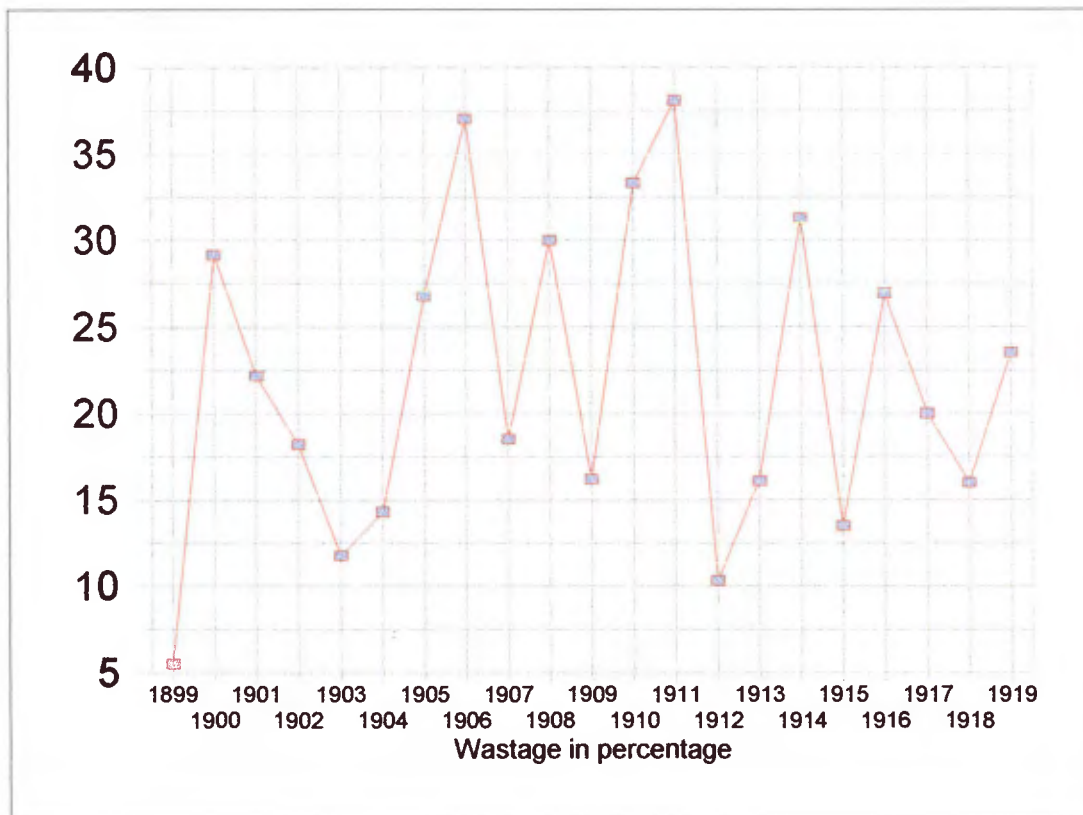


Figure 12 indicates the wastage rate as a percentage. There is no one apparent reason for the different wastage rates which occurred for each year. The lowest was 11.76% in 1903, and the highest 37.03% in 1906 for the first decade 1899 - 1909; 10.34% in 1912 the lowest, and 38.09% in 1911 the highest for the decade 1910 -1919.

**Figure 13 Reasons for Discontinuing Training August 1899 - 1909** <sup>49</sup>

Year	Illness	Left	Required at home	Unsatisfactory	Found work too hard	Disliked Nursing	Not strong enough	Marry	Did not pass exam	Dismissed	Died	Total
1899	1	0	0	0	0	0	0	0	0	0	0	1
1900	2	5	0	0	0	0	0	0	0	0	0	7
1901	1	0	0	3	0	0	0	0	0	0	0	4
1902	1	2	0	1	0	0	0	0	0	0	0	4
1903	0	0	0	1	1	0	0	0	0	0	0	2
1904	1	0	0	1	0	0	0	0	0	0	0	2
1905	0	1	3	5	0	1	1	0	0	0	0	11
1906	0	0	2	3	0	1	1	3	0	0	0	10
1907	0	0	0	2	0	0	2	1	0	0	0	5
1908	1	1	1	2	0	0	0	1	1	2	0	9
1909	0	0	0	4	0	0	0	2	0	0	0	6
Total	7	9	6	22	1	2	4	7	1	2	0	61

Figure 13 is an analysis of the reasons given for the probationers' failure to complete the course from August 1899 to 1909. In this decade August 1899 - 1909 by far the largest number of probationers - 22 - left because they were found to be unsatisfactory; this was mostly unsatisfactory conduct and inability to do the job. There were no explanations why the nine probationers "left". A variety of illnesses caused seven probationers to discontinue training; one of these probationers died in 1904. Throughout the period of this study, women had to give up work / career to care for sick relatives; six had to do so in this decade. Four probationers had to give up nursing because they were not strong enough, emphasising the physical exertion required in nursing. Only two were dismissed for breaking the rules. On one occasion the relatives removed the probationer. Only a few probationers did not like nursing. One probationer went home without leave, and another left because she was not refined enough. One probationer failed the examination. Overall, 1899 - 1948, there were a number of probationers who were incapable / unsatisfactory in one way or another, and yet who certificated at the end of training.

Conversely, there was a much smaller number of probationers whose reports show that they were good nurses, but who could not pass the examinations.

Abel-Smith wrote that by 1900 the one year training was considered insufficient for the best appointments. Wastage problems existed even then, greater amongst the lady probationers than the ordinary probationers. Mrs Wardroper used to say that at the Nightingale School from 30 to 40 out of every 100 probationers would fall out of the ranks during the period of training.<sup>50</sup> The wastage rate at U.C.H. was slightly lower than the national average.<sup>51</sup> This would support the view that the London teaching hospitals had the choice in selection of probationers, over the provincial and municipal hospitals. Within the wastage rate, probationers who married during training had to leave; a separate analysis of the probationers who left to be married is provided later in the chapter.

## U.C.H. Probationers 1910 - 1919

The years 1910 to 1919 were the years of the First World War, with all the demands this placed on nurses. Interestingly, there was not a large increase in numbers in training at U.C.H. For nursing itself, this decade ended significantly with State Registration of Nurses in 1919.

**Figure 14 Probationers at U.C.H. 1910-1919** <sup>52</sup>

Year	Enter	Cert	Left	Waste %	P.P.	C.M.B	Massage	Electric
1910	27	18	9	33.33	3	7	0	0
1911	21	13	8	38.09	0	8	0	0
1912	29	26	3	10.34	2	12	2	1
1913	31	26	5	16.12	2	10	3	0
1914	32	22	10	31.25	4	6	2	1
1915	37	32	5	13.51	6	14	4	4
1916	26	19	7	26.92	4	8	1	1
1917	35	28	7	20	1	11	1	1
1918	25	21	4	16	4	11	1	1
1919	34	26	8	23.52	0	12	0	0
Total	297	231	66	22.9	26	99	14	9

Figure 14 records the number of probationers coming into training, the number who completed the course and those who subsequently qualified as C.M.B. and in massage. In the decade 1909 - 1919, 297 women entered nurse training at U.C.H. The single largest intake was 37 in 1915, followed by 35 in 1917. This increase in numbers was not maintained throughout the First World War despite the need for nurses generally, and at U.C.H. the added beds in the Military Extension at University College. The 1910 Examination Results showed that 20 nurses passed the Final Examination and 25 the Junior Examination. Once the probationers had passed the junior examinations they became junior staff nurses. This was denoted by a change in uniform. Their new uniform dress was striped instead of plain blue, and they were entitled to wear "strings". These were the long strips of muslin which tied in a bow under the chin and which carried considerable status value.<sup>53</sup> Following the foundation of the U.C.H. Nurses' League in

1909, the badge was introduced which identified the Certificated / Registered nurse as a graduate from U.C.H.S.O.N. The badges and buckles of each training school were part of the tradition of professional nursing.<sup>54</sup> “An elderly patient who watched everything with great interest and seemed full of admiration for Sister’s shiny silver buckle said to us as we hurried along ‘Are you and your mate going for the belt?’ Which is what me and my mate did.”<sup>55</sup> The League Magazine reported in 1918 that Miss Dale had been appointed as the new sister tutor with the responsibility of teaching all the new entrants into nursing, and concluded that the appointment was “a great advance in the education of Nurses and is in accordance with the requirements of the College of Nursing which is requiring a far higher standard of work than before from all trained nurses”.<sup>56</sup> In 1916 there was one nurse for whom the record does not state “Certificated”. She was at U.C.H. for four years, and gained the C.M.B. Subsequently 45 of the 231 certificated nurses of the decade 1910-1919 (19.48%) were appointed sister at U.C.H., either as ward sister, theatre sister or departmental sister.

Generally, the hours of work continued to be very long in the voluntary hospitals, and once trained, many of the certificated nurses transferred to the private nursing service and patients of a similar social background. Probationers provided cheap labour for institutions which relied on voluntary donations. This is seen as one of the contributory factors in low pay in nursing throughout the period 1862 - 1948. The hospitals could not have employed trained nurses in any large number as this would have rendered them financially insolvent. Abel-Smith calculated that the 1901 census showed there were 67,000 female nurses and midwives, of whom 27,000 (over 42%) were over 45 years of age, and 6000 were 65 or more; nearly 45% were married, widowed or divorced; by 1931 this had fallen to about 12%.<sup>57</sup> Women’s work was expanding and nursing had to compete to attract applicants. By 1911 women’s professional and white collar occupations were growing to the extent that whilst women constituted only 6% of higher professionals, they provided 62.9% of the lower professionals; 21.4% of clerks were women and 35.2% of the sales and shop assistants.<sup>58</sup>

**Figure 15 Reasons for Discontinuing Training 1910 - 1919** <sup>59</sup>

Year	Illness	Left	Required at home	Unsatisfactory	Found work too hard	Disliked Nursing	Not strong enough	Marry	Did not pass exam	Dismissed	Died	Total
1910	3	0	0	0	3	0	1	1	0	1	0	9
1911	2	0	0	2	0	1	0	2	0	1	0	8
1912	1	0	0	1	0	0	0	1	0	0	0	3
1913	2	0	0	0	0	0	0	1	2	0	0	5
1914	2	2	1	1	0	0	1	0	1	2	0	10
1915	0	0	0	1	0	0	0	2	1	0	1	5
1916	0	2	2	0	0	0	0	2	0	0	1	7
1917	0	2	0	1	1	0	0	2	1	0	0	7
1918	1	0	0	0	0	0	0	0	1	1	1	4
1919	1	1	0	0	0	0	0	5	0	0	1	8
Total	12	7	3	6	4	1	2	16	6	5	4	66

Figure 15 is an analysis of the reasons given for the probationers' failure to complete the course 1910 -1919. The highest number (16) left because of marriage; this was followed by illness (12), which included, deafness, flat feet and one probationer who did not pass the medical. Four probationers from the entry dates from 1915 - 1919 died during the 1919 influenza epidemic. Seven of the probationers "left", whilst six were deemed to be unsatisfactory, and six failed the examinations. Five were dismissed and four found the work too hard. One was dismissed for breaking the rules. The highest number to leave was in 1914 the year of the outbreak of the First World War, when ten probationers left. As figure 15 indicates there were a variety of reasons for this which do not appear to be directly related to the war, whereas the five probationers who left to be married in 1919 were probably married at this time because their menfolk were returning from the end of the war.

Maggs gives the following figures from the Manchester Royal Infirmary. From January 1908 - December 1921 there was a total of 975 probationers.

43 not strong enough to continue after having passed the medical;  
 11 died;  
 130 left for other reasons;  
 200 left before completion or trial months;  
 591 Certificated. <sup>60</sup>

In comparison with U.C.H.

	Total	Cert.	Left	%
M.R.I.	975	591	384	39
U.C.H.	423	326	99	23

The strict routine was not without effect on the probationers, and must have accounted for some of those who left of their own volition. "Not strong enough" was a comment that occurred in the reports. "When I got my week I needed every day of it. But dropping out even for a short while made return to the strict routine of my new life an ordeal, and I found myself shrinking from the very thought."<sup>61</sup> Moriarty explained that towards the end of her training, she and a few friends were discontented with their lot. One on them went so far as to say "The words dedication and vocation have kept the word exploitation under wraps too long". The influence of the trained dedicated sister remained with her for many years, as she explained

Sometimes I dream. I see a dumpy blue ghost trotting up out of the past: 'A union? Rubbish. We *are* a union - united in serving these sick and silly people. You tell me your sort of union means we can strike to better ourselves. Ourselves? Not them? Wipe that lipstick off, Nurse. And do you call that a uniform? And how do you tuck your hair under that ridiculous fly away thing perched on top of your head? I suppose you are a nurse, and not just an ornament?' Off trots the blue ghost who taught me how to scrub.<sup>62</sup>

It might have been memories, but it has that element of truth, of a point of view for generations of nurses, for whom nursing was a service to others before self.

Reference has been made to the fact that when the probationers wanted to marry they had to give up training to be nurses. The numbers are not large, but are worth consideration from the view point of the women's movement. This rule remained in force at U.C.H. until the mid 1960s.



**Figure 16 Left to be Married 1899 - 1919<sup>63</sup>**

Year of entry	No. who married	Entry numbers	Percentage
1899	0	18	0
1900	0	24	0
1901	0	18	0
1902	0	22	0
1903	0	17	0
1904	0	14	0
1905	0	41	0
1906	3	27	11.1
1907	1	27	3.7
1908	1	30	0.3
1909	2	37	5.4
1910	1	27	3.7
1911	2	21	9.5
1912	1	29	3.4
1913	1	31	3.2
1914	0	32	0
1915	2	37	5.4
1916	2	26	7.6
1917	2	35	5.7
1918	0	25	0
1919	5	34	14.7

Figure 16 indicates that 23 out of the 572 women who entered training during these 20 years left to be married. The First World War did not cause such an increase in the percentage who left to be married as the Second World War. The first requirement for a matron, sister or staff nurse in the 1899 Rules for the Nursing Department stated that the applicant had to be single or a widow without encumbrance. Figure 16 relates to the probationers in training, but in the context of marriage it is important to note that if a trained member of the nursing staff, such as matron, sister or staff nurse wished to marry, they also had to relinquish their appointment at U.C.H.

## Paying Probationers

Some of the probationers from 1903 onwards have the two letters P.P. after their name, indicating that a small number of probationers continued to pay for their training. Their period of training lasted on the whole for three years, whereas for those probationers without P.P. after their names their training lasted for four years.

Figure 17 Paying Probationers 1899 - 1919<sup>64</sup>

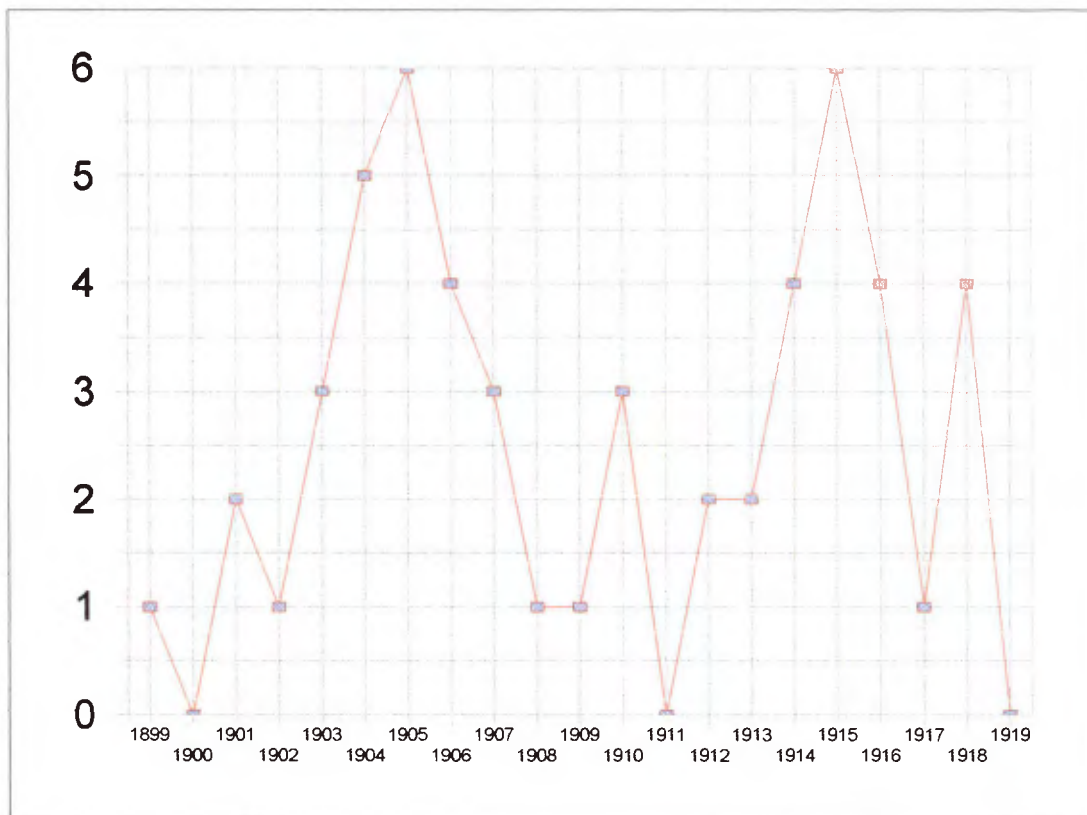


Figure 17 demonstrates the small number of paying probationers who were accepted for training at U.C.H. until 1918. In the set of rules for the paying probationers, most of the conditions are the same as for the ordinary probationers. There are separate items which cover the payment which they made. Rule 15 states “in the selection and appointment of Ward Sisters preference shall be given, other things being equal, to such persons as shall have been Paying Probationers.”<sup>65</sup> The numbers are small, but it is significant that

this practice continued. One paying probationer refused to do probationer's work, and after two years left the course. Paying probationers were no longer accepted for training at U.C.H. after the introduction of State Registration. It is worth noting that post State Registration training was free, that is, the probationer / student did not have to pay course fees in contrast to university students for whom there have always been course fees, which may have been funded by Local Education Authorities, but put them in a different category to "student" nurses. Post Registration courses in nursing are different and course fees have to be paid.

### **Midwifery Training**

Midwifery training commenced at U.C.H. in 1910. The Central Midwives Board had been successful in gaining State recognition in the first years of the century. The nursing committee at U.C.H. decided in September 1910 to offer training in midwifery for certificated nurses, which continued from 1910 until the Second World War, when it was no longer possible to maintain the training. It was not confined to U.C.H. nurses alone, but open to all certificated nurses. This was envisaged as a valuable addition to the established training school. The C.M.B. was useful especially for private nurses and those wishing to work abroad. Miss Finch was of the opinion that midwifery would eventually become a compulsory part of nurse training. At this stage three pupils were taken on each course and U.C.H. nurses were asked to publicise the new school. The course members had rooms set aside for them on the second floor of the nurses' home. The first sister midwife was Miss Dottridge, and Dr. Clifford White was appointed as the approved lecturer.<sup>66</sup> By 1912 an external midwifery department had been introduced whereby the midwives went to the women at home, who were apprehensive and suspicious of the midwives initially as the women were accustomed to the doctor; however, long before the end of the official ten days following delivery, the midwives were very gratefully received and welcomed and referred to as doctor.<sup>67</sup>

**Figure 18 Probationers Who Gained the Midwifery Qualification 1899 - 1919<sup>68</sup>**

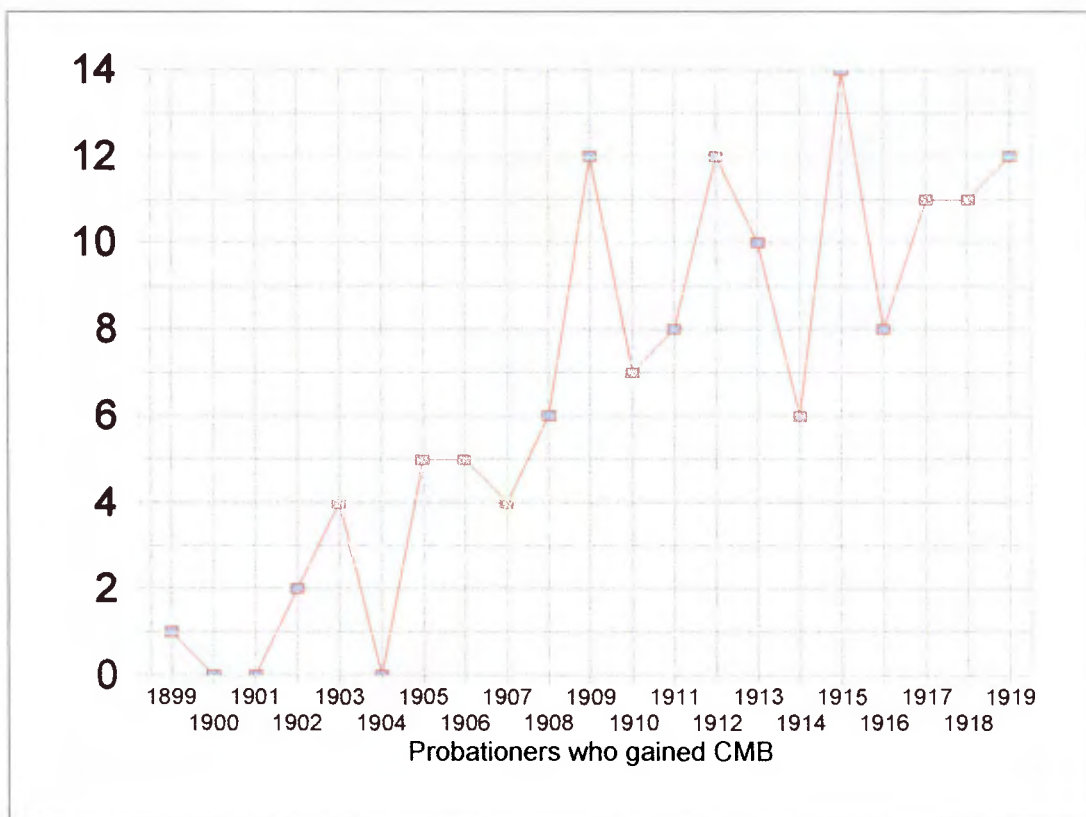


Figure 18 illustrates the number of probationers who had C.M.B. in their record, indicating that they gained this qualification post certification. From 1910 this qualification was gained at U.C.H.

**Figure 19 Probationers Who Gained a Post Certification Qualification in Massage or Electric Therapy Treatment 1899 - 1919<sup>69</sup>**

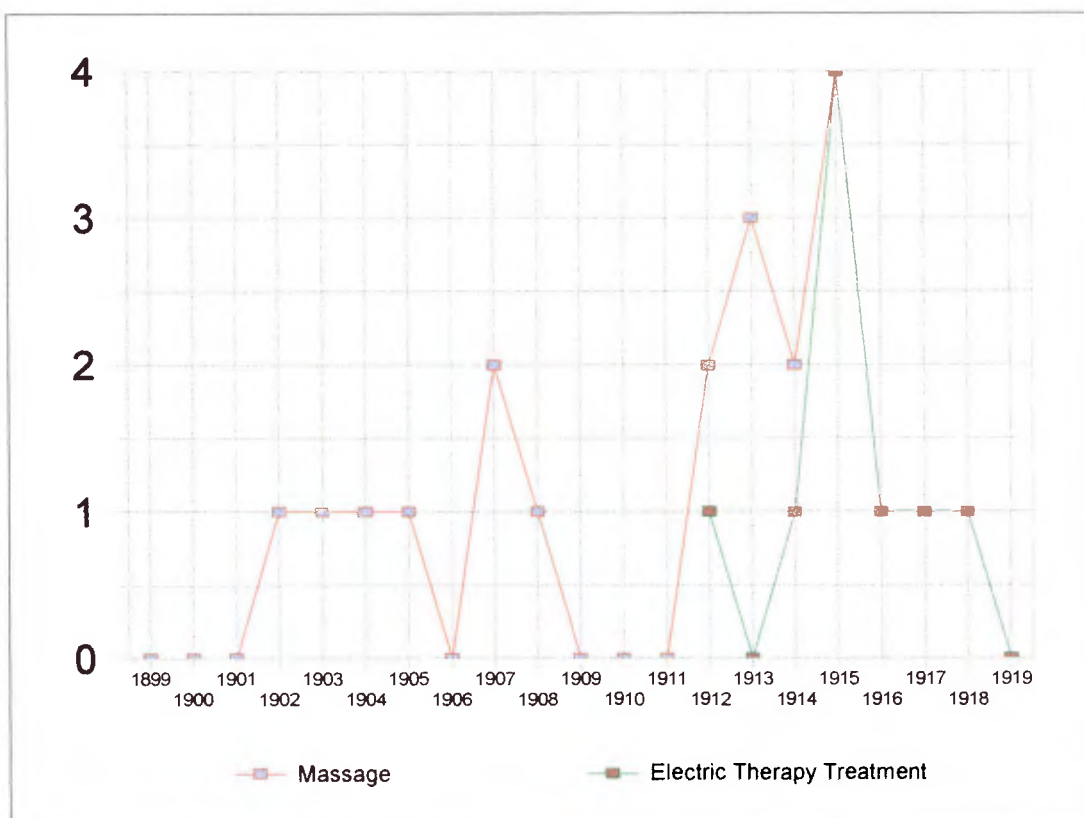
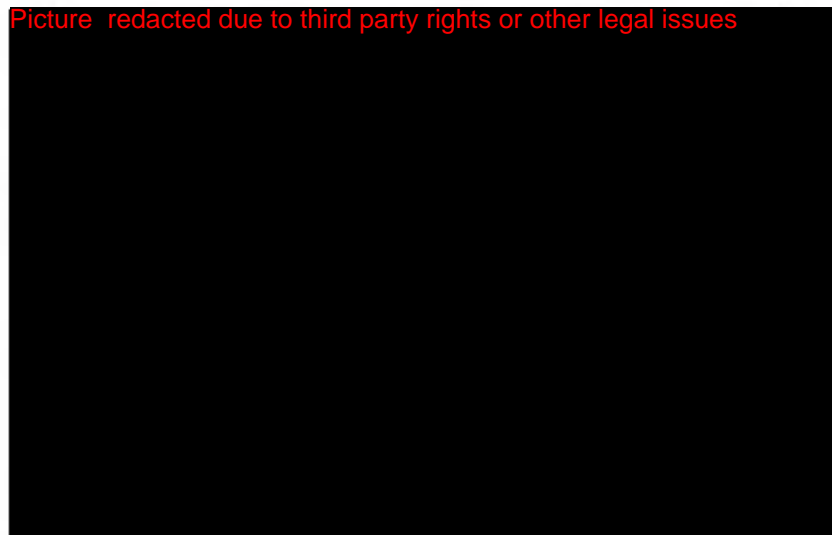


Figure 19 shows the number of probationers who had “masseur” or “electric” entered in their records from the entrants at U.C.H. 1899 - 1919. Whilst the numbers are small, the recording of this qualification indicates that it was considered to be important.

### **Massage and Electric Therapy Treatment**

Qualifications in massage and electric therapy treatment were available after the three years training to certification. It would appear that the courses for massage and electric therapy treatment were no longer available after 1919, presumably because of the introduction of the State Registered examination. Interest in these courses of the early twentieth century has been noted by practitioners recently completing courses in Complementary Therapy - it is almost as if this component of nursing is coming full circle. In the 1918 League Magazine there was a report on the Joint School of Massage that had opened between U.C.H. and the National Hospital for Neurosurgery and Neuromedicine in Queen's Square where all the lectures and demonstrations took place, with the practical work taking place in the two hospitals. The Massage Course took six months and Medical Electricity three months. The Massage department at U.C.H. "has as many as 70 or 80 cases being rubbed daily".<sup>70</sup>

### **Electric Therapeutic Treatment at U.C.H. c.1930<sup>71</sup>**



## **Conclusion**

It took time for the benefits of training to become apparent; there was no universal demand in 1860. Each hospital introduced training when it was evident to the hospital committee that it would be beneficial to the hospital concerned. At first the probationers learnt largely whilst working in the ward - "sitting with Nellie". Lectures were gradually introduced, and it would appear that the medical and surgical lectures were given by the medical staff, thus giving importance to biomedical knowledge within nursing. The appointment of a matron / lady superintendent was crucial in the establishment of each school. The training programmes varied considerably.

When the All Saints Sisters introduced training at U.C.H. in 1862 it lasted for one year - the same time as the novitiate. By 1869 however it would appear that the training lasted for two years; by 1888 it had become three. From this evidence the training at U.C.H. 1862 - 1899 was similar to training at other hospitals, although it was among the first to be established, and the presence of the All Saints Sisters gave it a unique ethos. The 37 years service of the All Saints Sisters was the longest by a religious community at any of the London teaching hospitals. This nurse training was based in Christian service. During the period 1890 to June 1899, 251 women entered nurse training at U.C.H. The number who certificated was not recorded.

From the introduction of the new training school in 1899 the training for certificated nurses at U. C. H. lasted for four years. The new set of matron and sisters worked consistently to develop and maintain a school where the standards of nursing care given by the probationers were high. The probationers learnt on the wards, with a course of lectures given by matron, home sister and the medical staff given through the three years leading to the senior examination taken during the third year of training. Learning the art of nursing was also a socialisation process, and in this the culture of the nurses' home had a role to play. In 1918 the role and necessity for a sister tutor was recognised. The foundation of a profession was emerging in the importance that was being given to the

theory base, whilst at the same time the emphasis on the vocational aspects of caring remained. During the two decades 1899 to 1919, 572 women entered training. Of these 445 were certificated, representing a pass rate of 78%. They had survived a vigorous process of hard physical work, accompanied by lectures which they had to attend if they were on or off duty, or even if they had worked the previous night. Added to which they had to learn the skill of being a witness to the suffering of the sick, a vital part of nursing.



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## **Chapter Seven**

### **U.C.H. School of Nursing 1920 - 1948**

## **Introduction**

Chapter seven continues to examine the question how nursing was transformed through nurse training, in particular at U.C.H. in the three decades following the State Registration of Nurses in 1919. The women who contributed to the transformation in nursing were influenced by factors within the training programmes which were not merely straightforward accumulation of knowledge. The oral tradition, the witness to suffering, learning to care, growing in expert intuition, and the discipline within nursing, are all components of the hidden curriculum for the women who came into training. In the 1920 League Magazine the editor commented

The discipline of the years of training, the strict etiquette, which is only ordinary good manners carried to a fine degree, help to form the character, the spirit, the resourcefulness of the trained and perfect nurse, a being to whom the sick, the sorrowful, the broken in body and in mind turn in their hour of need. Such is our mission, surely there is none higher?"<sup>1</sup>

Training developed in each practitioner the ability of service - of loving one's neighbour as oneself. Or as Mrs Jackson (matron at U.C.H.) wrote in 1948 "For some years now U.C.H. has given the same nursing care to rich and poor alike, and it is our proud boast that even in the time of acute shortage of nurses, when so many were in the Services or on other war duties, we kept some beds open for those who were acutely ill, and were nursed with the same skill and kindness irrespective of rank or position."<sup>2</sup>

The annual intake of probationers at U.C.H. who entered training increased steadily through the decades 1920 - 1948. The year which is indicated relates to the year of entry by the probationers to their general training at U.C.H.; for the purposes of this study, the analysis concludes with the last intake in May 1948 before the establishment of the National Health Service, therefore only intakes for the first five months of 1948 are included.

Figure 20 Probationers Who Entered Training at U.C.H. 1920 - 1948 <sup>3</sup>

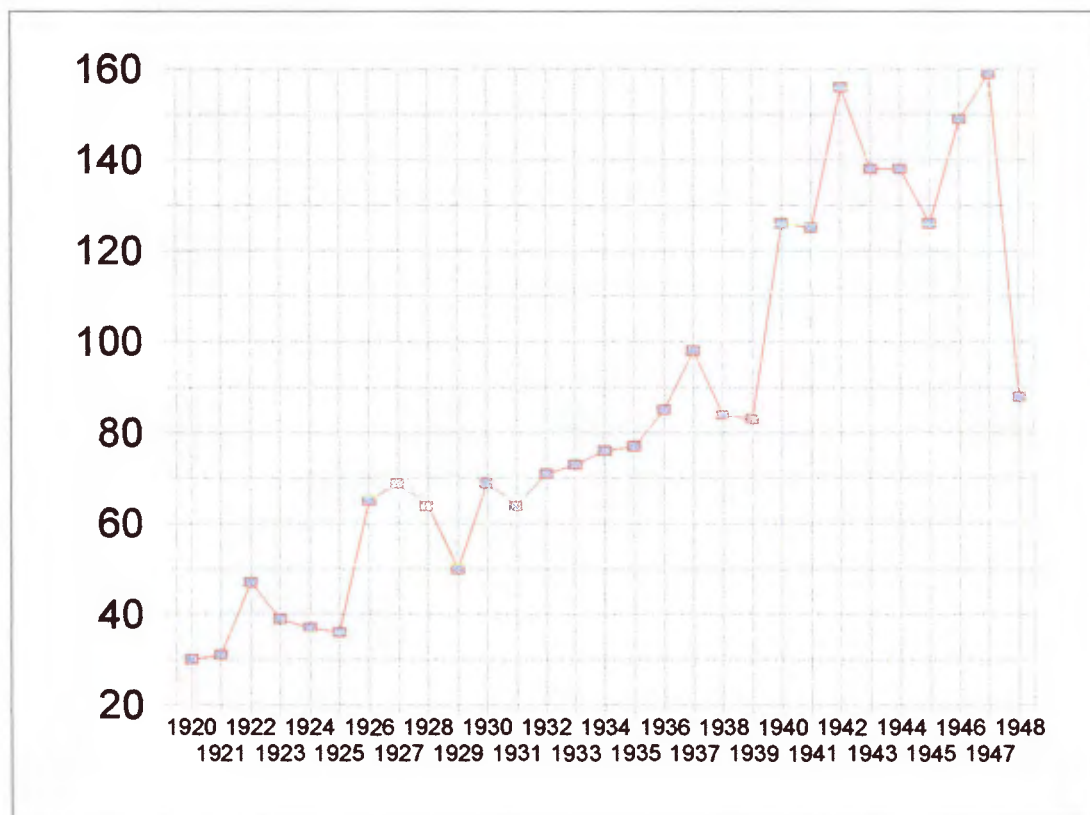


Figure 20 demonstrates the increase in the number of women who entered training 1920 - May 1948, particularly during the years of the Second World War.

## **Training 1920 - 1930**

The General Nursing Council was established in 1920 with one of its primary functions to devise the syllabus of training and examinations, and the conditions for approval of the training schools through the Education and Examinations Committee. The Education and Examinations Committee had to draw a delicate balance between the wishes of the Ministry of Health and the extremely varied experience available in the different categories of hospitals which offered nurse training. The London teaching hospitals offered clinical and classroom experience which was not possible in the majority of the hospitals in England and Wales.<sup>4</sup>

By 1923 the Council had devised an examination syllabus which divided the training into work which was to be achieved in the first year with a preliminary state examination at the end of this time, and then the work to be achieved in the second and third years culminating in the final state examination at the end of the third year. This was approved by the ministry and therefore the first compulsory preliminary state examination was held in 1924 and the first compulsory final state examination in 1925.<sup>5</sup> The pass rate in state finals reflected the diversity in training with the result that generally the probationers at the voluntary hospitals gained a better pass rate than those at the municipal hospitals.



**Figure 21 Probationers at U.C.H. 1920 - 1929<sup>6</sup>**

Year	Enter	Cert.	SRN	Left	Waste	CMB	RCN	RFN	RMN
1920	30	23	0	7	23.33	13	0	0	0
1921	31	20	0	11	35.48	15	0	0	0
1922	47	37	0	10	21.27	15	0	0	0
1923	39	30	28	9	23.07	15	3	1	0
1924	37	24	22	13	35.13	14	3	1	1
1925	36	25	24	11	30.55	9	6	3	0
1926	65	52	52	13	20	30	7	8	0
1927	69	59	56	10	14.49	36	14	8	0
1928	64	53	49	11	17.18	29	12	2	0
1929	50	45	43	5	10	27	5	3	0
Total	468	368	274	100	23.05	203	50	26	1

Figure 21 indicates that in this decade 1920 - 1929, 468 women entered training at U.C.H. This represents a marked increase in numbers from the previous decade, when 297 women had entered training. This can be partly explained by the expansion of the hospital and the changes in the nurse training programme. The first compulsory state final examination was held in 1925.<sup>7</sup> As can be seen from figure 21, U.C.H. nurses took the examination from the 1923 entry onwards. Subsequently, 64 of the 368 certificated nurses (17.39%) were appointed as sister at U.C.H. either as ward sister, theatre sister or departmental sister.

The new nurses' home at U.C.H., the Rockefeller, was opened in 1926 which enabled the south west wing of the Cruciform to be converted into wards. Part of this development also entailed the building of the Obstetric Hospital in Huntley Street. In 1927 the Royal Ear Hospital was opened.

Preliminary training school was introduced at U.C.H. in 1926, when ten new nurses formed the first set. The fourth floor of the Huntley Street home had been adapted for this purpose, so that there were classrooms, sitting room and bedrooms, a self contained entity within the bigger home. There was a lecture room, a sink room which contained

a new gas ring, and a small steriliser. A practical room was established, used for teaching bed making, bandaging and other practical work. The isolation of the P.T.S. nurses was part of the (hidden) socialisation programme; but it also had strong parallels with the novitiate of the sisterhoods. The object of the course was to prepare new nurses for their ward work, by giving them some instruction in both practical and theoretical work, and at the same time helping them gain a thoughtful attitude of mind towards their profession. It also provided an opportunity of “eliminating those whom Nature obviously did not intend to follow our calling”.<sup>8</sup> The term lasted eight weeks. During the first few weeks the nurses remained in the school entirely, after which they began to go to the wards for a few hours on some days. The first work of the day was housework, and they kept the whole of their quarters clean, being supervised and instructed as they did so.<sup>9</sup> During the day lectures were given on anatomy and physiology, hygiene, first aid, theory of nursing or chemistry of food. Two hours daily were devoted either to practical nursing or to invalid cookery. The evenings were used for study, with a supervisor to give individual coaching as required. Examinations were held at the end of the term, and the successful candidates commenced full ward duties. The introduction of P.T.S. and the new buildings meant that 65 women were accepted for training in 1926, an obvious increase in the entry figures for the 1920s.

Following the foundation of P.T.S. a new syllabus for training at U.C.H. was introduced in 1928. During P.T.S. there were lectures in anatomy and physiology, hygiene, chemistry of food and theoretical nursing. The curriculum also included practical work and invalid cookery. The first year lectures covered surgical technique, feeding, collection / observation of specimens, medication, T.P.R. in health and disease and nursing of specific conditions. The second year lectures consisted of anatomy and physiology, eye and ear, nose and throat nursing. There were lectures during the third year in surgical, medical and gynaecological nursing and in bacteriology.<sup>10</sup> This 1928 curriculum has a strong biomedical bias reflecting the need of nursing staff to understand the conditions and treatment of the patients in their care, as a background to nursing theory. Whilst medical terminology was part of nursing, interpersonal skills were recognised as an essential component.

Figure 22 Failure to Complete the Course 1920 - May 1948 <sup>11</sup>

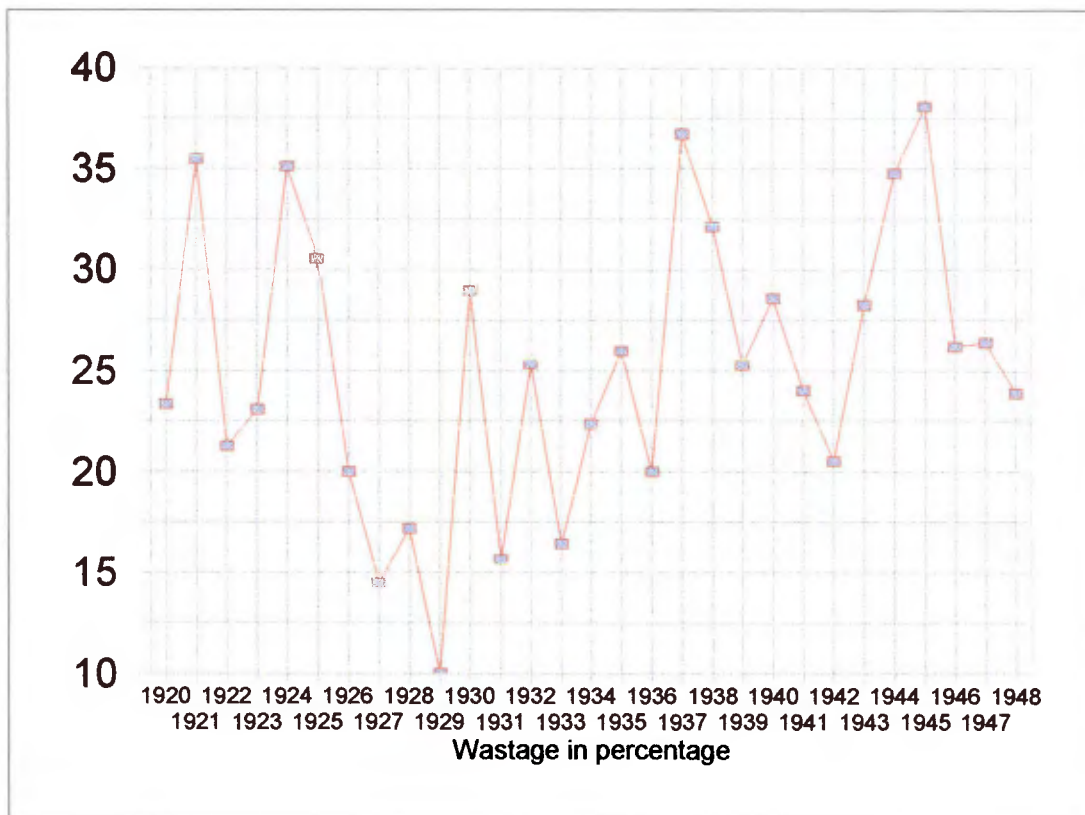


Figure 22 records the number of probationers, as a percentage, who failed to complete the course from 1920 to May 1948. The highest wastage in percentage occurred in the sets which entered training in 1945, followed by the sets which entered training in 1937. The 1937 sets were due to complete in 1940, therefore the wastage rates correlate with the beginning and end of the Second World War.

**Figure 23 Reasons for Discontinuing Training 1920 - 1929** <sup>12</sup>

Year	Entry	Disliked nursing / Resigned	Illness	Marry	Family	Failed Exam	Not satisfactory	Not specified	Not strong enough	Died	Other	Total
1920	30	1	3	1	1	0	0	0	0	0	1	7
1921	32	1	2	4	1	1	2	0	0	0	0	11
1922	46	1	4	0	0	2	2	1	0	0	0	10
1923	39	0	1	2	0	2	3	1	0	0	0	9
1924	37	0	4	0	0	3	4	1	1	0	0	13
1925	36	0	0	0	2	3	3	1	1	1	0	11
1926	65	2	2	0	3	1	2	0	3	0	0	13
1927	69	0	1	2	1	1	2	0	3	0	0	10
1928	64	3	0	1	1	1	4	0	1	0	0	11
1929	50	1	1	0	0	1	0	1	2	0	0	6
Total	468	9	18	10	9	15	22	4	11	1	1	100

Figure 23 reveals the reasons why the probationers failed to complete the course 1920 - 1929. The highest total of probationers left because they were not satisfactory - 22; this was closely followed by 18 who were ill and therefore could not continue training. Failure to pass the examinations meant that 15 probationers had to discontinue training in the decade 1920 - 1929 which saw the introduction of the national examinations. "Not strong enough" was the reason that 11 probationers failed to complete the course, a reminder that nurse training incorporated practice. Although only nine admitted that they resigned because they did not like nursing, it is possible, and probable, that the figures already mentioned included those women who could not openly admit that nursing was not for them.

The S.R.N. qualification ensured a national standard for the whole profession. Comments in the nursing press of the day reveal some of the attitudes of the nursing hierarchy in general which accounted for the failure to attract and retain sufficient

candidates to the profession.

While the conditions under which she (the probationer) works are enormously improved, the attitude assumed towards her mentality by training school authorities, is frequently unsatisfying, productive of resentment, chafes and irritates her ... It is to the free development of body, soul and spirit to which we must look if we wish to attract sufficient numbers of suitable young women into the nursing profession today.<sup>13</sup>

In the 1920s about 40% of candidates nationally failed G.N.C. finals, that is, State Registration,<sup>14</sup> therefore the results at U.C.H., although variable, were better than the national average. There was a marked decline in the wastage rate at U.C.H. following the introduction of P.T.S. in 1926.

### **Training 1930 -1939**

The 1930s witnessed the continuing development of U.C.H. As part of the hospital centennial celebrations, the Private Patients' Wing (PPW) was opened. The probationers were rostered to PPW and this added a dimension to the experience of nursing all sections of society. Miss Darbyshire had been responsible for initiating the developments in the U.C.H.S.O.N. and although she was no longer in post when the block system was introduced in 1936, she had been a keen instigator in its planning stages. As in the previous decade, the numbers of probationers continued to grow partly because of the expansion of U.C.H. itself, but also because of the changes in the training programme; and then at the end of the decade came the Second World War.

**Figure 24 Probationers at U.C.H. 1930-1939<sup>15</sup>**

Year	Enter	Cert.	SRN	Left	Waste	SCM	SRCN	SRFN	RMN
1930	69	49	48	20	28.98	23	14	0	1
1931	64	54	52	10	15.62	18	7	4	1
1932	71	53	52	18	25.35	17	6	1	1
1933	73	61	61	12	16.43	26	11	1	0
1934	76	59	59	17	22.36	26	8	1	0
1935	77	57	57	20	25.97	16	11	1	0
1936	85	68	68	17	20	1	9	0	0
1937	98	59	62	36	36.73	1	5	3	0
1938	84	54	57	27	32.14	0	7	4	0
1939	83	58	62	21	25.3	0	10	4	0
<b>Total</b>	<b>780</b>	<b>572</b>	<b>578</b>	<b>198</b>	<b>24.88</b>	<b>128</b>	<b>88</b>	<b>19</b>	<b>3</b>

Figure 24 indicates that in this decade 1930 - 1939, 780 women entered nurse training at U.C.H. The Rockefeller nurses' home proved to be inadequate and a new building for P.T.S. was opened by Prince George in 1930. The building was completed with the aid of a generous gift of £31,000 by the Rockefeller Foundation as further evidence of their interest in the educational work being done by the hospital and medical school. The P.T.S. probationers' dining room was in the basement - so they did not mix with the other probationers even at meal times. Invalid cookery was a component of P.T.S.<sup>16</sup> The practical demonstration room took up the whole of the first floor and was fitted as a ward containing five beds and a cot, with lockers, trolleys, steriliser and other equipment exactly similar to those used in the wards of the hospital, so that the probationers could become familiar with ward equipment from the beginning. There were models of adult and baby patients, but the nurses were themselves models for many of the procedures, thus gaining a first hand experience in developing their technique by being patients. Adjoining the practical room was a sink room, complete with mackintosh board and rails and cupboards for equipment. Each student was provided with a numbered wooden box divided into compartments containing her brushes and cleaning materials. P.T.S. permitted new recruits to learn the skills away from the patients and so to gain some self confidence before going on to the wards. It was one of the consequences of the G.N.C.



and the standards set by the Education Committee.

The rules for entry into nursing at U.C.H. were changed in 1933, significantly following the report of the Lancet Commission. Probationers had to be single or a widow, between the ages of 19 and 30 and of good character. They had to attend P.T.S. for 10 weeks except Registered Nurses in Children's, Fever, or Mental Nursing, in which case there was a two months trial period in the hospital. Candidates had to possess General Schools or School Leaving Certificate or sit for an entrance examination in English and General Knowledge before entering the school. Throughout the three year training period the probationers' studies were supervised by sister tutor. During the first few months in the ward the probationer was not required to attend any lectures, although later in the first year she had to attend lectures and demonstrations in general nursing. In the second and third years, lectures were given by the medical consultants of the hospital. At the conclusion of each course of lectures, the probationers were required to pass an examination, and in the third year the final hospital examination included theoretical, practical nursing and oral components. If the probationer failed any of these examinations she was required to discontinue training. Each nurse was expected to enter for the examinations of the G.N.C., these being the preliminary at the end of eighteen months, and finals. As well as the theoretical part of the course the probationer had to keep a record of clinical skills attained during her ward allocations.<sup>17</sup> There was no requirement that the candidate had to be a Christian.

In 1936 U.C.H.S.O.N. pioneered a new system of nurse training, known as the block system. All the lectures and classes were given during special study periods in the school alternating with periods of duty in the wards or departments of the hospital. The probationers continued to enter the school for the preliminary course of ten weeks, they then completed at least one year of practical work before returning to the school for a shorter term of theoretical instruction. The senior lectures and classes were given in the third year when they entered the school for a term of four weeks. No lectures or classes were given during the time that the nurses were working on the wards, either day or night duty, and no ward duties were undertaken while they were receiving lectures in school.

The block system had worked with every apparent success in some of the large hospitals in Finland and Sweden, and it was from two international students from these countries that information was gained about the practical application of the plan, which acted as an impetus to an idea that had been under consideration for a long time. There were necessarily alterations in allocations which had to be made at the hospital itself. For example it was impossible to take a group of third year nurses who were acting as day or night staff nurses out of the wards, and attempt to replace them by a set of nurses straight from P.T.S. What was needed was a group of nurses who would be free from all lectures and examinations acting as senior staff nurses, therefore the training had to be four years instead of three. This was well established by 1937 and it was hoped that the fourth year nurses would be very valuable people. Even with a fourth year of training it was necessary to admit the same number of students every year, because releasing a group of nurses from the wards for a period of study required a greater number of probationers to maintain the nursing services. Some 80 probationers had to be accommodated in three batches instead of four as previously, in order to have the school building free to accommodate the blocks of nurses in their second and third years. The benefits, however, were obvious as Miss Houghton<sup>18</sup> wrote in the League Magazine "we shall not have night nurses attending lectures after twelve and a half hours on duty. I feel that if the only thing we achieve is to banish those sleeping bodies that clog every lecture at present we shall have accomplished something worth doing."<sup>19</sup>

Many years later, members of the League who were training prior to the block system, could give heart felt agreement that lectures after night duty were educationally unacceptable. It was hoped that ward sisters would also gain some benefit since they would not have to consider the complications of lecture leave when arranging off duty times. Educationally it was a better system for the probationers. They were able to assimilate their lectures and attend demonstrations and classes arranged more logically than previously, and they had more time to make use of reference and text books. It was hoped that better results would be gained for the time and energy spent by the probationers, examiners and tutors. Miss Houghton explained that she felt a slave driver and bully after each state examination, and although the results were good there was always room for improvement. She then made an interesting comment - that it was



hoped there would be a decrease in the time spent off duty for sickness, which would be an economic gain for the hospital. Sickness rates often denote stress. Under this new programme the probationer spent 17 weeks in school, and 151 weeks on the wards and departments of the hospital. "No one can maintain that this is a preponderance of theory over practice."<sup>20</sup> Were there complaints about the new programme from some of the older members of staff which prompted this remark?

This system rapidly proved to be an improvement in nurse training and was adopted as the standard for nurse training in Great Britain, until the U.C.H.S.O.N. pioneered the modular system in 1972. The block system was a step in the direction of nurse education that was to lead eventually to the universities. The block system was introduced at Guy's in 1946 (where the disadvantage of the system of probationers attending lectures after a busy day or night had long been recognised) at the Middlesex in 1947 and at St. Bartholomew's in 1952.

The archives contain records of six European women from 1938 onwards, some of whom were Jews, who at sometime in the war received deportation orders. Of the six women accepted from Europe for training in 1938 -1941, their nationality and religion were as follows:

Nationality:	German	5	Austrian	1
Religion:	Jew	5	Protestant	1

Home Office Order - that is, "training discontinued owing to 'Alien Order' " 5.

There is no indication whether they were deported or interned, however of the six, four gained their S.R.N., that is, they eventually returned to U.C.H. to complete the course; there is no indication of what happened to the other two. The League Magazine of April 1939 pointed out that as it was impossible to recruit all the suitable candidates necessary for nursing from British girls, it was obvious that it would benefit everyone to offer training to these refugees "quite apart from motives of common humanity".<sup>21</sup>

Generally the reports on the probationers give a clue to the expectations of the training school. Taking two years at random, 1914 and 1939, the reports show that in 1914, five

were good nurses, whilst nine were good - but had other comments. In the 1939 sets, 26 were good nurses, but 34 who were good also had other comments. The characteristics cited were

untidy - 9

slow / lazy / unpunctual - 7

needs more experience / supervision / discipline - 7

nervous - 4

regional accent - 3.

The 1938 League Magazine supported the introduction of the new regulations prior to acceptance for training. Candidates who possessed recognised educational certificates such as the matriculation examination were exempt. "The questions may look elementary, but experience in the P.T.S. leads us to believe that only one student in 20 has ever really mastered simple arithmetic, no matter which examination she has passed."<sup>22</sup>

In 1935 The Nursing Times had a series of articles which gave examples of examination questions and answers to guide probationers. An example is a preliminary state examination question on hygiene and nursing, which required a short account to be written of the value to the patient of attractively served meals. The answer guide (which is equally valid today) emphasised the important part played by the nurse in ensuring that the patient ate enough, that is, that s/he should be sitting up comfortably in bed, with the food easily accessible if s/he could feed him/her self and ensuring that all clinical nursing procedures should be completed well before meal times.<sup>23</sup>

**Figure 25 Reasons for Discontinuing Training 1930 - 1939** <sup>24</sup>

Year	Entry	Disliked nursing / Resigned	Illness	Marry	Family	Failed Exam	Not satisfactory	Not specified	Not strong enough	Died	Other	Total
1930	69	1	3	1	4	2	6	2	1	0	0	20
1931	64	2	2	1	0	3	0	0	1	1	0	10
1932	71	0	1	3	3	0	8	0	3	0	0	18
1933	73	0	2	2	2	0	4	0	1	1	0	12
1934	76	0	1	3	2	1	4	0	6	0	0	17
1935	77	0	3	2	5	0	7	0	3	0	0	20
1936	85	3	2	2	3	1	3	0	2	0	1	17
1937	98	4	3	10	2	0	4	12	1	0	0	36
1938	84	1	7	1	0	1	0	16	0	0	1	27
1939	83	0	2	0	0	0	0	19	0	0	0	21
Total	780	11	26	25	21	8	36	49	18	2	2	198

In figure 25, whilst the reason for the largest number (49) is not specified, this was due to the war years when the cause for leaving was simply not filled in. But apart from this, 36 probationers were considered not satisfactory, 26 left because of illness and 25 left to marry - 10 from the sets who entered training in 1937, and were therefore part of the World War Two upheaval. Only 11 left because they did not like nursing. The physical activity of nursing meant that 18 women had to discontinue training. It is worth noting that eight probationers failed the examinations.

The wastage rate crept up some years in the early 1930s, the years of the probationer discontent discussed in chapter three and reached 36.7% and 32.1% in 1937 and 1938 respectively. Again it has to be remembered that the 1937 sets were due to complete in 1940, and the 1938 sets in 1941, and possibly reflect the tremendous upheaval which faced nurses in training in the early years of the Second World War. The 1930 Lancet Commission found a wastage rate of 26-28% in both local authority and voluntary

hospitals.<sup>25</sup>

The question of the shortage of probationers generally was raised in the House of Commons. In 1935 The Nursing Mirror and Midwives Journal reported that the Minister of Labour had been questioned on the shortage of hospital nurses, and whether public funds could be found to educate and train a limited number of suitable girls as hospital nurses. The reply indicated that the shortage was not due, in fact, to shortage of training places, which in any case were free.<sup>26</sup>

### **Training 1940 - 1948**

World War Two required a considerable increase in the number of nurses which is reflected in the U.C.H. figures. In the April 1939 issue of the League Magazine, matron wrote that she had been comforted by the response to the Munich crisis in September 1938. She thanked all the members who had written offering their services to the hospital. "To these members I send my grateful thanks. It was indeed a great comfort to feel that volunteers were so quick to rally to the aid of their training school. I trust and hope that your willing help may never be needed!"<sup>27</sup> During World War Two, the training of nurses at U.C.H. and the other London hospitals was disrupted. The priority became survival of the patients and staff. The training programme was not discontinued, but the probationers completed much of their clinical experience at the sector hospitals, depending on the bombing campaign of London. At U.C.H. the sector hospitals included Ashridge and Stanboroughs. The students rotated to the sector hospitals, but went back to U.C.H. for their block weeks. The increase in numbers put a strain on the accommodation available for students in Huntley Street; this was accepted as part of war time conditions, although it was obvious that further accommodation would have to be found in the near future. In 1943 the Rushcliffe Report proposed increases in salaries,<sup>28</sup> and a reduction in the working fortnight to 96 hours, with an increase of annual leave from three to four weeks<sup>29</sup> the latter being the only recommendation that had to be altered at U.C.H. The block system of training proved adaptable to the war situation, and many other schools of nursing sent administrators to investigate its operation with the aim of introducing it in the schools which they represented.<sup>30</sup> In 1943 the Horder

Report strongly advocated the block system of training for all schools of nursing. The League Magazine commented “The Committee (at U.C.H.) therefore feel justly proud of the example it has given to the country for the establishment of a really useful system of Nursing Education”.<sup>31</sup>

At U.C.H. after the Second World War, a nursing procedure committee was set up to examine existing techniques in an attempt to bring unity to nursing procedures, thereby increasing the efficiency of the hospital. Working in the sector hospitals had introduced new techniques and ways of offering nursing care which interfered with the necessary teamwork once they were all back in Gower Street. When the main hospital was reopened at Gower Street, the nursing staff returned from the sector hospitals with the knowledge of the coming of the National Health Service. U.C.H. would no longer be a voluntary hospital.

**Figure 26 Probationers at U.C.H. 1940 - May 1948**<sup>32</sup>

Year	Enter	Cert.	SRN	Left	Waste	SRCN	Aff.
1940	126	87	90	36	28.57	20	30
1941	125	83	95	30	24	15	24
1942	156	101	124	32	20.51	15	22
1943	138	82	99	39	28.26	7	16
1944	138	73	90	48	34.78	21	28
1945	126	66	78	48	38.09	9	21
1946	149	101	110	39	26.17	15	25
1947	159	91	117	42	26.41	19	28
1948	88	61	67	21	23.86	10	16
Total	1205	745	870	335	27.80	131	208

For the year 1948 - the calculation for certification is based solely on the six entries which have “No Certificate” included in the information. Very few entries for this year had “certificated” written in the record. Figure 26 illustrates the large increase in entry numbers in training due to the Second World War, not for a decade but only the seven and a half years of 1940 - May 1948. Each decade from 1890 recorded an increase, but

the 1205 women who entered training 1940 - May 1948 represent a significant increase. There were no changes in the nursing curriculum, nor expansion of hospital buildings. It was solely the necessity of nursing the sick and wounded in wartime. Of the 745 probationers who completed the course, 113 (15.16%) were later appointed as sister at U.C.H., either as a ward sister, night sister, theatre sister or departmental sister.

**Figure 27 Analysis of Sets with Affiliates during the Second World War<sup>33</sup>**

Date	Set No.	Entry	S.R.N.	Left	% (Pass Rate)
23.1.39	56	19	16	3	84.21
23.5.39	57	19	15	4	78.94
30.11.39	58	32	18	14	56.25
1939	Affiliates	12	12	0	100
31.1.40	59	26	17	9	65.38
6.5.40	60	26	18	8	69.23
31.7.40	61	25	16	9	64
7.10.40	62	20	14	6	70
1940	Affiliates	28	25	3	89.28
6.1.41	63	13	9	4	69.23
15.4.41	64	14	11	3	78.57
23.6.41	65	16	15	1	93.75
22.9.41 (S.)	66	17	15	2	88.23
29.9.41	67	15	8	7	53.33
1.12.41 (S.)	68	13	7	6	53.84
8.12.41	69	13	9	4	69.23
1941	Affiliates	24	21	3	87.5
9.2.42	70	17	13	4	76.47
9.2.42 (S.)	71	14	11	3	78.57
4.5.42	72	22	17	5	77.27
4.5.42 (S.)	73	14	12	2	85.71
16.7.42	74	23	19	4	82.60
16.7.42 (S.)	75	14	12	1	85.71
19.10.42	76	30	20	10	66.66
1942	Affiliates	22	19	3	86.36
4.1.43	77	31	25	6	80.64
1.4.43	78	27	20	7	74.07
1.7.43	79	32	15	17	46.87
27.9.43	80	32	24	8	75
1943	Affiliates	16	16	0	100
3.1.44	81	31	17	14	54.83
4.11.44	82	27	18	9	66.66
27.7.44	83	27	13	14	48.14
16.10.44	84	25	16	9	64
1944	Affiliates	29	27	2	93
8.1.45	85	27	13	14	48.14
9.4.45	86	27	13	14	48.14
2.7.45	87	21	17	4	80.95
1.10.45	88	29	19	10	65.51
1945	Affiliates	21	16	5	76.19

Figure 27 is a breakdown of the students in training 1939 - 45 into their sets. This period

is interesting for several reasons, one of which reflects the arguments concerned with attracting candidates to nursing who have a genuine concern for the sick. The affiliates, that is, those nurses with previous specialized training did not come in one batch, but throughout the year. They came from certain hospitals such as Hornsey Central, Great Ormond Street, Birmingham Children's Hospital. Figure 27 shows that the affiliates on the whole achieved a good pass rate. One reason is undoubtedly their previous experience of a course in nursing and their determination to complete the general qualification to enhance their career prospects. Nine of the 14 who left in January 1940 left "from P.T.S." The pass rate, that is, those who gained their S.R.N. was variable, but on the whole reasonable.

P.T.S. during World War Two was held at Stanboroughs Sector hospital as well as U.C.H. itself. At Stanboroughs the students slept in a dormitory - which had to be converted into a ward for blitzed patients when the occasion demanded. There was a large classroom as well as an equipped casualty ward used for demonstrations. The disruption of the training programme is demonstrated in the following article:

There were sixteen of us in Set 65 and after eight weeks intensive P.T.S. at Stanboroughs Hydro, in August 1941 we boarded a bus and were taken to Stanmore. We were given a hut number and told to report to the huts ... We were not welcomed or shown round, just directed to the sluice to start the first of many bedpan rounds, as there were 40 patients and few of them got up, bedpan rounds took up a lot of our time ... besides the bed pans, we made beds, we gave out washing bowls, did blanket baths, swept the floor three times a day and often did the washing up if no one else came to do it. Then when our year was up, we were on our way to U.C.H at last. First four weeks in Block and then we were on the wards and we didn't much like it. It seemed so stiff and quiet after the noise and bustle at Stanmore. We were not at all popular either, and we were known as that dreadful set who had got into bad habits at Stanmore.<sup>34</sup>



**Figure 28 Reasons for Discontinuing Training 1940 - 1948** <sup>35</sup>

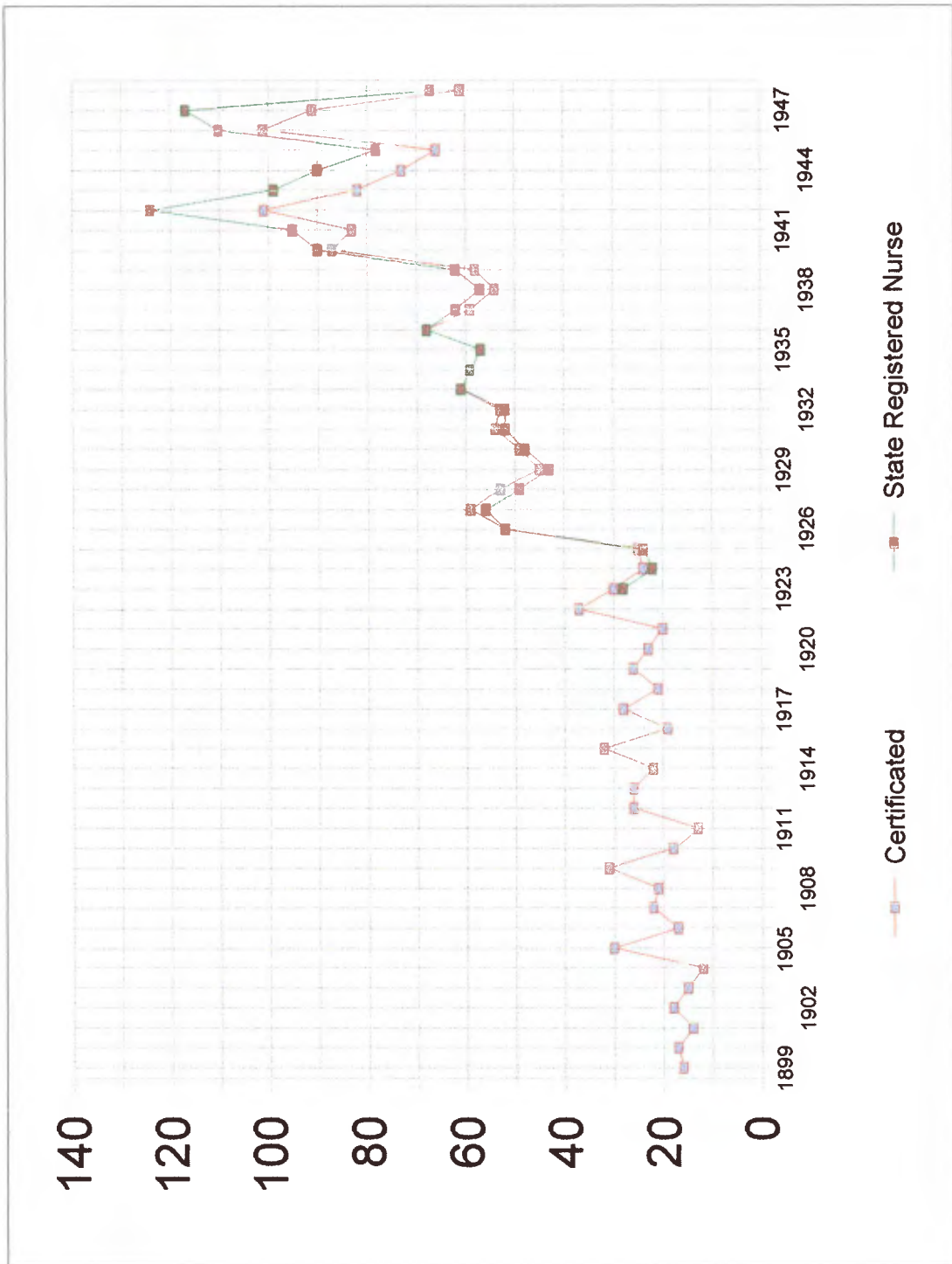
Year	Entry	Disliked nursing / Resigned	Illness	Marry	Family	Failed Exam	Not satisfactory	Not specified	Not strong enough	Died	Other	Total
1940	126	0	4	3	0	0	0	29	0	0	0	36
1941	125	0	7	2	0	1	0	20	0	0	0	30
1942	156	0	1	5	4	3	0	19	0	0	0	32
1943	138	3	10	7	1	3	0	15	0	0	0	39
1944	138	4	10	8	0	3	1	22	0	0	0	48
1945	126	6	9	5	0	3	3	21	0	1	0	48
1946	149	2	5	8	1	3	0	20	0	0	0	39
1947	159	13	3	5	3	2	2	14	0	0	0	42
1948	88	4	3	7	2	2	1	2	0	0	0	21
<b>Total</b>	<b>1205</b>	<b>32</b>	<b>52</b>	<b>50</b>	<b>11</b>	<b>20</b>	<b>7</b>	<b>162</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>335</b>

Figure 28 reveals the reasons why the probationers failed to complete the course 1940 - May 1948. “Not specified” (162) constituted the largest number of probationers leaving, particularly true of the war years when the reason for leaving was simply not recorded. In the category “not specified” it is worth noting that groups of probationers seemed to leave together either at the end of P.T.S. or at a vital point in the war. Marriage caused 50 women to give up training during these seven and a half years. Failure at passing the examinations compelled 20 women to leave. “Not strong enough” was not cited as a reason for discontinuing training, but presumably accounted for some in the category which was not specified. Recognition that nursing was not for them, meant that 32 women resigned from the course. It is important to note that for the seven and a half years, the wastage rate overall was 27.8%, a remarkable achievement in the circumstances.

The number of women who resigned because they disliked nursing was greater during World War Two, when it could be assumed that they would have interpreted nursing as

their contribution to the war effort. Illness accounted for an increasing number during World War Two - an increase of T.B. and some poliomyelitis accounts for some of this, but undoubtedly stress had a part to play where there is unspecified illness. Those who left did so well before the state final examination at the end of training, so it is not a reflection of an ability to pass a written, practical and oral examination at the end of the three year course. Most people who left did so because nursing was not for them, a fact which has to raise questions on the wisdom of permitting conscripts in wartime to choose nursing, and one which emphasises the vocation of nursing. Nursing in wartime did not increase commitment as might be expected; the table clearly demonstrates that this was not so. However, those nurses who did complete the course remember training in war time as one of great commitment and fulfilment; in their world they were making a contribution to the national war effort.

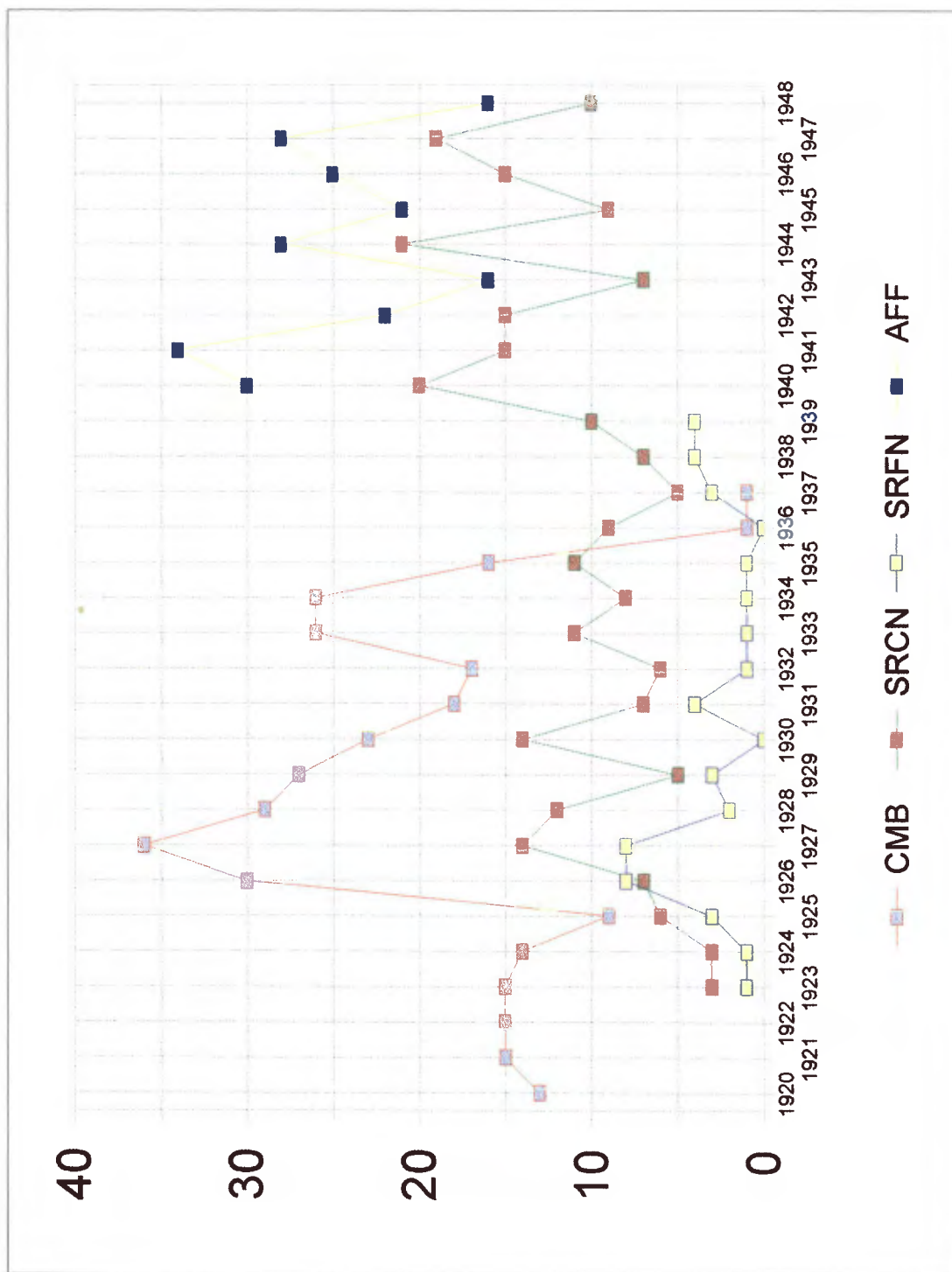
Figure 29 Hospital Certificate and State Registration <sup>36</sup>



## **Qualifications - Certification / State Registration**

The qualification for a trained nurse before the introduction of State Registration was the certificate awarded by the hospital where she had completed the course. The S.R.N. qualification ensured a national standard for the whole profession. With the establishment of the G.N.C. the training programme reflected the guidelines of the Education and Examinations Committee. The G.N.C. originally intended the nursing qualification to be Registered Nurse (R.N.) but the Lords Commissioners of the Admiralty found this unacceptable, and therefore the qualification for trained nurses became S.R.N.<sup>37</sup> Originally it was proposed to hold the first state final examination in 1923 on a voluntary basis, and then from 1924 every nurse would have to take the final examination to gain the qualification. The compulsory examinations actually started with the preliminary in 1924 and the final in 1925.<sup>38</sup> The examination for the hospital certificate continued after 1919. This meant that the probationers had two sets of final examinations, that is, hospital and state. The hospital certificate was only awarded at the end of the fourth year (three years training, one year junior staff nurse). Gradually the numbers of probationers remaining for their fourth year to gain the hospital certificate declined once State Registration was introduced as can be seen from figure 29. Whilst the individual schools of nursing were important in maintaining the guidelines of the G.N.C. and in developing their own ethos, the importance and relevance of the hospital certificate declined, particularly so for the women who did not wish to continue in nursing, but who had gained a recognized qualification at the end of three years.

Figure 30 Additional Qualifications 1920 - May 1948<sup>39</sup>



## **Additional Qualifications**

Figure 30 shows the probationers who gained qualifications other than Certificated / Registered nurse, either prior to, or following, training at U.C.H. The nurses coming to U.C.H. with the qualification R.C.N., R.F.N, or R.M.N. were part of a new development following the State Registration of Nurses in 1919.

C.M.B. - nurses who completed the midwifery course and passed the examination of the Central Midwives Board. This training was available at U.C.H. from 1910 until 1941.

After the introduction of State Registration and the supplementary parts of the Register, nurses with the following qualifications came to U.C.H. to do their general training. Their training was of shorter duration, having completed one course in nursing, they did not have to go through the experience of P.T.S.

AFF. Some nurses with previous nursing qualifications became known as affiliates, for example those with orthopaedic training. Frequently candidates could start these courses at a younger age than that specified for general training.

S.R.C.N. - probationers who came into training having completed the course for nursing sick children - State Registered Children's Nurse.

S.R.F.N. - probationers who came into training having completed the course for fever nursing - State Registered Fever Nurse.

S.R.M.N. - probationers who came into training having completed the course for nursing the mentally sick - State Registered Mental Nurse. There were only four S.R.M.N.s who came to U.C.H. in the twenty years 1919 - 1939, and are not included in the graph.

Abel-Smith argued that there was little mobility between the various branches in nursing.<sup>40</sup> However, the evidence from the U.C.H. archives of the probationers

demonstrates that accommodation was made to allow nurses with previous training to fit into the system, for example, they did not have to attend P.T.S. and they took the final examination before the probationers who had come into training without previous qualifications.

The candidates for entry to nurse training who did not possess the School Certificate or who had not passed Matriculation, had to pass an entrance examination in elementary arithmetic, English and General Knowledge. It was called the "Test Education Examination" and was conducted by the G.N.C.; it could be taken at or after the age of seventeen and a half years, and the candidate was expected to sit before or shortly after entry to an approved training school. Her application form for the examination had to be accompanied by a certificate of provisional acceptance by the matron of the training school. For example, six members of Set 55, who commenced training at U.C.H. in October 1938, were equally divided, with three having School Certificate while three had to sit the education test.<sup>41</sup>

Examination of the development of the U.C.H.S.O.N. 1920-1948 illustrates the response to the criteria set by the G.N.C. both with regards to curriculum, examinations and the educational standards of entrants.

**Figure 31 Left to be Married 1920 - 1948<sup>42</sup>**

Year	No. who married	Entry numbers	Percentage
1920	1	30	3.3
1921	4	32	12.5
1922	0	46	0
1923	2	39	5.1
1924	0	37	0
1925	0	36	0
1926	0	65	0
1927	3	69	4.3
1928	1	64	1.5
1929	0	50	0
1930	2	69	2.8
1931	1	64	1.5
1932	3	71	0
1933	2	73	2.7
1934	3	76	3.9
1935	2	77	2.5
1936	2	85	2.3
1937	10	98	10.2
1938	4	84	4.7
1939	3	82	4.8
1940	5	126	3.9
1941	10	125	8
1942	19	156	12.1
1943	16	138	11.5
1944	17	138	12.3
1945	12	125	9.6
1946	15	149	10
1947	15	159	9.4
1948	11	88	12.5

The numbers for 1948 are until May 1948. It is important to remember that the year quoted in figure 31 refers to the date of entry and therefore, for example, the rise in the number who left to be married from the 1937 sets relates to the fact that they were not



due to complete to State Registration until 1940.

Figure 31 demonstrates that the numbers who left to be married 1920-1948 included probationers who had commenced training and who left at sometime in the three year programme to State Registration, as well as those who had gained their S.R.N. but who - according to the records - did not complete their training because they left during their fourth year which, when completed, allowed them to gain the U.C.H. certificate. Four of the 1921 intake of 32 left because of marriage, but on the whole the proportion who left to be married was low throughout the early years of the century, ranging from 0 to 4.3%. There are three explanations of this - the first two apply to the years between the wars.

1. the shortage of men of marriageable age following World War One
2. the Depression made the economic necessity of completing training and gaining a qualification a priority.
3. significantly, as the years went by the shortage of probationers necessitated the lowering of the entry age to 18 in the late 1930s. One of the possible reasons for setting the entry age in the mid 20s during the nineteenth and early decades of the twentieth centuries was that by this time a woman was considered past marriageable age.

World War Two did not cause the number who married to fall, quite the reverse. The 1937 intake completed in 1941, and therefore there was a large number who left to be married at the outbreak of war. It then dropped for three years, but the number climbed again from the 1941 intake who were due to complete in 1945. The right of married women, however, to continue to work had not yet gained recognition.

**Figure 32 Age at Entry 1923 - 1948<sup>43</sup>**

	18	19	20	21	22	23	24	25	26	27	28	29	30	30+	No.
1923	0	0	0	2	4	8	3	0	4	1	4	0	2	1	29
1924	0	0	1	3	6	7	1	2	1	0	1	1	0	0	23
1925	0	0	0	4	6	5	2	1	2	2	0	1	2	0	25
1926	0	0	1	9	12	7	6	5	6	2	0	1	2	1	52
1927	0	0	5	11	11	9	7	3	4	1	1	2	2	3	59
1928	0	0	14	10	14	5	5	0	2	0	0	1	1	0	52
1929	0	1	15	11	8	4	0	1	1	0	1	0	0	2	44
1930	0	2	6	6	13	6	4	2	2	2	1	0	2	3	49
1931	0	8	10	11	8	3	6	1	1	1	1	2	1	1	54
1932	0	6	10	13	6	4	6	3	2	2	0	0	0	1	53
1933	0	16	11	8	5	6	7	3	2	0	1	1	0	1	61
1934	0	20	9	8	6	6	1	3	1	1	1	2	0	1	59
1935	0	23	7	12	6	1	3	2	1	1	1	0	0	0	57
1936	0	20	12	14	8	3	3	2	4	0	1	1	0	0	068
1937	1	24	18	18	8	10	5	0	1	2	1	1	0	1	90
1938	1	33	14	10	11	6	3	1	1	2	0	1	0	0	79
1939	4	33	17	12	3	2	5	3	0	0	1	0	1	1	80
1940	14	31	13	20	12	6	3	5	2	5	1	2	1	11	126
1941	28	17	15	16	10	9	1	5	3	6	0	2	2	11	125
1942	37	24	17	27	13	9	6	3	3	2	2	5	0	8	156
1943	55	20	18	12	10	4	6	4	1	1	2	4	0	1	138
1944	64	18	8	13	8	7	3	2	3	1	1	4	2	4	138
1945	61	28	10	9	5	2	1	1	2	1	0	3	2	2	126
1946	84	11	9	11	6	8	3	4	2	3	1	1	0	6	149
1947	89	26	8	12	15	5	1	1	1	1	0	0	0	0	159
1948	45	13	4	7	9	2	0	2	0	3	0	1	0	2	88

Figure 32 reveals the lowering of the age for entry to training at U.C.H. in the years 1923 - May 1948. The number recorded does not initially reflect the entry numbers; at first only the age of the certificated probationers was recorded; only from 1940 onwards was the age at entry recorded for each candidate. The age of the probationers has not been found in the records from 1899 to 1923. The first 18 year old was accepted for training at U.C.H. in 1937. It was the Second World War and the demand for nurses

which evidently finally brought the entry age down to 18 at U.C.H.. In 1940 there was a significant increase in the number of 18 year olds, and from 1941 onwards has represented the largest number of entrants. The age of entry to training adds insight into the development of nursing as a profession. The minimum school leaving age was gradually raised as follows:

1880 compulsory schooling to the age of	10 years
1893	11
1899	12
1918	14
1947	15 <sup>44</sup>

Therefore until 1947 the minimum school leaving age was 14, which meant that most women had to find employment between school and entering nurse training, which could initially account for nursing being a vocation for the middle and upper middle classes, and a discriminator against women from the working and lower middle classes, especially with the growing emphasis on academic achievement in the form of preliminary and final examinations. Women who had to find financial independence on leaving school, or a way of contributing to the family income, that is, those from the working classes and increasingly the middle classes, could not afford to wait until they were in their mid 20s to start training. They would commence an apprentice type training for other jobs much earlier.

Previous experience and age of entry have a relationship - when women were not accepted for training until their early 20s they had (mostly) to find employment prior to coming into training. It is worth noting that there were always a few who did not have employment experience before coming into training.

Figure 33 Probationers' Previous Experience 1923 -1948 [a]<sup>45</sup>

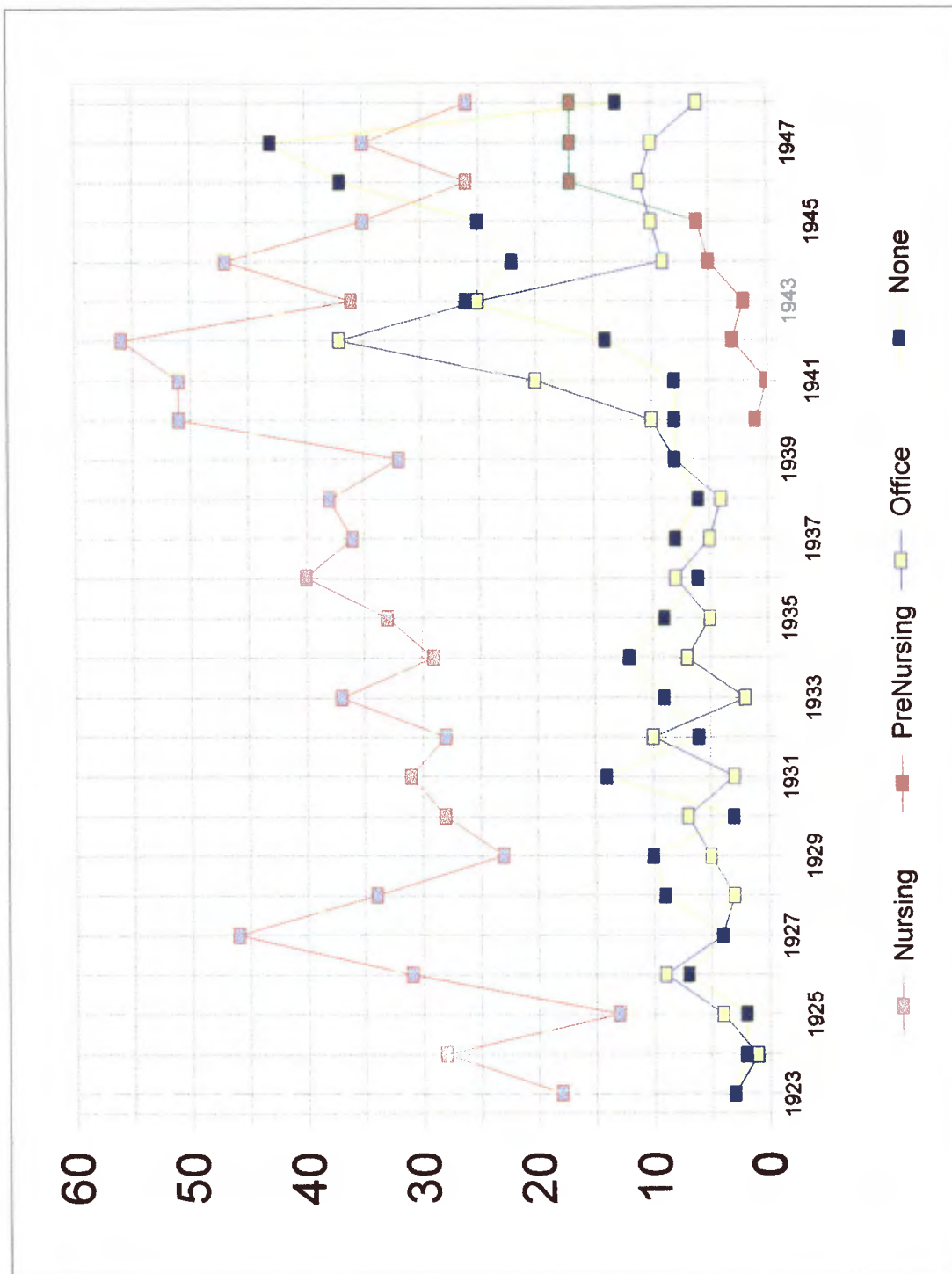
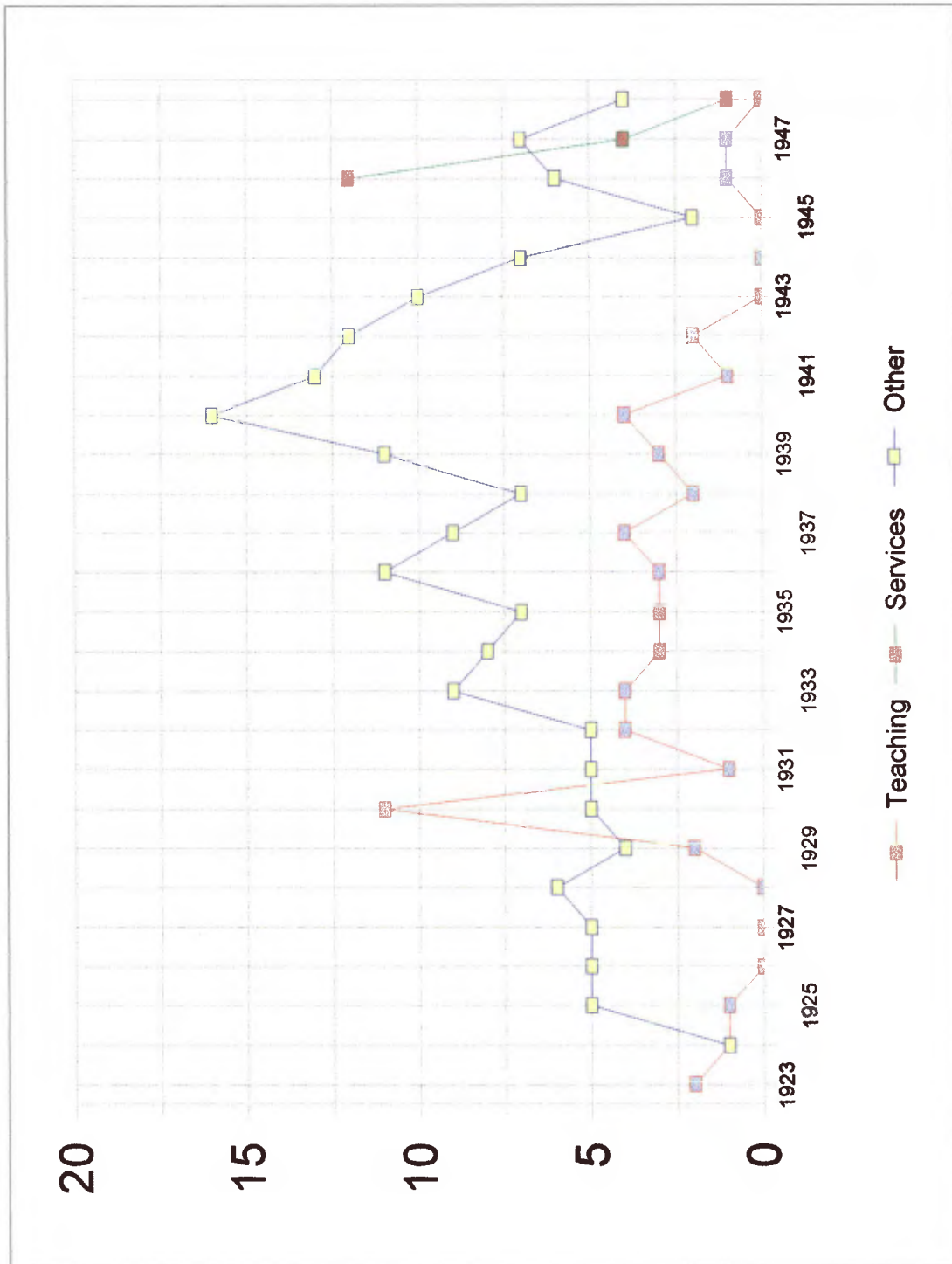


Figure 34 Probationers' Previous Experience 1923 - 1948 [b]<sup>46</sup>



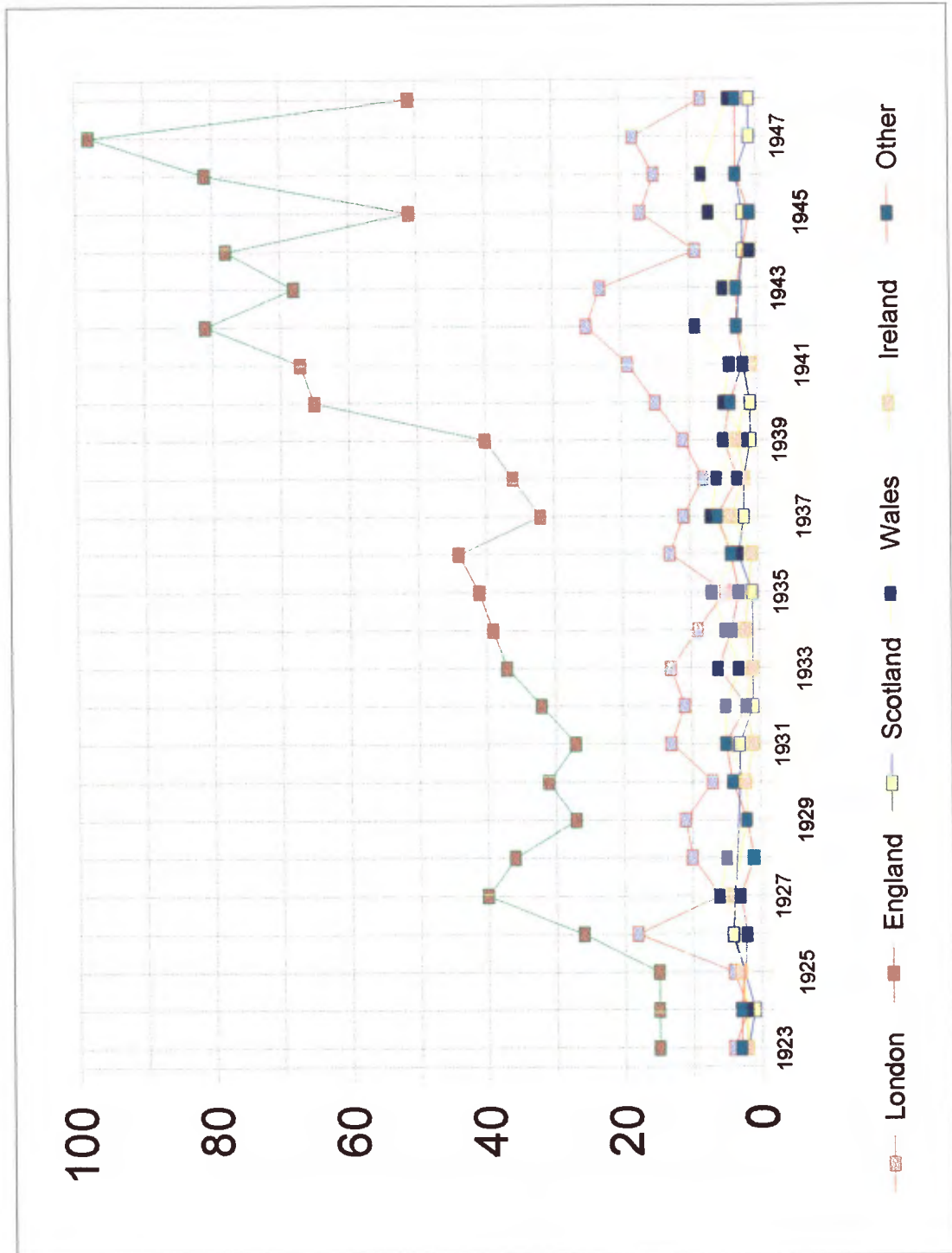
## **Previous Experience**

Figures 33 and 34 refer to the numbers of probationers who had previous experience entered in the records. Most entrants had experience of “nursing”, that is, some of them were the affiliates, some had been V.A.D.s. The significance of age and previous experience is illustrated in 1946/7 when more candidates entered without any previous experience and therefore teaching on the course would necessarily have to take this into account. Considering the witness to suffering involved in nursing the question has to be asked if it is wise to take 18 year olds straight from school without life experience. Certainly teaching nursing to a group of students which includes mature students changes the dynamics of the understanding of human suffering. The Pre Nursing Courses were devised to prepare candidates for the world of nursing prior to training, and also to fill the gap between leaving school and entry to training.

It is possible to illustrate from figures 33 and 34 that until 1946 the majority of women coming into nursing had previous work experience. For most it was nursing, but office workers were one source. In the 1930s particularly, interestingly enough, a small number of teachers preferred nursing to classroom teaching. Pay could not have been the attraction, as this was a particularly severe period in pay and conditions at U.C.H as demonstrated in chapter three. Following the end of World War Two some women came into nursing when they were demobbed from the armed forces.



Figure 35 Home Address 1923 - 1948<sup>47</sup>



## Home Address

Figure 35 refers to the numbers of probationers who had their home address entered in the records. Figure 35 demonstrates that most entrants to nursing at U.C.H. came from England outside of London, that is, one of the English counties; more women came from Wales than Scotland. U.C.H. probationers were not from the local neighbourhood. The process of leaving home, growing up, training to fulfilment, is one of the rites of passage, highly significant for each probationer. Their brothers left home for university / the military and the nurses' home gave women an equal opportunity. It could produce two differing reactions in the probationers: "I was a raw recruit up from the country and quite terrified by the whole thing"<sup>48</sup> or "One golden day in 1915, I stood on the steps of the new Nurses' Home ... I was facing a challenge ... I would carry it through to fulfilment."<sup>49</sup>

Nurse training has a component of socialization as part of the process. Just living, breathing, observing the environment are elements of socialisation, which is why the nurses' home was also a vital requirement. Kozier and Erb define socialization as "a process that produces attitudes, values, knowledge and skills required to participate effectively as an individual or group member".<sup>50</sup> Robert Merton defined socialisation as "the process by which people selectively acquire the values and attitudes, the interests, skills, and knowledge - in short, the culture current in the groups to which they are, or seek to become, a member." Moloney goes on to describe professional socialisation as "the practice whereby the values and rules of a profession are internalised through reinforcement from certain factors in the social environment."<sup>51</sup>

The purpose of the training programme was to learn new overt role behaviours - in the every day routine and in the witness to suffering. Whatever is known about human beings before training requires a new approach and continued reflection during and after training. Understanding and growth in interpersonal skills begins in training. For the probationers of this period, with the long working hours, the rules in the nurses' home were an important part of training. The nurses' home culture was part of the hidden curriculum in nursing in the socialisation of new members of the profession into the close



knit community of the nurses' home. Huczynski and Buchanan define an informal group as a “collection of individuals who become a group when members develop interdependencies, influence one another's behaviour and contribute to mutual need satisfaction.”<sup>52</sup> This describes the importance of the relationships within a nurses' home. Home sister was responsible for the health of the probationers and would give advise on minor ailments in her role of supervision; and, whilst assisting matron in the running of the hospital, her most important role was in the supervision of the nurses' home and the practical instruction of the nurses, a role which could be compared to that of a novice sister. Home sister maintained the rules of the late passes when the probationers were expected to be in the nurses' home by 10 p.m., and when each nurse had to sign in every evening throughout the period 1862 - 1948.

## **Conclusion**

This chapter has examined how nursing was transformed at U.C.H. through the school of nursing post State Registration in 1919 until the coming of the National Health Service. It would appear that there were never enough women nationally with the call of Christian vocation or secular profession to meet the demands of caring for the sick. The two world wars created extra demand for nurses, but even so there was an evident shortage of probationers in the 1920s and 1930s. The long hours of work, low pay, the discipline, the hierarchy and the job itself required women who were dedicated to caring for the sick.

The probationers had to pass junior (mostly at the end of the first year) and final written examinations to become a Certificated / Registered nurse. To become a Certificated / Registered nurse, required the ability to perform clinical skills which became more intricate with training and experience in the ward situation, part of a team - the “tasks” for example, bed bathing would have been a basic skill for a first warder, but the skill of washing human beings continued throughout the four years, with the added skill of teaching the junior probationers as part of the skill of a senior probationer. The probationers had to learn how to deal with their emotional response to human suffering so that the needs of the patients came first. And for some of them this was well nigh

impossible. The women who entered nurse training at U.C.H. came mostly from England outside of London to live a communal life in the nurses' home which was part of the training programme. The nurses' home enabled women to leave home and follow a career, a way of life not previously open to women; and, as the years went by, at an increasingly younger age until 18 became the entry age for training. A number of them post 1919 had already received specialist training before commencing general nursing.

During the period 1920 - 1948 2353 women entered nursing training at University College Hospital. Of these, 1816 completed the course and were registered, 533 did not complete the course. This represents a pass rate of 74%. 533 women discontinued training because women had to give up work when they married, because they were expected to care for their families if the need arose, because they themselves became ill, because they were judged not satisfactory and because, for a small number, nursing was not for them. The analysis indicates a consistent wastage rate:

1920 - 1929: 23%

1930 - 1939: 24.88%

1940 - 1948: 25.06%

This is below the national average wastage rate, a reflection of the standard of the London teaching hospitals, and the high standard of the course. It reflects the dedication and hard work of both the probationers in training and the trained staff in teaching them.

Gullan (1930) wrote

The womanly nurse is rated more highly by the general public than the efficient nurse; the loyal, reticent, watchful nurse by the doctor; the quiet, understanding nurse by the patient; the considerate, courteous, adaptable nurse by the household; but where all these qualities are added to efficiency there we have the ideal private nurse.<sup>53</sup>

Whilst she was describing the qualities of a private nurse, these are the qualities which were instilled in all probationers during their hospital training. Womanly, loyal, reticent,

watchful, quiet, understanding, considerate, adaptable, plus efficient were qualities which underlined the notion of service, putting others before self. These qualities were valued throughout the period of this study and made nurse training more than an academic three year course with a final examination. Training nurses was therefore a complex activity, some of the components of which have been included to highlight the complexity. 1816 women became Certificated / Registered Nurses at U.C.H. and so transformed nursing there and elsewhere in their subsequent careers 1920 - 1948.

## Notes:

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2. Jackson E.O. "Letter" U.C.H. Nurses' League Magazine Vol.7 No.22, September 1948.
3. Archives, U.C.L.H. Trust Museum of Nursing.
4. Bendall E.R.D. Raybould E. 1960 A History of the General Nursing Council for England and Wales 1919 - 1969 Lewis & Co. Ltd., London pp.44-47.
5. McGann S. 1992 The Battle of the Nurses Scutari Press, Middlesex p.207.
6. Archives, U.C.L.H. Trust Museum of Nursing.
7. Bendall E.R.D. Raybould E. 1960 A History of the General Nursing Council for England and Wales 1919 - 1969 Lewis & Co. Ltd., London p.60.
8. Philpott M. U.C.H. Nurses' League Magazine Vol.2 No.12, April 1926.
9. A practice continued for nearly 40 years.
10. Anon. "Syllabus for Training School" U.C.H. Nurses' League Magazine Vol.3 No.2, April 1928.
11. Archives, U.C.L.H. Trust Museum of Nursing.
12. Archives, U.C.L.H. Trust Museum of Nursing.
13. Editorial The British Journal of Nursing with which is incorporated The Nursing Record Vol.73 No.1883, June 1925.
14. Abel-Smith B. 1960 A History of the Nursing Profession Heinemann, London p.124.
15. Archives, U.C.L.H. Trust Museum of Nursing.
16. "My first memory of U.C.H. was of our Cookery examination at the end of P.T.S. - for me very traumatic - my menu was Beef Tea. Sweet breads surrounded by piped mashed potato and an omelette. The beef tea took me a long time to make and the sweet breads also ran late, so when it came to piping the potatoes mine were all lumpy because they were not properly cooked. In desperation I picked off all lumps and put them in my dress pocket along with all sorts of things and then managed to get what was left through the nozzle. My next horror was the omelette which when ready to be served should be tipped lightly on to a plate - mine stuck hard and under the eye of the examiner had to be scrapped off with a spatula. I was the last to finish and when I dived for my handkerchief to mop my fevered brow out came a shower of pieces of potato - I could

- only manage a second class certificate.” Anon. Manuscript Set 55.
17. Anon. “School of Nursing Syllabus” U.C.H. Nurses' League Magazine Vol.3 No.27, April 1933.
  18. Sister Tutor at the time (1936), later Registrar to the General Nursing Council.
  19. Houghton M. “The Block System of Training” U.C.H. Nurses' League News Sheet No.14, April 1937.
  20. Ibid.
  21. M.H. “Refugees from Central Europe” U.C.H. Nurses' League News Sheet No. 16, April 1939.
  22. Anon. “The Test Educational Examination” U.C.H. Nurses' League Magazine Vol. 4 No.12, October 1938.
  23. Anon. “State Examination Answers” The Nursing Times Vol.31 No.1570, 1 June 1935.
  24. Archives, U.C.L.H. Trust Museum of Nursing.
  25. Abel-Smith B. 1960 A History of the Nursing Profession Heinemann, London p.151.
  26. Anon. “Questions in Parliament” The Nursing Mirror and Midwives Journal 1 June 1935.
  27. Saunders H. “From the new Vice-President” U.C.H. Nurses' League News Sheet No.16, April 1939.
  28. Once qualified, a nurse now received the same salary as a trained teacher.
  29. Baly M 1995 Nursing and Social Change (3rd Edition) Routledge, London p.173.
  30. Anon. “Extracts from the Annual Report” U.C.H. Nurses' League Magazine Vol.6 No.17, September 1943.
  31. Anon. “Extracts from the Annual Report” U.C.H. Nurses' League Magazine Vol.6 No.18, September 1944.
  32. Archives, U.C.L.H. Trust Museum of Nursing.
  33. Archives, U.C.L.H. Trust Museum of Nursing.
  34. Watson P. “Stanmore 1941” U.C.H. Nurses' League Magazine Vol.21 No.3, December 2000.
  35. Archives, U.C.L.H. Trust Museum of Nursing.
  36. Archives, U.C.L.H. Trust Museum of Nursing.

37. Bendall E.R.D. Raybould E. 1969 A History of the General Nursing Council for England and Wales 1919-1969 H.K.Lewis & Co. Ltd., London p.80.
38. Ibid. pp.47 - 48.
39. Archives, U.C.L.H. Trust Museum of Nursing.
40. Abel-Smith B. 1960 A History of the Nursing Profession Heinemann, London p.114.
41. Questionnaire Set 55.
42. Archives, U.C.L.H. Trust Museum of Nursing.
43. Archives, U.C.L.H. Trust Museum of Nursing.
44. Aldrich R. 1982 An Introduction to the History of Education Hodder and Stoughton Ltd., Kent pp.79,86,120.
45. Archives, U.C.L.H. Trust Museum of Nursing.
46. Archives, U.C.L.H. Trust Museum of Nursing.
47. Archives, U.C.L.H. Trust Museum of Nursing.
48. Anon. Private correspondence.
49. Moriarty D. 1989 Dorothy The Memoirs of a Nurse 1889 -1989 Sidgwick & Jackson Limited, London p.85.
50. Kozier, Erb 1988 cited in Leddy S. Pepper M.J. 1993 Conceptual Bases of Professional Nursing (3rd Edition) J.B. Lippincott Company, U.S.A. p.56.
51. Moloney M.M. 1986 Professionalization of Nursing Current Issues and Trends J.B. Lippincott Company, U.S.A. p.85.
52. Huczynski A. Buchanan D. 1991 Organizational Behaviour Prentice Hall International (U.K.) Ltd. p.168.
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## **Chapter Eight**

### **Demands in Wartime**

## **Introduction**

Previous chapters have examined nursing asking the questions why, what, who and how? The next two chapters trace the development of nursing asking the question when? - when did nursing develop from vocation to profession, both nationally and at U.C.H. Nursing at U.C.H. was transformed in 1860 when the All Saints Sisters nursed on two of the wards, and then in 1862 assumed responsibility for the nursing services throughout the hospital and the introduction of training; in 1899 the sisterhood left U.C.H., matron was appointed and the School of Nursing established; nurse education was constantly updated, for example, the introduction of the block system in 1936. Nursing assumed a national focus in 1919 with the introduction of state registration. Whilst there has been, therefore, continual change and development in the transformation of nursing, war has had an impact on these events. Part of the answer to when? lies in wartime because both the numbers of nurses and the activity of nursing were influenced by war. Throughout the time of this study, U.C.H. nurses have cared for the sick and wounded in war zones. The community of All Saints responded to a request to join the international team caring for the wounded in the Franco Prussian War; nurses went from U.C.H. to care for the wounded in both the World Wars during the twentieth century; but also during these two major wars, the sick and wounded from the forces were sent back to London for the care which could be given in the hospitals of the capital. There were a number of civilian casualties during the First World War, but during the Second World War, the casualties in London, because of the bombing, presented hospital staff with the situation of war on their doorstep. Inevitably, the boundaries of nurses at war dissolved, nurses were caring for war casualties not on some foreign field, but within their own training hospital which had become part of the battlefield.

An important consideration in the care of the wounded, particularly in the two World Wars, was the progress of medical knowledge and skill confronted with wounds which could theoretically be treated, whereas in past centuries the state of knowledge had not afforded this opportunity. At the same time there were casualties with wounds not previously encountered, for example, the men who were gassed in the trenches in the First World War, and the pilots who were so extensively burned in the Second World



War. In the First World War the men in the trenches who sustained injury were in immediate danger from infection. Initially the policy was to treat the wounds by closure for healing to take place, but tetanus remained a problem, a result of trench warfare. Therefore, surgery of the chest, skull and abdomen moved to aggressive treatment with the realisation that open wounds encouraged healing. Also during World War One the therapeutic uses of oxygen were investigated.

In the 1917 League Magazine there is a story of a young man of 18 who had been mortally wounded in the advance of that morning. He obeyed orders. He and his platoon had not been in battle before, men of a new army. They had trained for that moment when they would be ordered to go over the top. This boy officer led them, and immediately they were the targets of deadly machine gun fire. But he remembered the drill and led the men half way across the ground before he was hit in the chest. He rolled into a shell hole which protected him from further fire. As he lay there without moving, his wound bled; in the rain that followed he lost consciousness. In remembering the past, he realised that he had felt great pride in going from school into the army, his boyhood had suddenly finished and he had become a man. The day passed and the cold spring evening came. By this time he realised that he wanted his mother, maybe a childish fact, but she had always been there when he was ill. He eventually called for her, surrounded by dead men who could not hear. In the night his body was removed. Somehow, back in England, his mother knew that he had not died in action but as a result of his wounds.<sup>1</sup> This article is approximately 1500 words long; it therefore has far more detail than the above summary. It is a very moving account of this young man, a symbol and representation of countless other young men, the suffering they endured, and the response by one nurse to the suffering she was witnessing. She obviously felt that suffering very deeply and had to express it, not only for herself but for the members of the League who would read this article. It speaks eloquently of nursing observation at its widest and deepest meaning, of listening, reflecting, being still, beyond merely taking T.P.R.s and B.P.s and care of wound dressings; the article has another possible dimension, that of the response by other nurses to this account, in that it might encourage other volunteers to join the nurses at the front.

The demands which are placed on human beings in such times call for, and are met by, deeper and greater human response than in normal every day living. It could be that the constant, ever present reminder of mortality evokes a response that is not required in peace time, and although nurses face this, the fact of human mortality, in the daily routine of hospital nursing, the witness to suffering is intensified in wartime. In time of peace it is easy - and convenient - to forget the many young lives which came to an abrupt end; but go into any parish church in this land and there will be a memorial similar to this one:

In ever loving memory of Second Lieutenant Lawrence Turner Blades sixth Battalion The Rifle Brigade who was killed in action at Ypres on 5th July 1915 aged 18 years.

I have fought a good fight

I have finished my course

I have kept the faith.<sup>2</sup>

These were the young men for whom the nurses cared. Even the words of this memorial are a reminder of the cruelty of war for to "have finished my course" at the age of 18 years is abnormal. This chapter is about the nursing response in war time to care for the dying, to dress their wounds, to help the disabled to have some quality of life, and the training involved which enabled that nursing response. Time and time again the comment of the nurses through all these wars included the conviction that it was a great privilege to nurse the wounded in battle. How did nurses accumulate the skills necessary to organise care - what was the basis of nurse training and nurse education? What was the interrelationship between theory and practice for the probationer? Training was very much concerned with theory and practice, but equally important to the training programme, was nursing discipline, discipline which instilled instant, unquestioning obedience. Discipline within nursing was required in the life and death situations which confronted the probationers on the wards in peace time. But life and death also confronts the military, hence the parade ground training. For both the military and nursing, instant, unquestioning, unflinching obedience is required.

This chapter examines the increasing demand for, and supply of nurses, and hospital beds during wartime.

### **The Demand for Nursing in Wartime**

During the First World War approximately 10 million men from all the nations taking part were killed - young men mostly under the age of 40. Twice that number, that is, 20 million, were wounded and a considerable number were affected for the rest of their lives.<sup>3</sup> These figures include the three quarters of a million men who were killed from Britain alone, plus the one and a half million men who were permanently disabled.<sup>4</sup> In the Second World War approximately 305,000 men and women were killed in the British armed forces and the Merchant Navy, and 60,000 civilians were killed in the air raids.<sup>5</sup> Nursing these numbers of dying and wounded accelerated the growth in the body of knowledge, both in terms of clinical skills and of nursing management. Such knowledge was not abandoned when peace came. Nursing these dying and wounded men and women was the result of war and affected nurses and nursing - the constancy of seeing these numbers and the degree of injury, is very different to nursing in a hospital in central London. But the training nurses had received in central London gave them the ability to work in wartime conditions, with the added intensity of suffering. There are so many tributes in the League Magazine to the Training School from its trained nurses. In June 1915, the League Magazine commented on the response of the profession to the fact that “Your King and your country need you”. The numbers who had volunteered would be remembered with thanksgiving for their care of the wounded and dying both in England and abroad. At U.C.H. it was hoped “that the great lessons of care and thoughtfulness taught them (that is, the nurses) in their training school may be the means of many wounded and injured being restored to fresh vigour and life”, a comment which underlines the importance of the training schools in England.<sup>6</sup>

### **The Increase in Numbers of Nurses in Wartime**

The escalation in the numbers of nurses required in wartime is increasingly apparent in the wars of the period 1854 - 1945. The first appeal for nurses to care for the wounded was that by Howard Russell in The Times in 1854, to which Miss Nightingale responded.

The Red Cross movement was established in 1864, giving neutral status to the wounded and those caring for them. Britain signed the Geneva Convention in 1865 and the “National Society for Aid to the Sick and Wounded in War”<sup>7</sup> evolved. When France declared war on Prussia in July 1870, moves were made to send a medical team to care for the wounded. The National Society sent 110 people in this cause, which included 62 surgeons and 16 nurses. The nurses comprised eight members of the All Saints Sisters at U.C.H., at the insistence of Princess Christian and Mrs Lloyd-Lindsay, plus six other ladies with mixed nursing experience.<sup>8</sup> From this the Anglo-American Ambulance was formed, with its main section working at Sedan and a subsidiary section under Mother Superior at Belan Town Hall.<sup>9</sup> The eight All Saints Sisters who formed part of this team sent by the National Society included Reverend Mother, Sisters Elizabeth, Rosamund, Cecilia, Catherine, Helen, and Harriet.<sup>10</sup> Sister Catherine's journal<sup>11</sup> demonstrates their ability to serve in the changing conditions of the time, and, of course, the experience they gathered was taken back to U.C.H. A concern for others had taken this group, which included some of the medical staff, from U.C.H. to the battlefield in France. Such concern was shared by people who did not always agree in peace time. Miss Goodman, who wrote a book against English sisterhoods, joined the All Saints Sisters on 1 October and worked with them in a way which was particularly “civil and obliging”.<sup>12</sup>

During the Boer War the conditions of the sick and wounded gave cause for concern to the extent that a Royal Commission was established to investigate the hospitals in South Africa; it did not have a woman or nurse as part of the Commission, but amongst its recommendations was consideration of the army medical service. The matrons' council had already advised that a separate nursing service should be formed. In 1902, as a result of the recommendation of the Royal Commission, the Queen Alexandra's Imperial Military Nursing Service (Q.A.I.M.N.S.) was established. From 1903 onwards plans were made for a possible war without reference to duration or number of casualties, although it was estimated that the armed forces would require 50,000 beds. In 1907 Miss Haldane,<sup>13</sup> Miss Sydney Browne<sup>14</sup> and Sir Alfred Keogh<sup>15</sup> met to discuss the idea of providing a reserve of nurses in the event of war. Medical services were to be based in 23 hospitals throughout the country, with four in London. In 1908 matrons from all the London hospitals were invited by the war office to discuss the foundation of a nursing

reserve following the creation of the Territorial Army.<sup>16</sup>

At U.C.H., Miss Riddell reported that this was an “army within the British coasts to repel invasion from foreign Powers”. She wrote that nurses were called on to enrol; U.C.H. League members were among many who responded.<sup>17</sup> The hospital with which U.C.H. members were connected was No. 2 City of London, in conjunction with St. Mary's Hospital and St. George's Hospital. At the head of the nursing scheme there was an advisory council, composed of several lay members, and also matrons of some of the large hospitals. Miss Finch served on the executive committee. For enrolment a candidate required a three years' certificate from a recognised hospital or infirmary, and if employed by a hospital had to obtain her matron's consent. On enrolment sisters and nurses wore ordinary indoor uniforms, with a special cap and cape. The different ranks were identified by stripes on the sleeves. Sisters and nurses were paid when on service - sisters £50 - £65 per annum, with an allowance of £39 for board and washing, £8 for uniform and in addition travelling expenses were allowed. Nurses were paid £40 - £45 with the same allowances as sisters. A sister or nurse had to be over 23 years of age, and could retire at any time, but if she had not nursed for two years her resignation was compulsory. The 3000 members of the Territorial Service were prepared to transfer from the civilian hospitals to the 23 Territorial general hospitals which opened in schools, universities and institutions. In the probationer archives, the letters T.F.N.S. appear by some of their names. As far as the army was concerned, there were 300 trained nurses in the Queen Alexandra's Imperial Nursing Service. In the reserve were 200 nurses, with a further 600 available to mobilise at 24 hours notice. There was a small number of navy nurses, but again, there was a reserve available to augment the number.<sup>18</sup>

In 1913 a party of five nurses was sent from U.C.H. to Athens at the request of the Queen of Greece to assist with the nursing of the soldiers wounded during the war.<sup>19</sup> They wrote an account of their experiences, interesting in comparison with the journal of Sister Catherine because there are so many similarities, despite the intervening 40 years, and yet there is a feel of greater organisation, perhaps because the hospital was in the town of Salonica, and not the first aid post that Sister Catherine so frequently described.

In 1914 there were approximately 12,000 practising nurses with a recognised three year training.<sup>20</sup> There were about 45,000 beds in the voluntary sector and about 40,000 beds in military, fever and smallpox hospitals run by local authorities, plus about 120,000 beds in poor law institutions.<sup>21</sup> The problem of the shortage of nursing staff during the First World War was partially solved by the introduction of the Voluntary Aid Detachment (VAD) scheme for whom short courses were introduced. It was designed to appeal to every section in society, whereas in reality it appealed to the women of the middle and upper classes, because they were free to enrol on the scheme. It was run by the British Red Cross Society not the St. John Ambulance and this led to a certain amount of friction. Some of the Territorial Army Units trained as VADs.<sup>22</sup> In 1915 The Nursing Mirror and Midwives Journal recorded that VADs initially served for 12 months, but “for various reasons, many women did not like to bind themselves for 12 months service”; the reduction to six months resulted in an increase in the numbers of women coming forward.<sup>23</sup> The VAD training permitted a second portal of entry into nursing which dismayed the certificated nurses with three years training.

The shortage of suitable probationers was acknowledged in the 1914 League Magazine. It was suggested that past and present nurses could make a significant contribution to the war effort by persuading suitable and educated women to apply for nurse training, so that matrons would not be forced to lower standards and accept women who were “below the accepted standard of education and refinement for nurses”. The lives of women were far happier if they worked hard and consistently to achieve, rather than flitting from one relief committee to another; the welfare of the nation's soldiers and sailors was everyone's concern “but let us all make sure that we are working for them in a right and reasonable way”.<sup>24</sup> The following account of Dunkirk Railway Station in 1915 emphasises the importance of training.

The trains containing the wounded commence to arrive at nine in the evening, when all are removed to the great sheds ... the spectacle is terrible; ghastly wounds, faces drawn with suffering and hunger ... the poor fellows have had no food for two or three days ... every effort is made to save limbs whenever possible, and the surgeons have achieved much by plating the bad fractures when portions of the bone are entirely missing.<sup>25</sup>

At the beginning of the First World War the chairman of the U.C.H. Board of Governors received a letter from Queen Alexandra thanking matron for the prompt and efficient manner in which nurses were selected and allocated to the war effort.<sup>26</sup> Nurse training at U.C.H. had been in existence for 52 years by the time of the First World War. The three year training course which had evolved during these years was well established, including the introduction of the U.C.H.S.O.N. in 1899. There were, therefore, a number of certificated nurses from the school who could and did contribute to the war effort, as shown in the figure 36:

**Figure 36 U.C.H. Nurses Serving in the Armed Forces in World War One<sup>27</sup>**

June 1915	62 <sup>28</sup>
January 1916	76 <sup>29</sup>
December 1916	81 <sup>30</sup>
October 1917	79 <sup>31</sup>

When consideration is made of the numbers who trained per annum - the ratio of volunteers to serve in the forces was high. The numbers serving with the armed forces put a strain on the numbers who remained at U.C.H., especially in view of the added work load from the military wards and extension at University College. The Royal Red Cross was instituted in 1883 by Queen Victoria for ladies “for special exertions in providing for the nursing of sick and wounded soldiers and sailors in Our Army and Navy”, Miss Nightingale and Mrs. Deeble were the first to receive it.<sup>32</sup> Figure 37 demonstrates the number of U.C.H. nurses who received the Royal Red Cross in its various categories.



**Figure 37 The Number of U.C.H. Nurses who received the Royal Red Cross<sup>33</sup>**

(from the year of intake)

1900	2
1903	2
1905	3
1906	2
1907	3
1908	2
1909	3
1910	3
1912	1
1913	2

The Second World War again required an increase in the numbers of nurses. As well as beds, the Ministry of Health estimated the number of nurses that would be required in 1939 would be 5000 trained nurses for the armed forces, and between 34,000 and 67,000 trained nurses for the first aid posts and emergency hospitals that would care for the civilian wounded. To help meet any shortage in the number of trained nurses, nursing auxiliaries were given 50 hours instruction in hospitals before they started work.<sup>34</sup> The demand for nurses grew as the war continued. They served wherever the forces were fighting; no longer the traditional uniform of starched apron and cap, but this time battledress and tin helmets. They served with every branch of the armed services and met the dangers which confronted every person who took part.<sup>35</sup> U.C.H. in common with many other hospitals provided the necessary training for people who volunteered to give nursing care in the event of war. They were called nursing auxiliaries and worked in the wards exactly the same way as the Red Cross Nurses and St. John's VADs. Sister Houghton (sister tutor) gave four to six lectures to each set; they were expected to have completed a course of First Aid and home nursing before commencing work as an auxiliary. This apparently had some effect on the probationers in training: "During the war time, whilst I was at U.C.H., we rather got forgotten for training as they were processing vast numbers of Red Cross Nurses."<sup>36</sup> A solitary comment maybe, but one which adds to an understanding of wartime.



Figure 38 shows the number of nurses who, on completion of training, were called up into the services - it does not identify the total number of U.C.H. trained nurses who served with the forces; as far as can be established nowhere is the final figure available. The year denotes the year of entry into training, with the number of entrants and those who qualified as S.R.N. The exact service was not always recorded as can be seen from the column "Services". The U.C.H. figures demonstrate the increase in numbers of nurses in training, despite the problems of organising the programme at U.C.H. and the sector hospitals.

**Figure 38 U.C.H. Nurses Serving in the Armed Forces in World War Two.**<sup>37</sup>

Year	Entrants	SRN	Army	Navy	RAF	Services
1935	77	57	4	0	1	0
1936	85	68	5	0	5	0
1937	98	62	3	0	2	2
1938	84	57	2	0	3	1
1939	84	62	10	4	4	0
1940	126	90	13	3	2	1
1941	125	95	2	0	4	2
1942	156	124	5	1	2	0
1943	138	100	1	0	1	0
1944	138	90	0	1	1	0
1945	126	66	0	1	0	0

Even when the war in Europe came to an end, nurses were still required in the Far East - "Many more nurses will also be needed to care for the wounded in the Eastern theatre of war".<sup>38</sup>

One of the many consequences of war was the demand for skilled nursing, from the Crimean War to the Second World War. Following the Crimean War Mr. Macleod<sup>39</sup> wrote in support of the work performed by the female nurses under Miss Nightingale. He acknowledged the contribution which they made in the cure of the wounded; the surgeon could splint, and prescribe medicines, but it was the bedside nursing which was the crucial ingredient in recovery.<sup>40</sup> The same respect is evident of the women who went to

the Franco Prussian War. The work was described as

disgusting and divine - and those who have done and are now doing it, deserve the highest praise; such labour is a very different matter indeed from the dilettanti work at home with which so many self complacent young ladies like to be amused, while at the same time flattering themselves they are doing a noble work. We could well dispense with those, but for such nurses as those at Sedan we cannot be too thankful.<sup>41</sup>

Those nurses at Sedan who were working so well were the All Saints Sisters. The importance of trained nurses was again emphasised in the First World War. In 1914 the casualty clearing stations (CCS) were working according to peacetime plans, that is, six medical officers, a commanding officer, a quarter master and 80 orderlies. There were no beds, 200 stretchers, hardly any instruments, one operating table, no sterilising equipment, very few towels, no gloves or gowns. The first battle of Ypres in October / November 1914 resulted in 13,000 wounded. It was suggested that beds would be useful and 20 were obtained for each CCS. But this necessitated nursing, and so it was decided that five nurses would be assigned to each CCS. Bowlby<sup>42</sup> pointed out that “until you have nursing sisters you will not get a sufficiently high ideal of work.” By the end of 1914 the work of the CCS was no longer evacuation, but the ability to treat the wounded on site. During the battle of the Somme 30,000 essential operations were performed under anaesthesia at the front during a period of 3½ months. By 1916 there were 15 sisters working in each CCS.<sup>43</sup>

Miss Nightingale selected, as far as possible, women with nursing experience. By 1870, when the All Saints Sisters served in the Franco Prussian War, the one year training programme had been in existence at U.C.H. since 1862, and therefore the sisters had received preparation for nursing, albeit nursing in the 1860s in peacetime London. By 1914 the certificate awarded by each individual hospital to the probationers who completed the three year course was recognised by the profession and the public. By this time the training was more extensive and the nursing skills were therefore more comprehensive. But there were not enough certificated nurses to care for the wounded,

and consequently the VAD scheme was introduced for the duration of the war. In 1939, the State Registration of Nurses had been required since the Act of 1919. There had been a steady increase in the numbers of trained nurses in the intervening years, but still insufficient to meet the demands of World War Two, which required skilled nursing of the forces and civilians. During this war recognition was given to a second portal of entry into nursing - that of the State Enrolled Nurse.

### **The Increased Demand for Hospital Beds in Wartime**

Although the increased demand for nursing staff led to an increased number of various grades of nurses, it did not represent the peacetime level of staffing, that is, there were fewer nurses per patients. This consequently led to pressure of work, and accounted for the burdens which some nurses undoubtedly felt. Abel-Smith reckoned that 6000 nurses were caring for all the civilian institutional physically sick in 1914, unevenly distributed in the differing classification of hospitals. For example, in the voluntary hospitals there was one trained nurse for 19 beds, in the military hospitals there was one trained nurse for 16 beds, and in poor law hospitals with training schools there was about one trained nurse for 44 beds.<sup>44</sup> Many trained nurses returned to the hospitals to help with the shortage, and this was certainly the case at U.C.H.<sup>45</sup> Hospitals had agreed with the War Office that in the event of need, a certain number of nurses would be available to care for the wounded. The first group was supplied by the London, and they left on 4 August 1914 - 60 were promised to the navy and 50 to the army. The London promised 500 beds for casualties, St. Thomas' 200, St. Bartholomew's 198, St. George's 100, U.C.H. 100 and the Middlesex 80.<sup>46</sup> At U.C.H. the 100 beds were in the hospital itself.<sup>47</sup> On 27 October 1914, 87 wounded men were admitted; 23 were Belgians. King George V and Queen Alexandra visited the military wards during 1915. Further beds were required by the military, so the eugenics department of University College was taken over by the hospital and opened on 23 August 1915, adding 116 to the number of military beds. This extension was organised so that the ground floor of 21 beds had surgical cases, seven smaller rooms on the first floor were for dysentery and cardiac cases; the four wards on the second floor were for convalescents as they had to be fit enough to walk up the stairs. These were lit from the roof with the telling comment: "and the occasional visits of

enemy aircraft have necessitated the application of much green paint, which gives all the occupants a strange and ghastly appearance”<sup>48</sup> - reference to the bombing in World War One. An account of this is given by Moriarty

And at that moment the sirens broke in with their screaming summons. We looked at one another in dismay ... Annoyance rather than fear was the prevailing emotion in the mixed assembly in the bowels of the hospital. We talked, we yawned, we grumbled ... and then it happened. A bomb fell, and seemed to splinter all around us. No panic, but hand sought hand. And miraculously, University College Hospital stood intact. There was a sigh of relief; quite an audible moment of thankfulness for a near miss. How near a miss would become apparent the next morning, when we saw the huge gaping hole in the road just beyond us.<sup>49</sup>

It is all too easy to forget that London was bombed in World War One, because of the sharper focus on the extensive bombing in World War Two.

Abel-Smith contrasts the plans to provide hospital care during the two World Wars. In the First the concentration was on providing care for the armed forces, whereas in the Second it involved planning to cover care for civilians as well, because of the anticipated air attack. Planning took place on a vast scale as it was anticipated that there would be up to 13 million casualties from the air raids alone. There was nothing like this number of beds in the existing system - there were probably ½ million beds in the hospitals and institutions in 1938. The Ministry of Health became responsible for air raid casualties from 1 June 1938, and in the ensuing survey it was discovered that there were approximately 80,000 beds for treatment of casualties. To provide cover for this eventuality, England was divided into regions with ‘hospital officers’ responsible for running the service. London had its own plan, whereby the capital was divided into ten sectors radiating from the centre within the Metropolitan Police District and the area within 40 miles of it. Each sector was based on one or more teaching hospitals. The casualties were to be evacuated towards the outer sector hospitals - in the event this frequently meant evacuation from voluntary to local authority hospitals. When war was

declared on 3 September 1939, about 140,000 patients were discharged from hospital as soon as possible and the beds remained empty, although the air attack did not come immediately.<sup>50</sup> These plans by the Ministry of Health were reflected in the developments during the war at U.C.H. On 25 August 1939 on instruction from the Ministry of Health all the patients who were well enough were discharged home, whilst those too ill to be discharged were evacuated, mainly to Oxford. A casualty clearing station was established in the basement and ground floor of the Private Patients' Wing (PPW), and 70,000 sand bags were placed in position. In September 1939 Ashridge House (renamed Ashridge Park Hospital) was taken over by nursing staff from U.C.H., Charing Cross and St. John and St. Elizabeth.

The story was similar for all the London hospitals. From St. Bartholomew's, five sisters and 18 nurses went to Hill End Hospital, St. Albans on 31 August 1939. Their task was to establish an emergency hospital out of the 1000 bed mental hospital which they found, some of whose patients had themselves been evacuated elsewhere. It was known as "Barts in the Country" and did not close until 1961.<sup>51</sup> Guy's nurses were similarly evacuated to three hospitals in Kent where they also maintained the traditions of their training hospital.<sup>52</sup> Guy's was bombed as was the London during the war. The London was used only for casualties and emergencies, other patients were evacuated.<sup>53</sup> This movement of medical and nursing staff and medical students between the voluntary and municipal hospitals brought greater understanding of the various categories of hospitals and their conditions, and the necessity of creating a national health service.<sup>54</sup>

As the winter of 1939/40 progressed, the work of several departments at U.C.H. was partly resumed; wards on the lower floors of the hospital were reopened and 200 beds in all made available in various parts of the hospital. During the months of heavy night air raids all the main wards of the hospital remained closed. The basement wards contained air raid casualties and urgent cases only. Outpatients were seen on selected days, and emergency operations were performed. Patients were evacuated to the sector hospitals as their condition allowed. Following the Dunkirk evacuation, 1,800 wounded officers and men were received during ten days into the three base hospitals of the Royal Orthopaedic Hospital at Stanmore, Leavesden Emergency Hospital and Ashridge Park

Hospital. This number included some Belgian and French soldiers some of whom were in a tragic condition. Before they arrived the hospital staff found themselves on 'stand by' which proved to be very tedious even though they knew they would have to work very fast and very hard when casualties actually did arrive. Stanboroughs E.M.S. hospital had 135 beds in all. The patients were brought down to the hospital once or twice a week by ambulance from U.C.H.

The Royal Ear Hospital (REH) in Huntley Street became the first aid post at U.C.H. during the war, any patient who required more than first aid, or hospital treatment for one day was immediately sent to the casualty clearing station in the Private Patients' Wing. Name, address, plus the scene of the incident and nature of the injury were recorded carefully on a label attached to the patient as soon as s/he arrived. The patients were treated in one of three theatres; after which they recovered in one of the rest rooms, where a cup of tea was very much part of the recovery programme and they were allowed home after the "all clear". Members of the boy scout association facilitated the smooth running of the department. The Private Patients' Wing was kept busy in its war time role; it meant that many nurses were brought back from Ashridge to nurse these patients. On the night of 16/17 April 1941, the heaviest calls were made on the hospital organisation, when some 70 patients were admitted and treated during that one night. U.C.H. did not receive a direct hit during the whole war, although bombs fell all around - in Gower Street damaging the library and museum; Maples in Grafton Way; a hostel in Malet Street housing Canadian forces. By May 1941 the air raids had become infrequent enough to justify increasing the number of inpatients to 150.

In 1942 negotiations took place between the Ministry of Health and the governing body at U.C.H. resulting in a bed accommodation at U.C.H. of 140 air raid beds and 335 civilian beds. The Ministry put forward a proposal that affected the close collaboration which had been developed at one of the sector hospitals, Leavesden Hospital, where the 450 beds had provided two benefits. The efficient organisation involved had provided the means of transferring the patients from London and eliminating the waiting lists, and secondly, of providing the medical students with a comprehensive course of clinical study which was reflected in the continued high standard in examination results. The

building at Stanboroughs had provided further facilities for patient care. At this point the general committee thanked the authorities at Stanboroughs for their generous co operation. Parts of this building had been converted into patient wards, a surgical theatre had been installed, and a pathology laboratory had been provided.<sup>55</sup> The Private Patients' Wing at U.C.H. had been restored during 1942 to its peace time complement of 77 beds on the five floors. Such was the demand for these beds that further rooms in the sisters' home<sup>56</sup> brought the number of beds available to 122. The occupancy of the private beds was 91.3%. The Obstetric Hospital (OH) dealt with 841 indoor and 136 outdoor deliveries, and 7,192 ante natal clinic appointments. The wards on four floors of OH had been reopened, and outpatients transferred to the basement again. The pathology department at the medical school continued to perform the bio chemical and histological investigations. In 1943 the number of beds available for civilian use increased to 465, necessitating further re opening of floors at U.C.H. itself. Only the top floors were not in use.<sup>57</sup> By 1943 much of the hospital was working normally in London.

The Normandy landings necessarily involved planning for the casualties. Nursing staff were sent from the London hospitals to staff the hospitals on the south coast. An editorial in the U.C.H. Nurses' League Magazine conveys the sense of national awareness of momentous events in the war. In June 1944 about 120 of the senior student nurses, together with a few sisters were posted to base hospitals prepared to receive the wounded following the invasion of France. When the nurses left they did not know their destination, whilst those who remained at U.C.H. speculated they knew the location! "Those of us in London will long remember D Day. We were awakened in the early hours of the morning with such a heavy drone of planes as I, for one, had never heard over London before. There was a feeling that something must be happening at last." The morning of D Day was fraught with excitement; in the hospital people carried small wireless sets, tucked under their arms, so that they could hear the latest bulletins.<sup>58</sup>

An account has been written by one of those senior student nurses who went down to the south coast to care for the wounded from Normandy.



I found myself on the shortest list with another member of the set - the only two from set 71. I think there were about twelve names on this list and it seemed to be the most senior nurses (set 71 was about six months away from finals) and we hoped we were to be sent to the south coast.<sup>59</sup>

On D Day minus one the nurses were taken from the nurses' home by coach and a circuitous route to Queen Alexandra's Hospital, Cosham where they stayed for about six weeks. No one expected them at the hospital; there were no rations for them and no beds - they lived on spam every meal for three days and had to take over a hut and make up their own beds. That first evening when they looked out over the Channel they wondered what they were in for - the sea was covered with boats of all sizes and shapes. It seemed possible that there would be a massive air raid that night, but nothing happened, much to their disbelief and relief; they could hardly believe it. Matron allocated their duties. They were posted to a ward for members of the Womens' Royal Naval Service, and on looking round, found there was no stock<sup>60</sup> of any sort. So they started making some as there was nothing much else to do. However, one of the resident Ministry of Pensions sisters thought making things was "not the duty of a nurse". There was very little equipment, for example, the nurses sent an S.O.S. up to London for ryles tubes. Morning came and with it D Day. When they came on duty the next night, the ward was full of desperately ill soldiers mostly straight out of the sea. They were all suffering from abdominal or chest wounds.

During this short time well over a thousand patients were nursed at Portsmouth with remarkably few deaths, and there was some sadness to see the patients go off in trains to hospitals further inland. The nursing staff had little time off duty; ironically, the day they were off they went up to London and on this same day the Whitfield Chapel in Tottenham Court Road was bombed.<sup>61</sup> Preparations were made at Ashridge to receive the wounded from the Normandy landings, but as the casualties were not as great as anticipated, Ashridge went back to nursing civilians.

When the first flying bombs fell on London on 13 June 1944 U.C.H. reduced its admissions, the upper floors of the main building were evacuated, outpatient services



were reduced and again the hospital services concentrated on air raid casualties. On 30 June 1944 flying bombs landed in Tottenham Court Road, causing considerable damage to the west side of the Obstetric Hospital and the Royal Ear Hospital. Air raid casualties at this time were sent to Ashridge. By the autumn of 1944 services at the hospital were once more nearly normal. In April 1945 liberated prisoners began to arrive by air from Germany. Nearly 500 were admitted to Ashridge through those weeks. The nursing staff recognised the great privilege to care for these patients who were so ill and so thin. The relatives of the patients began arriving from all over the country; to accommodate them, a ward was opened for women, and one of the halls for men.<sup>62</sup>

This section has examined nursing the casualties of war, not at the front, but at home. The hospitals of England had to accommodate the wounded in the two world wars. This had implications for the management of care both for the military and civilians. During World War One the two categories required distinct treatment. With the bombing raids of World War Two, civilians sustained injuries which were comparable to some of the injuries encountered in military casualties. The organisation of care at U.C.H. has been cited in detail so that a comprehensive understanding of the nursing organisation can be demonstrated. In World War One, the military casualties were confined to certain wards in the main hospital, and then further wards established across the road at University College. The civilian casualties from the bombing raids were accommodated in the general wards. World War Two involved the total rearrangement of care at U.C.H. with evacuation of patients out of London. The nursing staff were assigned to duty wherever the need arose. Those nurses who worked at U.C.H. throughout the war years remember the efficient organisation by matron's office which facilitated the care and movement of casualties and patients from U.C.H. to the sector hospitals; the training of nurses in circumstances which varied almost from day to day at various times in the war. Matron, assistant matrons and senior sisters are remembered with affection and enormous respect.

Mrs. Jackson, matron, wrote in 1945

U.C.H. has been a fortunate hospital. Danger has, for six years, raged around us, but as a building we are still intact ... We are war scarred, battered, short of equipment, and we need Funds to build and improve all our wards and departments ... however long the building up of the destruction and deterioration of the years of war may take we can feel that slowly but surely we are returning to normal ... <sup>63</sup>

## **Conclusion**

This chapter has examined “when” - those times when nursing was transformed through the demands for nurses and nursing skills as a result of war. The growth in scientific medical knowledge ensured that greater numbers of casualties could be treated with the expectation of survival, but this necessitated skilled nursing care.

The demand for nurses in wartime increased significantly. Initially, during the wars of the nineteenth century pertinent to this study, that is, the Crimean and Franco Prussian Wars, this was to care for the wounded in battle. In the twentieth century the demand widened because of the number of civilians wounded. The capacity to inflict greater numbers of wounded and dead through improved weapons of war presented the challenge of treating wounds and conditions not previously encountered. The demand was met with immediate and total response from nurses who recognised that this was one way in which they could contribute to the welfare of the men at the front and the civilians at home - it was their way of taking part in the war effort. Nursing in the wars of this period required nurses to work in first aid posts close to the front, military hospitals and the hospitals in England, which increasingly provided beds for the wounded. During the First World War the surgical treatment of the wounded at the casualty clearing stations required expert nursing care, therefore trained female nurses became part of the working team. The body of nursing knowledge accelerated during wartime because of the need to adapt and develop the clinical skills relevant to treating the wounded.

The need for nurses grew geographically. Initially, nurses were required at the scene of battle, then throughout the continent and, finally, the world. By the time of the wars of the twentieth century, plans were made in advance by the creation of the reserve for call up when necessary, and plans were formulated for bed occupancy, especially in World War Two. The short comings in the care of the wounded during the Boer War had highlighted the need to establish a permanent nursing group within the military, the Q.A.I.M.N.S. A shortage of nurses remained, which necessitated short term training to ensure that a basic number of nurses was available. During the Second World War the Nurses Act 1943 recognized the status of the assistant nurse by creating the Roll for State Enrolled Nurses which required a two year training programme. At U.C.H. there was an immediate response by certificated nurses to each crisis - either to serve with the armed forces, or to maintain the nursing service at U.C.H. itself.

Hospitals required efficient management to ensure adequate and satisfactory patient care. Hospital finances continuously demanded efficient management; the management of wartime included forecasting numbers of civilian sick, as well as the military and civilian wounded; management meant the safety of all concerned and therefore at times during World War Two, only emergency and basic services were maintained at U.C.H., whilst other categories of patients were sent to the sector hospitals outside of London. In 1915 Sister Reindorp wrote of the organisational skills required to evacuate 18 stretcher cases: "The hospital cases we washed (blanket bathed, please!) Wrapped up in blankets, attached a label with all particulars, - name, regiment, query diagnosis, last feed, temp morning & evening, and particulars to dressing. Oh, how useful U.C.H. training came in here."<sup>64</sup>

## Notes:

1. Anon. "Somewhere in France" U.C.H. Nurses' League Magazine Vol.2 No.3, October 1917.
2. Memorial in St. Nicholas Church, Sutton, Surrey.
3. Masson M. 1985 A Pictorial History of Nursing Hamlyn, Middlesex p.117.
4. Taylor A.J.P. 1965 English History 1914-1945 University Press, Oxford p.120.
5. Perkin H. 1989 The Rise of Professional Society England since 1880 (reprinted 1996) Routledge, London p.407.
6. Editorial U.C.H. Nurses' League Magazine Vol.1 No.12, June 1915.
7. The Central British Red Cross was formed in 1899; as there was international confusion at two similar bodies from Britain, the National Aid Society and the Central British Red Cross dissolved themselves and the British Red Cross Society was established in 1905.
8. Summers A. 1988 Angels and Citizens Routledge & Kegan Paul Ltd., London p.138.
9. Bingham S. 1979 Ministering Angels Osprey Publishing Limited p.114.
10. I am unable to trace the name of the eighth sister.
11. Sister Catherine, of the All Saints Sisters, was a faithful writer and kept a Journal of the Franco Prussian War. All Saints Archives, Oxford.
12. Sister Catherine 1870 Journal, All Saints Community Archives, Oxford.
13. Vice President of the Society for the State Registration of Nurses and Chairman of the Scottish Registration Committee.
14. First Matron of the Q.A.I.M.N.S.
15. Director General of the Army Medical Services.
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17. Riddell M. "The Territorial Force Nursing Reserve" U.C.H. Nurses' League Magazine Vol.1 No.1, November 1909.
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21. Abel-Smith B. The Hospitals 1800 - 1948 Heinemann, London p.252.
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23. Anon. Voluntary Aid Workers The Nursing Mirror and Midwives' Journal Vol 21 No.532, 5 June 1915.
24. G.W. and M.O. "A Suggestion" U.C.H. Nurses' League Magazine Vol.1 No.11, November 1914.
25. Latham F.E. "The Station of Tears" The Nursing Times Vol.11 No.527, 5 June 1915.
26. Alexandra "Serving our Country" U.C.H. Nurses' League Magazine Vol.1 No.11, November 1914.
27. Taken from the following U.C.H. Nurses' League Magazines:
28. Anon. "Past and Present U.C.H. Nurses Serving in the War" U.C.H. Nurses' League Magazine Vol.1 No.12, June 1915.
29. Anon. "Past and Present U.C.H. Nurses Serving in the War" U.C.H. Nurses' League Magazine Vol.2 No.1, January 1916.
30. Anon. "Past and Present U.C.H. Nurses Serving in the War - and Where" U.C.H. Nurses' League Magazine Vol.2 No.2, December 1916.
31. Anon. "Past and Present U.C.H. Nurses Serving in the War - and Where" U.C.H. Nurses' League Magazine Vol.2 No.3, October 1917.
32. Bingham S. 1979 Ministering Angels Osprey Publishing Limited p.116.
33. Archives, U.C.L.H. Trust Museum of Nursing.
34. Abel-Smith B. 1960 A History of the Nursing Profession Heinemann, London p.161.
35. Masson M. 1985 A Pictorial History of Nursing Hamlyn, Middlesex p.139.
36. Anon. Private manuscript.
37. Archives, U.C.L.H. Trust Museum of Nursing.
38. Anon. "Appeal for 1000 Nurses" The Nursing Times Vol.41 No.22, 2 June 1945.
39. Surgeon in the Crimea.
40. Macleod G.H.B. 1858 War in the Crimea William Mackenzie, Glasgow.
41. Orton C., Spanton W.D. 1871 "What we observed during a visit to the seat of War in 1870" Pamphlet, Churchill, London.

42. Advising Consulting Surgeon G.H.Q.
43. Bowlby A. 1919 "A Sketch of the Growth of the Surgery of the Front in France" An Address to the Abernethie Society of St. Bartholomew's Hospital. Reprint from St. Bartholomew's Hospital Journal August 1919.
44. Abel-Smith B. 1960 A History of the Nursing Profession Heinemann, London p.85.
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46. Rivett G. 1986 The Development of the London Hospital System 1823-1982 Oxford University Press, Oxford p.183.
47. The Military Wards were II (2/3); VI (2/1); X (5/1); XII (2/4).
48. Anon. "Military Extension, University College Hospital" U.C.H. Nurses' League Magazine Vol.2. No.1, January 1916.
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50. Abel-Smith B. 1964 The Hospitals 1800-1948 Heinemann Educational Books Ltd., London p.164.
51. Medvei V.C., Thornton J.L., 1974 The Royal Hospital of St. Bartholomew 1123-1973 W.S. Cowell Ltd., Ipswich p.256.
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56. The sisters' home was attached to the Private Patients' Wing.
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58. Editorial U.C.H. Nurses' League Magazine Vol.6 No.18, September 1944.
59. Coham-Fleming E.P. "Nursing and D Day" U.C.H. Nurses' League Magazine Vol.20 No.40, January 1998 p.73.
60. Cotton wool balls, gauze swabs etc.

61. Coham-Fleming E.P. "Nursing and D Day" U.C.H. Nurses' League Magazine Vol.20 No.40, January 1998 p.74.
62. Sterlini I.M. "Ashridge Hospital" U.C.H. Nurses' League Magazine Vol.6 No.20, September 1946.
63. Jackson E.O. "Letter" U.C.H. Nurses' League Magazine Vol.6 No.19, September 1945.
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## **Chapter Nine**

### **Vocation and Profession in Wartime**



## **Introduction**

Chapter nine continues to examine the question when - when was nursing transformed? Nursing was transformed throughout this period 1862 - 1948, however the wars of this time accelerated and created change. The demands which were made on nurses and nursing during the armed conflicts from the Crimean War through to the Second World War affected the vocational and professional aspects of nursing. This chapter is organised around the three themes of vocation, profession and the status of women. The vocation of nursing is highlighted when nurses responded to requests to care for the wounded and comfort the dying. Faced with mortality, there was an ever present awareness of the mystery and awesomeness of eternal life. War accelerated the growing professionalisation of nursing from the innovative reforms introduced following the Crimean War through to the demands of World War Two. War challenged the state of knowledge in the care of the wounded and dying on the battlefield. During wartime the status of women changed, as they assumed responsibilities hitherto unavailable. War offered women the opportunity to achieve a role in society which was denied in peacetime. Having moved the position of women forward through their various contributions to the war effort, there were varied consequences. For most women this entailed resuming their pre war role. But this study concerns nursing, a vocation and profession mainly of, and for, women during the years of this study 1862 - 1948. War accelerated professional changes in nursing for single women. However, even in this female dominated profession, marriage debarred practice, especially in the London voluntary hospitals.

## **Vocation in Wartime**

The sights and sounds and smells of battle, and the wounded, call for an extra special sense of vocation; the ability to care for young men (mostly) with their lives before them; young lives which were either ended abruptly before their three score years and ten, or were wounded so that they were permanently disabled - mentally or physically, or wounded but with the expectation of a full recovery. To give care in these circumstances required an exceptional response to the calling of vocation, for example, the written and oral memories of the nurses who cared for the wounded, all give evidence of the witness

to intense suffering; of acting for fellow human beings in situations and conditions which are beyond the ordinary context of living. Such witness is unforgettable. Thus nurses in their 90s remember vividly nursing the wounded of World War One, even if their more recent memories are more difficult to recall. Vocation in wartime entails this witness to suffering, the ability to work beyond the ordinary shift of duty - 24 hours if necessary, to go on working without the ordinary religious observance which for many nurses was an essential part of being, plus the physical danger to each one of them.

The Chambers Dictionary defines vocation as a calling or response to a particular way of life, although initially this was a religious calling to ministry, "all human beings are called to God's service and there are a variety of ministries in which they can respond to this call".<sup>1</sup> Increasingly this was not publicly acknowledged, it was a matter of private conscience. There is evidence that the nurses who went to care for the wounded did this for reasons other than such nationalistic slogans as "Your Country Needs You". Frequently it was in response to a plea for assistance, but there was the alternative of staying at home and nursing civilians. The All Saints Sisters went to the Franco Prussian War in response to the request of the Red Cross; the five U.C.H. nurses went to Salonica in response to a request by the Queen of Greece. These requests facilitated a response from the nurses at the time.

One result of the call of vocation - to care for the wounded in wartime - meant that the practitioners would witness the suffering of the dying and wounded. Witness to suffering is something that is difficult to acknowledge for several reasons, which include breaking confidentiality, an acknowledgement of pain both for the sufferer and the carer, and the possibility that the listener might judge that nursing had failed if suffering had not been prevented, such as: "Some of the wounds were horrible. Ugh! The smell! Many cases hadn't been dressed for ten days and when the dressing was cut off out poured a pint of pus, gangrenous muscle, and fragments of bone. It was almost too much, even for a surgeon's hardened senses."<sup>2</sup> In the trench warfare of the First World War, the casualties were left between the trenches and could only be collected at night time, when they would be suffering from shock as well as, and as a result of, their wounds. The wounds were not only physical. Shell shock was a feature of the wounded "He was only shell

shocked, but it was having such a bad effect on everyone that a sergeant ordered me to take him to a field dressing station .”<sup>3</sup> The decision<sup>4</sup> to review the cases of the 307 young men shot at dawn for cowardice is a poignant reminder of man's inability to view mental dis-ease on equal terms with physical dis-ease. Private Harry Farr of the West Yorkshire Regiment had been in hospital for five months recovering from shell shock before he was sent back to the trenches. Four months after sending him back, he broke down again, having been through some of the worst action in the war prior to 1916. While he was in hospital a nurse wrote home to his wife Gertrude because his hands were shaking too much to hold a pen - the last time his wife heard from him.<sup>5</sup> In World War Two there was a double ward of shell shocked patients at Portsmouth following the Normandy campaign and sometimes night duty meant sitting all night “listening to a soldier talking, trying to rid himself of his horrors. Sometimes it worked and he would go to sleep and wake up better.”<sup>6</sup> The effect of this on the nurses of the day must have taken its toll. In an article on witness to suffering, Kahn and Steeves point out that “suffering is hard to talk about and hear about”.<sup>7</sup>

In 1913, the report by five U.C.H. nurses at Salonica gave an insight into the suffering involved. One of the officers, shot in the abdomen, had a huge, sloughing bed sore, having been strapped on to the back of a horse, the only means of conveying him. His suffering must have been immense in that not only did he have the abdominal wound, but the journey took approximately three days. “We had never in our lives been so moved as we were by the sight of these wild wounded men and we were grateful that we were there and able to minister to them in their great and utter need”<sup>8</sup> - note, not only to nurse them, but also to “minister” to them. In 1918 soldiers were told to go to a gas proof shelter when the Germans bombarded their position with shells and mustard gas for 24 hours following new arrivals. They carried the mustard gas on their clothing into the dugouts and thereby gassed themselves. Many came out blind and burnt. Those who were blind formed a crocodile, holding on to the shoulder of the man in front. They were led through the lines to the casualty point. Harry Wells could “recall men crying like babies from the agony of their burns.”<sup>9</sup> There are endless reports such as this, each one deserving recognition. But the point here is that nursing in these circumstances had an effect on the lives of the nurses. In some ways if it did not affect the nurse, then she had

no right to be there because her humanity - her love of her neighbour - could be called into question. It is an argument which supports Miss Nightingale's emphasis on character. The witness to suffering ordinarily has an effect on nurses, and part of the training programme involves recognition of this, and ways in which each practitioner can remain effective through such witness.

The amount of work that has to be completed in wartime appears to be enormous. Many of the reports speak of the numbers of patients, the long hours and little or no time off duty. This is countered by the times of inactivity - waiting for the action to take place. Certainly there were times in both World Wars when the inactivity of waiting seemed endless and difficult to handle. Inactivity was not permitted on the wards in peace time. There are many examples in Sister Catherine's journal of the mixture of work patterns, for example, the All Saints Sisters had 42 patients when they first arrived in France in mid September, but by 12 October, they were reduced to 15, including the three they received on 11 October, due to death and evacuation.<sup>10</sup> The nurses at Salonica recalled one night when about 40 wounded men arrived

... some on foot, some on rough stretchers. The Bulgarians had burnt their bridges and they had been longer than usual on the journey. It is difficult to describe the picture they presented. Their wounds had received first aid four days ago and had not been touched since, the bandages were black with dirt and stiff with blood and perspiration. Their clothes also were saturated with blood and dirt. The feet of those on foot were raw and bleeding from the long marches. Their eyes were bloodshot. They looked like wild animals, half mad for want of sleep and trembling with exhaustion. Some dropped down as they stumbled into the ward and were asleep at once. Everyone was up all night, doctors, nurses and orderlies, and before morning the wounded were all in bed, faces, hands and feet washed, temperatures taken, wounds dressed and urgent operations performed.<sup>11</sup>

In the first World War Miss Reindorp recorded the few days when she and a staff nurse from U.C.H. were summoned by matron, and in response to an urgent request by the War Office, about 50 nurses from London were taken to Folkestone, arriving Tuesday

18 October and leaving on Friday 21 October. In that short time, a hotel which could accommodate 600 guests was transformed into a transit field hospital which had extra mattresses on the floor for the wounded and refugees. The nurses returned to London on the Friday evening. "It was hard to realise only three days had elapsed, so much had happened. But did not we just sleep 'the sleep of the just' that night."<sup>12</sup>

The search for meaning which will accommodate the witness to suffering and the periods of continuous hard work is intensified in wartime. What meaning is there to life and existence if the daily routine bears evidence of destruction on a scale which is beyond the ordinary. This study concerns Christian vocation. The God of Love of the New Testament records through Jesus that "Greater love has no one than this, that he lay down his life for his friends".<sup>13</sup> Such words at such a time demand daily prayer and considerable reflection on the spiritual journey.

An example of this need comes from various entries in Sister Catherine's journal. The All Saints Sisters were anxious to observe Sunday even during their wartime service and to maintain the observation of their daily rule. Thus Sister Catherine recorded the Sundays when they could not attend Holy Communion. The first Sunday they were in France, 25 September 1870, Sister Catherine wrote that the doctors were very sympathetic and regretted having nothing to mark the day as Sunday, although the Chaplain, the Rev. Porter, had arranged for a spare room at the top of the house to be used as an oratory, so that prayer could be said throughout their stay whenever the sisters could find time. The sisters' patients were about equally divided, Catholics and Protestants, all equally regular in their devotions; when sister arrived she had 12 patients in the Granary, going on duty in the morning she could hear a pin drop - each man had his book of prayers or new testament in his hand unless he was too ill; every man could read or write.<sup>14</sup> Despite their hard work, it was important to the sisters to maintain the practice of their rule.

In an article in the Nursing Times the career of Miss Climie in 1917 is recorded. She served in France: "First lot of patients arrive straight from the front ... No means of getting sterilised dressings, so their wounds were dressed in cold carbolic lotion and unsterile gauze and wool" is a typical entry alongside her determination to remain smiling

through it all. But she also records “have just returned from a service in the field. It was a very good sermon. We sang the 100th psalm, and 121st paraphrase.” Her family had a strong religious background and she “found great comfort in the church services which she attended whenever possible”.<sup>15</sup> Christian beliefs and the reassurance of protection can be identified in other ways. The 1940 League Magazine had an article on Stanmore, which included a discreet paragraph on the patients, soldiers from the British army. “It makes us happy to think that they have returned to full health after their stay with us - ‘Angels guard them’.”<sup>16</sup>

The witness to suffering, long hours and search for meaning is not without cost to nurses, either mentally, physically, or spiritually. Nurses were imprisoned, wounded or killed in the wars in which they nursed the wounded. For example, by 30 October 1870 the All Saints Sisters were prisoners; the town of Chalons sur Marne was in the hands of the Prussians. The sisters were conducted to St. Joseph's (an old Benedictine Convent) and after some explanation they were shown into a sitting room to await the arrival of Mademoiselle Grignon - the head of the house. One old woman sat with them during dinner and then she was relieved by another; if one of the sisters went out of the room, she was followed, while another woman kept watch in the parlour.<sup>17</sup> During the First World War, Miss Cavell set an example for nurses of the cost that could be exacted for nursing in war time. Miss Cavell trained at the London Hospital; she then spent sometime nursing in several posts before becoming matron of Belgium's first nurse training school in 1907, which was a success. When war broke out she remained in Brussels at the hospital. In November 1914, two wounded British soldiers were accepted for treatment at the hospital and thereafter the hospital became part of an escape route for soldiers who had been separated from their units. The Germans became suspicious and she was arrested and shot at dawn on 12 October 1915.<sup>18</sup> She is remembered not only for her action in helping in the escape of soldiers. She is also remembered for the statement she made as she faced the firing squad. “Standing as I do in view of God and Eternity, I realise that patriotism is not enough. I must have no hatred or bitterness towards anyone.”<sup>19</sup> Miss Cavell demonstrated the Christian vocation in the finest way “Greater love has no one than this, that he lay down his life for his friends”. Her assistant matron, Miss Wilkins, described her as uncomplicated - “She was just a plain,

ordinary Christian”<sup>20</sup> Miss Climie, mentioned above, was killed on 30 September 1917. The chaplain wrote to her parents explaining that she had been killed instantly during a night time German air raid on No. 38th General Hospital. Miss Climie had been on day duty, but had returned to the ward to cheer the patients during the raid. “At the moment she was killed, she was singing to a patient who was rather nervous.”<sup>21</sup> This was the cost of vocation.

Despite the witness to suffering, the long hours, the search for meaning and the cost of vocation, there were rewards which were not financial or the receipt of gratitude. It was a matter of being there. The following poem appeared in the League Magazine, written on night duty by the light of a lamp, in a hut of 20 beds where some very badly wounded soldiers were being nursed, giving an indication of the meaning of “being there”.

### **Night Duty**<sup>22</sup>

A stray little bit of a British Camp  
Flung by chance on Calais sands,  
Two rows of beds and a shaded lamp,  
Pain-drawn faces and twitching hands.

Such strong firm bodies, broken and torn;  
So many tortured boys in their 'teens;  
Wearily waiting the lagging morn;  
So many pitiful "might have beens".

This is war; and at home they dream  
Of the latest fashion, the new review.  
Sister, long as the night may seem,  
You're doing your bit. Good luck to you!

Nursing the victims from the Concentration Camps was a difficult situation in that it was hard to understand such inhumanity to man.



The people I have seen so far are almost indescribable. They are literally skeletons, with an awful greyish look about them. Many of them are covered in sores, carbuncles, wounds etc, and there is a lot of post-typhus pemphigus ... they are all ravenous, and call for food incessantly, and of course we can only give them very little at first, as they can't take it.<sup>23</sup>

Vocation in wartime is not diminished by the pace of the work, either the inactivity of waiting or the hectic aftermath of battle. Somehow the All Saints Sisters found time to pray during the months that they were part of the ambulance team. Care was extended to friend and foe alike in every campaign of this period; compassion in the reality of suffering was extended to all. The definitions of vocation indicate a calling, and in the terms of this study this is identified with the great commandment to “love your neighbour as yourself”, although the sudden ending of young lives would cause many questions about the God of Love of Christianity. The King James translation of the bible describes Jesus in the garden of Gethsemane “(*Jesus*) began to be sore amazed, and to be very heavy”,<sup>24</sup> but the Revised English bible translation states “horror and anguish overwhelmed him”.<sup>25</sup> The more recent translation identifies the humanity of Christ, but these words could equally apply to the wounded of the wars under consideration.

Reference has been made throughout this study to discipline within nursing. Discipline is a characteristic of both vocation and profession and religious communities, but it is also very much part of the military way of life. Instant unquestioning response had equal application in nursing. Miss Finch wrote: “A Sister should be a gentlewoman in the truest sense of the word, broadminded, tactful and a strict disciplinarian.”<sup>26</sup> There was a real and conscious effort to maintain the necessary discipline. “We must all unite to fight against any tendency to self-indulgence, any relaxation to the discipline which has always existed in all good training schools. We often found it irksome, but we look back upon it afterwards as quite necessary and as something rather splendid.” This 1920 editorial in the League Magazine pays tribute to the sisters who maintained that rigid discipline which did not overlook any slips or deviations from the narrow path of duty, the devotion to duty “that quality which has played so great a part in the war, and which there is still such need of in these unrestful and troubled times”.<sup>27</sup>



## **Profession in Wartime**

The characteristics which identify a profession have sharper focus in wartime. The body of knowledge, the code of conduct, the training programme have greater demands placed on them, where swift action is necessary sometimes in circumstances which bear no resemblance to peace time conditions. The conditions of war have promoted the concepts of profession within nursing because the demands in the organisation of care in these circumstances concentrated the mind on the necessity for efficiency and commitment at the deepest level. Registration gained overall approval from certificated nurses because of the perceived threat from the VADs in the First World War. Nursing was a profession closely akin to the position of women, and as the status of women was affected by war, there was a close parallel between the status of women in war and the status of profession.

Therefore the characteristics of profession which include a body of specific knowledge, regulation and a particular code of ethics<sup>28</sup> will be examined in the wartime context. The body of specific knowledge which became part of nursing over the years was adapted to war time conditions - conditions which in themselves added to the body of knowledge, for example, the introduction of penicillin to treat the wounded of the Normandy campaign in 1944. The body of knowledge was expanded to meet the clinical situations which emerged during the various wars, such as the few identified in the introduction to chapter eight. During the three months in 1870, the All Saints Sisters only kept their wounded for a few days before the men were moved. The body of knowledge informed their assessment of the situation - wounds and infection in such numbers which added experience and knowledge on a scale not encountered in peace time.<sup>29</sup> Promotion of health and prevention of infection was part of the new order within nursing - not just care of the sick and dying. The spread of infection in wartime was a constant fear. As early as 1914 there was advice for vaccination for fear of infection "now that so many refugees and troops from abroad are in our midst".<sup>30</sup> There was a general fear of vaccination illustrated by a group of eight women who had refused vaccination for their children. Nurses meet many people in many different circumstances and therefore could give information and encouragement.<sup>31</sup> As women were working in munitions factories, care

and consideration of their needs became necessary.

One respondent in the 1917 League Magazine described her newly created post of welfare supervisor in a munition factory. The women at this factory worked from 7 a.m. to 6 p.m. daily, and 7 a.m. to 12 noon on Saturday; no woman was employed who had a child under 12 months unless she consented to leave the baby in a crèche. The nurse had to understand the Factory, Health Insurance and Unemployment Acts, the law concerning Compensation for Accident or Injury, and the Munition of War Acts of 1915 and 1916. It was seen as an essential contribution to maintaining a feeling of well-being in workers who experienced all the sorrows and anxieties of wartime whilst performing an essential occupation.<sup>32</sup> Again during the Second World War in May 1942, the Ministry of Labour set up an emergency six weeks course in industrial nursing at the Royal College of Nursing, because despite the health and safety legislation, there was little health supervision. Women and young people had replaced experienced workers in the factories and there was a high accident rate combined with stress related illness from shift work covering the 24 hours.<sup>33</sup> The casualties of the air raids in the Second World War included injury from bomb and shell cases, shrapnel and bullets, burns from fire and gas, and injuries from blast. Every case had to be treated as potentially serious, even if it appeared there was little superficial damage, as it was difficult on a cursory examination to determine if there had been internal injury. “In all war wounds the outstanding difference from those of civil life is the greater danger of infection, especially by the organisms that cause gas gangrene.” Infection occurred because of the nature of the wound, partly from the dirty conditions of war, and partly because of the delay in treating the wounded. The treatment was excision of all devitalised tissue at the wound site. Professor Pilcher concluded “If we could master the problem of infection completely the ‘died of wounds’ category would almost disappear from our casualty lists”.<sup>34</sup> The knowledge gained in the training school was the basis for the care of the wounded on the battlefield, even though the circumstances were so different to those of the training hospital; it was also the basis for health promotion in the war time factories.

Whilst the body of knowledge was expanded and adapted to war time, professional responsibility was also demonstrated through a concern for the interests of the

community in time of war. The response was immediate and total. It has a parallel with the sacrificial aspects of vocation, never to prefer self interests above those of the patients' interests. In the response by nurses to the Franco Prussian War, Salonica and the two World Wars, the welfare of the community was served. The code of nursing ethics emphasised putting duty before self. The All Saints Sisters acknowledged that observance of their rule was secondary to care for the wounded. Sister Catherine recorded on 8 December that she had been unable to write lately as the sisters had been working from 6.30 a.m. to 9 p.m., sitting up every fourth night in turn, going on with their own work as usual without any rest on the following day.<sup>35</sup>

The code of ethics had meaning at local level. At the beginning of the First World War, the U.C.H. Nurses' League event for November 1914 was postponed, but members were asked to forward as soon as possible news of U.C.H. nurses at home or at the front. The war effort came before such social gatherings.<sup>36</sup> Again in 1939, the U.C.H. Nurses' League cancelled the November meeting because of the international situation and the evacuation of the hospital. At the same time the hope was expressed that it would be possible to maintain the activities of the League and to keep in touch with members. The overseas members of the League obviously were concerned about their colleagues and friends at home. The editor of the League Magazine sent them a message, which reflects their concerns and also the conditions under which people in London lived during these years.

we send a message to our friends in distant parts through this magazine, telling them that we are all right, certainly not starving, and standing fast trying to show an affirming flame. This is as true of the Nursing Profession as a whole as it is of individuals. We have seen goals to which we worked for years before the war, vanish before our eyes but we have not been downcast but have turned ourselves to the tasks required of us. The good news that all our members who were serving in France returned safely during the evacuation from that country will be welcomed. We have no information as to the exact number that were there and little detail of their experience.<sup>37</sup>

The professional code demanded not only duty, but also discipline in extraordinary circumstances. Respect for individual patients included respect for the enemy when s/he was a patient. In 1944 one wounded German soldier at Ashridge said "Our thoughts are with our loved ones so far away, but we are thankful and grateful for our treatment here. At this time of celebration of the birth of Christ we pray for peace between our countries, and to be re-united with our families."<sup>38</sup> Because of the nature of the work, nurses respond to appeals for their assistance in wartime. It is not a response which deliberately sets out to gain prestige or reward, but of its very nature, adds to the professional reputation of nursing. The code of ethics, which demanded duty to others before self is evident in the work and behaviour of the practitioners throughout the years of these wars, both whilst working with the wounded at the front and in the organisations at home.

The regulation over control of admission and dismissal was affected in war. The arrival of the VADs during the First World War provoked dissent within nursing, partly because of the paucity of their knowledge. Vera Brittain wrote of her experience as a VAD recalling that the ward sisters and nurses of the hospitals where she worked as a VAD disliked intensely the necessity of using VADs. Whatever the experience of a VAD or Red Cross Nurse prior to working in a particular hospital, she was not permitted to think this accorded her any status. It appeared to Miss Brittain that in sheer perversity, the more responsibility a VAD had possessed on active service, the more menial the tasks which sister allocated to her. "At St. Jude's I was never allowed so much as to attempt the simplest of dressings. I was not permitted even to remember the experience in nursing malaria and pneumonia which I had acquired in Malta and in the medical wards at Etaples."<sup>39</sup> The VADs of the First World War had not completed the demands of the three year training programme; nursing had struggled to establish itself as a profession for women. Supporters of professional status and State Registration had been firm in the concept of three years training prior to an officially recognised qualification; therefore the VADs were seen both as threat to the profession, and also their very real lack of the body of knowledge emphasised their inadequacies.

The characteristics of profession have been identified through the various wars in which

nursing was involved during the period 1870 - 1945. Care of the casualties of war advanced skills in treatment both physically and mentally. Throughout these years of war, amputation of limbs was a recurring fact, the nursing care of an amputee was part of the growing professional knowledge from the Crimean through to World War Two. But chest and abdominal surgery developed in World War One and the care of those so wounded added to professional knowledge. The body of knowledge also expanded to include promotion of health among civilians.

The response of nurses to the call to care for the wounded was immediate and varied from those able to go to the front and give direct care to the wounded, to nurses who could fill the consequent gaps in the nursing numbers in the hospitals and homes in England. Throughout this time, the war effort came before any other concern. The organisation thus required added to the professional status of nursing because of the greater demands for nursing skills.

### **The Status of Women**

Women have always played a part in war time, in that they were expected to maintain the home whilst the men went to war. In the agricultural society of past centuries this would have included maintaining the farm or small holding or common agricultural rights. But the wars of the period 1862 - 1948 altered the position of women, in that the industrialised society in which they now found themselves, gave them the opportunity to find paid employment in the exigencies of war.

It can be argued that war is the antithesis of the traditional nurturing values of women. Women have always reared the children, and when required by the demands of the situation, have cared for the wounded and disabled from the battlefield. Women have given birth creating new life, and at the other end of the life spectrum, they have witnessed their sons and husbands / partners going to war with a high possibility of death or injury. However, equally traditionally, they have had little power or influence in the male dominated political world which declared war. This was certainly the viewpoint of many women, including and especially nurses. Miss Barton<sup>40</sup> said of war

Men have worshipped war till it has cost a million times more than the whole earth is worth ... Deck it as you will, war is hell ... Only the desire to soften some of its hardships and allay some of its miseries ever induced me to face its pestilence and unholy breath.<sup>41</sup>

Because nurses were almost entirely women during the years of this study, there is a bond between vocation, profession and women which is indissoluble. Vocation and profession have been examined in wartime and therefore this section will examine the conditions of war in relation to the status of women.

It would appear that wartime has increasingly called on women to make a contribution in the form of paid work. Their moral and intellectual support for their menfolk has always been a constant feature of warfare. But war has been a dynamic for change in the status of women. Although the Crimean War took place before the years of this study, the ramifications were many and merit consideration at this point in that Miss Nightingale recognised that the position of women in her society called for changes. She fought a long and hard battle within her own family to achieve some measure of independence. In 1855 she wrote that the Crimean War would be responsible not only for government reforms, but also social changes which included a new and important aspect.

We allude to the self devotion of ladies in the social rank of the middle-classes to the labour of tending the sick in the hospitals. Of all the changes anticipated, we cannot regard any one as of greater importance than the opening of a new field of employment for the energies of our unoccupied or perhaps ill-occupied women, whose social state places them above the need of working for their bread, but whom public opinion in England has hitherto condemned to expend all their energies on works of no or at least of doubtful utility.<sup>42</sup>

The American Civil War focused attention of care of the wounded in a similar way to the Crimean War. This war revolutionised nursing in the United States in that women were required to care for people who were not part of their family and who were in hospitals, thereby ensuring that hospitals were no longer for the poor and uneducated.<sup>43</sup> 600,000

men died, two thirds from disease rather than wounds. Of the nurses who volunteered for duty during the war, about one third were from some 14 religious orders.<sup>44</sup>

By the time of the Franco Prussian War in 1870, the training schools in England had produced a number of nurses who had received a one year training in nursing. Sister Catherine's journal of the Franco Prussian War is not an examination of the position of women as such, but the journal itself is a testament to the changing status of women and acceptance by society of that change. The difficulties that were encountered by the nursing team in the Crimea with the medical team were not apparent in the working relationship between the All Saints Sisters and the doctors they encountered in France. When Miss Nightingale and party arrived at Scutari, the medical team initially declined the help which they offered. Miss Nightingale refused to allow her volunteers to nurse until the doctors asked for it - instead they spent the time buying equipment and stuffing mattresses. The battle of Balaclava on 9 November 1854 changed this situation, as the number of wounded was such that the doctors had no option but to ask Miss Nightingale and her nurses to nurse.<sup>45</sup> However, following the Crimean War Mr Macleod, surgeon, recognised that women were especially important in military hospitals where their understanding of humanity was a useful contribution in these all male institutions. He argued that it would be difficult following the Crimean War to find the right sort of probationer for nursing. His selection of the required characteristics underlie the programme of training and discipline. "They must combine a vigorous body with a well balanced mind - a mind untinctured by vain 'romance', but endowed with religious feelings of depth and strength as will enable them in the name of Jesus Christ our Lord, in perfect charity and devotion to undertake their trying duties."<sup>46</sup> The ordinary British soldier had shown the nurses such respect and devotion that they had confounded the critics of the introduction of female nurses in the military. In contrast, when the All Saints Sisters reached Dousey in the early part of their tour of duty in September 1870, Mr Cruikshank was there to greet them. At Sedan three days later Mr Beck,<sup>47</sup> formerly Mr Erickson's house surgeon at U.C.H. greeted them along with the other medical staff, who were "kind and glad to have them."<sup>48</sup> Having worked together at U.C.H. there was an instant bond of team work.



During the First World War, women found themselves employed in roles previously considered the jobs of the young men who were serving in the forces. The war was a turning point in recognising the rights of women to a more equal status within society. Modern warfare demanded a total national effort. By 1918, the place of women had changed significantly and forever. With hardly a dissenting voice, women over 30 were given the vote. One of the editorials in the League Magazine reflected on this change asking the question on the effect that World War One would have on the lives and occupations of women: “And when the war is over, shall we fall back into the easy going, pleasure loving, idleness that rather characterised us before the war?” The article examined the changes in education and training which facilitated the opportunities for women to fulfil the roles which befell them during World War One in that a comparison between women of the early or mid Victorian period and that of women in 1916 confirmed that women of the earlier period would not have been able to fulfil the roles women assumed in the later era because of the education and training which had not been available. Schools, colleges and businesses would from henceforward be far more influenced by women, with the distant hope that women would have a more controlling influence in national Government.<sup>49</sup> This article was a judgement on the progress of women's employment from Victorian days, to a plea for the next stage in the women's movement, from what was a fairly conservative and law abiding section of the community. The U.C.H. Nurses' League is not known for its radical, outspoken views; rather, it is a movement of people drawn together by the common experience of training in the business of caring. It is interesting that in the middle of wartime, when they presumably were very busy with their nursing, they could take time to think, debate, and exhort the position of women, an issue which was not directly related to the delivery of patient care. Nursing history, however, demonstrates its close affiliation to the history of the womens' movement.

Nursing afforded an opportunity for employment which would otherwise have been denied to middle- and upper-class women. Despite the dissension which their presence might provoke, they found the discipline within nursing acceptable. As most of them came from upper- and middle-class families, they were not permitted much freedom at home. Lady Diana Cooper welcomed it: “To me all this discipline spelt liberty. I had



never been allowed to go out alone on foot. My every movement at all times of the day must be known at home. Now, suddenly my non-working hours up to 10 p.m. were my very own.”<sup>50</sup> The rigid discipline both on the wards and in the nurses' homes was a necessity to protect the women where the hospitals were placed in inner cities, and, further, it acted as a guarantee to their parents that they could permit their daughters to take up nursing. But that very guarantee represented a certain amount of freedom.

Women who were not in reserved occupations in Great Britain faced conscription in the Second World War - they had the choice of the armed forces, the land army, factory work or nursing, but they were not given the option of observing from the sidelines. As 1941 progressed it became apparent there would be a labour shortage. To meet this challenge the government adopted, firstly, a policy of directing and allocating labour, and secondly, conscripting women.<sup>51</sup> There is no doubt that some of the recruits to nursing during 1941 - 45 were not in nursing from a sense of vocation for healing. Many conscripts chose nursing in preference to the other options. Part of the publicity for recruits into nursing was the poster of a U.C.H. staff nurse, as shown below in the photograph of Staff Nurse Kay Boyd Perkins Set 55 taken in 1942:

**“Make Nursing Your War Career”<sup>52</sup>**

Picture redacted due to third party rights or other legal issues



Thus, throughout the period of this study, women contributed to the war effort in many and increasing ways. They performed men's work when necessary. After the wars, the role of women was challenged by men returning from war expecting employment, for example, in 1920 the opposition of the male medical students at U.C.H. to the continued admission of women students.<sup>53</sup> The change in the status of women did not take place smoothly and continuously. However, war provided opportunities for women to extend and demonstrate their skills. The position of married women did not change.

The increasing necessity of caring for the wounded and dying on the battlefield, and then in England itself, required nurses. Nursing in these conditions presented women with an opportunity to gain a more equal status in society - which they used to full advantage, for example, women over the age of 30 gained the vote following the First World War. Equally for many women, once peace was resumed they went back to their pre war roles, especially married women. However as nursing was mainly a female profession, nursing itself gained in professional status and thus influenced further the position of women in

nursing. From the Crimean War onwards, it was obvious that treatment of the wounded called for increasingly skilled nursing care, which could respond to the demand and enhance the work of the medical teams. The characteristics of nursing were viewed as essentially part of the integral female being.

In the 1945 League Magazine there was an obituary to one U.C.H. nurse. It conveys the sense of vocation, profession and the role of women during the war which has been highlighted in this section. Sister Mary Satchel Q.A.I.M.N.S. trained as a nurse at U.C.H. She narrowly escaped capture by the Germans at Le Treport; she then served with the Eighth Army in Egypt and Italy for four and a half years, returning to England for leave. She had been looking forward to being posted to the British Liberation Army, but was taken ill and died. A tribute to her and all the nurses with the forces was acknowledged. "A section of the Official history of the war should be reserved for recording the devoted services of the sisters attached to the fighting forces." Thousands of patients from around the world as well as from the United Kingdom, owed their lives to the devoted care of these sisters. At Mary Satchel's funeral "some of her friends in that (Eighth) Army stood silently at the salute at her open grave, in tribute to a girl of high courage, grace and charm".<sup>54</sup>

It took special courage by the All Saints Sisters to travel to France in 1870 to care for the wounded, a courage matched in subsequent conflicts where nurses found themselves working. Mary Satchel obviously had that courage. To nurse the wounded from battle required a sense of vocation and a degree of professional skill, vocation and profession adapted to time of war. And when these were combined, then the women who nursed the wounded could reflect that "thousands of patients from around the world as well as from the United Kingdom owed their lives to the devoted care of these Sisters."<sup>55</sup>

## **Conclusion**

The years 1862 - 1948 witnessed an explosion of scientific knowledge which provided a much increased understanding of, among many other things, disease and the necessary treatment, with a concurrent growth in the education system in the broadest terms.

War time has considerable influence on each individual concerned. Each nation sends its fittest young men to fight. The death and injury which result are gruesome in the extreme. These fit young men, wounded or maimed for life, required skilled nursing care. The wars of the period of this study coincide with the development of modern nursing, as it is now understood and acknowledged. Each war had an impact on nursing, with the recognition that skilled care advanced the healing process physically, mentally and spiritually.

Nursing in war time called for great personal inner strength by each practitioner. The response of vocation - the inner feeling that it is right to be part of the healing team - is highly significant. That vocational inner sense was part of the explanation of why and how each practitioner continued to work in extreme conditions. The number of probationers who completed the course at U.C.H. during the Second World War supports the view that if there is not a sense of vocation for nursing, then the would be nurse could not stay the course.

War time provided nursing with an opportunity for professional development. The body of specific knowledge, both theory and practice, grew out of the experience gathered in war time. The control of admission to and dismissal from nursing gathered pace with the necessity of using barely trained recruits in World War One, and the conscription of recruits in World War Two. The experience underlined the concerns that the right sort of candidate should be recruited into nursing - those it could be pointed out, with a sense of vocation.

The wars provided women with an opportunity to move the cause forward. Following the experience in the Crimea recognition was given to the merits of an informed, skilled and disciplined group of women, part of the healing team at the bedside. War advanced the cause for single women - married women resumed their home making role when peace returned. But the cause of nursing gained by the public acknowledgement of the contribution made by nurses in caring for the dying and wounded at the Front.

The injuries which called for skilled nursing, included those which required surgery, the

presence of infection, care of the mentally traumatised, for example, shell shock, care for the disabled and care of the dying. These occurred in large numbers of young men within a short space of time, continuously for months and years. This required organisation and management at the Front, transport further back to safety, to England, and to various hospitals in England, where organisation had to account also for the civilian sick and injured. Care was based on the environmental model of Nightingale, alongside a developing early model which can be equated with primary care. Following World War One and the introduction of State Registration in 1919, task allocation gradually became the model of care, and was fully developed by World War Two. The training schools were fundamental in producing an increasing number of certificated nurses, with a growing demand in time of war. The requirements of nursing care in war time were not part of the curriculum, which reflected current and peacetime practice. Current practice however reflected experience gained previously in war time such as the developments in anaesthetics and control of infection. But that very practical experience on the wards instilled self discipline and self awareness in each practitioner, discipline which was a vital ingredient in terms of nursing in war time. Self discipline motivated and inspired the practitioner to remain in the most dire situations and give whatever care was appropriate, even if it was only “being there”.

One of the reports which epitomizes the essence of nursing, of Christian vocation and professional accountability in wartime is the following account written from Salonica in 1913:

One boy of 20, fatally wounded in the chest, was an only child. His parents were old people who lived on a small sheep farm in the country. They heard that their boy was wounded and was in a hospital in Salonica and they managed to find enough money to come to him. They did not know the name of the hospital, but they went round the town enquiring patiently for him. When at last they found him, it was only to learn that he was dying. They stayed with him for two days, then they had to go back for they feared their sheep would wander away and be lost. Before they went they knelt down on either side of his bed and prayed for him, then they blessed him and went away. He was their only child and they had

to go back home on the lonely hill side, leaving him behind to die. They loved him but in their grief there was no abandonment, for they had perfect faith. They had made the great sacrifice, had given their best beloved to their country, but they knew he was in the safe keeping of the Heavenly Father who had given him to them.<sup>56</sup>

This report sends out several messages about the standard of nursing care. Firstly, it should be noted that in the midst of caring for a large number of wounded, time was found to collect these details. From the phrase "fatally wounded in the chest" the patient's prognosis was established from the time of admission. In this busy time of war, the nursing care would have been perfectly adequate to keep him comfortable until he died, but the nurses did more than that. They heard his parents' story and did not dismiss it, but took it to heart and cared for them too. And when his parents left, these nurses nursed him unto death. The training school had instilled the observational and interactional skills which enabled their practice. The "great lessons of care and thoughtfulness taught them in their training school" had indeed been remembered and rehearsed.<sup>57</sup> What greater privilege could nursing bring than to care in these circumstances.

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## **Chapter Ten**

### **Conclusion**

## **Introduction**

The transformation in nursing has been examined asking the questions why, what, how, who and when - was nursing transformed in relation to nursing and nurse training at University College Hospital, London 1862 - 1948. The main purpose of this conclusion is to summarise the answers to these questions. Two brief final sections reiterate the importance of the theme of Christian vocation and make suggestions for future study.

## **Why nursing was transformed**

The answer to why nursing was transformed in the nineteenth century was found in Christian vocation. One of the consequences of the Oxford Movement was the introduction of religious orders into the Anglican church and with it came the realisation that nursing orders had not existed since the time of the Reformation. Anson records: "In the second decade of the nineteenth century the Poet Laureate, Robert Southey, asked why there were no Béguines or Sisters of Charity in the English Church, pointing out how badly they were needed ... the services rendered by some of those heroic pioneers during the Crimean War and in cholera epidemics at home" made the point in a way that superseded mere argument.<sup>1</sup> The sisterhoods were an essential part in the transformation of nursing at some hospitals, for example Abel-Smith cites St. John's House which introduced nurse training at Kings' College Hospital in 1856.<sup>2</sup> The All Saints Sisters were invited to nurse on two wards at U.C.H. in 1860 and such was the standard of care that the sisterhood became responsible for the entire nursing service, and for the introduction of nurse training in 1862. They remained at U.C.H. until 1899, a period of 37 years, the longest time a sisterhood served at one of the London teaching hospitals.

When the All Saints Sisters introduced nurse training in 1862 their rule of 1855 was adapted to supply rules for the nursing probationers. These stipulated that applicants to U.C.H. had to be women of a superior class, who were to be trained to nurse the sick poor in hospital, and as private nurses in the homes of the rich and poor. The "women of superior class" at U.C.H. were confirmed in the record which the All Saints Sisters kept of the social position of applicants' fathers during the last decade of the nineteenth century. This is contrary to the view of Dingwall, Rafferty and Webster, who considered

that nursing did not substantially attract women from the middle classes.<sup>3</sup> At this date of 1862 U.C.H. nurses had to be baptised members of the Church of England. Initially training for the nursing probationers lasted for one year; by 1870 it had been extended to two years; and by 1890 it lasted for three years. The 1862 set of rules for the U.C.H. probationers concluded by stating that:

the Nurses must restrain themselves from all impatience with the sick under their care; treating all alike, whether thankful or unthankful, with gentleness and forbearance, remembering the words of Him who said 'Inasmuch as ye have done it unto one of the least of these, my brethren, ye have done it unto me'.<sup>4</sup>

This rule, and the work of the All Saints Sisters had considerable effect on the consequent research in this study. Christian vocation is usually acknowledged in a single reference in books on nursing history, or the story of the sisterhoods does not extend to the profession of nursing, whereas this study has traced in detail the Christian vocation of caring for the sick as the basis of the nineteenth-century reforms. Dingwall, Rafferty and Webster did not support the view that the sisterhood movement was essential to the nineteenth-century transformation in nursing;<sup>5</sup> this was obviously not the case at U.C.H.

Whilst Christian vocation transformed nursing at U.C.H. during the nineteenth century, at the same time the ideals of profession were developing. A balance between Christian vocation and secular profession can be determined in the early twentieth century. Definitions of profession encompassed a body of knowledge, the concept of service, characteristics of behaviour, reward either as prestige and / or financial gain. These characteristics were traced in nursing from the late nineteenth century and in the twentieth century. Perkin described the professional ideal as being "based on trained expertise and selection by merit".<sup>6</sup> Trained expertise and selection by merit was reflected in the debate over state registration; the pursuit of professional status through a national, public register. Efforts to promote the professional ideal in nursing can be identified in the establishment and aspirations of various organisations. Bowman wrote of the British Nurses' Association which was founded in 1887, with the aim of petitioning Parliament for a State Register of nurses;<sup>7</sup> the matron's council, which McGann outlined, was

inaugurated in 1894 with the aim of providing meetings and conferences to explore ways of establishing a uniform system of nurse training in British hospitals.<sup>8</sup> There was no evidence at U.C.H. that the All Saints Sisters were interested in these developments. The alumnae associations provided a professional organisation at local level. U.C.H. Nurses' League was established in 1909. It added a dynamic contribution to nursing at U.C.H. for many years - well beyond 1948. Such was the sense of community and identification with the training school which it fostered, that when the League celebrated 90 years since its foundation, 700 U.C.H. trained nurses from around the world gathered in St. Pancras church on 17 April 1999 for a service of thanksgiving.

In 1916 Dame Sarah Swift and Sir Arthur Stanley proposed the formation of a College of Nursing, indicating that there should be a national organisation to represent nurses, despite the lack of agreement amongst nurses themselves on the issue of state registration. Miss Finch, matron, and Captain Butler represented U.C.H. at the inaugural meeting. The College of Nursing received the support of many matrons who had previously opposed the concept of state registration. At U.C.H. an article in the League Magazine emphasised the importance of this development, reflecting the recognition by certificated nurses that they had to safeguard their professional status.<sup>9</sup> Prior to the First World War nurses in the U.K. were divided on the issue of State Registration. At U.C.H. there was no evidence of positive support for registration. However, the urgent need for nurses during the First World War required the introduction of the Voluntary Aid Detachments who received minimal training. The result was that the majority of certificated nurses, including those at U.C.H., supported State Registration, safeguarding the status of the certificated nurse who had endured the strict discipline and hard work of three years of training.

The Nurses' Registration Act became law in December 1919. The General Nursing Council was established to initiate and uphold a Register of nurses recognising the general training, male nurses and specialized training in various categories. At U.C.H. certificated nurses were encouraged to register. The probationer records show that eventually staying at the hospital for a fourth year of training to receive the hospital certificate was no longer considered by the probationers a vital necessity; S.R.N. had

replaced the hospital certificate.

The issue of professional financial reward has always caused grave discussion in nursing. There are several contributory causes: the early influence of, and connection with, the religious orders; the real concern that a good rate of pay, without any discussion on how this could be funded, would attract someone into nursing who was motivated by pay rather than concern for the sick; nursing largely attracted women and women's salaries were lower than men's salaries; and the reliance of the voluntary hospitals on donations for funding. Low pay has contributed to the difficulties in attracting enough nurses, and this was certainly the case in the 1920s and 1930s. At U.C.H. in 1935 the probationers were so provoked by the pay and conditions that they organised a petition, to which the hospital committee responded, and subsequently pay and conditions improved.

### **What was transformed in nursing**

What was transformed in nursing was the caring aspect which required management. Not all nurses prior to the reforms of the latter half of the nineteenth century were uncaring, but for many it was only a job, a last resort before unemployment. The foundation of the religious communities illustrates the concept of caring within nursing. Anson detailed the foundation of the communities,<sup>10</sup> whilst the essence of the sisterhoods was a response to serve in the discipline of a religious community, a number of them also responded to the call of the social gospel in caring for the sick and needy. The All Saints Sisters demonstrated this care in nursing their patients; they also introduced components which are part of clinical nursing. The new system of nursing required keeping the wards spotlessly clean following Miss Nightingale's environmental model of care, very relevant to the present position of one in ten patients developing hospital acquired infection. For decades nurses remembering their training days would recall the cleaning programme - the daily, nightly, weekend cleaning rotas. By the turn of the century however nursing could no longer be led by the religious communities, who simply did not have enough recruits to fulfil the demand. The sisterhoods in the United States were in a similar position by the 1890s.<sup>11</sup> At U.C.H one of the sisters acknowledged that the sisters found it difficult to attend all the lectures and keep pace with the developments in clinical skills.

When the All Saints Sisters left U.C.H. in 1899 the hospital closed, then reopened after one month with a matron and a new set of ward sisters. The hospital committee wrote a new set of rules for the nursing department, with separate sections for matron, sisters, private staff, staff nurses and probationers. The set of rules illustrate the developments in the management of nursing care in 1899. Matron's role had become pivotal in the structure of nursing hierarchy, reflecting Miss Nightingale's view, in a letter to Miss Jones, that it was essential that the management of nursing should be in the hands of one trained female head.<sup>12</sup> The new ward sisters gave devoted service to nursing at U.C.H. It would appear that they maintained the tradition of saying prayers publicly in the wards at U.C.H. However by the 1930s prayers were only said on some wards, and the tradition was discontinued entirely when the patients were evacuated from the Cruciform at U.C.H. in 1939. Miss Hector's description of attendance at St. Bartholomew the Less by the probationers in the 1930s indicates a strong Christian vocation;<sup>13</sup> oral evidence indicates that prayers were said by ward sisters at Guy's and St. Thomas' until the 1950s; as late as 1964 student nurses at one North London hospital run by Roman Catholic nuns had to attend mass daily before going on duty; thus the public acknowledgement of Christian vocation disappeared from U.C.H. before some of the other London teaching hospitals.

During the nineteenth and early part of the twentieth century, nursing care was organised in a way which equates with primary nursing care. Both written and oral evidence confirms that at U.C.H. in the late 1920s a staff nurse was responsible for the care of patients on one side of the ward, with one probationer working as her assistant nurse, learning clinical skills as they worked together. Nevertheless, would appear that the introduction of the nurse's chart by the General Nursing Council gradually changed this structure of organising care. The 1936/37 work schedules of the night staff nurse and night probationer are examples of organising nursing care by task allocation. Probationers were expected to take their nurse's chart with them to the wards so that as they became skilled in the tasks from basic cleaning to expert clinical skills, these accomplishments could be recorded. Thus task allocation evolved where the junior probationers were allocated relatively simple tasks for any patient in the ward, not just for patients on one side of the ward. Equally the senior probationers performed the



advanced clinical skills on patients anywhere in the ward. As the years went by the nurse's chart became extremely comprehensive. Despite the criticism which evolved in the 1970s and 1980s of this method of organising patient care, patients received excellent nursing care which was patient centred as, for example, demonstrated by the article on nursing a patient with lobar pneumonia in the 1927 League Magazine.<sup>14</sup>

### **How nursing was transformed**

Nursing was transformed by apparent in the introduction of nurse training and the schools of nursing. There were a few experiments prior to 1860, for example, "In 1855 there was a glimmer of an Association for training nurses, and it is especially mentioned in the Minutes that the women visiting the Hospital for the purpose of learning to nurse were all of the respectable type."<sup>15</sup> The concept of training gathered pace after 1860 with the foundation of the Nightingale school at St. Thomas'. Nurse training at the Middlesex was established in 1870, the London in 1873, the Westminster in 1874, St. Bartholomew's in 1877 and Guy's in 1879. Therefore the introduction of nurse training in 1862 at U.C.H. represents one of the early training programmes.

When the All Saints Sisters withdrew from U.C.H. in 1899 the U.C.H. school of nursing was established. Matron, home sister and medical consultants were involved in teaching the probationers. The role of sister tutor evolved - Agnes Gullan (U.C.H. trained) was the first sister tutor at St. Thomas' in 1914. U.C.H.S.O.N. appointed its first sister tutor in 1918. Until 1919 there were two grades of probationers, the ordinary probationers who were paid to train for four years and the small number of paying probationers who paid for three years of nurse training. Rule 15 of the Rules for the Nursing Department, indicated that slight preference would be given in the appointment of a ward sister to women who had been paying probationers.<sup>16</sup> Post certification there were midwifery, massage and electric therapy treatment courses. The last two courses disappeared with the coming of State Registration.

Prior to 1919 there was great diversity in training emphasising the need for a central organisation to direct standards for training. One key development was the introduction



of a preliminary training school (P.T.S.). Miss Lückes had introduced P.T.S. at the London in 1895 and following this precedent, P.T.S. was established at Guy's in 1902, St. Bartholomew's in 1905, St. Thomas' in 1910, the Middlesex and U.C.H. in 1926. With the establishment of the G.N.C. and State Registration, the training schools had to conform to G.N.C. standards. Probationers now commenced training in groups, called sets, instead of arriving separately at the hospital and going straight to ward duty. P.T.S. facilitated a recognised time in the school where the probationers were introduced to theory, but spent a certain amount of each day learning practical duties, for example, the complex method of keeping the ward clean and bed making - the art of hospital corners or, in this instance, U.C.H. corners. In 1936 U.C.H.S.O.N. pioneered the block system of training nurses whereby following P.T.S., lectures were no longer given on a weekly basis, but were grouped together in a four week block. In this way the first, second and third year probationers could come off the wards and concentrate on nursing theory and learn new skills in the practical room. The block system became the basis of training nurses for decades; it was introduced at Guy's in 1946, the Middlesex in 1947 and at St. Bartholomew's in 1952.

Initially the probationer records were simply a schedule of the wards where the probationers had worked, including the length of time spent on the ward, plus a final comment which would have served as a basis for the probationer's reference. Gradually the information on each probationer was lengthened, particularly following the establishment of the G.N.C. The records of the probationers became more detailed with the growing importance of the body of knowledge and emphasise the complexity which surrounds the training of nurses - it is not a straightforward academic exercise. Between August 1899, the date of the establishment of the U.C.H. school of nursing following the departure of the All Saints Sisters, and May 1948, the date of the last intake before the creation of the National Health Service, 3025 women entered training at U.C.H.. The 2265 women who completed the course represent a pass rate of 75 %.

The wastage rate of 25 % revealed that of the probationers who left, most did so before the end of their third year, that is, it was not failure at state or hospital final examinations, but other reasons caused their departure. A number of them did not like nursing, whilst

some of them did not meet the criteria set by the hospital. The wastage rate at U.C.H. was generally lower than the wastage rate at hospitals outside of London. Abel-Smith reported that in the 1920s about 40% of candidates nationally failed G.N.C. finals,<sup>17</sup> whilst the 1930 Lancet Commission found a wastage rate of 26 - 28 % in both local authority and voluntary hospitals.<sup>18</sup> The wastage rate at U.C.H. increased to 28 % in the years 1940 - 1948, particularly in the sets which came into training in 1940, 1943, 1944 and 1945, which raises questions about the wisdom of conscription into nursing. Probationers who married were not permitted to continue training. The majority of entrants to nursing at U.C.H. came from England outside of London. The age of entry was gradually reduced over the years from mid 20s in the late nineteenth century to 18 in 1937. Those aged 18 constituted the largest age group for entry from 1941 onwards, partly because of the demand for nurses during the Second World War.

There were no male student nurses at U.C.H. during these years, far longer than women were excluded from medicine. "Medical professionalisation is perhaps one of the best examples of a male professional project. But medicine was not to remain an exclusive male preserve for long."<sup>19</sup> The 1862 entry requirements for the probationers to U.C.H. stated that women were trained to nurse the sick poor in hospital and as private nurses in the homes of the rich and poor.<sup>18</sup> The 1899 Rules for the Nursing Department did not specify women, but indicated this by the use of the female preposition "she". "A Probationer shall be single, or a widow without encumbrance. She shall not be under 23 ..."<sup>20</sup> Again the 1933 Rules and Regulations state "A probationer shall be single, or a widow. She shall not be under 19 ..."<sup>21</sup> There was no assumption whatsoever that a man would apply to train as a nurse. Nurse training at U.C.H. was preserved for women throughout the years 1862 - 1948; indeed the first male tutor was not appointed until 1964 with the aim of encouraging male students for the first time. It has to be emphasised that there is no indication that the women at U.C.H. would have tolerated men in their ranks from 1862 - 1948. Their contemporary viewpoint is contained in the Correspondence Column of the 1910 League Magazine. "Nursing is undoubtedly one of the best professions for women, being so essentially woman's work, and I know of no work in which a woman can be so happy, if she takes it up in the right spirit i.e. love of the work."<sup>22</sup>

## **When nursing was transformed**

Nursing was particularly transformed by the demands which war placed on nurses and nursing. Whilst changes were not confined to times of war, nevertheless, there were considerable changes to the vocation and profession of nursing because of the circumstances which war created. All the military conflicts led to an escalation in the numbers of nurses required. The wounded in both world wars were brought back to hospitals in England which necessitated increasing organisation. In the First World War, U.C.H. offered 100 beds in the Cruciform to care for the wounded (the military wards). In August 1915 another 116 beds were added in the Eugenics department of University College (the military extension). The organisation of the hospital was far more comprehensive during the Second World War. When war was declared in September 1939 the patients at U.C.H. were either discharged home or, if too ill to be discharged, were evacuated to sector hospitals. A casualty clearing station was set up in the basement of the Private Patients' Wing, and a first aid station in the Royal Ear Hospital. By May 1941 the air raids had decreased to such an extent that the number of inpatients was increased to 150. By 1943 much of the hospital was working normally in London. The organisation reflects that at the other London teaching hospitals; Ripman gave a similar account of the war years at Guy's.<sup>24</sup>

The demands made on nurses through the wars of this period intensified the vocation and profession of nursing in many ways. The written and oral evidence of the nurses who served in the wars all give witness to the intense suffering in circumstances which are beyond the normal human experience. The First World War casualties were left in the trenches to be collected at night time; they had been physically wounded, exposed to infection because of the environment of the trenches, with the added distress of having to wait to be rescued. In both world wars some suffered, not surprisingly, from shell shock. For nurses this involved "listening to a soldier talking, trying to rid himself of his horrors. Sometimes it worked and he would go to sleep and wake up better."<sup>25</sup> The five U.C.H. nurses who cared for the wounded at Salonica in 1913 found the experience overwhelming: "We had never in our lives been so moved as we were by the sight of these wild wounded men and we were so grateful that we were there and able to minister

to them in their great and utter need.”<sup>26</sup> Macleod, following the Crimean War, acknowledged the contribution the female nurses had made to the recovery of the wounded, expressing the hope that suitable women would come forward for training.<sup>27</sup> Bowlby, in the First World War, stated that women nurses were required as part of the healing team, and so from November 1914 female nurses worked in the casualty clearing stations.<sup>28</sup>

### **Christian Vocation**

The first rules for the U.C.H. probationers in 1862 included the command they should patiently nurse the sick, remembering as they did so “Whatever you did for the least of these brothers of mine you did for me” which encapsulated the Christian vocation of caring for the sick. Gradually the acknowledgement of Christian vocation disappeared from the literature and practice of nursing, to be replaced by a secular and professional ethic of nursing. The tribute to Miss Darbyshire when she died in 1946 reflects the attainment of secular professional nursing at U.C.H. by the 1930s. Miss Darbyshire had been responsible for the allocation of a room to be used as a chapel in the basement of the Rockefeller when it opened in 1926. Neither this event, nor Miss Darbyshire’s faith were included in the tribute written by Miss Houghton, a contrast to previous obituaries which have been quoted.

Miss Darbyshire was an enthusiastic Educationist, equally interested in the training of the student nurse and in post-certificate education for the State-registered nurses. Many improvements in the theoretical training at University College Hospital were introduced by her and also many amenities for the student to allow her to profit by classroom work. She was a member of the Lancet Commission, which advocated important changes in hospital routine and discipline. The liberal traditions of U.C.H., too, were most congenial to her own broad and progressive outlook.<sup>29</sup>

This tribute identifies the secular professional ideal post State Registration 1919.

The group of nurses who trained and worked at U.C.H. reflected the growth of the women's movement, developing a place for women in society as a professional group, a growth which eventually overtook and diminished the importance of Christian service within nursing. The individual nurse could and did remain a Christian but the public acknowledgement of the importance of the Christian ideal of service disappeared.

### **Future Study**

This thesis has demonstrated the importance of the vocational and professional elements in nursing, and of the relationship between them, at one London teaching hospital during the second half of the nineteenth century and the first half of the twentieth. Christian vocation predominated in nursing at U.C.H. in the period from 1862 until 1899; by 1939, when the tradition of saying prayers publicly in the wards was discontinued, it had been largely replaced by that of profession. Such change was a product of several factors, for example the withdrawal of the All Saints Sisters, the Nurses' Registration Act of 1919 and broader societal changes, and was confirmed by the introduction of the National Health Service in 1948.

Nevertheless, in spite of the ultimate triumph of the concept of profession, the importance of Christian vocation in the history of nursing at U.C.H. during this period cannot be in doubt. Given the great diversity of institutional provision prior to 1948, however, it is not possible simply to generalise from the findings recorded here. Further detailed studies of voluntary and local authority hospitals will be required before an overall picture can be presented. It is to be hoped that this study will play a modest part in prompting further research into the historical (and possibly contemporary) aspects of vocation and profession within nursing.

During the course of this study two particular issues have emerged relating to nursing in Britain which it has been impossible to investigate in sufficient depth but in which further research is clearly required. These relate particularly to the second half of the nineteenth century. The first is the great variety of factors contributing to the development of nursing in this period. Initiatives within hospitals and advances within

medicine must be placed and evaluated within a broader context of general social attitudes and reforms, including the contemporary opposition to the sisterhood movement. The second theme is that of gender and profession. Men have always had a role to play in nursing, but the reasons why in the later nineteenth and early twentieth centuries women were so readily accepted as nurses, while at the same time so often virulently opposed as doctors, require further examination. Such examination could have several outcomes and bring more light to bear on the construction and nature of professions and of the hierarchies between and within them.

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## **Appendix 1**

**Number of patients treated at University College Hospital  
1860 - 1899.**

Year	In-patients		Out-patients											Expenditure
	Admitted	Died	Med.Surg.	A/E	Lying In	Eyes	Skin	Women	Throat	Ear	Dental	Diarrhoea		
1860-61	1588	167	5478	12200	916	1263	413						£4,764.15	
1861-62	1348	158	4165	9100	754	1106	269						£7,127.25	
1862-63	1358	158	7130	8950	873	1535	460						£7,388.92	
1863-64	1554	204	11991	10971	898	1437	450						£7,686.15	
1864-65	1511	199	9922	12000	722	1446	493						£8,032.55	
1865-66	1562	210	10350	12520	735	1189	490						£10,154.12	
1866-67	1260	209	18956	10920	797	1184	781						£9,923.15	
1867-68	1418	202	12648	10304	800	1132	907						£14,015.17	
1868-69	1609	225	15160	10898	708	1141	703						£12,278.90	
1869-70	1554	214	16215	10144	808	895	724						£10,457.94	
1870-71	1539	205	13077	7300	890	1470	1141						£12,184.86	
1871-72	1642	195	5556	6550	900	1339	1141						£12,451.05	
1872-73	1695	219	5062	4956	1100	1331	1257						£11,950.01	
1873-74	1932	211	4520	4549	1080	1194	1280						£13,351.90	
1874-75	1859	208	4906	4939	1188	2007	1114						£12,705.91	

Year	In-patients		Out-patients													Expenditure	
	Admitted	Died	Med/Surg	A/E	Lying In	Eyes	Skin	Women	Throat	Ear	Dental	Diarrhoea					
1875-76	1894	218	5412	5315	1354	971	753										£13,081.16
1876-77	2023	263	5547	6049	1491	1313	897	541	108								£15,381.38
1877-78	2188	237	6304	9336	1693	1731	896	444	113			2396					£15,284.60
1879	1784	188	4111	6793	1199	1452	592	427	96			498					£20,663.25
1880	2632	302	6655	8186	1727	1800	808	522	89			1875					£19,909.70
1881	2590	305	6023	8265	1692	1419	852	555	102			2256					£19,462.43
1882	2577	290	7210	7796	1762	1079	944	558	111								£18,764.38
1883	2690	353	7899	9549	2093	1196	872	589	119								£19,822.00
1884	2965	384	9441	16117	2279	1191	1014	709	94								£25,119.64
1885	2673	311	7191	20195	2208	1218	799	698	92								£21,434.89
1886	2638	321	9131	21658	1946	985	837	656	103								£20,606.54
1887	2784	349	8393	26910	2067	1146	974	716	98								£22,160.18
1888	2514	287	6856	20468	2083	989	737	658	106								£20,568.17
1889	2830	295	6624	26461	2219	1137	847	756	61								£18,976.80
1890	2773	290	4389	29476	2265	1124	840	714	97								£19,560.36
1891	3275	378	6250	30949	2506	1196	891	709	124								£20,225.04
1892	2605	287	5381	25008	2448	1076	817	596	87								£19,967.41
1893	3034	311	7117	34685	2483	1369	926	799	131								£20,042.89

Year	Inpatients		Outpatients													Expenditure
	Admitted	Died	Med Surg	A/E	Lying In	Eyes	Skin	Women	Throat	Ear	Dental	Diarhoea				
1894	2846	283	6576	29588	2447	1395	932	721	129	430	179		£18,748.89			
1895	2980	315	6925	31044	2591	1301	866	757	178	371	168		£18,933.18			
1896	2854	278	7902	30177	1826	1357	953	691	198	421	156		£18,443.19			
1897	2698	233	9379	35419	1952	1186	881	582	217	298	163		£18,052.61			
1898	2798	268	10769	30620	2040	1219	905	557	278	303	155		£18,076.84			
1899	2556	246	6557	26104	1912	1099	750	463	236	306	135		£17,374.61			

## **Appendix 2**

**Comparison of curriculum at various schools of nursing prior to 1919.**

Hospital	St. Bartholomew's	Guy's	St. Thomas'	The London	U.C.H.
P.T.S.	1905 - 6 weeks: elementary anatomy, basic nursing care, invalid cookery; Examination;	1902 - 6 weeks; practical house work, elementary anatomy and physiology, hygiene, bandaging, dressings, invalid cookery; Examination;	1910	1895 - 6 weeks practical nursing, elementary anatomy and physiology, invalid cookery; Examination;	No P.T.S.
1st year	18* practical nursing, 14* A. & P., Examination;	12 A. & P., Medical Surgical Nursing;	Lectures	Lectures	Junior examination
2nd year	16* Medical, 16* Surgical, Nursing;	Pharmacy & Dispensing; Examination;	Lectures	Examination and completion;	
3rd year	19* elementary bacteriology, 3* ophthalmology, 5* gynaecology, theatre nursing; Examination;	Additional responsibility on the wards;			Senior examination
Certificate	3 years from 1908 4 years	3 years		2 years	4 years

\* number of lectures given.

## **Appendix 3**

### **Rules and Regulations for the training of nurses at U.C.H.**

- 1) 1862**
- 2) 1899**
- 3) 1933**

## Rules and Regulations 1862

Women of a Superior Class are received to be trained for Nursing the Sick Poor in Hospitals, and for Private Nursing in the families of the Rich or Poor. Applications to be made to the Sister Superior at University College Hospital, Gower Street, W.C.

Probationers are admitted between the ages of 24 and 36.

The usual time of Probation will be one year. At the end of the first three months each Probationer will, if considered eligible, commence wages, and uniform, and be called Assistant-Nurse, but she will not be considered fit for any post of much responsibility until she has had a year's training.

The scale of wages is as follows:

1st year	£14
2nd year	£16
3rd & 4th year	£20
5th & 6th year	£24
7th year	£26
8th & 9th year	£28
10th year	£30

Each nurse will be provided with in-door and out-door uniform, which she will be expected always to wear, except when having a long leave of absence, or her holiday. she must provide herself with quiet boots without trimming for the wards. She must brush her hair back, and not wear it hanging over her forehead.

The Nurses and Probationers will be found in everything in the way of board; also in medical attendance and washing.

The Nurses must give a month's notice before leaving, and will receive the same from the Superior, except in cases of bad conduct or wilful disobedience, when they will be



liable to instant dismissal.

The Probationers must be Members of the Church of England, and will be required to produce certificates of Baptism, and if married, of Marriage also; and they must bring testimonials of good character; they must also be able to read and write.

The Probationers and Nurses will be entirely under the authority of the Superior of the All Saints' Home, and of any sister whom she may place over them in their work.

They must receive NO gratuities from patients in the Hospital under any circumstances whatever.

Probationers must apply personally, between the hours of 11 and 12 a.m. and 2 and 4 p.m.

No Nurses are received who have had any previous training.

Rules for Nurses:

1. The Nurses are to rise at 7 a.m.
2. Breakfast at 7.30. Prayers at 8. The nurses are to make their beds properly, and leave their rooms tidy before going to their wards. Clothes are never to be left lying about in the rooms.
3. Dinner at 12.30; Tea at 4; Supper at 9; Prayers at 9.30, after which the Nurses must retire quietly to their rooms, and not return to the Hospital unless they have permission to do so. They are to be in bed and the gas put out by 10.30 p.m. Candles must not be lighted after the gas is put out.
4. The Nurses can have permission from the Sister of their wards to be absent for two hours at a time, up to 8 p.m. After this hour, or for any longer time, leave must be asked of the Sister Superior. At the end of eight months, they are entitled to a pass from 6 to 10 p.m. once a week.
5. The Nurses are strictly forbidden to receive money from the Patients in the Hospital, or their friends; should a present be pressed upon them, as a remembrance, the matter must at once be referred to the Sister of their Ward.

6. The Nurses must strive to be courteous at all times, rising when the Chaplain, Resident Medical-Officer, Sister Superior, or any of the Gentlemen of the Committee enter the Ward, also when the Sisters, Medical Officers, or Students speak to them. The Nurses are not to stand talking in the Corridors or passages, or at the Entrance Doors.
7. The Nurses must move about quietly, and must strive to enforce silence when the Chaplain, or any Clergyman is visiting in the Wards.
8. The Nurses are expected to give implicit obedience to the Medical Officers, and the Sisters of their Wards. They must remember exact and prompt obedience is essential to good nursing. Any direction given to a Nurse, in the absence of the Sister, must be passed on to her on her return to the Ward.
9. The Nurses, when on night duty, must never have less than six hours in bed, and must be punctual in coming to their supper at 8 p.m., and their breakfast at 9 a.m. Prayers for the night Nurses at 8.30 p.m.
10. The night nurses may go out either in the morning or in the evening. If they prefer the morning, they must be in by 12.15. If they are hungry, they may always ask the Housekeeper for food, but they are not to get anything from the Wards. They are never to get up before 4 p.m., or to be out late in the morning without permission from the Sister Superior, nor may they be absent from breakfast or supper without her leave. On Sundays the Night Nurses may go to church either morning or evening, but if they wish to go in the morning, they must ask the Sister Superior.
11. The Day Nurses are to be at prayers at 8 a.m., unless they have been to Church. They may go to Church early any morning they like; but they are not to go out before breakfast for any other purpose without asking leave of the Sister Superior.
12. The Nurses must restrain themselves from all impatience with the sick under their care; treating all alike, whether thankful or unthankful, with gentleness and forbearance, remembering the words of Him who said: "Inasmuch as ye have done it unto one of the least of these, my brethren, ye have done it unto Me."

## **Rules for Probationers**

Rules for the probationers were drawn up by the House Committee and adopted on 5 July 1899.

1. A Probationer shall be single, or a widow without encumbrance. She shall not be under 23 or over 33 years of age at the time of her provisional appointment.
2. Along with her application for appointment she shall furnish satisfactory evidence -
  - (a) As to character, state of health, and general fitness of disposition and temperament for the performance of the duties of a Nurse.
  - (b) Of vaccination within the preceding twelve months.
3. Upon compliance with the foregoing conditions, she may be provisionally appointed by Matron for a trial period of one calendar month and again for a second like period. During such period or periods the Probationer shall provide herself with such uniform as the Matron shall from time to time determine.
4. During or at the end of such period or periods she shall present herself to be passed physically by a member of the staff, appointed by the Hospital Committee in that behalf; and, if so passed, may be permanently appointed by the Matron for such period - being not less than four years, the trial period or periods included - and upon such terms as the Hospital Committee shall from time to time determine; liberty to determine the engagement at any time being reserved to the Hospital Committee, without giving any notice.
5. She shall receive such salary, and such allowances for washing or otherwise, and such uniform as the Hospital Committee shall from time to time determine.
6. She shall be under the supervision of the Matron and subject to suspension by her, but shall not be dismissed otherwise than by the Hospital Committee.

7. Notwithstanding anything herein contained, a Probationer shall be entitled to leave of absence for three weeks in each year, the precise period of which shall be settled from time to time by the Matron.
8. When on day duty -
  - (a) The Probationer shall be under the control of the Ward Sister.
  - (b) She shall obey such orders and directions as the Medical Officers, the Matron or the Ward Sister, or any of them shall from time to time give.
  - (c) The Probationer shall attend all such lectures, classes, and courses of instruction, and also such examinations as during her period of training shall be enjoined by the Hospital Committee.
9. On night duty -
  - (a) She shall be under the control and subject to the orders of the Night Sister, and without her permission shall not leave the Ward.
  - (b) At hours during the night arranged by Night Sister, the Probationer shall take her meals in the room adjoining the Ward, and no cooking shall be done in the Ward.
10. When off duty -

She shall not return to the Ward without permission of the Matron.
11. In the event of the indisposition of the Probationer she shall report the fact forthwith to the Ward Sister, and also to the Matron.
12. The hours of work and recreation for a Probationer shall be in accordance with the authorised time tables of the Hospital.
13. Upon permanent appointment of a Probationer, she shall enter into a binding legal agreement with the Hospital Committee, in such form as shall be prescribed by that Committee, for the fulfilment of her duties in connection with the Hospital, and for the continuance of her services therein during the period for

which she shall have been permanently appointed as aforesaid.

14. Upon completion of her period of service she shall, if in the judgement of the Nursing Committee she shall have deserved it, receive a Certificate signed by the Chairman of the Nursing Committee, by one of the Physicians, by one of the Surgeons, and by the Matron, and testifying to the fact that the Probationer has received three years training in nursing medical and surgical cases, and is competent to undertake the nursing of patients.

## **Entry Requirements and conditions of service 1933**

1. A probationer shall be single or a widow. she shall not be under 19 or over 30 years of age at the time of her provisional appointment.
  - (a) All candidates with the exception of registered Children's, Fever, or Mental Nurses will be required to enter the Preliminary Training School for a course of ten weeks' tuition previous to entering the Hospital for a trial period of two months.
  - (b) Salary commences on entering the Hospital after completion of the Preliminary Training School course.
  
2. Along with her application for appointment she shall furnish satisfactory evidence -
  - (a) As to character, state of health, and general fitness of disposition and temperament for the performance of the duties of a nurse.
  - (b) Of vaccination within the preceding five years.
  - (c) Of educational qualifications. The standard of education required is that of the General Schools or School Leaving Certificate. A candidate not having passed a Public Examination of such standing will be required to sit for an entrance examination in English and General Knowledge before entering the school.
  
3. Before being accepted for training she must be passed physically by a member of the Medical Staff appointed by the Committee.
  
4. Upon compliance with the forgoing conditions she may be provisionally appointed by the Matron for a trial period of two months in the wards of the Hospital. During the period of Preliminary Training and the trial period, the probationer shall provide herself with such uniform and other articles as the Matron shall determine, and she shall not discharge herself from the service of the Hospital without giving at least one week's notice. At the end of this period

she may be permanently appointed by the Matron for not less than three years' training, the trial period included - liberty to determine the engagement at any time being reserved to the Committee.

5. She shall receive such salary, and such allowance for washing or otherwise, and such uniform as the Committee shall from time to time determine.  
Salary: First year, £20; second year, £24; third year, £26; fourth year (if appointed) £50 - £55 - £60, according to appointment held.
6. She shall be under the supervision of the Matron and subject to suspension by her, but shall not be dismissed otherwise than by the Committee.
7. A probationer after entering Hospital will, so far as is practicable, be granted leave as follows: -  
Three weeks' holiday yearly;  
One whole day off duty weekly;  
Two hours off duty daily;  
Four hours off duty Sunday.

When on Night Duty -

The equivalent of half a day per week given in "nights off" as follows:

At the end of six weeks - three nights off.

At the end of the period of nights - four nights off.

8. A register of all probationers and nurses is kept, which records their work during training, the period spent in each department, attendance at lectures, conduct, examination results, and reports on their efficiency.
9. Every probationer and nurse is expected to become thoroughly acquainted with the Rules and Regulations of the Training School and the routine of the Hospital work according to her standing in training.

**Appendix 4**  
**Questionnaire**



Nursing at University College Hospital, London.

1. What were your educational qualifications when you started training?

School Certificate:                      Higher School Certificate:

G.C.E. O level:                          A level:

Degree:                                  Subject:

2. Previous training, if any:

3. Home address when you commenced training:

4. Starting date of training at U.C.H.:

Set number:

Can you remember how many sets started that year

1    2    3    4    5    6.

How many students were in your set?

5. Did you commence training

in the wards

in school.

6. If you started training in the wards can you describe your first day on duty?

7. What were your main duties as a first year student:

second year student:

third year student:

8. Nursing care - who decided the patients' need for the following procedures: Please

enter (a) Sister

(b) Staff Nurse

(c) Student Nurse

(d) Doctor

blanket bath:

T. P. R.

dressings:

removal of sutures:

pressure area care:

mouth care:

fluid balance chart:

bedpans:

feeds of unconscious patient:

9. Who wrote the nursing report?

How was the nursing care recorded?

10. At what time was the door of the Nurses' Home closed?

Without a late pass, how did you get into the Rockefeller when the front door was locked?

11. Were prayers said on the ward? YES / NO

If YES at what times were they said.

12. Do you have any personal anecdotes of your training? Please write overleaf.

Thank you very much for your cooperation. Please return this questionnaire to Mrs Janet Likeman, Bloomsbury College of Nurse Education, Minerva House, Chenies Street, London W.C.I.

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